FAMILY RESOURCE PROGRAM BUILDER

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Blueprints for Designing and Operating Programs for Parents

By Lynn E. Pooley and Julia H. Littell

Family Resource Coalition   Knowledge Transfer Project   Part 2

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Family Facts:

☐ Fewer than 10 percent of the U.S. population lives in a traditional nuclear family.

☐ Single parents headed 25.7 percent of U.S. families with children under age 18, in 1984. They increased by 256,000 since 1983.

☐ Women head 66.9 percent of all single parent families.

☐ In 1983, single parent families comprised 54 percent of all families with children under age 18 who are living below the poverty line.

☐ Fathers with custody grew 2.4 times since 1970, from 393,000 to 945,000.

☐ Eighty percent of divorced persons remarry. Forty percent of second marriages end in divorce.

☐ One out of every seven American children is a step child.

☐ One-half million adults each year become new stepparents.

☐ Fifty percent of all children in two-parent families have mothers who work.

☐ Between 1959 and 1980, the rate for women in the labor force with children under age three increased from 17 percent to 42 percent.

☐ From 1960 to 1984, the number of two-parent, two-paycheck families increased by 221 percent.

☐ By 1995, more than 80 percent of women between the ages of 25 and 44 are expected to be working.

See end of Chapter 1 for references.

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Preface

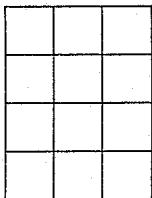The Family Resource Program Builder was developed in response to the growing interest in programs that strengthen family life and the need for information on how to establish and operate such programs. It is part of the FRC Knowledge Transfer package of written and audiovisual materials, designed to spur and refine the development of prevention programs that assist parents in their child-rearing roles.

Intended for community leaders, parent groups, and social service, education and health providers, our Knowledge Transfer package has three elements: a fifteen-minute video cassette, The Family Resource Movement: Changing Families/ Changing Responses; this service development primer, The Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents; and an evaluation manual, Building Strong Foundations: Evaluation Strategies for Family Resource Programs. Package components can be used together or separately.

The Family Resource Program Builder is based on the experi-ence of family resource programs from across the country. It documents the need for such programs, defines service models, and offers concrete information on developing them. The book is intended primarily for those interested in starting new programs, including human service professionals, volunteers and parents. Established programs, however, can also use the volume as a guide for adding new service components and improving or refining existing services.

The Family Resource Program Builder is organized into three sections. The first section acts as an introduction to family resource programs. Chapter 1 highlights the recent changes in family structure and in the American culture that

have contributed to the emergence of programs. Chapter 2
provides a discussion of the basic characteristics programs
have in common and the principles on which they are based. A
definition of five program models and examples of existing
programs make up the content of Chapter 3.

The second section of the volume contains practical advice on
starting a family resource program. Chapter 4 focuses on the
planning stage and outlines the initial steps that need to be
taken to determine the need for a program and creating a
written plan for program development. Information on fiscal
management, budgeting, securing non-profit status and other
administrative issues are discussed in Chapter 5, while
Chapter 6 covers the tasks to be completed in actually
implementing a program. The final two chapters of this
section serve as an introduction to two topics that cannot be
fully covered in a volume of this size. They have been
included, however, because they are issues that planners must
be aware of in order to assure the ongoing viability of their
program. Chapter 7 provides an overview of the area of
non-profit fundraising, and Chapter 8 introduces the basic
concepts of program evaluation.

The third section of The Family Resource Program Builder
provides additional resources that will be helpful to program
planners. The content of this section includes "Suggested
Readings," a bibliography for those wanting to do further
reading and research on particular content areas. "Sharing
Resources: An Annotated Bibliography of Technical Assistance
Materials" is a collection of program development manuals and
guidebooks produced by established family resource programs
as well as materials on running parent support groups, and
parent education curriculum that can be used to develop
program content. "Research Findings: The Impact of Family
Resource Programs" provides a review of evaluation studies in
the field, and discussion of what we have learned to date
about the effects and effectiveness of these programs.

The Family Resource Coalition is an active network for those interested in the provision of education and support services to parents. Our staff and volunteers have placed a top priority on synthesizing and disseminating the resources and information developed by family resource programs so that others can benefit from their experience and expertise. The Knowledge Transfer package furthers this goal by helping communities avoid costly mistakes and assuring that time and energy are saved for working effectively in program design and implementation.

Chicago, Illinois   Linda Lipton
July 1986   Executive Director
                                     Family Resource Coalition

Acknowledgements

In October, 1976, I became a staff member of the newly opened
Family Focus program in Evanston, Illinois. Since that time,
I have watched Family Focus, and many family resource
programs like it, grow and flourish over the years.

In my position as the Family Resource Coalition's Technical
Assistance Coordinator, during the past five years I have
responded to thousands of requests from parents who were
seeking family resource programs in their communities--and
shared their disappointment if none were available. While
the number of programs increases, many more are needed. Every
parent who wants support, in the difficult and complex role
of parenthood, should have it. It is my hope that this
volume will contribute in some way to the continued growth of
the family resource movement. My sincere appreciation goes
to those who assisted in its preparation.

A very special thank you to Bernice Weissbourd, founder and
President of Family Focus and President of the Board of
Directors of the Family Resource Coalition. Bernice's
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Chicago, Illinois   Lynn E. Pooley
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Part I:
Introduction to
Family Resource Programs

1 The Family Resource Movement: Changing Families, Changing Responses

In the early part of the 1970's when programs such as Parents Place in San Francisco, the Parents Resource Center in Orlando, COPE in Boston, and Birth to Three in Portland were established, family resource programs were a new phenomenon located in only a few areas of the country. Unlike traditional family service programs which provided treatment for dysfunctional and multiproblem families, family resource programs offered prevention-oriented information, support, and resources to all families in a given community. Today, more than fifteen years later, thousands of such programs exist throughout the United States.

The programmatic roots of family resource programs can be traced to a number of developments in our cultural history--such as the parent education movement of the 1920's and 30's, and the establishment in the 1960's of Head Start, which advocated a strong commitment to parent involvement.[1] In order to understand the extraordinary growth of these programs, one must examine societal changes during the past thirty years that have had an impact upon literally every aspect of the American family.

CHANGES IN FAMILY STRUCTURE

Despite tremendous adjustments in their look and style, the family is not about to disappear. Rather, the traditional nuclear family with husband as sole breadwinner, wife as homemaker, and children has simply given way to a potpourri of family constellations in which there is wide variety in composition, roles, and responsibilities. The traditional nuclear family now represents less than 10 percent of all American households.[2] The balance of families--the single parent, step or blended, and dual-working parent families--

are not better or worse than traditional families, but they
are different and require new forms of services and support
as they raise their children.

Divorcing and Single Parent Families

While single parent families may be created by a variety of
events such as the death or desertion of a spouse, incarcera-
tion, an out-of-wedlock birth, or a single-parent adoption,
divorce stands as the most common cause of the tremendous
increase in the number of single parent families today.

> Americans obtained nearly 10 million
> divorces as opposed to 22 million mar-
> riages during the 1970's. The divorce
> rate rose from nine divorces per 1,000
> married women in 1960, to twenty-three in
> 1980. Divorce has become so common that
> at its current rate, half of all marriages
> formed today will end in divorce.[3]

Authorities caution us, however, to guard against assuming
that the commonplace status of divorce today somehow
alleviates the amount of stress that is experienced by
individual parents and children when divorce occurs.

After enduring the inherent emotional upheaval that leads
ultimately to the dissolution of the original family unit,
families must immediately make adjustments to begin the
transition from a two parent household to a single parent
household. Painful in even the most agreeable of circum-
stances, this transition may be further complicated and
extended by legal battles over division of marital property
and custody rights and responsibilities. During this period
of adaptation and intense emotion, both parents and children
experience a psychological crisis that causes disequilibrium
and alters established roles and relationships.[4]

The custodial parent, faced with full responsibility for
parenting and managing the household, is likely to feel
overloaded, while the parent without custody, abruptly
separated from daily contact with the children, often
experiences a severe sense of loss. Even if the tone of the
new arrangement is amiable and considered by both parents to
be as fair as possible, some degree of both emotional and
functional upheaval is inevitable. The fact is that the
roles of all family members, parents and children alike, must
be redefined when they no longer live together, and life does
become more complex.

Feelings of loneliness and isolation, exacerbated by a
decrease in social life following divorce is the common
experience of both divorced mothers and divorced fathers.
Studies reveal, as well, that in post-divorce situations
parents spend less time with their children than before the
divorce. Not surprisingly, children frequently exhibit
behavioral problems as they act out their feelings about the
changes that have occurred in their family.

Although there has been an increase in single parent families
headed by fathers, women still head 88.9 percent of all
single parent families in the United States.[5] During the
last decade, the number of households headed by single women
has skyrocketed, due, of course, to the increasing divorce
rate, but also to the increasing number of children born to
women who were never married (many of whom are adolescents.)
This new and increasingly prominent family constellation is
especially vulnerable for a number of reasons, poverty being
the most obvious.

In 1983, 47.2 percent of female single parents existed below
poverty level.[6] Understandably, even those above the poverty
level experience a dramatic reduction in their standard of
living following divorce. Child support payments, society's
legal answer to this problem, have not alleviated the
situation for most women. Only 35 percent of those who are

legally designated to receive child support payments actually
receive them.[7]

Among the array of problems that arise because women earn
considerably less in the workplace than men is the fact that
day care is often either too expensive for single mothers to
afford or not available at all. This causes countless single
mothers to struggle with an unreasonable choice: to partici-
pate in the workforce even though they are unable to provide
adequate care for their children or to live on public
assistance in order to be with their children. As a result,
some six to seven million children are without care while
their parents work, including a great number who are pre-
school-aged.[8]

As if personal and economic stresses were not enough, and in
spite of the large number of divorces that occur each year,
single parents report that they continue to be viewed by many
as "unique and deviant." The most powerful effect of such
misjudgment is that many single parents believe this descrip-
tion of themselves and add that belief to the many problems
they already face.[9]

Stepfamilies

Any realistic discussion about divorce must also include a
discussion about remarriage because statistics show that most
divorced people remarry.

By 1977, 43 percent of all new marriages were remarriages for
one or both partners; up from 32 percent in 1969. In 1980,
20 percent of all existing marriages included at least one
previously divorced spouse, and many of those marriages
involved people who have been married at least twice be-
fore.[10]

Issues of family roles, responsibilities and values, complex
by nature, become extraordinarily complex in step or blended

families. The number of adjustments a child must make as a
member of a newly blended family is staggering. There is
always a new parent, often new siblings, and perhaps a new
set of extended family members, including grandparents.
Stepfamilies must also adjust to the disruption of constant
"comings" and "goings" of children as well. Often the
chldren are members of two households, living with one parent
and visiting the other.

Some stepparents find it very difficult to establish a
satisfactory relationship with their stepchildren. Not only
do children often view their stepparents as the cause of the
break-up of their biological family, but stepparents are also
often much too eager to be accepted by their new family.
This is especially true for stepparents who feel conflicted
about their new family, having left their own children in the
primary care of their ex-spouse.

Stepmothers have an especially difficult time overcoming the
myth of the "evil stepmother" and often feel that they must
be a better mother than the children's natural mother if they
are to win approval and affection. Conflicts commonly arise
over values, methods of discipline, and alleged favoritism as
children compare their biological and stepparents with one
another. In brief, stepfamilies struggle endlessly with what
Emily and John Visher call the "ghosts of former relation-
ships."[11]

To make matters worse, uncertainties about roles and respon-
sibilities within the stepfamily are very often reflected in
the outside world as well. For example, if a stepchild
becomes involved in an accident or has a school-related
problem there may be confusion about which parent to contact
since the stepparent with whom the child lives may not be the
child's legal guardian.

On the whole, our society has not yet closely examined nor
acknowledged or supported the complex situation that step-
families must navigate and resolve. According to some,

stepparents are the most neglected parents in America, and
represent the family structure that has been least comforta-
bly integrated into our society.[12]

Two-Paycheck and Dual-Career Families

One of the most dramatic and pervasive changes in American
families today is the growing number of households in which
both parents are employed outside the home. According to the
Work and Family Information Center of the Conference Board,
from 1960 to 1984, the number of two parent, two-paycheck
families increased by 221 percent.[13] While there are a
number of reasons women choose to work, the majority of
married women who work outside the home do so to supplement
their family income.[14]

Researchers traditionally split the group of "working two
parent families" into two categories: dual-career families
and two-paycheck families. The dual-career family is one in
which both partners pursue and have a strong commitment to a
formal career. In two-paycheck families, the partners are
involved in any type of gainful employment and the woman is
generally working to supplement the family income. Both
kinds of families are faced with problems that emerge out of
the need to find and retain adequate child care, to balance
work and household duties, and to define new roles and
responsibilities of family members.

As for the single parent, locating adequate and affordable
child care is often a difficult task. Although the use of
group care centers has tripled over the past twenty years or
so, there is still an inadequate number of day care slots
available for preschool children.[15] Overall, there are few
resources available to help families find child care, choose
high quality child care, or to cope with their dilemma when
the child care arrangements they have made do not work out.

For example, when a child who is in day care becomes ill, a parent must stay home from work to care for them or arrange for a friend or relative to do so. Likewise, if an in-home caregiver becomes ill, moves away, or suddenly quits, parents must often take time away from work until other arrangements can be made. These child care related issues often serve to create tension between parents as they make pressured decisions about who will stay home from the job and how they will make new child care arrangements as quickly as possible.

A crucial factor in the lives of working parents is the management of daily household tasks. Although the media would like us to believe that most husbands of working wives are sharing household duties, statistics show that working wives still spend more time doing housework than their husbands and that husbands spend a greater proportion of their time at work than do their wives.[16] Given this, it is no surprise that the distribution of household labor stands as a topic for considerable conflict among working parent couples.

Other issues may place stress on the relationship of working spouses. For example, both husbands and wives may have difficulty with the fact that the wife's career status may be equal to her husband's, or that the wife earns a higher income or has achieved greater success than her spouse. Problems may also arise when working spouses cannot schedule vacations at the same time, or the parent responsible for picking up a child at the day care center is asked to work overtime.

A major challenge that working families face is finding adequate time to spend with one another.

> The biggest problem affecting working
> parents is time: there never seems to be
> enough to get everything done...Mothers
> and fathers report wishing they could
> clone themselves--it would take several
> people to get everything that needs doing

done. The day ends late. It's not
unusual for a parent to be doing family
laundry past midnight.[17]

While a challenging job or career can provide parents with
satisfaction that carries over to their home life, the
opposite can also occur when the lack of time and energy that
many working parents experience adds stress to their family
life.

Mothers at Home

Today's young couples are marrying and starting families at a
later time in life. We are seeing an increase in the number
of women who will work in a job or career for several years
before they marry or have children. Many of these women
eventually choose to take a few years away from work in order
to stay at home and raise their children.

Once the norm in our society, these stay-at-home mothers are
now a new minority in American life. "Today some 20 million
women, or 62% of all U.S. women with children under 18, hold
jobs; almost half of all mothers with infants are working."[18]
It is estimated that by 1995, more than 80 percent of women
between the ages of 25 and 44 will be working outside the
home.[19] As more and more attention is given to the needs and
issues of working mothers, the woman who chooses to stay at
home to raise her children often feels forgotten and iso-
lated.

The stay-at-home mother may be hard-pressed to find social
peers. "No longer is the woman next door available for a
chat over the fence: More often than not, she's at work, and
her kids, if she has any, are in day care centers."[20] She
may also find that friendships developed at the workplace are
not as supportive as they were in the past, and compatibility
with friends who were co-workers is disrupted as parenting
concerns take precedence over professional ones.

In addition to the social isolation experienced by many stay-at-home mothers, making the transition from a stimulating career or job to full-time parenting can create other problems. The self-esteem that can come from performing a job well is often replaced by feelings of incompetence when dealing with a fussy infant or a rambunctious toddler. Accustomed to working and being seen as a professional, the stay-at-home mother must take on a new job for which she has had no training and one that receives little or no recognition.

Unlike her counterpart in the 1950s and earlier, mothers in today's traditional nuclear family face different anxieties and pressures and are seeking new kinds of information and support as they raise their children.

CHANGES IN AMERICAN CULTURE

As these changes in the structure of contemporary families have added to the difficulties of parenting, changes in the American culture occurring over the past three decades have also increased the complexity of raising children in today's society for all families, including the more traditional nuclear family.

The Feminist Movement

While the traditional nuclear family of the past was not immune to problems and conflicts, it did provide clearly defined roles and values that parents were expected to pass on to their children. The Feminist Movement, beginning in the 1960's, played an important role in changing all of this. "Perhaps the strongest ideological current shaping the lives of contemporary women and their families has been the challenge to our assumptions about men's and women's proper roles."[21]

At the beginning of the Feminist Movement traditional family roles were vigorously attacked and a new set of stereotypes for both men and women were created. Feminists encouraged women to leave the home and take their rightful place in the workforce. The fact that many women still remained in charge of children and the home was not realistically addressed. Husbands and fathers were suddenly expected to share equally in household and child-rearing tasks, often without regard for the psychological and practical adjustments that doing so would require.

For a few years, the media extolled the "Supermom" who managed to balance home, career, children, husband, and an active social life. The little attention that was paid to mothers who chose to stay at home to parent often portrayed them as somewhat inadequate compared to those who pursued careers. During this time, when the term "sexist" and "chauvinist" seemed part of daily conversation, a few men and women seized upon the opportunity to reverse roles. For the first time, some men out of personal choice became full-fledged "house husbands", assuming major responsibility for housework and children while their wives became the family breadwinner.

The extremism of the early Feminist Movement has been replaced more recently by a more moderate position about the roles of men and women. In her book, The Second Stage, leading feminist Betty Friedan talks about the importance of family life.[22] The residue of the feminist challenge to traditional family roles is reflected in the increase in options that are available today for both men and women throughout our society. The Movement did and does encourage fathers to participate in a more nurturing role with their children and has highlighted and hopefully begun to institute change in the financial inequality between men and women in the workplace.

The results of the Feminist Movement have, as well, signifi-cantly complicated many aspects of parenthood today. Now

that rigidly defined roles are less apt to be passed on from one generation to the next in the same way that they were before the Feminist Movement, we see greater variation than ever before in "who does what" in a given family. As men and women make more conscious choices about roles, they tend to be more thoughtful about what it means for an individual, male or female, to do housework, shopping, care for children, or earn the family income. Parents want to avoid raising their children in ways that presume that they will fulfill a particular role. Questions are asked by parents today that would not have been imagined twenty years ago, like, "How can I raise my daughter to compete in a masculine controlled workforce? or "How do we raise our son to become a nurturing man?"

Increase in Knowledge about Child Development

A browse in a bookstore offers a good impression of the state of information and advice for parents today. A few genera- tions ago, parents counted on the expertise of only a handful of authorities to guide them as parents. Drs. Gessell, Ames, and Spock were probably the most well-known of the few that existed. Today parents have Brazelton, Caplan, Church, Comer, Dodson, Dreikers, Elkind, Faber, Fraiberg, Ginott, Gordon, Holt, LaShan, Satir, White...the list goes on and on! In countless volumes, offering countless ideas, approaches and styles, parents are told how to communicate with their child, listen to their child, train their child, get tough with their child, modify their child's behavior, and teach their child. Issues of parenting have also become popular topics for radio talk programs, glossy magazines, daily newspapers, and the morning news.

One would expect that the enormous amount of information about child-rearing that has "hit" the American public as a byproduct of an increase in research on child development during recent decades would make things easier. But on the contrary, knowledge gained from research and increased

interest in the media has not created confident parents. As
Hamner and Turner point out in Parenting in Contemporary
Society:

> Even in the professional literature there
> is no common agreement as to what consti-
> tutes a 'good' parent and no recipes for
> successful parenting. It seems to us
> that parents need assistance in inter-
> preting what they read and applying it in
> their own lives.[23]

That materials and information for parents is being produced
at such an astonishing rate indicates that there is obviously
a market for such information. Many parents are anxious
about parenting and seek information to help them. But
because there are so many different answers to their ques-
tions, their confusion and concerns may actually be increased
rather than alleviated.

Loss of Traditional Support Systems

Information, assistance, and emotional reassurance from
relatives, neighbors, and close friends helps reduce some of
the pressures of child-rearing. Social scientists refer to
this group of natural helpers as one's "social support
network."

> A social support network is a set of
> interconnected relationships among a
> group of people that provides enduring
> patterns of nurturance (in any or all
> forms) and provides consistent reinforce-
> ment for efforts to cope with life on a
> day-to-day basis.[24]

In Parent to Parent, Peggy Pizzo describes how important
social support networks are to parents:

> Most extended-family and friendship
> networks rely on child-rearing ideas and
> coping strategies that emerged from
> earlier generations and have served well
> over time. Family and friends are
> cultural depositories for parents,
> sources of knowledge about things like
> colic, skinned knees, the first day of
> school. They are a storehouse of ideas
> and suggestions, furnishing help for
> problems that people raising children
> have commonly encountered for many
> years.[25]

Although one might picture the ideal environment for develop-
ing strong support networks as a small, stable community
where a large number of relatives and friends live their
entire lives, this environment simply does not exist for many
American families. Instead, while most Americans do keep in
touch with at least a few of their close relatives, they
often do so over considerable distance, making traditional
forms of social support largely unavailable to many.

Statistics tell us that the average family moves fourteen
times, and twenty percent of the American population moves
each year.[26] Moving from a community means moving out of a
social support network as bonds with relatives and friends
are disrupted or dissolved. Although families moving into
new communities will begin to develop new social networks,
the process of meeting and making new friends can be a long
one, and can result in periods of isolation for parents and
their children.

Because in recent years families have decreased in size, the
"pool" of kin who are available at all to be a part of a
family's social support system has diminished considerably.

> The great-grandparents of today, born
> around 1880, had on the average six
> brothers and sisters. People born around
> 1910 might easily have had twenty aunts
> and uncles (some unmarried) and forty
> cousins, as well as five brothers and
> sisters, two parents and four grandpar-
> ents. In contrast, a child born in the
> 1970's is likely to have two brothers and
> sisters, eight to twelve aunts and
> uncles, and perhaps sixteen cousins.[27]

A child born in the 1980s is likely to have only one brother
or sister. As the strongest relationship in an extended
family tends to be between siblings of the same sex, decline
in family size can have a dramatic impact on the role of
extended family and support networks.[28]

In addition to these facts, in earlier times, women tended to
be responsible for creating and maintaining the family
support network. The large number of women who now work
outside the home must have an impact upon the family's
connections with both relatives and friends.

Lydia N. O'Donnell of the Wellesley College Center for
Research on Women published a study based upon in-depth
interviews with seventy-five Boston area working-class and
middle-class mothers. She found that, "The more hours a
woman puts in on a paid job, the less likely she was to
participate in social exchanges and the less likely she was
to feel supported by a close-knit local community."[29]

Changes that have occurred in family support systems have
forced many parents to look to non-traditional resources for
the information, assistance, and reassurance about parenting
that once may have been available from extended family and
friends in their community.

Cultural and Technological Changes

Cultural and technological changes during the past twenty to
thirty years have had a dramatic impact upon all aspects of
American life, including parenthood. As we remember life
before the fifties, when children learned about the world
through books, radio and schoolwork, some of us long to again
live in such simple times. Parents and children today are
faced with a much more complex, and some would say, frighten-
ing society. Those who influenced earlier generations:
neighbors, teachers, parents, have, at least in part, been
overshadowed by forces over which parents have little
influence including the television, record and movie indus-
tries.

While there are some good programs for children on televi-
sion, most programming remains geared to adults and is not
appropriate for children. Child development professionals
and many parents are especially concerned about the amount of
sex and violence portrayed on prime-time television. And yet
television remains a powerful, attractive medium that
continues to be taken in large doses by children today. "By
the age of 16, the average child has spent more time watching
television than [he has spent] in school."[30]

Responsible parents must make firm decisions about their
children's use of television and are wise to consider the
degree to which this "member of their family" may ultimately
affect their children's behavior and values. This is not an
easy thing for parents to accomplish. The General Mills
study, "Raising Children in a Changing Society" (1977)
reported that "the amount of time children spend watching
television and the programs they watch are among the major
sources of friction and argument in the family."[31]

Before the 1950's few parents worried that their children
might use drugs illegally, because such things happened in
only a very small segment of our society. By contrast, today
the illegal use of drugs is prevalent in the general

population and even condoned in some circles and, under-
standably, parents worry that their child may become in-
volved. Portrayed as commonplace in television episodes and
movies, glamorized by rock stars, and easily accessible to
the general public, it is no wonder that efforts to combat
drug abuse must often begin at the elementary or junior high
school level.

Likewise, the question of what, when, and how to give birth
control information to young people is relatively new for
recent generations of parents. Increasing numbers of teenage
pregnancies have forced parents to not close their eyes to
their children's need for both accurate information and
support in making responsible decisions about their sexual
behavior during adolescence. According to a study conducted
by the Alan Guttmacher Institute in 1981, there were approxi-
mately 1.1 million pregnant and parenting adolescents and
approximately 12 million teens who were sexually active.
Today it is estimated that four out of every ten young women
will get pregnant at least once during their teenage years.

Once again, the entertainment industry continues to give
children messages about sexual responsibility and human
relationships that are in dire conflict with the values that
their parents want to instill in them. Concern about the
sexual content of rock music lyrics recently led to the
creation of The Parents Musical Resource Center, a group that
is working with the national Parent Teacher Association
toward encouraging the music industry to regulate the
seductive lyrics of music or to rate music albums according
to their content in much the way that movies are now rated.

Pictures of missing children on milk cartons, posters and
billboard, and utility bills point starkly to the fact that
America is not as safe for children as it once was. Who
would have thought, even ten years ago, that we would so
casually notice advertisements about fingerprinting children
for identification purposes or become used to hearing about

training films, videotapes, and workshops designed to teach children how to protect themselves?

Combined, these trends in our society point to a disturbing situation that today's parents cannot ignore. As Raymond Guarendi comments in You're a Better Parent than You Think:

> The opportunities for impulsive or irre-
> sponsible behavior are plentiful. In
> contrast to a few decades back, if a
> child today wants to find trouble, he
> doesn't have to search quite so hard for
> it. And even if he isn't searching,
> trouble may still present itself to
> him.[32]

A RESPONSE TO PARENTS' NEEDS

Because so many family resource programs were started by parents, they might be generally categorized as grass-roots efforts to respond to the needs and concerns of contemporary American parents. As so many have appeared so quickly, their existence clearly supports the notion that parents want to be involved with other parents and to share information, resources, and support with one another.

The thousands of family resource programs in existence throughout the United States today serve every type of family imaginable, in nearly every type of community.

Programs such as the Single Parent Family Advocacy Network in Hawaii, and the Single Parent Family Project in New York help single parents act as advocates for themselves in order to promote policies that support the needs of single parents and their children.

The Parents' Place in Lexington, Kentucky; the Family Resource Center in San Antonio, Texas; and COPE (Coping with

the Overall Pregnancy/Parenting Experience), in Boston, represent a few of a growing number of programs that provide groups and classes for working parents--many in the workplace.

Through their sixty-two chapters, the Stepfamily Association of America promotes the establishment of discussion and support groups for stepparents and their children.

Drop-in centers like Family Focus in Chicago, Parentcraft in Albuquerque, and Parents Place in San Francisco provide opportunities for new parents and the parents of young children to meet and network with others in an informal setting.

The Families United Network in Denver works to strengthen families with a particular focus upon reducing the incidence of alcohol and drug abuse among school-aged children.

The Family Tree Parenting Center in Lafayette, Louisiana, offers more than 300 seminars and workshops for parents each year, including one titled "Families: Dealing with our Changing World." Through this series, parents learn how to monitor the influence of the media upon children, encourage non-violent values, and nurture their children to be caring individuals.

These are just a small sample of the thousands of family resource programs that currently exist. And their number continues to grow.

Authors Kahn and Kamerman, in Helping America's Families, acknowledge both the changes in our society that affect families today and the resulting need that families have for different kinds of support:

> We concur with those who remain convinced
> of the family's continued importance. In
> contrast to the positions of some others,

however, we do not view the acknowledg-
ment of the family as a key institution
as contradicting an equally firm belief
that families have changed, as has the
society in which families live. As part
of the changes, families now have new and
different kinds of needs and wants...
Therefore, a special concern of ours is:
To what extent are families seeking new
kinds of help...And to what extent are
they finding such help, where, and who is
providing it?[33]

It is our hope that the remainder of this book will provide
some answers to the questions that Kahn and Kamerman so aptly
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2 Program Characteristics

Because they are a fairly new addition to the human services community, family resource programs have only recently come to the attention of researchers and academicians. Eventually, as program models become more clearly defined and professionals study them more thoroughly, we will be able to present a much more comprehensive picture of their theoretical underpinnings. What we know from the studies that have been conducted to date is that underlying assumptions about parenthood, program principles, and program characteristics tend to be similar among family resource programs, regardless of the program's origin or the nature of the community or population it serves. This chapter presents a discussion of these common characteristics.

ASSUMPTIONS ABOUT PARENTHOOD

In essence, it is their basic assumptions about parenthood that give family resource programs their form and shape. These assumptions dictate program content and style, the roles of staff members, and the program's role in the community.

Parents Need Information and Recognition

A brochure designed to promote a new parent education curriculum shows a photograph of a newborn lying in a cardboard box on a bed of packing materials. The caption to the photograph reads, "This is one package that doesn't come with instructions." As the brochure so effectively conveys, we can assume that being a parent is not entirely instinctive and most parents, at one time or another, require resources

and information to assist them as they raise their children.
This assumption underlies all family resource programs and
stands as a cornerstone of their existence. Oddly enough,
although a tremendous number of parents seek such informa-
tion, validation, and support from the media, books, formal
parent education classes, and family resource programs, our
society at-large has held onto the myth that parents should
automatically be good parents and not require assistance to
raise their children.

In Parent Involvement in Early Childhood Education, Alice
Honig states:

> There are basic childrearing tools which
> are at least as important to parents as
> the usual carpentry or cooking tools
> available in most households. Citizens
> have a right to such tools for optimizing
> parenting just as they have a right to
> literacy and job skills for work and
> participation in our society.[1]

Providing parents with information about child development
and parenting--the tools they must have to be effective--is a
basic component of all family resource programs.

These programs assume that parenting is a demanding and
important job and that parents want and need reinforcement in
their role as parents. This need is largely ignored by our
society, for although a large percentage of our population
are or will be parents, few resources are provided for them.
Only limited public resources are available, targeted
primarily toward families who have serious problems. Almost
nothing is offered to those who are experiencing the typical
problems that normal families encounter.

Saul L. Brown points out in Helping Parents Help Their
Children that "A certain naivete and magical thinking
underlie our societal assumption that a reasonable and

humanistic society of adults can evolve in the absence of a
massive social commitment to helping parents rear their
children."[2]

Family resource programs have made the commitment that Saul
Brown writes about. They are designed to meet the specific
needs of parents and families, and by providing such re-
sources, they give explicit recognition to the importance of
parenthood.

Parents are Experts

Family resource programs are also based upon the assumption
that the most qualified expert in relation to the needs of
both their child and themselves is, indeed, the parent. "The
traditional social welfare phrase 'delivery of services' is
not applicable to family support programs where those
formerly called 'clients' are often initiators of programs,
actively involved participants, and ongoing planners."[3]

From this perspective, professionals are viewed as resources
who can assist parents in solving their problems and meeting
their needs, not "experts" who remotely offer solutions.
Relating to families in this manner allows parents and
professionals to join into a partnership in which the
expertise of the professional is pooled with the knowledge
and insights of the parent. Together, then, they explore
options and solve problems in a way that strengthens the
family, preserves its integrity, and increases the likelihood
that the best possible solutions are found. Family resource
programs have had such success working with families in this
manner that they have begun to influence the ways in which
the traditional social service community relates to families,
as well.

In this light, Douglas Powell, writing about research
conducted on parent-child support programs in Changing
Families, states that, "A program is what happens when

parents and staff come together, not what staff 'do to or for
parents.'"[4]

Parenting is a Complex Process

The final assumption that family resource programs hold in
common is that there is not simply one way to be a good
parent. Because parenting is a complex and dynamic process,
and the behavior of parents is tied to many variables--
including the manner in which parents themselves were
parented, the personalities of particular parents and
children, and the social, cultural, and religious values of
families, communities and institutions--different families
may find very different, yet equally appropriate solutions to
similar problems and needs. It is the task of family
resource programs to enable each parent to explore the
options and make the decisions that are most appropriate for
them.

COMMON CHARACTERISTICS

Family resource programs also tend to be similar in their
approach and design. They have a prevention orientation,
provide support through largely informal support systems,
view the family with a positive orientation, and are inte-
grated into the community they serve. These characteristics
reflect an innovative trend in today's social service field
and make family resource programs distinct from traditional
family services.

Prevention Orientation

Family resource programs are prevention-oriented in that they
serve most families before their needs become acute. Social
scientists agree that prevention falls into three categories:
primary, secondary, and tertiary. There are, however, some

differences in opinion about what each of these categories represents. Medical definitions of primary, secondary, and tertiary prevention differ from the definitions created by those working in the areas of child abuse or family enrichment, for example.

The conventional medical definitions of the three categories of prevention are as follows:

* <u>primary prevention</u> involves the steps taken to prevent the occurrence of a disease;

* <u>secondary prevention</u> is early treatment of a disease after it has occurred; and

* <u>tertiary prevention</u> involves an attempt to minimize the long-term effects of a disease.

David Mace, in <u>Prevention in Family Services</u>, defines these three categories in a slightly different way. To paraphrase, by his definition, primary prevention means using positive, early intervention to enable families to avoid situations, conditions, patterns of behavior that might become very damaging to themselves.

In secondary prevention, family members are already experiencing some of the difficulties referred to above. By this definition, secondary prevention involves dealing with a problem in its early stages.

The term tertiary prevention, in this vein, refers to the intervention that occurs when the family is already experiencing extreme difficulties. A tertiary prevention program might also provide re-education to insure, as much as possible, that the family will not again suffer a similar crisis.[5]

Most family resource programs provide different levels of prevention in the following ways: Primary prevention

programs provide services to improve the overall well-being of families and are geared toward parents who are interested in enhancing their own development. Such programs also provide services to families as they experience normal life-cycle problems like adjusting to the birth of a baby or coping with the temper tantrums of a toddler. These programs provide information that is primarily about normal child development and parenting through parent education classes and group discussions. Their services are often presented in the format of resource centers, drop-in centers, parent networks, and warmlines. (See Chapter 3 for a more detailed description of program models.)

Programs that provide secondary prevention services generally serve families that are experiencing transitional, but more serious problems, such as divorce or adapting to the birth of a handicapped infant. These programs tend to focus upon those who may be considered at-risk for more serious problems such as adolescent parents or single parents. While these programs often provide parent education, they tend to place greater programmatic emphasis upon providing peer support groups. Such programs also often offer short-term counseling, crisis intervention, and information and referral services. Examples of secondary prevention family resource models include self-help groups, parent-to-parent telephone support services, as well as some center-based programs.

Tertiary prevention family resource programs provide services to families who have experienced severe crisis or family breakdown, and generally become involved with families after they have been involved with another intervention resource such as a hospital or traditional social service agency. The purpose of a tertiary level family resource program is to re-educate and rehabilitate families in order that future dysfunction may be prevented. Many programs of this type are home-based, but some, like Parents Anonymous and those working with incarcerated parents and their children, have a structure similar to primary or secondary prevention programs.

Family resource programs are not, by design, intended to
serve multiproblem or severely dysfunctional families, and
it is, therefore, rare for them to provide long-term treat-
ment or formal therapy. In most cases, families who are in
need of extensive and extended services are referred to
another, more appropriate agency or institution.

Emphasis on Informal Support Systems

The terms, "self-help", "mutual aid", and "peer support" have
become increasingly common in human services literature.
Although so-called "mutual associations" have existed in this
country since the Industrial Revolution, only in recent
decades have they increased in both range and number.

> A directory of self-help groups compiled
> in 1961-62 listed 265 different groups;
> an estimate made in the mid-1970's
> assumed as many as one-half million
> groups; and in the late 1970', the
> Hastings Center Report suggested that
> 'about five million people in the United
> States now belong to self-help groups of
> various kinds...'"[6]

"Self-help", "mutual aid", and "peer support" define basi-
cally the same phenomenon: people with similar problems or
concerns joining together to give one another assistance and
emotional support. While most self-help groups are operated
by their participants, some also include human service
professionals who may initiate groups and serve as facilitat-
ors or resource persons. Running parallel to the growing
number of self-help groups and programs is an increase in
research findings that validate the importance of support
networks in our lives. (See Chapter 1 for a more detailed
discussion of the importance of social support networks.)

James Whittaker, in Social Support Networks, describes many
of the benefits of integrating mutual-helping into the human
services. He states, "What is now needed in human service is
a new conceptual framework that allows us to use simultane-
ously all contributions of both formal and informal help-
ing."[7] Family resource programs fit well into this new
framework that Dr. Whittaker proposes.

Some form of self-help, mutual-aid, peer support, or informal
helping is found in virtually every family resource program,
whether run solely by parents for parents, or operated
primarily by professional staff members. The ingenious ways
that parents and professionals in family resource programs
have found to work together to meet the needs of families is
truly remarkable, and undoubtedly one explanation of their
inordinate success in serving families.

The following examples demonstrate ways in which some family
resource programs have utilized both formal and informal
helping networks:

*   M.O.M.S. (Mothers Organized for Mutual Support) in Chicago
    was established and is operated by parents. Under their
    leadership, the program offers parent discussion groups, a
    babysitting co-op, a drop-in center, and a lending
    library. They also, however, utilize professionals from
    the community to conduct regularly scheduled workshops and
    lectures on child development issues.

*   The Port Washington Parent Resource Center in New York was
    the brainchild of a professional, the director of a
    home-based parenting program for low-income families. With
    a belief that all parents--not only those considered to be
    high-risk--could benefit from such a program, she con-
    tacted the local school district to explore possibilities
    for establishing a similar program for the general parent
    population. School officials responded positively to her
    ideas and established a committee of school administrators
    and community professionals to seek funding for the

project. About eighteen months later, when funding was
secured, parents were invited to become involved in
planning the program's policies and activities. Eventu-
ally, a parent board was established, through which
parents began to assume most of the responsibility for the
operation of the program. Parents conduct workshops and
discussion groups, provide volunteer childcare, raise
funds, handle publicity, and write and distribute a
monthly newsletter.

* While some programs, like the one described above, are
  initiated by professionals, others are begun by parents
  who then recruit professionals to assist them in the
  operation of the program. A working mother in Spring-
  field, Virginia, felt the need for a peer support group
  and expressed her need to a social worker in a local
  community center. Together, they established and co-
  facilitated what became known as the Working Mother's
  Network. The social worker helps publicize and recruit
  new participants and helps provide access to community
  resources, while the working mother develops the content
  and topics for group discussion.

* The Family Focus Lawndale Center serves adolescent parents
  and their children in a low-income community on Chicago's
  West Side. A large number of services are provided by the
  program, including drop-in, G.E.D. classes and other
  educational services, health care, child development
  classes, parent-child activities, and a Head Start
  program. The center has a large budget and a number of
  professional staff. Within this setting, however, the
  program also runs MYM (MELD Young Moms) groups. This
  two-year group format created by Minnesota Early Learning
  Design (MELD) encourages the development of peer support
  in groups for teen mothers.

A Positive Family Focus

In the United States, family social policies and the social services that have stemmed from those policies usually focused on low-income families. In the early part of this century, social services provided financial assistance, child welfare programs, and medical care to the poor, usually through private, charitable organizations and religious institutions. At that time, little thought had been given to the causes of poverty, and it was believed that there was something innately wrong with those individuals needing assistance.

In 1935, with the passing of the Social Security Act, social services began to be provided through the public sector. Public funds were allocated to the states to create foster care, adoption, and institutional care programs for children from low-income and problem families. For a number of years, public funding for such services continued to increase, culminating in the mid-sixties with the War on Poverty initiative, which added a number of new programs that also targeted low-income families. Many of these poverty programs remained steeped in the traditional ideology that the families they were intended to serve were somehow deficient because they were poor.

Given this perspective, the programs were intended to "fix" what was "wrong" with the families they served. New phrases were coined during this period, like "the culture of poverty" and "the culturally deprived": symbolic of the well-intended efforts of social scientists to dispel a pre-existing notion that low-income families were genetically defective or morally unfit. In referring to this change in ideology, William Ryan, in Blaming the Victim, wrote:

> The new ideology attributes defect and
> inadequacy to the malignant nature of
> poverty, injustice, slum life, and racial
> difficulties. The stigma that marks the

> victim and accounts for his victimization
> is an acquired stigma, a stigma of social
> rather than genetic origin. But the
> stigma, the defect, the fatal difference
> --though derived in the past from
> environmental forces--is still located
> <u>within</u> the victim, inside his skin.[8]

This ideology, prevalent in many government programs, had its
counterpart in counseling, child welfare and family service
agencies serving multiproblem and dysfunctional families.

In <u>Working with Multiproblem Families</u>, Lisa Kaplan discusses
two very different approaches that family counselors use to
assess families. One is the pathological or medical model,
the other is the growth development model. Kaplan points out
that the medical model is the more traditional of the two:

> The medical model is pathologically
> based, with the goal of determining who
> is "sick", why they are "sick," and how
> their "sickness" can be controlled.
>
> The growth development model assumes that
> everyone begins at the same point and
> that each person has potential...it
> considers that personal development is
> fluid and characterized by constant
> movement or growth, with ups and downs.
> The growth development model provides a
> framework with which to assess where
> people are in their development, with the
> goal of helping them move to the next
> developmental stage.[9]

Historically, then, family service agencies often focused
only on family problems, ignoring any possible family assets.
Family resource programs stand as evidence that those early
assumptions and approaches are changing throughout the social

service community. There is increased recognition that if we are to be effective with families, their strengths, not only their problems, must be acknowledged.

In the book, Families Without Villains, a study of dual-earner families, Laura Lein suggests that a new design for family services is required if the needs of the contemporary American family are to be met.

> ...if we are to strengthen family life,
> we must examine families with an eye to
> their strengths as well as their weak-
> nesses. We must continue to ask in what
> way services for families and policies
> affecting families can be designed to
> support families in their strengths and
> prevent them from failing as a result of
> their weaknesses.[10]

Family resource programs also represent the belief that all families need, and can use, support. They serve a wide array of families, not just those that may be experiencing diffi-culties. From this perspective:

> Intervention is conceptualized as
> appropriate not only for families
> evidencing pathology and forced by
> circumstances to seek help, but also for
> families voluntarily seeking intervention
> [services] to enhance their develop-
> ment.[11]

Family resource programs, then, are in the forefront of this movement to provide support to all families and to do so in a manner that builds upon their abilities rather than attempts to repair their inadequacies.

Community-Based Structure

Another similarity of family resource programs is that they
are community-based. That is, they place their efforts to
provide support within the context of community life. Since
they recognize the dangers of isolation and the value of
personal and social networks, they try to bring families in
closer contact with each other and with community resources.
In being community-based, programs are able to meet a broader
range of the needs presented by the families they serve.

One factor that adds to the complexity of providing resources
for parents is that there is wide variation in the way that
different social, racial and cultural groups parent their
children. A program that is well-integrated into the
community it serves is more able to recognize and respect the
values and traditions of the families who participate. This
need is especially apparent in the area of parent education,
because curriculum materials often reflect mainstream culture
and values which may conflict with those of a particular
group of parents.

Linking parents to available community resources is also a
very important function of family resource programs. While
there are many services that family resource programs cannot
provide directly, most programs provide information and
referral to other resources in their community. Families who
need financial assistance, special medical care, or day care,
for example, can often find those services through their
local family resource program. In some programs, resource
files are kept which include notes about the experiences that
parents in the program have had with particular services,
agencies and community institutions. In this manner, one
program rates community restaurants as to their level of
tolerance and welcome of families with infants and toddlers,
and another provides information about the sensitivity and
quality of area pediatricians. The Mothers' Center Develop-
ment Project, which has established thirty-one Mothers'
Centers throughout the country, places major emphasis upon

evaluating local agencies, advocating on behalf of families, and encouraging community institutions to be more responsive to families' needs.

All of these things are possible only within a community-based program. In our highly mobile society, where many families already lack the sense that they are part of a community, family resource programs provide a community for parents and children to belong to that supports them and acknowledges the importance and viability of family life.

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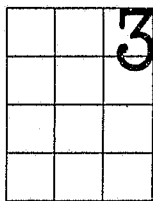
3 Program Models

It is difficult to define a family
resource program, because each one is a
unique blend of components and
approaches. Each program weaves its own
tapestry of services, depending on
location, needs of the families involved,
available funding, and the vision of the
people shaping the program.[1]

Despite their diversity, however, most family resource
programs share the following goals.

*   To improve the capacity of families to master a broad
    range of developmental tasks. Corresponding to this goal,
    family resource programs view families with an understand-
    ing that families go through a number of developmental
    phases, ranging from childless couples to aging parents.

*   To improve the quality of family relationships, including
    the marital dyad, parent-child dyad, sibling sub-system,
    and nuclear family; and the relationships of family
    members to their external community, including schools,
    institutions, and the workplace.

*   To minimize stresses that may harm the family.

*   To improve each family's link to the social resources and
    support they want or need.[2]

PROGRAM SERVICES

To accomplish these goals, family resource programs provide
all or a combination of the following services:

* Parent information classes in the form of instructional
  groups that offer information on a wide variety of topics
  in the areas of child development, parenting, and family
  life.

* Parent support groups in which parents share experiences,
  concerns, and feelings with peers.

* Parent-child groups that provide child development
  activities for parents and children together.

* Child care provided by most programs while parents are
  participating. A small number of family resource programs
  also provide respite child care.

* Drop-in time to provide unstructured periods when parents
  can be with family resource program staff members and one
  another on an informal basis.

* Lending libraries which make a variety of materials about
  parenting and child development and/or developmentally
  appropriate toys and activity ideas available on loan.

* Newsletters that provide information about program
  activities, child development and parenting, and listings
  of local events, resources for families, and "news" about
  participating families like the birth of a baby.

* Advocacy for individual families and in response to the
  overall needs of families in the community.

* Information and referral services which link families to
  community resources.

* Crisis intervention and short-term counseling to respond
  to parents' special concerns about their children and to
  the special needs of families.

* Social and recreational activities.

The services that a program offers are circumscribed by the
nature of the service delivery model that the program's
organizers have established. There are five broad categories
of family resource program models: center-based programs,
parent networks, home-based programs, warmlines, and parent
groups.

CENTER-BASED PROGRAMS

Center-based programs provide a variety of services to
families at one location. They become a community center for
families where parents can obtain support and information for
themselves both as parents and as people, become involved in
self-help and peer support networks, learn about other
community resources, and participate in special social and
recreational activities with their families.

Most often, the targeted population served by center-based
programs is defined as all families who live in the community
where the center is located. Beyond that, there are usually
few, if any, other requirements for participation.

Of all the family resource models, center-based programs hold
the greatest potential for both providing comprehensive
services and serving the largest number of families. This is
due, in part, to the fact that center-based programs often
incorporate aspects of other family resource program models
into their services, enabling them to respond to the needs of
a broad variety of families.

There are two major categories of center-based programs:
drop-in centers and parent resource centers.

Drop-in Centers

Drop-in centers provide support, resources, and information to parents through both structured and unstructured programs that are provided under the leadership of staff members, volunteers and parents. Drop-in programs offer parents opportunities to socialize and share their experiences, information, and resources with other parents or staff members informally. As most drop-in programs provide child care, participating parents also find temporary relief from the full responsibility of caring for their children. This aspect of the program is particularly helpful to parents and children during times of crisis and extraordinary stress.

Centers with professional staff members often provide short-term individual and family counseling to assist parents with issues related to their child's behavior and development, to cope with a crisis, or secure and utilize other resources and services.

Drop-in centers that serve special-needs groups such as low-income families and adolescent parents often provide some traditional social services in addition to the ones mentioned above. Health and nutrition education, medical referral services, educational instruction and vocational training, and counseling, are often important components of such programs.

Hours for drop-in at a center can range from five days a week to just a few hours per week. The best time for each particular program will be determined by the needs of the families using the program, the number of families using the program, and available funding or other resources. Many programs are open some evenings and weekends in order to provide programs for fathers and working parents. On the average, parents visit drop-in centers two times a week for approximately three to four hours per visit.

The drop-in center model is especially responsive to the
needs of individual families because it offers so much
flexibility. Families come and go on their own schedules,
need not schedule their visits ahead of time, and can become
involved in a variety of ways. As a result, some families
will come to a drop-in center on a routine basis, others will
participate only in structured groups, and still others will
become involved only during periods of time that are
especially difficult for them.

Parent Resource Centers

Parent resource centers also provide a wide range of programs
to a large number of parents. But unlike the drop-in center
model, parent resource centers usually offer only structured
programs. Unstructured or drop-in time is not provided.
Some programs provide a combination of topical, one-time
workshops, topic-focused groups offered in a series that
usually lasts four to eight weeks, and support groups that
meet on an ongoing basis. Others offer only one or two of
the above.

The workshops, groups, and classes offered by resource
centers provide information in a number of content areas.

* Issues of a particular age group such as infants, tod-
  dlers, or teenagers

* Developmental issues such as toilet training, sleep
  disturbances, sibling rivalry, temper tantrums, language
  development, or sex education

* Parenting skills like communication, discipline tech-
  niques, care of a newborn, or coping with a sick child

* Special needs of a particular type of parent or family
  such as single parents, stepparents, adoptive parents,
  foster parents, or grandparents

* Family management, focusing on topics such as time
  management, family communication, and budgeting

* Crisis management to help families cope with their
  feelings and necessary transitions (for example, when
  there is a divorce or separation, the death of a child,
  the birth of a handicapped child, or dependency upon drugs
  or alcohol)

* Health education on topics such as child nutrition,
  prenatal care, childbirth preparation, and fitness

While staff members may lead some of the groups offered by
the parent resource center, they are usually led by other
professionals from the community the center serves. More
often, staff members spend their time and energies to
coordinate the overall program: scheduling activities,
securing group leaders, and recruiting participants.

In addition, parent resource centers often provide a lending
library of books about parenting and child development, a
newsletter or monthly schedule of activities and events,
information and referral services, and recreational events
for families.

PARENT NETWORKS

The parent network model is difficult to describe, but simple
to implement. The most distinctive characteristic of a
parent network is that their services are diffused; provided
at a variety of locations throughout a community.

Parent networks are usually founded and operated by parents.
Events and groups are held in private homes or public meeting
places like churches, schools, and park districts. Although
most programs of this type serve one community, some serve
large geographic areas, providing services to several

different communities. This model seems especially adapt-
able, therefore, to rural communities.

As in the center-based model, monthly newsletters are used to
inform members of upcoming activities and events. In
addition, many such programs offer telephone warmlines which
provide parent-to-parent support and serve as a vehicle to
recruit new group members.

Because of its reliance upon volunteers and the fact that
overhead expenses are very low for this model, parent network
budgets tend to be small. Their funds are commonly raised
solely through membership fees and donations collected at
special events.

A variation of this network model is center-based programs
that operate a number of support groups or classes at a
variety of locations in several communities. While the
majority of activities take place at the center, parents can
also participate in satellite groups and classes that are
nearer their homes.

HOME-BASED PROGRAMS

Home-based programs provide supportive services to families
in their homes. These programs are designed to reduce family
stress, model and teach child development and parenting
skills, provide parents with support in their own environ-
ment, help parents develop self-help skills and enable them
to utilize available resources. Home visitors serve as
friends, teachers, role models, and advocates. They offer
information, support, educational activities and assistance
in things like shopping, housekeeping, and transportation.

Most often, these programs target parents of newborns,
families with multiple problems, and families that are
socially or culturally isolated and who are, therefore,
unlikely to utilize center-based services. Home-based

programs are occasionally designed to be an outreach arm of a
center-based program to increase the effect of the overall
program.

The home-based model allows an individualized response to
family strengths, needs, and interests. It is often effec-
tive because family members have more control in the environ-
ment of their own home and may be more comfortable with the
program's individualized approach.

Given the nature of home visiting, visitors are able to learn
more about both the needs and the strengths of family units,
individual family members, and the stresses and strengths of
a family's environment by visiting them in their homes. To
help alleviate the discomfort that many families have about
having "outsiders" in their homes, most home visitors are
peers of the families being visited and are "natural helpers"
in that they are intrinsically sensitive to the feelings and
needs of others and enjoy helping in whatever ways they are
able.

Home visitors may be volunteer or paid staff members;
professionals or para-professionals. It is most essential
that they possess the ability to listen, communicate, and
empathize with others, and can offer non-judgmental support
and guidance. Building upon these inherent qualities, home
visitors should also receive training in areas of human
development, family dynamics, intervention strategies,
solving problems, and observing and recording information.
Because their work is so decentralized, the opportunity to
meet regularly with other visitors and/or the program
supervisor is a very important aspect of this service
delivery model. It is in these meetings that services are
coordinated and support and resources are provided to the
visitor herself.

Home visitation is most often used with high-risk families
who need more intensive, one-to-one support. However, this
model is also very applicable for involving typical families

who live in rural areas where they may be geographically and socially isolated. There are five categories of home-based programs:

Programs for New Parents

First-time parents are often not aware of services in their community such as drop-in centers or parent education and support groups. Yet they often feel isolated, overwhelmed, or unprepared for the realities of a new baby. Responding to these needs, today there are many programs for new parents in which other parents reach out to them, enable them to find information about infant care and child development, and offer support as they adjust and develop greater confidence and competence in their new roles.

Increasingly, new parents are referred to this type of program through the hospital where they delivered. They are initially contacted within two weeks after delivery and during the next few weeks a home visitor makes several visits to just "see how things are going" for them. These initial contacts often evolve into a predictable routine of informal visits and telephone contacts that may last up to a year.

Programs for Families with Special Needs

Home visitors who become involved with these families have usually experienced and weathered an especially difficult situation themselves, like the death of an infant or the birth of a handicapped child.

The program is usually coordinated so that parents are matched with a visitor who has had a similar experience and the helping relationships that are then established are often sustained for several years. The visitor provides specific information about the child's handicap or condition and care and available equipment, services and resources. She may

provide respite care or transportation; she may become a
friend, listener, teacher, and advocate. Whatever dimensions
their relationships take, through these programs special
families are provided a very special opportunity to receive
support and understanding from someone who has "been there"
themselves.

The visitors in this type of program need specific training
so that they are very familiar with the origins, characteris-
tics, treatment and resources available in relation to the
condition or handicap with which they are working. They must
also be familiar and comfortable with the process of griev-
ing, adjusting, and learning to cope that parents and
families experience in such situations.

Programs for High-Risk Families

If parents who have shown that they are at-risk to abuse or
neglect their children have access to intensive one-on-one
support from someone who can help them manage and solve their
problems, often out-of-home placement of their children can
be avoided.

The coordinator of these programs usually screens and selects
parents deemed most in need of and responsive to home-based
services. Once assigned, a home visitor will spend from five
to twenty hours each week with the family over the course of
a year. Home-based services for multiproblem families are
often linked to and often funded by any number of other
programs and services such as parental stress hot lines,
caseworker or counseling services, parent education and
support groups, or public social service agencies.

As in other home visitor models, the visitors are usually
parents themselves. However, this model, by necessity,
places more emphasis upon the need for visitors to have
professional training. As a result, visitors are often paid
professional staff members rather than volunteers. In

addition to professional requirements, visitors often go
through a training program to hone their skills in enabling
parents to develop coping and life management skills. Their
training usually covers behavior and anger management
techniques, home management, child care, and parenting
skills. During the time they spend with families, visitors
model and encourage developmentally appropriate adult-child
interaction and, in some cases, may also provide respite care
and crisis intervention.

Programs for Temporarily Ill, Disabled, or Incapacitated Parents

Respite care, housekeeping, and transportation services are
provided to parents by volunteers. Community members
themselves, the volunteers who participate in these programs
are frequently recruited from church groups, high schools,
parent groups, or local service organizations.

Backyard Centers

Using a combination of home-based and parent education/
support group components, the services in this model are
often in a parent's home and extended to parents in surround-
ing neighborhoods as well. The groups may meet regularly in
one home or backyard, or may rotate among members' homes.

The home visitor who coordinates this program leads parent-
child activities, group discussions, and plans social events.
This model is often used to extend the support network of
families who have received individualized home-based services
and may serve as an intermediate step before the parents
become involved in self-help or support groups.

WARMLINES

Warmlines offer free telephone consultation services to the parents of young children who have concerns or questions about their child's development or behavior, or simply need someone to talk to. They are staffed by experienced parents and/or professionals who can respond to the everyday concerns of parents like sleep disruptions, toilet training, or breast feeding and to their needs when there are special conditions such as disabilities or illnesses. Staff members provide practical, detailed information about child care and development, support groups, and other community resources, and make referrals for crisis or medical issues.

Some programs have begun with a warmline service, as an inexpensive, non-threatening way to offer information and support to families in their community. Later, as they uncover a population of parents who are interested, they form support groups, parent education programs, and the like. Inversely, other programs have added warmlines to existing programs to reach more parents in their communities than they are able to reach through traditional programming.

The benefit of staff training is often exchanged for the commitment that volunteers make to work on a warmline. Training is often provided by professional volunteers, and includes topics such as normal and atypical child development, active listening skills, interviewing techniques, child caregiving, and resources in the community.

There are four basic ways that warmlines are managed:

Calls Answered at a Central Location

When answered in this manner, volunteer and paid staff members work in two-to-four hour shifts to handle callers' requests for information, advice, and support. A coordinator schedules workers and may also recruit, train, and supervise

staff members. Office space, telephones, and staff members
are often provided through a sponsoring agency; often a
hospital, university, parent support/education program, or
social service agency.

Calls Dispatched to Volunteers' Homes

The flexibility of dispatching calls to the homes of volun-
teers is especially attractive to parent volunteers and saves
the warmline both staff time and money.

Incoming calls are answered and screened at one location, and
messages are relayed to volunteer parents/professionals who
return the call, usually within twenty-four hours. It is
common for clerical staff who work for a sponsoring agency to
answer and dispatch the calls. Volunteers may call the
warmline's central numbers for messages at the beginning of
their shift or may simply be contacted as calls come in for
them. Some programs use a cross-connect system in which
incoming calls can be transferred directly to a volunteer's
home telephone. Such expediency seems particularly appropri-
ate if a parent calls who is very anxious to talk to someone.
As an added benefit, the cross-connect system may ultimately
lower the cost of the warmline's telephone service.

Once an initial contact has been made, volunteers often make
follow-up calls to find out how the family is doing in
general, if the suggestions they received from the warmline
were helpful, and if they have other needs or concerns.

Instead of using "on call" shifts as described above,
warmlines designed to serve parents with special needs may
make arrangements to match each caller with a specific
volunteer parent who has had similar experiences, such as
parenting a handicapped child or parenting twins. Volunteers
in programs of this type often establish ongoing relation-
ships with callers that may include weekly phone contact for
as long as one year. It is very common for these programs to

expand and offer support groups and other activities in addition to the warmline program.

Outreach

In warmline outreach programs parent volunteers contact expectant or new parents to offer information and support. Resources for their initial contacts may include birth announcements in local newspapers or registration lists from childbirth preparation classes in the community. Typically, the names that are gathered together are divided among the program's volunteers, who contact the families within two weeks after delivery. Each new parent may be called several times in an effort to demonstrate support, and parents may be encouraged to use the warmline as a resource on an as-needed basis. This model emphasizes peer support as opposed to providing more formal information about child development or parenting.

In addition to making phone calls, organizers of outreach warmlines also often take responsibility for the administration of the overall program as well. This involves identifying families to be contacted, assigning volunteers to make the necessary phone calls, coordinating fundraising activities, promoting the service through public relations, and arranging training for volunteers.

Taped Information

Audiotapes about issues that are of concern to most parents may be produced or purchased for use by a warmline program. Lists of the topics that are available on tape are usually distributed throughout the community, or specific tapes may be recommended directly to those who call the warmline. The phone machine that is required to play audiotapes for this service may be purchased for approximately $200.

PARENT GROUPS

Parent groups are generally formed for a specific purpose: to educate and inform parents, to provide opportunities for mutual support or self-help, to offer advocacy services to families, or to study a particular subject related to being a parent. Short-term groups may focus upon one task or issue while long-standing ones will offer greater opportunity to explore a variety of issues or to become involved in other kinds of projects and events. Through group processes, parents find opportunities to share their experiences and concerns as well as their ideas and solutions with one another and receive validation in their roles as parents.

Mutual support is a major aspect of all parent groups. It is, in fact, this aspect of parent groups that sets them apart from therapy groups which tend to focus more intently upon the problems of group members and the process of change. Parent education and support groups depend to a larger extent upon the personal strengths, skills, knowledge, and social skills of their members.

Many groups arrange for child care during their meetings so that sessions are free from interruption. Responsibility for child care may rotate among group members or volunteer or paid child caregivers may be utilized. Parent groups fall into three major categories:

Parent Education Groups

Parent education groups are designed to increase parents' understanding, knowledge, and skills in specific areas. Common topics of these groups include child caregiving and child development, parent-child interaction, family relationships, child health and nutrition, building self-esteem, discipline, and family communication. Often a lecture/ discussion format is combined with structured exercises such as role playing, learning games, and home study. Some groups

utilize audio-visual presentations or professionally-developed commercial curricula such as P.E.T. (Parent Effectiveness Training) or S.T.E.P. (Systematic Training for Effective Parenting).

Parent education groups usually have at least one professionally-trained leader who presents the curriculum, structures group exercises, and guides discussions. They may be volunteers or paid staff members. Group leaders have often received formal training in group leadership as well as training that is related specifically to the subject matter of the course.

These groups usually meet from one to three hours each week or every other week. They are almost always time-limited; commonly offered as one-day seminars or as courses lasting from four to sixteen weeks. Typical groups range in size from six to twenty, and often meet in space that is provided by a sponsoring agency: a school, church, or community center.

Parent Support Groups

Parent support groups provide opportunities for parents to share their experiences, concerns, and feelings as well as their interests and ideas in an atmosphere of mutual acceptance and trust. These groups are effective vehicles through which parents' feelings of self-confidence and competence are increased and communication and problem-solving skills and coping abilities are bolstered as they broaden their network of support and increase access to information and resources.

While the groups often follow certain formats and guidelines, ideas for group discussions are usually generated by the participants themselves. The groups are usually led by one or two facilitators who may be parents, volunteers, professionals, or a combination of same. Facilitators are usually trained in group dynamics and leadership. The leader

encourages and models tolerance and acceptance of others, active listening, and positive communication. He or she may structure the group, set the ground rules and tasks, guide the discussion, lead the exercises, offer perspective, empathy and feedback, and encourage members to focus on their own and one another's strengths.

Support groups usually involve from eight to twelve participants and may be time-limited or ongoing. They usually meet for one to two hours at a time, on a weekly, bi-monthly, or monthly basis. Their meetings may be held in institutions like churches, schools, or social service agencies or in the homes of the participants.

Parent Self-Help Groups

Members of self-help groups or self-help networks join together to satisfy a common need, overcome a common problem, or bring about a specified change in a person, an organization, or society. The members of self-help groups may utilize their involvement in a variety of ways. It may be a resource for information and support, may offer opportunities for participation in discussions or seminars, for listening to speakers, or for pooling resources, support, and ideas. Many self-help groups plan recreational and social activities, raise funds for their cause, and engage themselves in publication or advocacy efforts.

Self-help groups are characterized by their voluntary participation policies and their emphasis upon mutual support and guidance as agents for growth and change. Although professionals often initiate, participate in, and consult with self-help groups, by definition, these groups do not have formal leaders. It is the group itself that defines its focus, purpose, membership, needs, and organizational structure. As a result, this model focuses largely upon empowering group members and building their self-confidence and skills through shared concerns and responsibilities.

PROGRAM SETTINGS

Family resource programs exist in very diverse communities and in a wide variety of settings. They are found in churches and synagogues, hospitals and public schools. A fairly new phenomenon, corporations and businesses are beginning to include family education seminars, parent support groups, and parent education classes in their employee-assistance programs. While community mental health centers and children and family service agencies are often settings for family resource programs, they can also be found in more unlikely locations such as public libraries, military bases, museums and prisons. Community colleges and universities sponsor programs as do day care centers, community centers, and YM-YWCAs and YM-YWHAs. This broad spectrum of settings and sponsors attests to the flexibility and viability of family resource programs.

EXAMPLES OF PROGRAMS

For purposes of definition it has been necessary to discuss each service delivery model separately. Often, however, a family resource program is composed of more than one model. For example:

The Positive Parent Network in Rapid City, South Dakota, operates a warmline and runs support groups for new parents, parents of teenagers, single parents, Native American parents, and teen parents. In addition, they provide classes on childbirth education, prenatal and post-natal exercise, child development, and parent-child interaction. The same organization also offers a home visiting volunteer program and a project that reaches out to serve the parents of children who have handicaps. They maintain a lending library, distribute a newsletter, and manage a speaker's bureau to address issues that relate to families.

The Stephen S. Wise Temple Parenting Center in Los Angeles offers classes, workshops, lectures and discussion groups for parents and children from infancy through adolescence. The core of the program is its ongoing discussion groups, which include groups for adoptive parents, stepparents, single parents, divorced families, parents of children with a disability, mothers with a physical disability, and grandparents. The Parenting Center also provides groups for couples of interfaith marriage, a sibling group for brothers and sisters of a disabled child, a grief support group for parents after the death of a newborn, and a group for people with aging parents. A variety of programs are offered for parent-infant, parent-toddler activities, including Saturday Father/Toddler groups and a Kindergym. Weekly discussion groups for mothers cover topics such as discipline, sex education, family communication and childhood imagination.

In addition to the groups, the Center also operates a drop-in program one afternoon a week, and a resource center containing information on community services, agencies and consumer resources for parents. Center staff are available to make home visits, hospital visits and provide individual counseling sessions for families experiencing special stress.

COPE (Coping with the Overall Pregnancy/Parenting Experience was established in 1972 in Boston by a psychiatric nurse. At its inception, COPE's primary component was discussion groups for pregnant women and new mothers where thoughts, feelings and anxiety about the parenting experience could be expressed. COPE continues to provide these groups in 20 communities in the Boston area. In addition to the groups, COPE offers individual counseling in the areas of pregnancy decision making, pre- and post-abortion, pregnancy and postpartum complications and for pregnant adolescents.

A unique component of the COPE program is its Work and Family Management Project. One feature of this project is the Parent Fair, which is sponsored by an employer for employees who are parents, held at the workplace. COPE provides a

booth stocked with hundreds of free brochures and pamphlets and staffed by a male-female team available to answer individual questions on parenting issues.

COPE also offers seminars in Work and Family Management which can be adapted to various time slots and workplace settings. Sample seminar topics include: Preparing the Family for the Working Mother; Managing Children from the Workplace; and Maternity Leave/Job Re-entry.

The Family, Infant and Preschool Program of the Western Carolina Center is an early intervention program for families of young children with special needs. FIPP provides services to families in a 20-county area in western North Carolina. A special component of FIPP is Project HOPE (Helping Other Parents through Empathy), a parent-to-parent support program designed to assist parents of handicapped children. Project HOPE aims not only to help parents cope with the initial diagnosis of their child's handicap, but also to aid parents in dealing with problems or crises that they face throughout the child's life.

In addition to Project HOPE, the Family, Infant and Preschool Program offers positive parenting classes, family support groups, parent-child groups, sibling workshops for the brothers and sisters of children with special needs, and respite care. A home-based parent training program helps parents become effective teachers with their handicapped child. A babysitting training course is offered to persons who care for special needs children; and a workshop entitled "Looking to the Future" give parents the opportunity to discuss topics such as taxes, insurance, wills, guardianship and other concerns related to their special child.

The Parenting Program of the Booth Maternity Center in Philadelphia divides its program into three components: a support program, parent-child program, and a program for teen parents.

The support program consists of the Booth Buddy Project which provides trained parent volunteers who contact first-time families in their third week home from the hospital. Buddy activities range from regular telephone contact to hosting neighborhood get-togethers. The support program also provides short-term counseling, telephone support, and home visits to families feeling particularly anxious, depressed or isolated. Support groups are also available to parents of high-risk infants and families of babies that die at birth.

The parent-child program offers 30 to 40 activities a month, the most popular being parent-child playgroups. Programs on topics such as feeding problems, separation anxiety and toilet training are provided.

The adolescent program is especially designed to meet the needs of pregnant teens. Weekly teen clinics cover topics such as nutrition, fetal development, labor and delivery, infant care and family planning. A staff person is present through delivery and available afterward for home visits. Parent-child workshops are held monthly in which teens make something for themselves or their new baby. A grandparents' group provides support to parents of pregnant teens.

These programs, and others like them throughout the country, are responding to the new needs of the contemporary family and do so in ways that differ from servics provided to families in the past.

> Today's family support programs represent
> a new form of service based on new
> approaches and new patterns of deci-
> sion-making. They come in virtually
> every shape and size; they exist in
> almost every kind of community and under
> every kind of auspice. They appear with
> an array of services and support that
> earlier generations of parents could not
> have imagined.[3]

NOTES FOR CHAPTER 3

1. C. Dean, "Parental Empowerment through Family Resource Programs" _Human Ecology Forum_, Vol. 14 (1): 17-22, 1984, p. 17.

2. P.R. Dokecki and R.M. Moroney, "To Strengthen Families: A Value Framework," Unpublished paper, Center for the Study of Families and Children, Vanderbilt Institute for Public Policy Studies, 1979.

3. B. Weissbourd, "Design, Staffing and Funding of Family Support Programs," in S. Kagan, D. Powell, B. Weissbourd, E. Zigler (Eds.), _Family Support Programs: The State of the Art_ (New Haven, CT: Yale University Press, in press).

Part II:
Establishing a Program
in Your Community

4 Initial Planning

The initial stages of organizing a family resource program
are important because they provide the foundation upon which
the program will eventually be built and from which the
organizational structure will emanate. The size of a
proposed program, the working styles of its organizers, and
the resources and support available to them all influence the
organizing process.

While some programs are established within a few months, most
develop over the course of one or two years. Whatever the
timetable, establishing a new program demands a considerable
amount of commitment and perseverance on the part of its
founders.

FORMING A PLANNING COMMITTEE

Although some programs have been successfully established by
a single, dedicated parent, professional, or volunteer,
developing a program is undoubtedly easier if responsibili-
ties are shared among a number of individuals. It is
particularly important to use a team approach if support
personnel are not available to assist in clerical and
bookkeeping tasks. Often such support is available only when
programs are established under the auspices of a social
service agency or community organization.

For most program organizers, therefore, the first step is to
form a planning committee. Ideally, this committee would
include both human service professionals and parents.
Throughout the planning process, the parents lend first-hand
information about their needs and interests and the

professionals contribute their expertise, understanding of
social services, and knowledge about resources for families.

The size of the planning committee should be determined by
the amount of work to be completed. If it is too small,
members will become overworked and will not have enough time
to do an adequate job. Planning committees with too many
members may have problems in forming a consensus and making
decisions. It is best to start with a small group, and add
new members as new tasks are identified. This will also
allow the committee to recruit new members who have particu-
lar skills to accomplish an identified task.

A planning timetable should be established along with clear
lines of responsibility. The committee will need to decide
how often it will meet, what tasks it will accomplish and
when they will be completed, and how the work will be divided
among members.

A preliminary task of the planning committee is to conduct a
community needs assessment and to analyze the information
that is gathered to determine what type of program will be
established. Once that has been decided, the committee
develops the program's purpose, goals and objectives.

CONDUCTING A COMMUNITY NEEDS ASSESSMENT

It is vitally important that organizers get to know their
community well and develop a clear understanding of its
strengths and needs, issues and resources. Such information
is essential if organizers are to establish a program with
services that are truly needed, that do not duplicate those
already available, and that are relevant to and utilized by
those the program is intended to serve.

Beyond its primary purposes, a number of secondary benefits
may be accrued in the process of conducting the needs
assessment. Organizers may meet individuals and organiza-

tions who will assist in the planning process or provide
program services or referral resources for families after the
program is in operation. In addition, the data that is
collected to document the community's support of and need for
the program may be included in future proposals for funding
and appeals for contributions. Overall, the contacts that
are made during the community needs assessment provide the
foundation for the program's later work by providing neces-
sary information, promoting the credibility of the idea for
such a program, and creating a positive public image.[1]

By listening to them talk about their needs and concerns,
organizers are also afforded a special opportunity to find
out about specific services parents want and would utilize.
As an added benefit, needs assessment also offers opportuni-
ties to contact families who will later become involved in
the program.

Three types of information about the community are generally
collected through needs assessment, including information on:
1) characteristics, problems and strengths of the community,
2) resources and services that are or have been available for
families, and 3) services that are needed and would be
supported by the community.

Statistics about the community itself are usually available
through local government offices and other community institu-
tions such as the Chamber of Commerce. Basic demographic
data, including population statistics and characteristics
such as age, racial or ethnic background, income, occupation,
and household size are included in U.S. Census Bureau Reports
which are available in reference libraries. Because state,
county and local governments often conduct their own popula-
tion surveys (often at more frequent intervals than those
conducted by the federal or state governments), similar, but
more current information may be on file in local government,
planning, community development, or housing offices as well.

It may be useful to gather statistics on community health, education, employment, and crime. State and local health departments usually maintain records on birth rates and the incidences of certain diseases and medical problems. Information about the incidence of domestic violence, juvenile delinquency, and crime may be obtained from the local police and probation departments, state social service agencies, or court records. Colleges and universities, the local United Way and other social service agencies are also good resources to tap for information on the community.

After collecting descriptive information, it is helpful for members of the planning committee to visit local family service agencies, day care centers, schools, social service organizations, and community mental health centers, and the like. This provides insight and information about "who does what for whom" in the community, and will help insure that services will not be duplicated. It may also present opportunities to form alliances with others who have similar interests. If no programs exist that are like the one being organized, that fact should be documented, along with details about how and why existing programs are different than the one being proposed.

Current literature may be reviewed to find information and research on topics of particular interest to the planning group. Professional journals in family studies, early childhood education, and social work are good resources for this and are available in local college, university, and public libraries. It is useful to look for information about the pros and cons of different program models and approaches and to note which ones seem to work best for which communities and populations.

Once information has been collected from statistical surveys, local aencies, and current literature, program organizers should have the background information needed to describe the community and its resources, and to formulate ideas about how to respond to family issues. The next step, then, is to find

out how members of the community view their own strengths,
issues, and problems, and what projects the community is most
likely to both utilize and support.

To do this, the planning committee needs to choose a method
to conduct a formal community needs assessment. Typically,
needs assessments are designed to gather information in three
principal ways, through 1) interviews, 2) community forums,
or 3) community surveys.

It is best to combine two or more of the above to assure that
information is collected from different sources and in a
variety of ways. Not only does this improve the quality and
validity of the information collected, it prepares program
organizers for data collection and research activities that
will be useful once the program is underway.

Interviews

Needs assessment interviews focus on people in the community
who, because of their official position or relationship to
families, are particularly important sources of information.
For example, the director of a family service agency and the
president of the local PTA might have particularly relevant
insights on community resources and services for families.

Interviews should include people who represent the diversity
of the community in terms of income, political and religious
beliefs, and racial and cultural origin. The dozen or so
representatives chosen to be interviewed might include, for
example, a city official, police chief, day care director,
church official, public school teacher or principal, social
worker or family counselor, juvenile court judge, lawyer,
family physician or pediatrician, the leader of a women's
group or volunteer organization like the Junior League, and a
parent who started a support group or babysitting coopera-
tive.

A set of questions should be developed prior to the inter-
views. Questions should be objective and open-ended to
encourage each person to express their own viewpoint.[2] The
following questions, for example, might be asked:

*   What are the most important strengths of this community?
*   What issue are important to families in the community?
*   What types of problems do they face?
*   What are the reasons for the problems?
*   Do available services meet family needs?
*   Does the community need a resource center (or other
    services) for parents? Why or why not?

It is likely that new questions and issues will be raised
throughout the interviewing process, along with suggestions
about other people who may be valuable contacts. If there is
time, committee members will want to expand both the list of
questions and the list of people to be contacted.

After talking with all of the key informants, major points
and conclusions should be summarized, resulting in statements
like:

*   85% of the 30 people interviewed thought that the increase
    in the number of "latch-key" children (children whose
    parents do not provide after-school supervision for them)
    poses a serious community problem.

*   All of the informants thought that there is a lack of day
    care services in the community. The director of a day
    care center reported that there are 50 families on their
    waiting list.

As a matter of courtesy, provide copies of the conclusions of
the survey to all who participated in it. Do not, however,
identify any of the participants by name.

Community Forums

Community forums are public meetings designed to bring people together to discuss community problems and possible solutions. Planning and holding a community forum is often less time consuming than conducting a series of interviews and has the advantage of being open to those who might not be heard from otherwise. There are some disadvantages to gathering information in this way, however. One is that some important factions of the community may be missed since participants are not being individually sought. In addition, there is some danger that the forum may create the unrealistic expectation that the group sponsoring it will be able to solve all the problems that are presented.[3]

Arrangements should be made to hold a meeting at a convenient time in a central, neutral location. Someone who is well-respected in the community might be asked to be a moderator. The forum should be widely publicized, well ahead of the meeting date. Special efforts should be made to get notices about the meeting to specific community groups like minorities, the elderly, and teenagers.

Ahead of time, plans should be made for the forum to be recorded, preferably with audiotape so that an accurate report that summarizes the highlights and themes of the meeting can be written. The planning committee may want to share this report with the local news media, government and social service agencies, and community leaders.

Community Surveys

When carefully designed and conducted, surveys are the most accurate manner of gathering information about a community. However, since thorough surveys can cost an inordinate amount of time and money, this method of collecting information should be used only if there are no other viable options.[4]

Community surveys can be used to document local needs that are not reported elsewhere. Information can be gathered about the effectiveness or availability of existing services, and opinions about changes and improvements that are needed in the service delivery system.

Surveys involve: questionnaire design, pilot-testing, sampling, data collection methods, data analysis, and reporting. In each of these areas, there are technical issues that effect the quality of the results. It is important that questions are not biased and can be clearly understood. Questions and instructions should be written in the language and at a reading level that is appropriate for the targeted population and the survey instructions must be easy to understand and follow. The sample used should represent the targeted population. For example, a survey might target all families with children under eighteen or all households in a given area. It would be ideal to gather a random sample of the population, but this may be difficult to obtain. The way that the data are collected should be standardized so that this is the same for each respondent. Finally, the method of analyzing the data should be chosen carefully to be certain that it suits the type of information that was collected.[5]

Each of the three community needs assessment methods that have been described will provide insights into specific problems and issues that may not be apparent in the "hard" statistical data that was collected. Information collected through the community needs assessment should provide direction about the types of services that would be beneficial and appropriate for the targeted community. The planning committee should now be able to describe the community, available resources, and areas in which new services or resources for families are needed. A report summarizing what was learned through community assessment will document the group's efforts to identify useful projects, and will serve as a basis for program development, grant proposals, and future program reports.

CHOOSING A PROGRAM MODEL

Each of the different program models presented in Chapter 3 could be established in any community. However, experience has shown that some of the models are more adaptable to specific types of communities than others. For example, home-based or network models are often successful in rural communities where parents would have to travel a considerable distance to participate in a center-based program. A warmline may be the best model for farm or ranch families living in areas where there is great distance between home and town. A drop-in center is appropriate for a high-density, transient, urban community because it offers "apartment bound" parents a place to be with their children and to meet other parents in their neighborhood. In contrast, parents who live in towns or small rural cities where strong social support networks are more likely to be found might be more interested in a parent resource center model which offers concrete information and classes rather than simply opportunities to socialize informally with peers.

When choosing a model, it is also wise to consider the specific population that the program is to serve. A warm-line, for example, is not appropriate for high-risk or low-income families who may need more concrete services. A home-based program would be inappropriate for parents who want to enhance their parenting skills or enrich family life. Parent resource centers offering classes, seminars and discussion groups are generally of greater interest to parents with medium to high education levels than to teen parents who are high school drop-outs. As an American concept, the drop-in center may not be relevant to immigrant families or cultural groups who feel more comfortable in structured settings. Programs that provide opportunities for sharing and peer support, such as drop-in centers or support groups, are more appropriate for stepfamilies and single parents than models that offer only information about child development and parenting.

Program planners should keep in mind that families who live in the same community may be very different from one another and it may be unrealistic to expect that one particular program model will meet the needs of all the families. In any but the most homogenous communities, program planners would do well to consider combining several program models to reach several types of families.

A critical question that must be asked when choosing a program model is "What type of program can my community support?" This question does not only refer to the potential that families have to become involved in the program. It also refers to the community's potential for supporting the program financially.

Budgets for programs range from a few thousand to several hundred thousand dollars a year. Center-based and home-based programs tend to be more expensive than networks, warmlines and groups. It is never too early to consider finances when planning a program. Doing so will help avoid the frustration of trying to fund a program that is too costly for the community to support. Program planners might collect and review the annual reports of other social service agencies in the community to begin to get an overview of the range of budgets that is possible and the funding resources that are available.

Urban areas generally have a larger pool of funding resources like foundations and corporations than do rural communities. Rural programs may be less expensive to operate because they often serve fewer families. Since personnel costs make up seventy to eighty percent of a typical social service agency budget, programs that are established in communities with few resources for funding might be more viable if operated by only a few professional or paid staff members and many trained volunteers. Program that serve middle-income families often utilize volunteers as their primary labor force, charge fees for services, and hold small-scale fundraising events. Programs that serve low-income or

adolescent parents can often secure public funds, but also require a large staff of paid professionals.

It is a good policy to start small since it is much easier to add program components and services as additional funding becomes available than to cut existing services back when planners are unable to raise the amount of money they had hoped for.

DEVELOPING PROGRAM PURPOSE, GOALS AND OBJECTIVES

Once the planning committee has determined the type of program they would like to establish, they should write the details of the program down on paper. This process helps the committee to think concretely about exactly what will be accomplished, how, and for whom. These "what's", "how's" and "whom's" become the program's statement of purpose, and its goals and objectives. Not only does this process bring program dreams closer to becoming program realities, it provides clear information to be presented to community groups, funding sources, and parents, and provides the basis for monitoring and evaluating the program in the future.

An organization's statement of purpose tells just that: why the organization exists--the ultimate result it works toward achieving. A goal is a general statement of a direction or principle. An objective describes how the goal will be achieved. An easy way to distinguish among the three is to think of the statement of purpose as "why", goals as "how", and objectives as "what".

To illustrate, imagine x organization is developing a statement of purpose, goals and objectives for a parent resource center they want to establish. The following are possible statements of purpose created for the project:

> The purpose of x organization is to
> establish a parent resource center in our
> community.
>
> The purpose of the parent resource center
> is to strengthen family life by offering
> parents and their children opportunities
> to interact in a relaxed, supportive
> setting.
>
> The purpose of the parent resource center
> is to strengthen family life in the
> community.

In the first statement, x organization should not be men-
tioned because it is only the purpose of the parent resource
center that is to be described. Also, this first statement
really represents an activity--establishing a center. What
needs to be defined is what is hoped to be achieved by
creating the center.

The second statement combines a purpose and a goal. "By
offering..." really describes how something will be done, not
why.

The third is an example of a good purpose statement. Purpose
statements should be short and to the point; there is no need
for a great deal of narrative. Keep in mind that the purpose
statement of the United States government is "To maximize the
general welfare of the people of the United States."

While goals are general statements, it is important not to
state them so broadly that they become meaningless. For
example, "to prevent child abuse" is much too broad a
statement to be a useful program goal. To formulate goals,
it is helpful to think about how to prevent child abuse.
Going back to our imaginary parent resource center, if the
purpose statement is "to strengthen family life in the
community," corresponding goals could be:

*   To foster the development of parenting skills

*   To improve linkages between families and community
    resources

*   To recognize the importance of the parenting role

*   To reduce family isolation and encourage the development
    of social support networks

As is illustrated by the above example, as the program's
goals are delineated, the framework of the program itself
begins to take shape.

Each program goal usually has several objectives. There are
two basic types of program objectives: those that focus upon
the activities the program will undertake (process objec-
tives) and those that focus on the results that are expected
from a program activity (outcome objectives). In this
initial planning stage, it is appropriate to develop only
process objectives. If a formal evaluation of the program is
planned, however, outcome objectives are required as well.
(See Chapter 8 for more information on outcome objectives.)

Listed below are a few objectives for the imaginary parent
resource center. In essence, the objectives state what is to
be done to accomplish each of the goals. In most cases,
process objectives are actually the program's services.

>   Program goal: To foster the development
>   of parenting skills.
>
>   Objectives: by offering a series of
>   parent education classes on
>   child development topics;
>
>   by providing a lending
>   library with books on child
>   development;

> by offering parent-child
> activities.

Although the above objectives are adequate, creating objectives that are measurable can be more helpful in the planning process because they aid in developing a specific work plan for the program. Rewritten in this manner, the above objectives would read:

> By offering 5 parent education classes a
> year for a total of 50 parents on the
> topic of child development from birth to
> three years

> By providing a lending library with 50
> books on child development, 20 books on
> parenting issues, and a subscription to 3
> magazines for parents

> By offering a weekly parent-child
> activity group for 15 parents and their
> children

The more specific objectives are, the more helpful they will be, as they provide information about the number of families to be served and the facilities, supplies, and staff members that will be needed to accomplish the program's overall purpose. This information is essential as planners develop a program budget. Because the objectives are measurable, they can be used later on to determine if the program goals are being met.

The planning committee has now determined there is a need for a family resource program in the community and through its written goals and objectives, has a clear idea of what the program will be and the services it will provide. The next step in establishing the progam is to organize its administrative structure.

NOTES FOR CHAPTER 4

1. C. Upshur, How to Set Up and Operate a Non-Profit Organization (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1982).

2. For a discussion of interviewing methods for needs assessment studies, see K.A. Neuber, Needs Assessment: A Model for Community Planning (Beverly Hills, CA: Sage Publications, 1980).

3. J. Warheit, W.A. Yega, and J. Buhl-Auth, "Mental Health Needs Assessment Approaches: A Case for Applied Epidemiology," in A. Zautra, K. Bachrach and R. Hess (Eds.), Strategies for Needs Assessment in Prevention (New York: Haworth Press, 1983).

4. Warheit et al., 1983; Upshur, 1982.

5. Further discussion of needs assessment survey methods is provided in J.H. Littell, Building Strong Foundations: Evaluation Strategies for Family Resource Programs (Chicago: Family Resource Coalition, 1986).

5 Building an Administrative Structure

Early in the organizing process the planning committee must decide whether their intended program will be an independent organization or part of an agency that already exists.

Because there are some clear advantages to organizing the program in conjunction with an exiting agency or organization, possibilities for developing such relationships may be well worth exploring. While keeping in mind who the program is intended to serve, the services the program will offer, and the program's underlying philosophy, organizers may arrange to talk with organizations and agencies that seem suitable as potential partners. It is likely that a few such programs were identified during the community needs assessment process.

Since it takes a great deal of time to assemble both the human and administrative systems required by even very small programs, one of the most obvious advantages for joining with an established organization is that time does not need to be spent to establish the organization itself. Because those systems are already in place, the planning committee's time and energy may be spent in other important areas. Affiliation with an established agency or organization may also offer a certain amount of financial stability (see Chapter 7), professional expertise, positive community recognition, and the option to share their non-profit corporation status.

If affiliation with another organization seems plausible, the details of that relationship must be discussed both deliberately and in great detail. Throughout this early stage, planners should think carefully about whether such a relationship would diminish the intended content, style, or effectiveness of the program. If it is decided that the

program will become affiliated, an agreement that details the terms of the affiliation should be written and signed by representatives from both groups.

On the other hand, if it is decided that the proposed program will function as an independent organization, the planning committee should begin the process of incorporating as a non-profit agency.

ESTABLISHING A NON-PROFIT ORGANIZATION

Family resource programs that do not incorporate as non-profit agencies tend to be parent-run and to operate with very small budgets. Most other programs receive funding from foundations, corporations, or other resources and must have a non-profit status so that those who contribute may deduct contributions from their personal or corporate income taxes. Correspondingly, non-profit organizations do not pay federal or state corporate taxes, state sales taxes, or telephone excise taxes, and may qualify for special, less expensive mail permits.[1]

Incorporation and Tax-Exempt Status

There are three steps involved in establishing a non-profit agency: 1) incorporation, 2) obtaining tax-exempt status, and 3) forming a board of directors.

Each state has its own legal requirements that relate to the organization and certification of non-profit corporations. Although it is certainly possible for a lay person to complete the incorporation process alone, it is accomplished more easily if an experienced attorney assists. Perhaps a local attorney will donate his or her services, as it requires comparatively little time. Aside from the costs of legal assistance, there is an incorporation filing fee. In most states, the fee is under $50.

To begin the process, program planners must choose a name for the new organization, draw up articles of incorporation which detail the purpose and intent of the organization, establish by-laws, and elect corporation officers. The forms and documents needed for incorporation may be obtained from the Secretary of State or the State Department of Corporations. Most states provide samples of articles and by-laws to assist organizers as they write their own.

In general, an organization's by-laws should include the information listed below:

*   The full, official name of the organization
*   The purpose of the organization
*   Qualifications for membership in the organization
*   Amount of dues, if any, to be paid
*   When meetings will be held, and how often
*   Number of members required to form a quorum
*   Responsibilities and general powers of the board of directors
*   Number, tenure, election and qualifications of board members
*   Responsibilities and general powers of the officers
*   Number, tenure and election of officers
*   Record keeping system for the board of directors
*   Procedure to follow in order to change the by-laws[2]

Tax-exempt status is determined and rendered by the Internal Revenue Service, and organizers may contact the local IRS office for information about how to apply. There are a variety of classifications for non-profit organizations, but it is the IRS 501(c)3 exempt status that qualifies programs to receive tax-deductible donations and grants. While verification of incorporation may take a few weeks from the date of filing, the IRS may take from a few weeks to two years to decide on a tax status. As a rule, however, most organizations receive notification of their determined status from the IRS between three to six months after filing. Once the non-profit status is secured, a brief statement to that

effect should be included in all program literature--station-ary, fliers, brochures, and the like.

Forming a Board of Directors

An organization's board of directors is legally responsible for the overall operation of that organization and has specific responsibilities in the areas of policy-making and finances; both the raising and the spending of monies. In addition, the board is ultimately accountable for the activities of the program. Because the responsibility is so great, the organization simply must involve a core of committed, energetic, and effective board members if it is to remain viable.

The composition of individual boards will vary according to the needs and purposes of the programs they serve. Parent-run programs tend to have all-parent boards, while other programs may have boards with a large number of professionals or individuals who are especially capable of raising funds for the organization.

Program planners may want to consider recruiting board members from the following groups:

*   Well-known or important people in the community such as executive directors of large agencies, clergy, politicians, the superintendent of schools, or a bank president

*   Persons with skills that are useful in the administration of a program such as attorneys, accountants, business managers, and fundraisers

*   Individuals with expertise in program areas, like family therapists, child psychologists, or social workers

* Individuals who are interested in the program because they
  are active in the community it serves

* Parents who are involved in the program

* Program volunteers

* Staff members from other local agencies and organizations
  that serve families

In general, a board should maintain a reasonable balance of
men and women, racial and cultural orientations, and abili-
ties and interests.

Decisions made about the size and structure of the board are
almost as important as those made about its membership. To
facilitate making these decisions, organizers may want to
imagine the impact of establishing a particular style of
board by asking themselves questions like, "Would a small,
active board that meets on a regular basis best suit the
program's purpose, or might a larger board that meets only
quarterly, but includes active committees be more effective?"
Furthermore, "Should the committee structure be established
early-on, or might special committees or task forces be
created as the need arises?"

The importance of the role of the board of directors of any
organization cannot be overstated. The board's composition,
structure, orientation, and process of working and making
decisions has an impact upon the program's success in every
dimension.

PLANNING A PRELIMINARY BUDGET

The operating budget of any organization is its financial
plan and, therefore, an important part of the initial
planning process. There are several different types of
budgets, but the one most commonly used, especially for

small, uncomplicated programs, is known as a "line item"
budget. As its name implies, this budget breaks out all of
the expected expenses and revenues for a given period in a
line-by-line format. Similar categories of expenses and
income are usually grouped together. The following are
standard catagories in a typical line item budget:

*   Salaries, including all staff salaries

*   Fringe benefits, including Social Security taxes, state
    unemployment taxes and Workmen's Compensation (expense of
    paying all or a portion of an employee's medical and/or
    life insurance or retirement benefit are included in this
    category as well)

*   Insurance, which includes non-personnel related insurance
    for the organization, such as liability insurance, theft
    and property damage insurance, and vehicle insurance

*   Consultant and contractual services, including those
    purchased from either an individual or a company, usually
    for a discrete period of time (fees paid to an accounting
    firm to conduct an annual audit or to a professional
    social worker for staff consultation are examples of line
    item expenses in this section)

*   Space, which normally incudes rent or mortgage payments as
    well as utilities and the costs of property renovations
    and repairs

*   Consumable supplies, including all items that will be
    depleted during the year, such as office supplies,
    cleaning supplies, paper and food

*   Equipment, which generally includes any single item that
    costs more than $50, and is not consumable

*   Telephone

* Postage

* Printing and reproduction

* Travel, which will include mileage reimbursement for staff
  to travel locally and out-of-town travel expense for
  conferences or training sessions

* Other/Miscellaneous, including low-cost items that are not
  covered by the other categories, such as subscriptions to
  professional journals, film rentals, and membership dues

The budget should show the specific cost of every line item
in every category. Showing only categorical sub-totals is
not helpful in planning or monitoring program expenditures,
and may lead to confusion, particularly if monies need to be
reallocated for any reason during the fiscal year. For
example, under salaries, each staff position and its
corresponding annual salary should be listed. If several
people hold the same position, indicate the number of people
and the salary per person. For example:

>   Salaries:
>   1 Director $15,000
>   1 Parent Coordinator $12,000
>   3 Child Care Aides (@$10,000) $30,000
>   1 Clerk (1/2 time) $ 4,000

Or, under the category of space:

>   Space:
>   Rent, 12 months @$500/month $ 6,000
>   Heat, 8 months @$100/month $ 800
>   Electricity, 12 months @$50/month $ 600

Other categories, such as telephone, postage, and printing,
may only require one budget line and a single cost. In
short, it is best to be as specific as possible because a
thoughtful, well-planned budget helps insure that adequate

funds will be secured to operate the program and that the
funding that _is_ secured can be properly accounted for.

There are two parts to every budget: one that shows the
program's operating expenses and another that shows the
program's predicted revenue. The revenue section should list
each funding source and its projected amount. For example,
the revenue expected from program fees, foundation grants,
and individual donations would be listed. Obviously, the
expense and revenue sections of any budget must balance if
the program is to be solvent.

When starting a new program, it is wise to develop two
separate line item budgets. The first, a start-up budget,
lists the one-time costs of setting up the program: equip-
ment purchases and space renovation, for example. The
second, the annual operating budget, details costs associated
with operating the program on an ongoing basis.

When preparing a budget, planners must decide what budget or
fiscal year period will be used. Programs that are associ-
ated with an established agency or organization should
coordinate their fiscal year with that of their partner
organization. When there are not such considerations, the
program's fiscal year should reflect the normal cycle of its
activities. For example, many programs are most active from
early fall through spring. A fiscal year of July 1 to June
30 may be more appropriate for such a program than one that
runs from January 1 to December 31. Another option is to
plan the fiscal year around the timelines of a major funding
source. If the fiscal year of the local United Way is
September 1 to August 31, for example, and they are the
primary source of revenue for the program, it may be wise to
adopt their fiscal year. Doing so will make it easier to
submit new grant proposals and prepare necessary financial
and program reports.

Determining Program Expenses

The budgets of most established agencies are based upon the spending history of that agency. If an organization has had an ongoing budgeting process, a good deal of guesswork can be eliminated by reviewing previous budgets and financial statements.

Budgets for programs that do not have a historical reference point require a certain amount of educated guesswork, but there are ways to estimate costs with reasonable accuracy.

As the budget is being planned, the program objectives should be carefully studied to determine what financial resources are required for them to be accomplished. As mentioned earlier, having detailed, measurable objectives will help in the budget preparation process. As a simple example, it may be useful to imagine that a program is determining the cost of establishing a lending library. Their stated objective might be, "providing a library with fifty books about child development, twenty books on parenting, and subscriptions to three magazines for parents." A quick trip to the library or local bookstore would provide the average cost of these items.

Consider that there are always indirect or incidental costs, as well. For example, if the objective is to offer parent education classes run by a paid leader, it is obvious that there will be a line item for that expense. But, in addition, there may also need to be a budget for babysitters, printed handouts, space, equipment, refreshments, and so on.

It is useful to enlist the help of similar organizations when planning a program budget. Ask them for copies of their budgets and annual reports for perspective and reference.

Administrators of day care centers and other social service agencies may provide addresses of equipment and supply distributors that publish catalogs that may be used as a

resource to refer to when estimating the costs of specific items.

The back-up materials that are utilized during the budgeting process should be kept on file for later reference when planning future budgets or justifying the current one.

Budgets should be a realistic assessment of the revenues and expenses of the program. They should be actively reviewed as the fiscal year progresses and capable of being modified to reflect changes such as the acquisition of new monies or the addition of services and personnel.

PLANNING FOR FISCAL MANAGEMENT

Methods of fiscal management, meaning the accounting of the program's revenues and expenses, will vary greatly according to the size of a program's budget. If the program is intended to affiliate with an existing agency or organiza-tion, be knowledgeable of their accounting requirements in advance. Details about reporting requirements, back-up documentation, and systems of purchasing and bill payment should be discussed. Most larger agencies have this informa-tion in writing.

If the program is not to be affiliated with another, there are several options for organizing the fiscal management system. The "business" section of a local bookstore should have a selection of basic guides to accounting and bookkeep-ing that will offer a number of different styles of fiscal management. According to the size and complexity of the budget and the availability of funding, it may be possible to hire a regular staff bookkeeper, on at least a part-time basis, to assist in the fiscal management of the program. As another option, it may be worthwhile to explore the possibil-ity of enlisting the volunteer services of a retired CPA or a parent who has bookkeeping experience. Whatever system is established, it is wise to have it reviewed by a professional

accountant to assure that it is adequate to meet both the practical needs of the program and necessary legal obligations.

Following are some other details that must be considered when organizing a program fiscally:

*   The format and frequency of the financial statement that is to be presented to the board of directors

*   Whether to establish a petty cash fund and, if so, what balance to maintain, and what recordkeeping system to implement

*   Who will be authorized to write and sign checks

*   Who will conduct the annual closing of the books, balance sheet, and IRS reports

*   Whether an annual audit is needed

Program Insurance

Program planners should give careful consideration to the issue of organizational insurance. This type of insurance falls into several categories.

*   General liability--which covers legal fees incurred in defending a lawsuit as well as medical expenses for personal injury if the program is held liable for damages

*   Property insurance--in which buildings, equipment and personal property are covered against loss by fire or theft

*   Accident insurance--which provides for payment of immediate medical expenses that result from injuries occurring

on the program's premises, whether or not the program is
held liable

*   Professional liability--which covers a program in the
    event of a lawsuit claiming harm or injury resulting from
    advice or information given by a staff member or volun-
    teer

*   Directors and officers liability--covering a program's
    board members, officers and committees

Costs for these types of insurance policies can be quite
high. It is especially important to clearly define the
program to insurance agencies. Because family resource
programs are a new type of service, many insurance brokers
confuse them with day care programs that are currently
considered high-risk in the insurance industry and are
experiencing significant increases in policy costs.

In order to assure the best and least expensive insurance
coverage, program planners should consult with several
insurance brokers to determine what policies are available,
and at what costs. Keep in mind that programs sponsored by
or housed in buildings owned by another organization may be
covered by that organization's insurance.[3]

Programs may not need to be covered by all of the policies
mentioned above. A careful evaluation will be required to
determine what combination of policies are necessary to
provide adequate protection for the program, its staff, and
attending families.

WRITING PERSONNEL POLICIES AND JOB DESCRIPTIONS

Every organization that has paid staff members should have
written personnel policies and procedures. This document,
which must be given to each new staff member, describes the

conditions of employment and usually includes the following information:

*   Employment classification--defining full-time, part-time, contractual, and hourly employment

*   Fringe benefits--describing the benefits provided to employees by the program (such as medical, life and/or disability insurance, Social Security, Workmen's Compensation, unemployment insurance, retirement benefits and/or pension plans)

*   Affirmative action statement

*   Vacation policies--stating the number of days provided for each position, and how they are accumulated

*   Sick leave policies--stating the number of days provided, how they are accumulated, and details about when they may be taken and in what situations

*   Paid holidays

*   Other leave policies such as personal leave, maternity leave, and other leaves of absence

*   Procedures for hiring and firing, evaluating, supervising and handling grievances

Whether program services are provided by paid staff members, parents or volunteers, it is essential to have written job descriptions for each position or job. Contrary to what one may think, it is just as important for job responsibilities to be in writing in parent and volunteer-run programs as in any other program, to insure that expectations are clearly defined.

The following information should appear in job descriptions:

* The position and title

* Reporting or supervisory relationships

* A brief description of the basic functions of the position and primary purpose for which the job was created

* An outline of specific job responsibilities

* A description of the minimum qualifications required for the position

Because positions change over time, job descriptions should be reviewed and updated regularly.

To many, the details of establishing and maintaining the administrative portion of a family resource program are not very appealing. It is important to keep in mind, however, that the administrative structure of an organization is the foundation upon which the entire program is built. Good administration is a prerequisite for good programs.

NOTES FOR CHAPTER 5

1. C. Upshur, <u>How to Set UP and Operate a Non-Profit Organization</u> (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1982).

2. Chicago Lawyer's Committee for Civil Rights Under Law, <u>Maybe It's Time to Incorporate: Some Ideas for Community Groups to Consider Before Seeing a Lawyer</u> (Chicago: Chicago Lawyer's Committee for Civil Rights Under Law, Inc., 1982).

3. A. Adalist-Estrin, "Insurance for Family Resource Programs: An Overview," Unpublished paper, Parent Resource Association, Wyncote, PA, 1982.
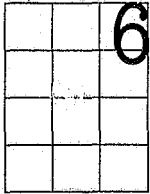
6 Program Implementation

In the final stages of establishing a family resource
program, organizers make decisions about the "what, when, and
where's" of such things as choosing program housing, select-
ing volunteers and staff members, recruiting program partici-
pants, and providing child care.

FINDING A LOCATION

Comfort, cleanliness, appropriate lighting and ventilation,
adequacy of programming space, accessibility to the popula-
tion to be served, and adequate parking are foremost consid-
erations when choosing a location for a new program. Finding
all of the above in a space that is also attractive and
cheerful would, of course, be wonderful! Those who are not
lucky enough to find such an ideal location must find a space
that meets their basic requirements and then make it "theirs"
with a new coat of paint, curtains, and/or the addition of
pictures on the walls.

A great number of family resource programs are located in
spaces that are either donated for their use or rented for a
minimal amount of money. Organizers should look for these
"bargain" locations in area churches, temples, schools,
hospitals, apartment complexes, libraries, community centers,
and the like. When meeting with such organizations, it may
be helpful to talk about the ways that it could be beneficial
to both parties if the program were housed in their space.
For example, it is likely that a recreation center that
houses a family resource program would be able to recruit new
members for their activities from the population that comes
to the family resource program. Likewise, an apartment
complex that houses a family resource program might boost

their image in the community as an organization that is
concerned about the well-being of families.

Before final agreements are made for the use of program
space, be certain that the landlord clearly understands who
will be involved in the program, the days and hours it will
be open, and its goals and objectives. Keep in mind that
paying minimal rent or even no rent may not be a bargain if
the landlord constantly complains about the noise of the
children or the presence of strollers in the hallways, and
succeeds in making everyone feel apologetic or uncomfortable.

When selecting a location for a center-based program,
organizers should be mindful of the fact that beyond the
program space needed for parents and children, space for
offices, storage, group meetings, and confidential conversa-
tions with parents will be needed as well.

Warmline and home-based programs generally require only an
office space for the program to operate. However, because
these two types of programs also involve a large number of
volunteers, space for meetings and training sessions will
also be needed.

Finally, many parent networks and parent-run support groups
meet in the homes of their participants. While some partici-
pants may particularly enjoy hosting meetings in their homes,
others may want to participate in the group, but feel
uncomfortable about having it meet in their home. They may
think their home is too small or too messy, or that bringing
a group of people into their home would be too intrusive to
other family members. These parents can become involved in
other ways, such as preparing refreshments for a meeting or
providing transportation for other group members. It is
important that group members do not feel obligated to host a
meeting or activity.

STAFFING THE PROGRAM

Because even the best planned program will falter if staff members are not well chosen, organizers are well-advised to give themselves sufficient time to advertise positions, review applications, interview, and choose staff members.

Many family resource programs are run entirely by parents and/or volunteers rather than paid staff. Most often, programs are staffed by a combination of paid staff members and volunteer staff members. The point is, whether there are paychecks involved or not, those who operate family resource programs carry the responsibilities of staff members. In this light, and for the sake of brevity, any reference to staff members in this chapter includes both paid and non-paid workers.

Staff Qualifications

Because family resource programming is still in its infancy as a field of study, directly related formal training and credentials are not yet available. Those who work in the family resource programs, therefore, represent a wide range of experiences, disciplines, and backgrounds. It is common to find people who were educated in the fields of social work, home economics, family counseling, early childhood education, nursing, psychology, and elementary and secondary education.

Moving beyond background and experience, it is most important that the staff members chosen are able to fulfill a number of different roles and carry a great deal of responsibility. In the course of a program day, a typical family resource program worker might act as an educator, providing child development and parenting information; a facilitator, encouraging parents to share their opinions, insights, and feelings with one another; a counselor, helping parents to understand their feelings, improve relations, or cope with a

crisis; a resource person, linking families with other resources; and an advocate for the needs and rights of families and children in the community.

Beyond what they do, how staff members do things is of great importance as well because, in general, parents expect staff members to be good role models and they look to them for guidance in many different ways.

The details of the particular program that is being established will determine to a large degree the composition of the staff and the skills required by individual staff members. A program that utilizes a large number of volunteers, for example, might require a position for someone who is experienced in recruiting and training volunteers.

There is little variation from program to program, however, in the type of orientation, experience, and understanding that is required of staff members who work directly with families. The following are skills and training requirements:

* Knowledge about human development, child development, family dynamics, and the special issues that different types of families face such as working parent families, single parent families, families with special-need children, and stepfamilies

* Knowledge about positive parenting skills

* Understanding and respect for cultural and socio-economic differences

* Skills in group dynamics and group leadership

* A non-judgmental attitude and respect for the opinions and experiences of all parents and the recognition that there is a wide range of acceptable parenting styles

* Sensitivity to the difficulties of parenting, including an appreciation of the complexities of child-rearing and the ability to understand and empathize with both parents and children

* The ability to be flexible, to change direction when necessary, and to read and respond to the needs and feelings of individuals

* Experience with children as a worker or as a parent

Depending upon the program model or the population that the program serves, additional skills may be required as well. For example, staff members who work with high-risk families in a home-based program may also need to have expertise in home management, budgeting and nutrition.

Interviewing Applicants

Position openings may be publicized in local newspapers, through placement offices in local colleges and universities, and by word-of-mouth contacts with leaders in the social services community.

Because volunteers and non-professionals often do not have resumes, job application forms should be completed by each applicant to insure that comparable information is on file for everyone. Standard application forms generally include the following:

* Personal information--name, address and telephone (home and work)

* Educational background--name of high school, college, graduate school, dates attended and degrees received (allow space for applicant to also list post-graduate work and any other pertinent training)

* Employment experience--place of employment, position held, dates of employment and job responsibilities for the last four positions held (some forms require the applicant's reason for leaving the position)

* Other activities and interests--allow space for listing of hobbies, professional affiliations, volunteer work

* References--ask for three, generally two professional and one personal (BE CERTAIN TO CHECK ALL REFERENCES!)

* Other information--some forms also allow space for the applicant to write a brief narrative on why they are seeking the position and/or what particular skill and experience they will bring to the position

In large programs that have three or more paid staff members, it is the responsibility of the board of directors to hire the program director or head administrator who then interviews and hires the remainder of the staff. Parent-run programs often designate a committee of two or three members to handle the interviewing and hiring process. It is a good idea to allow about an hour for each interview to insure that there is time to not only learn about the applicant, but to give them adequate information about the purpose and goals of the program and the specific responsibilities of the position. It is also useful to mail program information and a written job description to each applicant before the interview so he or she has time to become familiar with it and get answers to their questions as well.

Staff Meetings and Training

Once the program staff is assembled--whether it is paid or volunteer, professional or non-professional, or a sprinkling of each--careful consideration must be given to meeting their need to share information and insights, learn, and develop a sense of belonging to a team. Investing the time to plan and

provide such opportunities will certainly pay off later in terms of staff cooperation and commitment.

As much as possible, staff members should be involved in deciding the types of training they want and need. To save money, faculty members from local colleges and universities and professionals from other social service agencies might be asked to lead an occasional session or series of training sessions. Other organizations or agencies in the community like the United Way might provide training or consultation services at no charge. If at all possible, money should be included in the budget, as well, to enable staff members to attend a few conferences or special workshops during the year.

Time should be scheduled each week for staff meetings. Such meetings provide essential opportunities to share information, discuss program issues, plan for individual families, and organize program schedules and activities.

RECRUITING FAMILIES

A plan to inform the public and recruit families is integral to the success of any new program.

The exact plan that is devised to accomplish these two important tasks depends to a large extent upon the kind of program that is being offered. For example, a home-based program for at-risk families would benefit very little from a publicity campaign that involves newspaper advertising or the distribution of fliers throughout the community. The most appropriate way to recruit participants for this program would be to inform social service agencies and community institutions that serve at-risk families about the program and to ask them to refer families. Meeting individually with staff members in those agencies and giving them program brochures for future reference would undoubtedly generate even greater cooperation. If the new program serves parents

of handicapped children, recruiters may want to focus their energies mainly upon schools and organizations that serve that particular population. On the other hand, if the new program provides a warmline which is designed to reach out to all families in the community, a blanket media campaign would be appropriate so that as many people as possible would learn about the new service.

The first step, then, in the development of a recruitment plan is to decide exactly what audience is to be reached. Once the initial recruitment drive is underway, organizers will want to begin to think more about their overall public relations/publicity approach.

Program Brochures and Other Public Relations Materials

Program brochures introduce the program to the public and play an important role in establishing "first impressions" of the program. Understandably, then, it is important that the program brochure describe the program clearly and represent the overall program accurately. Beyond content, careful consideration should also be given to the brochure's size, color and design.

For economy's sake, most brochures are printed on standard sized paper and folded so that they fit into a standard, #10 (business) sized envelope. Before deciding about the brochure's size, organizers should think about how it will be distributed. An unusually large brochure might attract attention nicely, but also cost an inordinate amount in postage. Likewise, brochures with inserts may be interesting, but require time and/or additional funds to have them stuffed.

The cover of the brochure should, of course, be attractive. A drawing, photograph, logo, special quotation, or the like should be employed to catch the reader's attention. The cover of the brochure for Parent's Place in Lexington,

Kentucky, for example, poses a number of interesting ques-
tions about being a parent. Hooked by the questions, most
readers would want to look inside to find the answers. The
brochure of a drop-in center in Seattle features a drawing of
a mother and father with their bags packed and the caption,
"Sometimes parents need to run away too!" These are eye-
catching covers, but they also convey the nature of the
programs. The first program that posed questions about
parenting provides parent education classes. The latter
program offers more informal, drop-in programming designed to
encourage parents to meet other parents and take a break from
the responsibilities of full-time caregiving.

The right person can create an attractive, "home-made"
brochure that can be mimeographed, photocopied, or inexpen-
sively "instant" printed. But if that "right person" is not
available, organizers will want to shop around for a designer
who understands the necessity of creating an attractive
product inexpensively. Depending on the locale, a simple
brochure might be designed and typeset professionally for as
little as $300 to $500. Organizers are, again, wise to
explore whether such services might be donated. A local
freelance artist or company that has an art department might
donate the work directly. A corporation may also consider
underwriting the project if their contribution is acknowl-
edged on the brochure itself.

In general, a program brochure should include the following:

*   The reason the program exists
*   The population the program serves
*   A description of the program's services
*   The hours of operation
*   The program's location and telephone number

Some brochures also include a list of program staff and their
qualifications, as well as a list of the board of directors
or advisory committee, and affiliated organization, if there
is one.

Very small programs, and those without resources for a more
formal brochure, can produce a simple, one-page information
sheet about their program and its services. If printed on
brightly colored paper with a nice design and the content
listed above, it can serve the purpose well.

Most family resource programs also produce a newsletter.
Newsletters offer another avenue for communication, both
among parents and with the overall community. Organizers
might begin to plan their program's newsletter by considering
the following questions:

*   Is someone qualified and interested in writing and editing
    the newsletter?

*   How often would the newsletter be published and
    distributed?

*   How much can be spent for the newsletter to be reproduced
    and distributed?

*   What is the newsletter's purpose?

*   To whom would it be distributed?

Answering the above questions will help organizers decide
whether or not a newsletter project is feasible for their
program and, if so, what its content and format should be.

A program that is short on financial and person resources may
choose to produce a very simple one- or two-paged mimeo-
graphed monthly newsletter intended only to inform partici-
pants of upcoming events. To keep costs down further, it
might be distributed only at the program location, which
would save mailing costs as well.

More elaborate newsletters are possible, of course, given
that adequate funds and person-power are available. Some
program newsletters are very sophisticated in both design and

content, with monthly feature articles, photographs, book reviews, and the like, as well as listings of program activities and announcements. Such newsletter make effective public relations tools for the program, as well, and may even command a small group of subscribers outside the program.

Obviously, program organizers would want to encourage parents and local experts to write articles for the newsletter or to become consulting editors. To defray expenses, organizers may also want to sell advertising space. Local purveyors of products and services for children and families are often willing to buy ads. In addition, area professionals such as pediatricians or family therapists may be interested in advertising their services. Simple ads can be created by copying business cards or using the logo and type from business stationary.

Organizers should be creative in thinking about other ways to publicize their program. Posters and specialty items like lapel buttons, bumper stickers, and tee shirts can be very effective additions to the traditional fare of stationary and annual reports.

Spreading the Word

An effective recruitment plan utilizes a combination of approaches and includes both personal contacts and media exposure. Below are some suggested ways of getting information about a family resource program into the public eye:

*   Distribute brochures or other promotional materials to pediatricians' offices, hospitals, grocery stores, laundromats, schools, libraries, and so forth.

*   Invite parents, agency representatives, and community officials to an open house; offer tours and refreshments.

*   Arrange for qualified staff members to speak to civic
    groups, community organizations, and at conferences on
    parenting and child development issues and about the work
    of the program.

*   Visit local social service agencies and institutions to
    ask their cooperation in referring potential partici-
    pants.

*   Develop a slide show or videotape that tells about the
    program, or create a display that can be exhibited at
    conferences and community events.

*   Conduct home visits or telephone campaigns to extend
    personal invitations to families to visit the program.

*   Plan special program events like a holiday party for
    children, or invite a well-respected expert on child
    development to speak at a community meeting for parents.

*   Try to get a feature story in the local newspaper about
    the program's opening and how it meets the needs of
    families in the community.

*   Buy display and classified ads in local newspapers and
    write letters to the editors on issues that relate to
    families.

*   Inquire about the possibility of getting public service
    announcements (PSA's) on local radio and television
    stations. In addition to commercial stations, explore
    possibilities for exposure on cable public access channels
    as well.

*   Send the producers of local radio and television talk
    shows information about the program and a cover letter
    that invites them to utilize staff members as program
    guests.

There are several basic principles to keep in mind when
working with the media. Since there is greater competition
for media attention in large, urban areas, promoters in those
communities might be more successful in getting coverage on
radio rather than television stations. Likewise, they would
do well to strive for coverage in local, community newspapers
rather than city-wide publications.

All public awareness efforts will work best if organizers "do
their homework" before setting out to gain the attention of
the media. It's best to identify media news directors,
public affairs directors, feature editors, and reporters who
cover issues related to families and social issues before-
hand. Board members, parents, and others associated with the
program should be asked if they have contacts within the
media that may be utilized.

With the information that is gathered, it's wise to begin a
media resource file. In this file, updated information about
each contact--who was contacted, the content of the discus-
sion, which materials were shared, and what the outcome of
that contact was--should be carefully kept. In addition, the
file should list deadlines for placing ads, announcements,
and articles in local periodicals so that program press
releases can be sent accordingly. Programs should also
maintain a file of 5" by 7" black and white glossy photo-
graphs that may be included in the information and publicity
packets that are sent.[1]

It is helpful for programs to think of themselves as re-
sources to the media. In that context, they should present
themselves as specialists who have interviewable expertise
and access to others who do also.

Understandably, it is well worth the time to make thank-you
calls and send letters of appreciation to media people who
have done a good job for the organization. Finally, the most
important fact to remember is that the best publicity and
recruitment any organization can have is to provide a program

that parents appreciate and want to attend. The value of
good "word-of-mouth" publicity can never be underestimated.
This is another reason that parents should be included in the
program's initial planning process and in all aspects of the
program. Their input is necessary if the program is to be
relevant and helpful to families.

PROVIDING CHILD CARE

Family resource programs provide on-site child care for a
variety of reasons, but the most basic one is that many
parents would simply not attend the program if faced with the
task of securing good, affordable care for their children
while they participate in the program. Other programs
provide child care because they also place an emphasis upon
parent-child interaction and enhancing the development of the
children whose parents participate.

Each program's underlying reasons for offering child care
services understandably influences the type of program that
they provide. As a result, child care services range from
providing occasional babysitters to providing a fully
equipped and staffed developmental program with scheduled
activities and, in some cases, developmental screening and
assessment of each child.

There are obviously many ways that family resource programs
can organize their child care component. In the planning
process, organizers may want to consider these options:

* Paid child care staff. This option is used most fre-
  quently in large, center-based programs, usually when
  child care is needed on a daily basis. Programs that
  require child care on a less frequent basis hire baby-
  sitters, such as home-based programs that offer
  weekly group meetings to supplement home visits, or parent
  networks that require occasional child care for a group
  meeting, class or special event.

* Volunteers. Well trained volunteers can be used to
  supplement paid staff or provide full care for small
  programs. Foster grandparents and other seniors' programs
  can be a good resource for volunteers. High school or
  college students studying child development may also be
  interested in doing volunteer work with children. Always
  keep in mind that volunteers are never completely "free"
  workers. Someone in the program must be responsible for
  the training, supervision and care of volunteers.

* Parents. Child care can be provided by rotating responsi-
  bility for child care among participating parents. This
  option is often used by parent-run programs. Parents
  volunteer a certain number of hours in child care in order
  to use the other services the program offers.

* Open child care. Parents and children are together in the
  same space and each parent is responsible for watching his
  or her own child.

Like everything else, the availability of finances will
influence the type of child care that may be provided. Wages
for child care providers are not the only costs incurred by a
good child care program. Additional space and, correspond-
ingly, additional rent is required for a play area. Program
equipment may be expensive because, for safety reasons, items
like tables, chairs, and storage units should be sturdy and
well constructed. The program's liability insurance costs
may be higher if child care services are provided. In
addition, there are countless other supplies and materials
needed, like snacks, paper products, toys, books, puzzles,
crayons, and paste--items that are essential if children are
to enjoy the program and keep busy.

Organizers who have little or no experience in the field of
child care or child development are encouraged to do some
research on the topic before planning the child care compo-
nent of their program. It is likely that child care profes-
sionals in the community would be willing to offer advice and

suggestions. Perhaps a day care director or Head Start
teacher could be invited to join the board or planning
committee. In addition, faculty members in the departments
of early childhood education or child development in local
colleges or universities may be willing to share ideas and
resources.

The value of seeing child care programs--day care centers,
infant-toddler programs, nursery schools, and Head Start
classrooms--in operation cannot be overstated. When visit-
ing, it is helpful to note what the children are doing, what
materials and supplies are needed, and how they are staffed.
On such visits, organizers should also utilize opportunities
to talk with teachers and directors who will be able to
recommend other resources: people, readings on child develop-
ment, good places to buy equipment and supplies, and the
like.

It is important to anticipate the ages of the children who
will be involved in the child care program because the needs
of infants and toddlers in group care are very different than
those of preschoolers, whose needs are, again, different from
school-aged children. If the program will be open on
weekends, evenings, and during the summer, organizers must
also consider whether the siblings of the younger children
will be in the child care program also. In short, organizers
should learn about and plan for the needs of the particular
group of children their program will serve.

In most family resource programs, child care is provided only
when parents are participating in the program. In most
states, when children and parents are present this way--in
the same location at the same time--a child care license is
not required. Organizers should check with their local child
care licensing office to determine if this is the case in
their community.

While the proximity of parents and children in the program
may solve the problem of meeting licensing requirements, it

can also create problems for child care and other staff members. Parents may resent the interruption of their activities by children or child caregivers. Caregivers may feel uncomfortable working with children when parents are present, especially if a parent disapproves of the way a caregiver deals with his or her child.

Program services must be geared toward meeting the needs of both parents and children and, at times, balancing those needs may be difficult. For example, a parent may need an extra half hour to discuss an important issue with a staff person. But if her 10-month-old is over-stimulated or over-tired and needs to go home, there exists a very real conflict of needs. Likewise, if a parent is late for a class that he's anxious to attend, and he does not take the time to settle his child properly into child care, both the child and the caregiver will suffer. In even the best of circum- stances, different people will have different ideas about how the children should be handled, and occasional conflict is inevitable.

To help avoid conflict, organizers should develop clear-cut, written rules or guidelines for the child care program. Such guidelines should define areas of responsibility for toilet- ing, feeding and napping the children, and present a policy for handling separation and the setting of limits. Schedules and other issues pertinent to the child care program should also be included. When problems do occur, keep in mind that parents, caregivers and other staff members need to approach the problem as a team and find solutions together. Program organizers can help set the stage for this approach by involving parents, child caregivers, and other staff members in planning the child care program initially and evaluating its ongoing operation.

NOTES FOR CHAPTER 6

1. For information on taking quality photographs, see D. Hanau-Strain, "Making Pictures: Notes on Developing a Program Photo File," Family Resource Coalition Report, Vol. 3 (1), 1984.
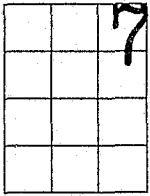
7 Fundraising

> You know we're optimistic,
>   but we've often wondered why,
> When our bank account is really low,
>   we've kept our hopes up high.
> Through the years we've learned to cope
>   with financial aggravation;
> From hand to mouth; month to month;
>   from donation to donation.
>
>   --Sandy Mettler, Volunteer
>   Community Crisis Center
>   Elgin, Illinois[1]

Raising funds to operate a family resource program is, at
best, an exciting challenge and, at worst, frustrating and
time-consuming. Because effective fundraising is truly the
bottom line in the success of any non-profit organization,
there have been many books and articles written on the topic.
This chapter, therefore, is intended as an introduction to
fundraising and additional research and reading is recommended
for those who will have the major responsibility for raising
funds for a program.

FUNDING SOURCES

Experts agree that the key to a sound fundraising strategy is
diversity.

> Organizations should not receive more
> than thirty percent of their funding from
> any one source. Though it would be
> difficult, an organization can lose

thirty percent of its funding and
survive, but to lose more than that would
put it in serious straights. The best
rule is: the more [diversity] the
better.[2]

With this rule in mind, program organizers will want to
consider the following resources for funding:

* Private, family, and community foundations
* Corporations and corporate foundations
* Local, state, and federal governments
* The United Way
* Membership fees and fees for services
* Voluntary organizations, service clubs, small businesses
* Special events
* Individual donations

Foundations come in a variety of shapes and sizes. The three
most commonly solicited for funds are private, family, and
community foundations. Private foundations usually have at
least one paid staff member and very specific guidelines for
applicants. They range in size from very large, with a
national scope, like the Ford, Carnegie, and Rockefeller
foundations, which have billions of dollars in assets, to
relatively small, with a local focus, and assets only in the
thousands. Family foundations tend to be smaller, to operate
without staff members, and are generally controlled by the
donor family rather than a board of directors. Community
foundations represent a collection of small trusts, bequests
and foundations, and often solicit donations from the
community as well. There are approximately 22,000 private
and family foundations in the United States and around 240
community foundations.[3]

Because the primary function of foundations is to provide
funds to non-profit organizations, applying for funding from
them is usually uncomplicated. They generally have clear-cut
guidelines for applicants and are organized so that decisions

about allocations are made relatively quickly--usually within
a few months. Their contributions are often made in one
allocation, and reporting requirements are usually uncompli-
cated; often only one report is required at the end of each
funding period.

At this point, foundation funding seems like the answer to
every program's funding needs! In fact, it is not, because
foundations fund programs only for a period of one to three
years. Furthermore, they are often only interested in
funding new and innovative projects and do not provide
funding for general operating expenses. While foundations
certainly are an excellent potential resource for new
programs, they cannot be counted upon for the long-term
support of a program.

Detailed information on foundations, such as the types and
size of their grants and their application procedures, can be
found in the Foundation Directory. Local libraries usually
have a copy of this reference book. In addition, every state
has an affiliate branch of the Foundation Center with a
collection of reference books and other materials about
foundations. (See Funding Resources in this chapter.)

Corporations and corporate foundations are allowed, by law,
to donate up to ten percent of their pre-tax profits to
non-profit organizations. In reality, they donate only
approximately one percent of that amount.[4]

Corporations tend to allocate smaller amounts of monies than
foundations (from $200 to $2500), but often provide funds for
general operating expenses which foundations do not, and may
donate funds to the same organization for a long period of
time. Many large corporations have corporate foundations
that operate similarly to private foundations, with a board
and staff members. They often exist as a discrete department
within parent corporations. Corporate giving programs of
smaller corporations are often managed through their commu-
nity affairs or public relations departments.

Corporations are inclined to provide grant money to programs that their employees participate in and to programs that are located in cities that also house their corporate headquarters or major plants. In some cases, corporations will match charitable donations made by their employees.

Unlike other funding sources, corporations also make contributions that are not financial. Examples might include the donation of an employee's time, in-kind donations of equipment or merchandise, or services like printing or data processing.

Information about corporate giving is available in Corporate Foundation Profiles, which is published by the Foundation Center in New York City, and in Corporate 500--The Directory of Corporate Philanthropy, which is published by the Public Management Institute in San Francisco. It is likely that a local library would also have copies of these directories. Information about smaller, locally-based corporations is available through the local Chamber of Commerce.

Government funding for social services has been dramatically cut in recent years, and it is doubtful that those funds will ever be restored. On the national funding level, although there continues to be funds available for services for special need groups like adolescent parents and low-income families, family resource programs rarely qualify to receive those funds. It is much more likely for them to qualify to receive funds at the local or state government levels. Because the current administration has encouraged local and state governments to allocate federal revenues, there are monies available at these levels of government and a number of family resource programs receive such funding.

As there is considerable variation as to which agencies administer social service funds, locating the appropriate state, county or city department to apply to may require some research on the part of program organizers. Many states have a Division or Department of Family and Children's Services

that is a branch of their state Department of Social Services. In some states, services to families and children are administered through a state Department of Public Welfare or the like. Occasionally, funding is also available through state Departments of Mental Health, Health Services, and/or Education. City and county governments may provide general revenue sharing monies and Community Development grants to fund social service programs, as well.

Although there may be a great deal of bureaucratic red tape and politics involved in both applying for and receiving government funding, it may be well worth the bother, as government grants can be a reliable, long-term source of program revenue.

The United Way is a major source of funding for social services in this country. "The 2,095 United Ways in the United States distributed $1.4 million in 1979. Most of this was collected by corporations from their employees through payroll deductions."[5]

While there is a great deal of recordkeeping and reporting required by the United Way, it can be a very dependable source of program revenues. An initial disadvantage to United Way funding is that because there is a great deal of competition, it may take several years for a program to be accepted for funding. Many organizations feel it is worth the effort, however, as once they are accepted, most recipients are funded on an ongoing basis and many are funded at reasonably high levels.

Membership fees and fees for services are often a source of income for family resource programs that serve primarily middle and upper income families. In these programs, an annual membership fee may be charged which grant access to all program services. Instead of charging a general membership fee, other programs charge fees for specific services like classes, seminars, workshops, and so forth. Still other programs combine both approaches and charge a small annual

membership fee plus additional small fees for classes, groups
or special events. Programs also often offer sliding scale
fees and/or scholarships so that families that cannot afford
to pay for services are not excluded. While the fees
collected will probably cover only a small percentage of the
program's total budget, they will generate small amounts of
money on a regular basis.

Voluntary organizations, service clubs, and small businesses
are another source of funding in the local community.
Volunteer groups like the Junior League may provide financial
support as well as volunteers to work in the program.
Service clubs like the Rotary, Kiwanis, and Lions will often
adopt a community program and hold an annual fundraising
benefit for them. Small businesses can be approached for
in-kind donations. Placing ads in newsletters, donating
prizes for raffles or auctions and giving special discounts
on purchased items are some of the ways small businesses can
contribute to a program.

"Special events are social gatherings of many sorts that
expand the reputation of the organization, giving those
attending an amusing, interesting, or moving time, and that
may make money for the organization sponsoring the event."[6]

Special events can range from local bake or rummage sales
that net only a few hundred dollars to large, community-wide
events that may raise several thousand dollars. If they are
to succeed, such events must be well organized and executed,
and usually require many volunteer hours. Attesting to the
ability of programs to hold successful special events, many
family resource programs exist solely on money collected
through fees and that are raised through special events.

Repeating an event on an annual basis is a good way to
capitalize on past experience and attract additional involve-
ment. For example, the "Spooktacular," a community-wide
Halloween party for families run by the Parenting Center of
Children's Hospital in New Orleans is in its fourth year.

This yearly event not only provides an especially fun time for the 800 or so parents and children who attend, it also raises between $22,000 and $25,000 toward the program's annual budget!

Individual donations represent the second largest pool of funds for non-profit organizations in the United States (the first is federal government funding). In general, donations from individuals are solicited from two groups of people: those who support a program because they believe in its philosophy and goals, and those who will attend a special event or purchase a product regardless of who the sponsor is or what the sponsor's cause might be.

The first group, the "believers," are often solicited through direct mail campaigns. A direct mail campaign may not produce significant income in its first two or three years of operation, but as the system is extended and refined and a group of donors who will give on a consistent basis is identified, it may raise a considerable amount of money.

Tapping the general public for funding can best be accomplished by establishing a retail business or marketing a product. For example, a program may decide to operate a resale shop or sell popcorn from a popcorn wagon in a local shopping mall. The possibilities for this type of venture are endless. Some programs manufacture and sell Christmas cards, stationary, cookbooks, and craft items. Others provide food concessions at local sports events or theater performances.[7]

As is true of special events, raising funds from individuals requires careful planning, a considerable investment of time, and a lot of determination and commitment on the part of its workers to be successful. With limited funds available from foundations and the federal government, however, family resource programs will need to develop creative and innovative ways of seeking funds from the general public.

FUNDRAISING PRINCIPLES

No matter what the sources of revenue will be, there are general guidelines and principles for fundraising that apply to almost all funding efforts:

*   Fundraising efforts must be clearly tied to program and budget planning. To isolate one from another is not productive. Effective fundraising strategies will fit the experience, reputation, and maturity of an organization.

*   Fundraising should be done by those who believe in the philosophy and goals of the organization 100%. A program's most active volunteers and supporters should be involved alongside parents who participate in the program whenever possible. Parents are often the best and most eloquent spokespersons for the program because they experience it in a way that paid staff simply cannot.

*   An annual <u>written</u> fundraising plan should be developed and should include a realistic timetable and budget. The plan should be reviewed on a regular basis to determine if its goals are being met. The plan should also divide tasks into manageable components and should indicate lines of responsibility and authority for each task.

*   Good recordkeeping is essential to all fundraising plans. Clear and accurate records of contacts, approaches and methods should be kept, including details of what worked and what did not, and who was involved in the effort.

*   Research and homework are necessary for all funding efforts. To be successful, fundraisers should find out whom to approach and how to approach them. Random submissions of proposals should be avoided.

*   It is necessary to be persistent with both potential supporters and current contributors. Fundraisers never take "no" for an answer, for "no" may only mean "no, not

this particular request" or "no, not at this time." They
ask again when it seems appropriate or request something
different.

*   Contacts should be maintained with potential funding
    sources as well as current contributors. They should
    receive the annual report, press releases, and/or program
    newsletter. In other words, their only contact with the
    program should not be an appeal for funding. Once support
    is obtained, it is important not to assume that the
    support will continue indefinitely. Remember that current
    supporters must also be nurtured.

*   A personal approach should be used whenever possible.
    People give donations to people, and most often to people
    they know. Board members and current supporters should be
    utilized as sources for contact and to introduce the
    program to others.

*   Regular assessments of fundraising efforts are essential.
    Following fundraising events, meetings should be held with
    the staff and volunteers who worked on them. It is wise
    to let them know that their efforts paid off, to praise a
    job well done, and to review what may be done "next time"
    to make the event more profitable.

*   Supporters should <u>always</u> be sincerely thanked.

FUNDRAISING RESOURCES

While the principles of fundraising remain generally the same
over time, changes constantly occur as, for example, corpora-
tions merge, new foundations are established, and political
administrations change.

The three organizations listed in this section are valuable
resources for the most up-to-date information on funding
sources and fundraising strategies.

The Grantsmanship Center
1031 South Grand Avenue
Los Angeles, CA 90015

The above organization trains the staff members of public and
private non-profit agencies in grantsmanshp, program manage-
ment, and fundraising. They accomplish this by presenting
over three hundred workshops a year, hosted by public or
private agencies throughout the country.

In addition, the Center also publishes a bi-monthly Grants-
manship Center News magazine, which features articles and
current information about non-profit management and funding.
Highlights from past issues of the magazine are printed
separately and contain valuable reference materials at small
cost.

The Foundation Center
888 Seventh Avenue
New York, NY 10106

The foundation Center is an independent, non-profit service
organization that is supported primarily by foundations. It
strives to connect the interests of some 22,000 United States
foundations with the needs of non-profit agencies by publish-
ing reference books that give background information about
the grantmakers. In addition, they operate a national public
information and education program and publish numerous
materials.

Materials published by The Foundation Center fall into three
categories:

* Directories that describe specific grantmakers, their
   program interests, and fiscal and personnel data;

* Grant indexes which list and classify recent foundation
   awards by subject matter;

* Guides that introduce readers to funding research,
  proposal writing, and related topics.

The above materials are accessible, free of charge, through
two national libraries, two field offices, and 130 cooperat-
ing library collections. Essentially, the Center provides
the materials that they think are necessary for those who do
funding research and develop proposals. Their information
system is supplemented by computer technology, reference
librarians, and special orientations to Center services.
Information about corporate, government, and grass roots
funding is also available. For the names and locations of
Center libraries, call 1-800/424-9836.

Independent Sector
1828 L Street, NW
Washington, DC 20036

More than 500 voluntary organizations, large foundations, and
major companies with significant giving programs are members
of Independent Sector.

A collaboration of the National Council on Philanthropy and
the Coalition of National Voluntary Organizations, Independ-
ent Sector promotes giving and volunteering, and advocates
for public policies that encourage charitable giving and
non-profit initiatives.

The organization's monthly publication, Update, provides
information about research, management, and legislation, as
well as news about giving, volunteering, and non-profit
organizations. Independent Sector also publishes monographs,
special studies, reports and a regular newsletter.

WORKING WITH EXISTING ORGANIZATIONS

While a number of family resource programs operate as independent organizations, many others are sponsored by agencies and organizations in their communities. The fiscal stability that may be offered through such relationships can be of great benefit to programs. The examples below illustrate some of the ways that institutions provide financial support to family resource programs:

Churches

A large number of family resource programs are located in churches or synagogues. In some cases the donation of space is the only contribution that the church or synagogue makes. Yet in many other cases, significant financial commitments are made to the programs as well.

* Members of the South National Church of Christ in Springfield, Missouri, raise approximately $50,000 a year to support the Family Life Center. The Center's services include courses in marriage enrichment, family finances, family communication, and parenting skills. The courses, as well as the support groups they provide for single parents, widowed persons, divorced persons and blended families are available to the entire community.

* With the encouragement of the Parent Education Office for the Archdiocese of New York, the Our Lady Queen of Peace Parenting Center opened in 1982. The Center provides a combination of lifecycle celebrations and parent discussion groups, parenting skills workshops, and drop-in and warmline programs. Since the establishment of the initial center, five other parishes have started similar projects. Each one operates on approximately $20,000 a year, and is totally supported by their parish.

Public Schools

Public schools are becoming increasingly aware of the
importance of working with parents and children early on,
even before children begin attending school.

*   Research on the impact of the Early Childhood Family
    Education programs initiated by the Minnesota State
    Department of Education shows that children who partici-
    pate in their programs require fewer special services and
    are more successful during their school years. Approxi-
    mately 60% of Minnesota's 435 school districts offer ECFE
    programs, which provide a variety of services including
    parent and family education discussion groups, workshops,
    parent-child activities and home visits.

*   An early advocate of parent support, the Clayton School
    District in Missouri has operated the Family Center--A
    Growing Place for eleven years. The Center provides a
    wide array of parent education and support services,
    including developmental screening, a drop-in program,
    counseling, and workshops. Courses and practicum experi-
    ences in child development and family living are also
    provided to area junior and senior high school students.
    Fees, state grants and special events fund half of the
    Center's $70,000 budget, and the remaining amount comes
    from the Clayton School District.

*   The Department of Adult Education of the Montgomery County
    Public Schools in Silver Springs, Maryland, fully funds a
    program which includes three drop-in parent resource
    centers, and parent education and parent-child activities
    which are held in a variety of locations throughout the
    county. In addition, the organization offers workshops
    and seminars on special topics, a parent education
    speakers bureau, training and support groups for family
    day care providers, toy and book lending libraries and a
    telephone "Helpline."

Health Care Facilities

The concept of prevention stems from the medical field.
Increasingly, health care professionals, especially those in
pediatrics and maternal and infant care, are recognizing the
importance of parent support and parent education.

*   Initial funding for the Parenting Center of Children's
    Hospital in New Orleans came from their local Junior
    League chapter. While the League has continued to fund a
    part of the program's $134,000 annual budget, two years
    into the Center's operation, the Children's Hospital
    agreed to provide a significant amount of financial
    support. This multi-service center, which provides a
    variety of programs for approximately 900 families a year
    is also funded through fees, individual donations, and
    special events.

*   Family: Birth to Three is a program operated by the
    Tacoma-Pierce County Health Department in Tacoma, Washing-
    ton. The program's services are available to all parents
    of children from birth to three in the county, and include
    parent support groups, parent education classes, informa-
    tion and referral services, a lending library, a warmline
    and a newsletter. On a small budget of $28,000 the
    program serves close to 400 mothers a year.

*   The Caring Connection in Racine, Wisconsin, provides
    volunteer perinatal coaches to pregnant teens. The coach
    is present for labor and delivery and makes home visits
    after delivery to provide support and demonstrate nurtur-
    ing skills. The program was initially funded by the
    Johnson Wax Foundation and operated out of St. Luke's
    Hospital. After its first year of operation, the pro-
    gram's entire annual budget of $23,400 began to be
    provided by St. Luke's Memorial Auxiliary and memorial
    funds contributed to the hospital.

The Workplace

The significant increase of working mothers and dual-career families has stimulated some corporations to begin offering parent support services to their employees. Providing these services to corporations and businesses can produce an additional source of revenue for family resource programs.

* The Parent Connection offers education classes, seminars and workshops, parent-child activities, and a warmline to families in the Bethesda, Maryland, area. In addition, The Parent Connection also provides on-site workplace seminars and a newsletter about parenting issues that employers can distribute to their employees. While the workplace seminars are tailored to meet each company's individual needs, they generally focus upon how to cope with the problems of working and raising a family.

* Workplace seminars are part of the variety of workshops, seminars and parent support groups provided by The Family Tree Parenting Center in Lafayette, Louisiana. The Family Tree also offers businesses and corporations the "First Stop" program for newly transferred employees. First Stop helps families adjust to the relocation by focusing on issues like family communications and offering sessions on making career decisions for the spouses of transferred employees. Corporations pay for their involvement by either paying a minimum fee of $10 per employee, which allows them to participate in all Family Tree programs and activities at the Center, or making a donation of at least $1,000 to receive on-site programs and workshops for employees.

Unique Partnerships

As one might expect, the largest number of family resource programs are sponsored by family service or family counseling agencies, and by multi-service agencies that are geared

toward meeting the needs of families and children. Some
programs, however, have very unique sponsors:

*   PLAYSPACE is a special section of the Boston Children's
    Museum that provides education and support services to
    parents of children from birth to five. Their services
    include parent-child activities, parent education work-
    shops, a "Mothers Morning Out" discussion group, first-
    time parent support groups, a program for teen parents,
    babysitting courses for 7th graders, and a Parent Resource
    Center with books, pamphlets and a toy lending program.
    Originally funded by the Carnegie Corporation, PLAYSPACE
    is now fully supported by the Museum. The founders of
    PLAYSPACE believe in the concept of family spaces in
    public places and hope their program will be used as a
    model in other public settings such as shopping malls,
    airports and other museums.

*   For the small cost of $5,500, the Middle Country Public
    Library in Centereach, New York, provides a series of
    parent-child workshops that were attended by 200 families
    in the first six months that they were being offered.
    Encouraged by this initial success, their programming for
    parents has expanded to include workshops on organizing
    play groups and lectures on adolescence, helping children
    in school, and parent education. In addition, a Saturday
    morning parent-child workshop series was organized to
    serve working parents, and a special series was created
    for teen mothers and their children. At this time, 16
    other libraries in the county have replicated this
    program.

Most programs that have a community sponsor must still do
fundraising, as few sponsors are able to fully support a new
program. Obviously, fundraising will be a major issue for
those who establish their programs independently, as well.
Because family resource programs are a new concept in the
social service field, they often have difficulty when they
must compete for funds with more established agencies and

organizations. Nonetheless, new programs are being started
all across the country, and those that opened many years ago
with diverse funding bases continue to exist. It is clear
that a variety of funding sources do exist for family
resource programs. With determination, a clear sense of
purpose, and a good fundraising plan, programs should be able
to locate the financial support they need.

NOTES FOR CHAPTER 7

1. G.S. Vapnar, "Fundraising: A Common Sense Approach,"
    <u>Family Resource Coalition Report</u>, Vol. <u>4</u> (3): 4-5, 1985,
    p. 5.

2. K. Klein, <u>Fundraising for Social Change</u> (Washington, DC:
    Center for Responsive Governance Press, 1985), p. 18.

3. C.C. Upshur, <u>How to Set Up and Operate a Non-Profit
    Organization</u> (Englewood Cliffs, NJ: Prentice-Hall, Inc.,
    1982).

4. C.C. Upshur, 1982.

5. J. Flanagan, <u>The Successful Volunteer Organization:
    Getting Started and Getting Results in Nonprofit,
    Charitable, Grass Roots, and Community Groups</u> (Chicago:
    Contemporary Books, Inc., 1981), p. 162.

6. K. Klein, 1985, p. 146.

7. G.S. Vapnar, 1985.

8 Program Evaluation

Evaluation is a critical component in the development of any
social program. Family resource programs are no exception,
yet their evaluation presents special challenges. This
chapter describes some of the concepts, methods and issues in
evaluating family resource programs. More detailed guide-
lines and examples are provided in a companion publication,
Building Strong Foundations.[1]

WHY EVALUATE?

Family resource programs represent a real departure from
traditional models of social service. Since many of their
underlying assumptions and service delivery methods are new,
there are wide gaps in our knowledge about existing family
resource programs.

Service providers are becoming increasingly aware of the need
for practical program evaluation strategies--as they juggle
growing demands for documentation, increased financial and
political pressures, and their ongoing commitment to provide
families with adequate support and access to other social
services. For their part, evaluators in the field have been
broadening definitions and refining methods of evaluation to
ensure that these are relevant for service providers and
family service programs.[2]

In many respects, the program evaluation methods described in
this chapter are similar to techniques that service providers
already use. Responsible practitioners are constantly
evaluating their work. They observe the effects of their
interventions, monitor families' progress, listen to program
participants' feedback, and modify services accordingly. But

their questions and observations are generally communicated
to others through informal channels, and documentation of
information about the program is often lacking. In addition,
there may be few mechanisms to ensure that knowledge about
program functioning will be routinely incorporated into
planning and development.

The overall purpose of program evaluation is to make ques-
tions and assumptions about a program explicit, to examine
them systematically, and to find quantifiable answers. Thus
it should play an important role in program planning and
decision-making. Evaluation encourages an agency to clarify
its goals and see that its activities are directed toward
them. It helps program personnel retain objectivity, assess
their progress and improve their work. In programs that
support and strengthen families, self-evaluation represents
an ongoing commitment to learning from experience. This
commitment is critical for the development of effective
prevention-oriented programs--and necessary in order to
muster the support and recognition that they deserve.

Evaluation can--and should--be built into every program. It
is a necessary component, just as fundraising and cross-
program referrals are necessary for successful programs.
Program effectiveness can never be taken for granted. As
Austin and his associates suggest,

> There are too many factors inside and
> outside the agency to assume that a
> program is meeting its goals. The needs
> of clients change, staff skills and
> interests change, patterns of acceptable
> behavior change, and accessibility of
> services also changes.[3]

Evaluation can guide program development and improvement, to
insure that services are responsive to community needs. It
helps programs stay on course and document their achieve-
ments. By identifying promising intervention methods, and

observing what happens to the families that receive services, we can improve the quality of services and enhance the lives of participants.

In addition, evaluation can help service providers describe their program to people outside the organization. Most family resource programs need to make objective information and assessment of their services available to a wide audience. Funders and policy-makers are understandably reluctant to support programs based solely on anecdotal evidence. In an era of increasing competition for limited resources, evaluation is often used to demonstrate a program's credibility.

WHAT TO EXPECT

While everyone seems to see the value of evaluating family resource programs, the process of evaluation itself can cause discomfort and concern for those involved. Evaluation is often seen as a difficult enterprise. Research and evaluation texts and reports are usually written in technical language and jargon that is not familiar to the practitioner. Many doubt that an evaluation can capture the complex interpersonal dynamics in family resource programs or the benefits families derive from these services. Others fear that it will interfere with service delivery activities. And the evaluation process can be threatening when it is seen as an assessment of staff performance rather than a study of the program as a whole.

There is a grain of truth in each of these fears, but they are also partially the result of misunderstanding and misuse of evaluation. Program studies need not be technically complex, nor must services be compromised. Evaluation does not necessarily require random assignment, control groups, or sophisticated statistical procedures. Effective evaluations involve carefully selected questions, flexible strategies designed to provide answers, continuous assessment of program activities, and the capacity and willingness to make

changes based on the information gathered.[4] Practitioners
can conduct responsible and useful studies--and their
interpretation of evaluative data will enhance understandings
of the complex world of family resource programs.

Effective evaluations are designed to be used to enhance
service delivery. Evaluation that is meant for agency use
must involve a number of direct service providers, adminis-
trators, and other program decision-makers at every step in
the process. Their involvement will help to insure that
evaluation questions are relevant, that meaningful data will
be collected, and that the results will be utilized.
"Evaluation is too important to be left solely to profes-
sional researchers or administrators."[5] Hence, the thrust
for evaluation--and for change --should come from within the
program.

Since program evaluation requires time, effort and sustained
commitment from people at all levels of an organization, it
is not possible to conduct a cost-free evaluation.

It should be also remembered that data is but one influencing
factor--along with political pressures and financial limita-
tions--in program planning, funding decisions and public
policy formation. Empirical evidence for policy-making and
management decisions is often limited, and few decisions can
be made on the basis of data alone. Program evaluation can
provide ammunition for all sides of a political debate on the
value of a program. Thus, evaluation cannot serve as a
substitute for constituency organizing or fundraising
activities.[6]

While additional research is needed on the effectiveness of
various prevention-oriented approaches for certain types of
families (and highly sophisticated methods are available to
test intervention theories and program effects) most family
resource programs are not able to conduct these types of
studies. Nor should they be.

Contrary to popular conceptualizations, program evaluation is not something that only occurs <u>after</u> people participate in a program. It is not just concerned with end results, or with proving a program's effectiveness. While studies of program outcomes are important, this is only one realm in which evaluation can be useful. Other, more immediate questions have to do with program processes: How is the program working? What are its strengths and weaknesses? Answers to these types of questions are important for every program's growth. And they can be found with small, straightforward and practical program studies.

Objective evaluation can help foster an open atmosphere in which careful inquiry and constructive criticism lead to innovative organizational change efforts. This is often a trial and error process. Not all the evaluation results will be conclusive or useful. But by building on their experiences, Practitioners will discover methods and measures that are helpful for their program.

WHO CAN DO IT?

> The role of the evaluator has been described as that of a "sympathetic skeptic," who must raise tough and critical questions about program processes and outcomes.[7]

Program staff and volunteers can generally design and conduct useful studies of program processes. At times it may be difficult for practitioners to examine their own work with the skepticism necessary to do a good job of evaluation and simultaneously function as effective service providers. The two roles often represent conflicting interests. Staff and administrators are often reluctant to admit that, in spite of their good intentions, service programs can go astray and may even have negative effects. It is important to acknowledge

this fact--and to build in objective appraisals of program operations.[8]

However challenging, self-evaluation is important. It takes time, patience, and willingness to learn. If "internal evaluators" (staff or volunteers) are used, it's best to form an evaluation team, rather than holding one person responsible for program evaluation. After all, evaluation is an agency responsibility.

Unless a program has evaluation specialists on staff and a very large budget, it will not be possible for an internal team to conduct rigorous studies of the effects of a program. Programs that wish to engage in this type of evaluation will need expert advice. In any case, we strongly suggest that initial efforts in evaluation come from within; that program personnel explore some of the simpler types of program evaluation--and do it themselves--before tackling complex studies that would require an outside specialist.

OPTIONS: DIFFERENT TYPES OF EVALUATION

Program evaluation is the systematic collection, analysis, and interpretation of information, designed for use in program planning and decision-making. It is concerned with the types of interventions used, by whom, toward what ends, under what conditions, for whom, at what costs and with what benefits. Evaluation includes a range of approaches and methods for analyzing program operations.

Program evaluation is somewhat different from evaluation research, although the two overlap. Program evaluation generates information that is primarily for the program's use (in planning, development and administration), while evaluation research encompasses more rigorous tests of the effectiveness of program models and theories of intervention and is meant to advance knowledge in the field.

Formative evaluations generate information for use in program development and administration. These studies provide feedback about how a program is working and can be used to monitor a program's progress toward achieving its objectives. They also provide data which will show funders and policymakers what the program is doing. Summative evaluations are concerned with a program's ultimate results: its effects on those who receive services, its impact in the larger community, and/or its efficiency in achieving desired objectives.

There are a range of topics and techniques for formative and summative evaluation. Studies within these two general categories will focus on different questions and serve different purposes. Other authors define and categorize evaluation activities differently, and some terms which are given specific meanings here (particularly: outcome, impact and effectiveness) are used interchangeably in the evaluation literature. Another particularly useful framework for thinking about various evaluation activities has been developed by Jacobs.[9]

Formative Evaluation

Community needs assessment provides an important context for program planning and evaluation. Service delivery programs should be designed to meet identified needs in a target population, and evaluated based on how well they meet those needs. Program planners can monitor factors in their community and in the larger society that may constrain or facilitate program interventions. For instance, family health and well-being can be affected by changes in the availability of community services, shifts in public policies, and macroeconomic trends. Thus, these factors may have important implications for program planning and service delivery at the local level.

Process analysis describes a program's underlying assumptions about the need for its services, the intervention methods

that have been chosen, the ways in which the agency is organized for service delivery, and anticipated benefits to program participants. A thorough understanding of how the program functions is important in any type of evaluation.

Data on participants' characteristics can be used to determine whether or not the program is reaching its target population. Data on participants'needs may provide insight into motivations for program participation and can be used to ensure that incoming families receive the types of services they are seeking, through individualized program planning and referrals. In addition, different families utilize services in different ways, and the benefits they derive may be linked to certain individual or family characteristics, other events in their lives, and patterns of program participation. Good descriptive data about participating families will help to document who is served and who is helped by a program.[10]

Resource analysis describes the financial, human and material assets--or inputs--used in delivering services. These assets can be described in terms of the amounts and costs of: staff and volunteer time; staff recruitment, training, and supervision; program administration; materials, equipment, and space to provide services. Analysis of a program's resources is used to document their value and assess the different ways in which these resources have been (and can be) used.

Service statistics document what the program is doing and provide a gauge of the program's level of activity. Program activities--or outputs--can be described and measured in units of effort. Examples include: the number of support or education sessions offered, number of parents attending group sessions, number of requests for information received or referrals made, number of families served, hours of staff time, and costs per unit of service. This evidence of staff, volunteer, and participant activities can provide a detailed account of how much and what types of effort are expended for each participant. This may be useful in determining which program components have made a crucial difference for the

families involved. Service statistics can also be used, in
conjunction with analysis of program resources, to demon-
strate how costly one program is to deliver compared with
another.

Program participation records are useful for generating
certain types of service statistics. These records can be
used to describe the numbers and characteristics of people
that use the program's resources in some way. Most family
resource programs should keep basic descriptive information
on program participation. This data is one indication of a
program's ability to meet families' needs and of its accep-
tance in the community.

Consumer satisfaction surveys are designed to gather program
participants' appraisals of the program's value to them.
These surveys are filled out by participants at the end of
their participation in a program or at predetermined inter-
vals. Participants' comments and views of the program's
strengths and weaknesses can be an important source of
feedback for program personnel.

Summative Evaluation

Outcome evaluation is concerned with the effects of an
intervention on the lives of people directly involved with
the program. These studies are designed to determine whether
or not the program is attaining its desired outcomes among
participants--or whether families are better off than they
would have been, had they not participated in the program.
As Barnard has said, individual programs do not need to prove
that family support and education services are effective in
general. They do, however, "need data about how effective
they are with their unique combination of staff, service
delivery goals, clients and community."[11] Outcome studies
should be conducted after the program has been in existence
for at least a year and its operations are relatively stable.
It is also wise to conduct formative studies first, although

sometimes the two strategies are combined. Some descriptive
information about the program (and its goals, objectives,
service delivery methods, and target population) will be
needed to interpret summative evaluation findings.

Impact evaluation assesses those changes attributable to a
program that go beyond the people directly involved and
affect the lives of people in the larger community. For
example, an impact evaluation might be concerned with a
program's effect on public awareness of family needs, or its
impact on the availability of services for families in the
community. Other impact studies might look for generaliza-
tion of treatment effects to siblings of children in the
program, or changes in the incidence of child abuse and
neglect in the community. Again, data about program proc-
esses are critical to understanding why the program was or
was not successful in obtaining its objectives in the larger
community. If a program has a positive impact in the commu-
nity, this should be substantiated with documentation of the
amounts and types of its activities--so that others can
identify and replicate successful techniques.

Cost-benefit analysis involves a comparison of program costs
and benefits when each is measured in monetary terms. If,
for example, a program results in a reduction in social
service or welfare costs, and these savings are greater than
the costs of the program, then it is cost beneficial. In
contrast, cost-effectiveness analysis compares the efficiency
of two or more alternative service delivery models in
producing certain results. Its purpose is to promote
effective use of resources and program improvement, rather
than to define the "value" of a single program in monetary
terms. In these studies, program effects are measured as
they would be in an outcome evaluation (using whatever scales
are appropriate). Effectiveness in achieving desired
outcomes is assessed in relation to program costs, and
alternative service delivery models are compared.

CHOOSING AN EVALUATION STRATEGY

Before developing an evaluation strategy, it is important to consider what the program's purposes for evaluation are, what types of information are needed, and how this is likely to be used. Evaluation can be particularly useful in describing the service delivery process, documenting program activities, aiding program planning and development, and/or advancing knowledge of program effectiveness.

An evaluation strategy should reflect: 1) the program's developmental stage or longevity, 2) key actors' questions and interests, and 3) the resources available for evaluation. Jacobs has developed a graduated approach to evaluation which considers these three factors. She describes a series of levels (or tiers) of evaluation--ranging from simple strate- gies for new, small or low-budget organizations to more sophisticated studies for well-established programs. This practical approach allows all programs to engage in some type of useful evaluation activity.[12]

Stages of Program Development

Evaluation strategies should be geared toward answering the particular types of questions about family resource programs that arise at different stages in their development. Infor- mation that is most relevant and useful for a program will depend in part on the its longevity and history. Information needs will change over time as practitioners build expertise in program development and evaluation.

Program planners should document community needs for services and identify successful approaches that have been mounted elsewhere, before program planning and implementation are underway. A new program should clarify its goals and objectives and define the program's expected benefits for participants. In the first few years of operation, develop- ing programs should document and describe the services they

provide, resources expended, service delivery mechanisms and
organizational processes, characteristics of program partici-
pants, and progress made toward achieving program objectives.
Finally, summative evaluations may be conducted in well-
established programs that have already been through some of
the earlier (formative evaluation) stages.[13]

Key Actors' Questions and Interests

The characteristics of a family resource program are deter-
mined by the unique group of individuals involved in that
particular program. Salient issues in a program are also
defined by this group. Good evaluation questions will be
guided by the program's objectives, and should reflect the
nature of the program and its participants, staff, and
community. Representatives from each of these groups should
be involved in the formulation of specific evaluation
questions to ensure that these will be relevant for the
program and its setting.

Resources Available for Evaluation

Inevitably, the choice of evaluation strategies is bound by
the availability of resources. Program studies will require
different levels of:

*   Funding--for consultants, computer services, mailings, and
    duplicating costs for data collection forms and reports;

*   Staff time--to type forms, prepare mailings, participate
    in interviews or administer questionnaires, code and
    analyze data, prepare reports; and

*   Expertise--to develop instruments and create samples, for
    statistical analysis and computer work.

In general, summative evaluations are most costly and time-consuming, and require greater expertise than formative evaluations. A comprehensive formative evaluation plan, which examines the program operations as a whole, will demand more program resources than smaller studies that look at selected aspects of practice. In small programs, it may only be feasible to conduct a simple monitoring of participants and services on a continuous basis.

A small study will require a minimum of an hour or two a week of a staff person's time, plus clerical assistance and the cost of supplies like paper, copying and postage. More comprehensive evaluations will demand additional staff time, and, perhaps, the services of one or more consultants. Computer-assisted data analysis may be desirable, but involves the additional costs of data entry, processing, and storage. Programs may also need to allocate office equipment and space for evaluation activities and records.

In planning an evaluation, it is extremely important to consider how the project will affect staff and participants, and how might it impact program operations. Evaluation should be integrated into everyday program activities to minimize disruption of service delivery activities.

It is best to begin slowly and to build on initial efforts, adding other evaluation components until the program is routinely collecting the information it needs. Most programs can develop some type of monitoring system or process evaluation. In most cases, it is useful to begin by designing a simple strategy that will be used to collect descriptive information on an ongoing basis. This will provide useful data for program planning and administration purposes.

HOW TO EVALUATE: BASIC STEPS IN THE PROCESS

Although each evaluation must be tailored to fit a particular program and its needs for information, there are a series of

steps that all programs and evaluators can follow in develop-
ing and conducting responsible evaluations. These are
discussed below.[14]

Identify and Organize Information Users and Decision-makers

Staff, volunteers, administrators, board members, funders,
and community representatives are not merely consumers of
evaluation data. People who will use information about a
program have important, active roles to play in the process.

First, their input is important in the initial planning
stages of an evaluation. Practitioners' "inside" knowledge
about the program's history, salient issues, and organiza-
tional processes will be invaluable in framing evaluation
questions. Second, their assistance in implementing an
evaluation plan will be invaluable. No matter how well a
study is planned, if staff are not invested in the study they
may have little incentive to collect accurate data. Ulti-
mately, service providers and agency administrators will
determine whether or not evaluation findings are used in
planning or improving a program. Program decision-makers can
only use information that is meaningful and relevant for them
and their understanding of the data often depends on the
degree to which they were involved in the study.

Program administrators should identify all of those groups of
people who might be involved in the evaluation process or
interested in the results. A few representatives from these
interest groups can be asked to join an evaluation team.
This team should be made up of people who: 1) want and can
use information about the program, 2) have questions about
the program that they want answered, 3) will act on the basis
of evaluation information, and 4) will devote time to and
share responsibility for evaluation.[15]

The evaluation team should be able to meet regularly to
design and monitor program evaluation plans. Later, more

specific evaluation roles and responsibilities will be developed, but at this point the team is responsible for forming initial evaluation plans for the program.

Specify Program Goals and Objectives

Setting measurable goals and objectives is important for evaluation <u>and</u> program planning. First, this brings broad statements of the program's mission down to a level where service delivery and evaluation tasks become clearer. Secondly, if a program is working with an outside evaluator and its stated objectives do not reflect what it is really doing, it is not likely to measure up to them. Or, if staff are conducting their own evaluation and the goals and objectives are not clear, it will be difficult to devise ways to assess program progress.

Thus, the team should specify and refine program goals and objectives before proceeding with evaluation. Clarification of goals and objectives is linked to concerns about how these will be measured. Measurable objectives are usually concerned with expected changes in knowledge, attitudes, or behaviors. Program personnel will need to specify <u>which</u> aspects of knowledge, or <u>which</u> types of attitudes or behaviors the program intends to change. They should also describe the direction of the changes that are expected to take place. In other words, program objectives might state that parents' knowledge in specific areas will increase, that attitudes toward certain aspects of child-rearing will become more positive, or that specific behaviors in given situations will become more or less frequent.[16]

Identify the Purpose(s) of Evaluation

It is important to determine what the purpose(s) for evaluation are and who will use this information, <u>before</u> developing an evaluation strategy.

The team should identify the general purpose of the evaluation, deciding whether the aim is to describe or refine program processes (formative evaluation) or to assess the program's effectiveness in achieving certain objectives (summative evaluation). Second, they should consider what decisions are to be made on the basis of the evaluation, who the primary audience will be, and what monetary and human resources are available for evaluation.

The group should review relevant literature and talk with other service providers and professionals in the field to determine whether others have studied similar questions and whether these reports are relevant for their particular program issues.

Define Evaluation Roles and Responsibilities

Evaluation is a team effort, but along the way the team will need to define the roles that certain members will take, and determine who will be responsible for specific evaluation activities. In most cases, it is wise to select one person who will have overall responsibility for coordinating the project.

Different types of evaluation will require expertise in different areas. Depending on the type of study to be conducted, the evaluation coordinator could be a service provider, an administrator, a board member, an internal evaluation specialist, or an outside consultant. The team should consider what qualifications or skills are needed for their evaluation and what consultation, if any, will be needed from outside experts.

An internal evaluator should be someone who is interested in making the program the best it can be. This staff member will be committed to the program and to constructive change. Selecting an "outside" person to coordinate an evaluation can be difficult. You would want someone sympathetic to the

program rather than one who will simply do a "hatchet job" as a result of the evaluator's inherent skepticism.[17]

The project coordinator should work closely with the evaluation team, and with other key decision-makers and any consultants involved in the project to oversee the planning and conduct of the evaluation. This person should be a good team leader, able to use input and delegate responsibility, and one who will follow through to insure that plans are implemented.

Identify and Refine the Evaluation Questions

Members of the evaluation team should list the most important questions they have about the program, trying to be as specific as possible. They will then select a few related questions as the focus for evaluation. Good evaluation questions are those that: 1) can be answered by data that a program has or can obtain, and 2) will provide useful answers for program decision-makers.

Evaluation questions can often be broken down into a series of smaller, very specific items. The team should formulate operational definitions for key concepts they want to measure. Operational definitions are specific, objective, and measurable. Each evaluation question must be defined (operationalized) so that answers can be observed or obtained objectively. This step is crucial because most of the key concepts in family resource programs (and other social services) have numerous meanings. The purpose is to choose a definition (one of many possible definitions) that is closest to the program's use of the concept--and one that is measurable. For example, the terms "social support" and "program participant" can be defined in various ways.

Select Appropriate Evaluation Methods

The next step is to design a study that will answer the
evaluation questions. Evaluation design should flow logi-
cally from these questions, current needs for information,
and the program's stated objectives. Now the team must
determine:

* Exactly what information is needed (measurement issues),

* Who can best provide this information (sampling issues),

* How and when data will be collected (data collection
  methods), and

* How the quality of this information will be assessed
  (reliability and validity issues).

Together, plans for measurement, sampling, data collection,
and analysis comprise an overall evaluation design. There
are many ways to find useful answers and information. The
choice of appropriate method is inextricably linked to the
type of evaluation conducted, the specific questions asked
and information needed, and the program's setting and
population. In addition, the availability of existing
information and the resources available for collecting data
should be considered.

Measurement Issues. The selection of variables for a study
and decisions about how these will be measured should flow
from the program's evaluation questions and operational
definitions. Decisions about how and what to measure are
often the most difficult aspect of evaluating family resource
programs (especially in summative evaluations). But, as Olds
suggests,

> We don't need elaborate methods of
> measurement as much as clear thinking
> about what we are trying to do.[18]

When evaluation questions and operational definitions do not provide clear guidelines for measurement decisions, the team may need to go back and refine their questions and definitions. If the questions concern complex concepts (like healthy family functioning or social support), the team may need assistance from an experienced researcher in formulating operational definitions and making measurement decisions. While consultants in this area can help a group determine how to measure variables that are of interest, and how to collect and analyze this data, consultants should not be asked to decide what to measure. Again, those decisions should be made by program personnel, since they are more familiar with the workings and assumptions of the program--and it is their questions that are important.[19]

Sampling Issues. The team should define the groups of people (populations) that will be included in the evaluation and then determine how people will be selected (sampled) from these populations. The evaluation questions may imply that a study will focus on certain groups (for instance, consumer satisfaction or program participation studies will obviously be concerned with the population of program participants. In general, it's best to gather information from several different sources (eg., program participants, direct service personnel and program administrators). In summative evaluations, sampling is related to concerns about the overall design of the study.[20]

People who participate in a study have the right to know how the data will be used and how their participation might benefit or harm them personally. They have the right to refuse to participate without adverse consequences (including being denied access to services). This is termed _informed consent_. Participants are often asked to sign a consent form, which includes a statement of the purposes of the evaluation, methods that will be used for protecting confidentiality, and their right to determine whether they will be included in the study. To insure _confidentiality_, access to data should be carefully protected. It is particularly

important to limit access to identifying information about
the respondents (i.e., name, address, and any information
that would allow others to recognize an individual).
Wherever possible, data should be reported in the aggregate.
Any quotations used to illustrate a point in an evaluation
report should be anonymous.

Data Collection Methods. There are a variety of ways to
collect data, including in-person or telephone interviews,
questionnaires administered on site or mailed to partici-
pants, and behavioral observations recorded by staff members
or volunteers. Each of these has its advantages and disad-
vantages.[21]

Existing data that others have collected may be useful. For
instance, the team might want to review participants' social
service, obstetric and/or pediatric records; or census data.
This is convenient and inexpensive if the information needed
is readily available. In some cases, collecting existing
information can be time-consuming and frustrating. Without
parents' written permission, access to their families' social
service and medical records (which are protected by confiden-
tiality laws) will be difficult to obtain.

Reliability and Validity Issues. Ideally staff should seek
out and use standardized instruments or existing measures
which have been tested for their validity and reliability. In
this sense, validity means that the instrument measures what
it says it does, and reliability means that it does so
consistently. It is important to decide what to measure
first and then try to find or create instruments that fit the
program's needs. It may be difficult to find appropriate
standardized measures, but instruments should not be used
simply because they are available.[22]

It is best to use multiple methods--to gather information
from several different data collection instruments or
techniques. In this way, the evaluators balance the

advantages and disadvantages of different methods. If the results from different data sources and methods agree, this adds to the credibility of the study. By combining different data collection tools, the team can strike a balance between the need for measures that will answer the evaluation questions and the need for valid information. One way to do this is to develop intake forms and basic information records and select at least one established instrument that is fairly easy to administer and interpret.

Develop an Evaluation Plan

It is extremely important to think through and plan all of the evaluation steps in detail before trying to implement an evaluation. For instance, if a team does not develop a plan for data analysis before collecting information, they may later find themselves wondering how to make sense of all the data. Moreover, data analysis considerations will often affect the structure of data collection instruments. A "blueprint" for evaluation should spell out the details of the group's plan. It should describe the evaluation questions, sampling and data collection methods, measurement instruments, plans for analysis and dissemination, and so forth.

It is best to create a written document that addresses these issues in detail so that this can be shared with key actors outside the evaluation team and referred to along the way. A carefully detailed plan for each stage of evaluation will guide this work and help the team view the evaluation process as a whole. Inevitably, they will critique and improve their plan as it is put down on paper.

Pilot Test the Evaluation Plan

Before fully implementing an evaluation, the entire plan should be pilot tested. This involves trying out all

instruments and procedures with several subjects. This will
let the team identify and eliminate problems before a good
deal of time and energy has been invested in data collection.

Pilot tests are used to ensure that the respondents under-
stand the questions and that the instructions and format are
clear. In addition, plans for coding and analyzing the data
can be tested to determine whether the data collection proce-
dures will actually yield useful information and to gauge how
much time it will take to analyze the results from a larger
sample. Inevitably, a pilot test will uncover weaknesses in
an evaluation's design or procedures and, as a result, some
changes will be necessary. Although pilot testing takes
time, these alterations strengthen an evaluation and elimi-
nate potentially costly errors.

Implement the Evaluation Plan

Next, the team follows the procedures for sampling and data
collection, detailed in the evaluation plan, with any revi-
sions that have been made after the pilot test. The evalua-
tion coordinator should monitor all aspects of the project,
looking for areas where procedures might break down. This
type of monitoring can generally be accomplished by conduct-
ing informal spot checks. Problems with missing, inaccurate
or reconstructed data can often be avoided by requiring that
all data forms are turned in and examined by the coordinator
within a short time after completion. Sampling problems can
only be detected and solved with the close involvement of the
project coordinator, who should be familiar with the proce-
dures actually used in all aspects of the evaluation.

Summarize, Analyze and Interpret the Data

In most evaluations, analysis is concerned with describing
characteristics of a sample or program, or identifying
changes over time and differences between groups of people.

Data analysis and interpretation may be an ongoing process, which takes place simultaneously with data collection. In pilot tests and other relatively short-term studies, data analysis will be a separate step which occurs after all the data have been collected. In spite of differences in timing, many of the simpler procedures for analysis will be similar across different types of studies.

There are several ways to organize and present qualitative data. One is to reproduce raw data without comment. For instance, the team might select a few of the responses to open-ended questions on a consumer satisfaction survey--that represent the range of opinions that were expressed--and reprint these verbatim.

Another method is to organize the data by topics or categories. It helps to have several copies of the raw data for cutting and pasting. This will allow experimentation with various ways of categorizing the data. Comments about the benefits of a program might be one topic, while suggestions for modifications or improvements are another. Similarly, the responses of mothers and fathers might be reported separately. Data may also be organized into case studies, describing the in-depth experiences of several "typical" program participants.

There are certain kinds of statistical analysis that can be performed without a great deal of training. Termed "descriptive statistics", these simple techniques can be used to summarize and describe information about a program, its services and participants.[23]

Analysis as an Interactive Process. Interpretation of the data should be a joint effort, involving all the members of the evaluation team. Preliminary results should be shared with other staff members to obtain their interpretations of the data and avoid unexpected surprises in a written report.

As Moberg observed,

> Data analysis is a process in which the
> answer to one question often leads to the
> posing of another...Interpretation is
> rarely straightforward and obvious. Most
> studies will have both negative and
> positive findings; they also usually have
> methodological limitations or problems
> which call into question the certainty of
> results. Thus your interpretation should
> be specific, focusing on concrete aspects
> of the program, rather than characteriz-
> ing the whole program as "successful" or
> not.[24]

Disseminate the Findings

The team should think about <u>how</u> the data will be shared with
co-workers, board members, the press, and with program
participants. Local program and other professionals who
share the group's interest in families or prevention programs
may also benefit from the findings.

All program decision-makers should receive periodic briefings
on the progress and preliminary findings of a study. The
team should present evaluation reports (or summaries) to
other staff, board members, and actual and potential funding
sources. If evaluation is an ongoing process, periodic
reports to these groups will be a particularly useful way to
keep people interested and involved.

Some evaluations conclude with a written report summarizing
the details of the study, its findings, and interpretations,
but this is not always possible or necessary. Verbal
reports, with supporting tables, graphs and charts, or case
studies may be sufficient for the needs of the program.
Several versions of the report may be desirable, including a

brief, simplified version (an executive summary) for wide-
spread dissemination. In some cases, a simple table will be
sufficient--to present monthly attendance data or other
program statistics, for example.

Incorporate the Findings in Program Planning

Evaluation often leaves many questions unanswered and raises
new ones. Immediate use of the data in program planning,
administration, or service delivery activities may not be
possible or desirable without further study. Use of evalua-
tion and research findings is a gradual, cumulative process
in which the questions are changed and conceptualiza-tions
are altered as the program builds a knowledge base.[25] This
requires careful interpretations of findings, with particular
attention to their implications for action or change.

In thinking about ways to utilize the findings, the team
should consider whether any changes should be made and how
the program might be improved. They should work with
administrators and other key decision-makers to address
issues raised in the evaluation process and formulate action
plans for implementing any changes deemed necessary.

SUMMARY AND CONCLUSIONS

All family resource programs should engage in some type of
evaluation. Whether it is formative evaluation to provide
personnel with meaningful feedback and data to assess their
progress or summative evaluation to investigate the pro-
gram's effectiveness in achieving desired objectives,
evaluation keeps alive a spirit of inquiry that fosters
constructive change and improvement in services for families.

We have stressed the importance of practitioners' involvement
in research, program development, and evaluation. Evaluation
strategies can and should be designed to produce information

that is _for_ the program; useful to service providers and program administrators alike.

The growth of the family resource movement depends in part on careful evaluation of family resource programs. Program evaluation will add to our knowledge about supportive resources for families and effective intervention methods. Ultimately, the families who take part in these programs will be the beneficiaries of our careful assessments of the services that assist and support them.

NOTES TO CHAPTER 8

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6. D.P. Moberg, <u>Evaluation of Prevention Programs: A Basic Guide for Practitioners</u> (Madison, WI: Wisconsin Clearinghouse, 1984).

7. Ibid., pp. 11-12.

8. D. Olds, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation Task Force at a Congressional luncheon sponsored by Research Resources for Children, Youth and Families; Washington, DC, November 11, 1985.

9. A much lengthier listing of various types of evaluation is provided by M.Q. Patton, <u>Practical Evaluation</u> (Beverly Hills, CA: Sage Publications, 1982). Jacobs' framework for evaluation is presented in: F. Jacobs, "The State-of-the-Art of Family Program Evaluation," in H.B. Weiss and F. Jacobs, 1984; and in H.B. Weiss and F. Jacobs (Eds.), <u>Evaluating Family Resource Programs</u> (Hawthorne, NY: Aldine, in press).

10. D.R. Powell, "Individual Differences in Participation in a Parent-Child Support Program," in I.E. Sigel and L.M. Laosa (Eds.), <u>Changing Families</u> (New York: Plenum Press, 1983).

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12. See Jacobs, 1984; in press.

13. Ibid. Also see T. Tripodi, _Evaluative Research for Social Workers_ (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1983), pp. 19-21.

14. These steps have been adapted from: Austin et al., 1982, p. 21; Moberg, 1984, p. 7; and M.Q. Patton, _Utilization-Focused Evaluation_ (Beverly Hills, CA: Sage Publications, 1978), pp. 284-289.

15. Moberg, 1974, p. 7; see also Patton, 1978, p. 284.

16. For assistance in defining program goals and objectives, see J. Cantor, N. Kaufman and M. Klitzner, _Four Steps to Better Objectives_ (Madison, WI: Wisconsin Clearinghouse, 1982).

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Part III:
Additional Resources
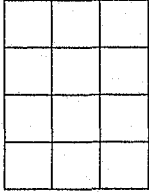
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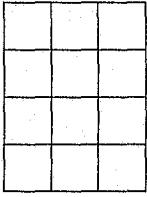
Sharing Resources: An Annotated Bibliography of Technical Assistance Materials

Sharing Resources will be useful to those starting new programs, adding new service components to an existing program, or those interested in materials developed for running classes and groups for parents. This bibliography is not inclusive of all the materials available in the field and the listing of materials should not be considered an endorsement by the Family Resource Coalition. The bibliography is divided into two sections:

Program Manuals is a collection of guidebooks and "how-to" manuals produced by existing family resource programs. The materials in this section provide additional information on how to start and operate 1) particular program models, such as drop-in centers, warmlines, and parent-run programs; 2) programs that serve specific populations of parents, such as teen parents, single parents, and parents of children with special needs; and 3) programs in particular settings, such as hospitals, libraries, prisons, and churches.

Program Content Materials contains parent education curricula and other publications that will be useful in developing and conducting parent education classes, parent support groups and other program activities.

Information on publication costs is not included, as it is subject to change over time. Specific ordering information can be obtained by directly contacting the organizations listed for each publication.

PROGRAM MANUALS

BOOTH MATERNITY CENTER
Parenting Department
City Line and Overbrook Avenues
Philadelphia, PA 19131

Creating Support Systems for New Parents: The Booth Buddy Experience, by Mary Brett Daniels and Cathie Harvey, describes the volunteer support program developed by the Parenting Department of Booth Maternity Center in Philadelphia. The Booth Buddy Program connects first-time parents with trained volunteers. The program is designed to respond to the normal postpartum adjustment needs of healthy parents. A volunteer Booth

Buddy maintains regular telephone contact with new parents during the first six months postpartum. The Buddies also host occasional get-togethers for the families in order to foster mutual support. Creating Support Systems for New Parents provides a step-by-step guide to developing a Booth Buddy Program. The 40-page booklet includes chapters on the history of the program and a program description as well as chapters on getting a program started and maintaining its effectiveness.

BOSTON CHILDREN'S MUSEUM
300 Congress Street
Boston, MA 02210

Playspace: Creating Family Spaces in Public Places, by Jerri Robinson and Patricia Guinn, describes the development of a program for parents run by the Boston Children's Museum Early Childhood Project. This 81-page manual covers the philosophy, goals and history of the program and gives a detailed description of the Playspace area. The various groups offered parents are also described as well as steps in organizing workshops. Additional chapters cover staff roles and responsibilities, how to get a program started, designing and construction of the environment, and a description of the families who visit the Playspace area. The publication also includes information on how to advocate for the creation of such programs in public places and institutions.

CASTALIA PUBLISHING CO.
Parent Education Division
PO Box 1587
Eugene, OR 97440

Birth to Three: A Self-Help Program for New Parents, by Andi Fischhoff, shows parents how to form discussion and support groups so that they can meet one another and learn about child-rearing together. The program is founded on the belief that parents are in a perfect position to help each other through the early child-rearing years. By promoting good parenting skills and a positive attitude toward child-rearing, Birth to Three helps parents to gain confidence in their parenting skills, resolve problems, and enjoy parenting more. This comprehensive 276-page book provides information on parent-run groups and organizations, plus outlines for group discussions on children's behavior and development, child care, play, and family relationships.

CDG ENTERPRISES
PO Box 97
Western Springs, IL 60558

How to Grow a Parents Group, by Gayle Jensen, Diane Mason and Carolyn Ryzewicz (221 pages), describes the creation and development of PACES

(the Parent and Childbirth Education Society, Inc.), a parent-run organi-
zation in the western suburbs of Chicago. PACES provides a mothers
helpline, motherhood seminars, Lamaze instruction, a newsletter, and a
speakers' bureau. The publication is authored by three founding mothers
and blends the experiences of real parents with resource material to
provide a detailed plan for starting and maintaining a parents' organiza-
tion. Also described is an administrative framework which can keep a
newly-organized group going, including information on keeping records,
budgeting, public relations, long-range planning, and tips for producing
a newsletter.

CHILDREN'S CLINIC AND PRESCHOOL
1850 Boyer Avenue East
Seattle, WA 98112

Extending Family Resources (EFR) is a service delivery model designed to
reduce barriers and family stress related to caring for a child with
developmental disabilities. This model focuses on building the family's
support network, training family members to work with a handicapped
child, and providing access to a range of supportive services (respite
care, transportation, special equipment, etc.). A 90-page report, enti-
tled Extending Family Resources, by Judith A. Moore, Leo A. Hamerlynck,
Elizabeth T. Barsh, Susan Spieker and Richard R. Jones, describes the EFR
model and its impact on 16 families. Also included are a discussion of
the use of direct subsidies to parents of handicapped children, and the
findings of a survey of these families which assessed the social,
personal and financial stressors associated with raising a child with
handicaps.

CHILDREN'S SERVICES DEPARTMENT--BIBLIOS
Middle Country Public Library
101 Eastwood Blvd.
Centereach, NY 11720

The Parent/Child Workshop: A Program Handbook, by Sandra Feinberg and
Kathleen Deer, offers guidelines for organizing and conducting library-
based parent-child workshops. This approach emphasizes parents' involve-
ment in their children's earliest learning experiences and healthy devel-
opment. The workshops are designed for parents and children together,
incorporating expertise from local social service and health agencies
with library services. This 100-page handbook describes: workshop goals
and objectives, room design, recommended materials, staffing needs and
participants' roles, workshop structure and costs. It also includes
program forms, handouts, and extensive listings of resources for parents
and children.

COUNCIL FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT
111 S. Capitol Avenue, Suite 200
PO Box 20247
Lansing, MI 48091

The Family Growth Center is a prevention-oriented drop-in center provid-
ing temporary child care, educational activities, and informal self-help
groups for families. The Family Growth Center: A Model of Community
Support for Families, by Sandra Murphy, is a 35-page handbook which
outlines the program's objectives, components and administrative struc-
ture. It includes tips on: program planning and scheduling; working with
parents and children; recruiting, training and supporting volunteers;
fundraising; program evaluation; and community education.

CPAC
PO Box 576
Concord, NH 03301

The Children's Place is a parent-child center that provides short-term
child care, a learning environment for young children, and support groups
and activities for parents. Using a large number of volunteers, the
program operates a drop-in center for parents and their children during
the day, and rents space in the evening to childbirth education instruc-
tors and parent training groups. Chapters in the 56-page booklet, The
Children's Place: Creating a Family Resource Center, provide information
on the background and beginnings of the program, financing, creating an
environment (including a floor plan), staffing, policies and operating
procedures, parent support groups and outreach activities.

ENRICHMENT FOR PARENTS
Christ Church United Methodist
655 North Craycroft
Tucson, AZ 85715

Enrichment for Parents (EFP) offers a wide range of prevention-oriented
seminars and courses, through a sponsorship arrangement with a local
church. Although non-sectarian in emphasis, this program is consistent
with the churches' broader views of family ministries. EFP helps parents
resolve everyday concerns and enhance family life, through courses on:
adult and child development, communication skills, family relations,
conflict resolution, discipline techniques, nutrition, and home manage-
ment. Parent Education: How to Set Up an Effective Program in Your
Community, by Rosemary Tweet, is a 154-page book on program planning and
development, based on the EFP model. It includes guidelines for obtaining
church support and sponsorship, recruiting volunteers, choosing instruc-
tors and curricula, publicizing the program, developing a child care
component, and financial management. Planning aids, sample brochures,
bookkeeping and registration forms, and a bibliography are also included.

FAMILY FOCUS, INC.
2300 Green Bay Road
Evanston, IL 60201

Family Focus operates seven community-based drop-in centers in the
Chicago area that provide a variety of preventive services for parents of
children from birth to three years of age. Creating Drop-in Centers: The
Family Focus Model, by Lorraine Wallach and Bernice Weissbourd, is a
practical guidebook which gives step-by-step suggestions on how to start
parent drop-in centers. Chapters include useful information on getting
to know your community, choosing a location, organizing the structure of
the center, developing a program, seeking funds, planning for staff,
recruiting families, and providing child care. Each chapter has a
section entitled "Things to Think About" to aid in the planning stage,
and "Things to Do" which offer directions for program implementation.

FAMILY ENHANCEMENT PROGRAM
605 Spruce Street
Madison, WI 53715

Facilitating Parent Centers: A Sharing of Ideas and Experiences, by Terri
Heath and Jessie Crane, incorporates ideas and information from six
drop-in programs for parents in Madison, Wisconsin. In addition to a
description of the program, the handbook also includes a brief discussion
of parent centers in general and tips on finding space, funds, and
equipment, developing a program, and recruiting parents. This 73-page
handbook is a collection of ideas and experiences, presented to help
facilitate the planning process, rather than a practical guidebook on the
"how-to's" of establishing parent centers.

Caring for the Kids During Family Centered Programs: A Practical Work-
book, by Alexi Lyman and Jessie Crane, is a "one-of-a-kind" publication
that provides ideas and materials for the child care component of a
family resource or parenting program where parents and their children are
present at the same location at the same time. Chapters in the 121-page
booklet cover such topics as developing the goals and philosophy of a
child care program; choosing appropriate space, equipment, and supplies;
developing daily routines and activities; staffing patterns and child
development theory. An outline for training child care providers is
included, as well as a number of sample worksheets to help in planning
and implementing a child care program.

Connecting Volunteers With Teenage Parents: A Good Way to Beat the Odds,
by Peg Sholtes, is a 110-page guide to developing prevention-oriented
programs which link trained volunteers with teenage parents and their
families. The book describes the Family Enhancement Program's CONNECT
Project and provides tips on: working with teen parents and their
families, using volunteers, program planning and administration.

The Family Enhancement Program also publishes A Community Fair Handbook, with information on how to run a community "Family Fair", and has produced a number of videotapes and other resource materials on parenting.

FAMILY, INFANT AND PRESCHOOL PROGRAM
Western Carolina Center
300 Enola Road
Morganton, NC 28655

Project HOPE (Helping Other Parents through Empathy) is a support network for parents of children with handicaps. It uses trained volunteers, who are experienced parents of children with handicaps, to provide support and information to new parents of children with handicaps. Two publications on Project HOPE are available:

Project HOPE: A Parent Support Network, by Donald W. Mott, Vicki Jenkins, Eva F. Justice and Rebecca Moon (26 pages), describes the organization of Project HOPE, including the rationale for the program, background information, descriptions of the participants, procedures used for training parent outreach volunteers, community awareness activities and referral procedures. Program evaluation results and a 20page appendix of forms, assessment tools, training information, and references are also included.

Project HOPE: A Parent to Parent Support Program, by Donald W. Mott, Angela G. Deal and Eva F. Justice, is a 100page manual which includes additional information on Project HOPE, on the Family, Infant and Preschool Program, and the social support model used there. Most of the manual is devoted to detailed descriptions of the training procedures utilized in Project HOPE, including specific objectives and strategies for implementation. It is designed as a guide to help parent groups or agencies to plan and implement a similar parent outreach project.

FAMILY RESOURCE COALITION
230 N. Michigan Avenue, Suite 1625
Chicago, IL 60601

Working With Teen Parents: A Survey of Promising Approaches, by Phyllis Smith Nickel and Holly Delany, is a guide for designing services for pregnant and parenting teenagers. The 135page book explains ways to insure program participation, select volunteers for key roles, build community support for teen services and pregnancy prevention, and coordinate local resources into a comprehensive service delivery system. It is designed to address the pressing need for sharing information about effective programming by highlighting replicable programs that have been successful in helping teens experience healthy pregnancies, complete their education, achieve economic selfsufficiency, and engage in responsible family planning. Detailed descriptions of nearly 40 programs offer

insight into new ideas and methods that are applicable to existing
services and start-up of new programs.

FREDERICK COUNTY FAMILY LIFE CENTER, INC.
35 East Church Street
Frederick, MD 21701

Creating a Mothers' Support Group, by Teresa J. Kitchen, is a 30-page
booklet designed to help community groups set up a support system for
mothers. The objective of these groups is to provide a nonjudgemental,
supportive environment which has a positive influence on the quality of
parent-child and family interaction. A mothers' support group can
provide information and encouragement, and serve as a social center for
mothers and children as well. This booklet details the structure and
format used by one mothers' group, which can be adapted to suit many
needs.

GRIEF EDUCATION INSTITUTE
2422 S. Downing Street
PO Box 623
Englewood, CO 80151

Bereavement Support Groups: Leadership Manual provides an overview of
theories of grief, the stages and problems in handling the death of a
loved one, and helpful interventions that individuals and groups can
offer. It details procedures for support groups in which professional
and lay co-facilitators help bereaved parents mobilize their social
support system to reduce stressors, understand the normal grieving
process, and utilize an auxiliary support system in working through
grief. The 121-page manual details steps in organizing and conducting
these support groups, including: selection and training of group facili-
tators, diagnostic tests, the make-up of the group, group objectives,
format, discussion topics and exercises, and problem situations that may
arise. It also lists resource organizations and materials.

PARENTS PLACE
3272 California Street
San Fransisco, CA 94118

Jewish Family and Children's Services Manual of the New Parenthood
Program, by Amy Rassen, is a guide for those wishing to establish a
variety of parent support groups. The New Parenthood Program, which
operates out of a parent resource center, consists of a series of support
groups which include an Infant I Group (0-6 moths), an Infant II Group
(8-12 months), a Toddlers Group, the Ongoing Mothers' Group, and groups
for working mothers, single mothers, and fathers. The 97-page manual
describes the rationale for the groups and outlines group goals, design,

format, and the roles of group leaders. Also included are illustrations of handouts used in the groups, examples of forms used to collect information on group participants and for use in evaluation, and a brief description of other Parents Place services, such as a warmline and New Parenthood Program newsletter.

NATIONAL COUNCIL OF JEWISH WOMEN
15 East 26th Street
New York, NY 10010

Family Life Education Program Ideas is a 37-page guide designed in outline form to provide ideas for creating a family life education forum, tailored to community needs. Specific topics and films are recommended within the broad categories of adolescent sexuality, family planning, talking to children about sex and reproduction, domestic violence and sexual abuse, contemporary family problems, and intergenerational and changing family relationships. In addition, organizational resources, organizing tips and recommendations for advocacy and community services are provided.

NATIONAL ORGANIZATION OF MOTHERS OF TWINS CLUBS, INC.
5402 Amberwood Lane
Rockville, MD 20853

How to Organize a Mothers of Twins Club is a 20-page booklet that provides guidelines for establishing local clubs for parents of multiples, including tips on: reaching prospective members, forming an organizing committee, conducting meetings, drafting by-laws, contacting speakers, and affiliations with state and national organizations. It describes the duties of officers and committees, fundraising activities, and projects the club may wish to engage in to reach out to and serve parents of multiples.

NEW ENGLAND RESOURCE CENTER FOR CHILDREN AND FAMILIES
Judge Baker Guidance Center
295 Longwood Avenue
Boston, MA 02115

The Parent Aide Pre-Service Training Curriculum, prepared by Carol Trust, provides materials for planning and implementing training for prospective parent aides, either paid or volunteer. The 108-page curriculum is designed to help parent aides: become aware of their own values, expectations, needs and strengths; understand the elements of helping relationships; acquire basic information about abuse and neglect; and develop a common set of expectations and role definitions for working in a parent aide program.

PARENT SUPPORT PUBLICATIONS
Postpartum Education for Parents
PO Box 6154
Santa Barbara, CA 93016

Postpartum Education for Parents (PEP) is a parent-run family support program that operates a 24-hour warmline, discussion groups for parents, a once-a-month course in basic infant care, a speakers' bureau, a lecture series, and support groups for parents with special needs. PEP has produced several program guides. A Guide for Establishing a Parent Support Program in Your Community, by Julie Armstrong, Judy Edmondson, Jane Honikman and Judy Mrstik, describes the PEP program and how it was started. A Leader's Guide for Training Volunteers in Parent Support Services, by Judy Mrstik, includes detailed descriptions of the PEP volunteer training program. A Volunteer's Reference Guide, by Julia Armstrong et al., was written to help volunteers deal with the common concerns of postpartum parents. It contains a discussion of the postpartum period with information on physiological, psychological, and developmental changes in parents and children. PEP has also produced materials on Baby Basics, its infant care class.

PARENTAL STRESS CENTER, INC.
1700 East Carson Street
Pittsburgh, PA 15203

How to Set Up a Warmline, by Beatrice Fennimore with Elizabeth Elmer, GeorgeAnn Samuels and Barbara Schultz, is a 38-page guide created to encourage and assist in the development of telephone consultation and referral services. The manual outlines a generic set of steps to follow in setting up warmline services in a variety of settings. It covers information on developing a program, creating community support, fundraising, finding a place to operate, staffing, recruiting and training volunteers, developing program materials, media and publicity, evaluation and expansion.

PILOT PARENTS
Greater Omaha Association for Retarded Citizens
3610 Dodge Street
Omaha, NE 68131

The Pilot Parenting Program: A Design for Developing a Program for Parents of Handicapped Children is a step-by-step guide to developing a low-cost, agency-based program for parents of handicapped children. In this model, trained parent volunteers establish supportive relationships with new parents, "piloting" them through the initial difficulties of accepting and learning about their child's handicap. They help parents find information on handicapping conditions and community resources. The 105-page book outlines the roles and responsibilities of a steering

committee; describes methods of recruiting, screening and training volun-
teers; and provides guidelines for handling publicity and referrals,
matching new parents with volunteers, program coordination and record-
keeping tasks, and the use of professional consultants.

PREVENTION RESOURCE CENTER
901 S. Second
Springfield, IL 62704

Home-Visiting: A Prevention Strategy in Family Support Programs is a
220-page manual developed by AH Training and Development System, Inc. and
the Ounce of Prevention Fund, Inc. Parents Too Soon Initiative. The
manual introduces the concept of home visiting, explains how it fits into
an overall prevention philosophy and into family support programs, and
offers practical suggestions for developing and administering home visit-
ing programs. It provides guidelines for articulating program goals and
objectives, identifying target populations, recruiting and selecting
staff, using volunteers, training and supervising home visitors, and
working with special populations. A bibliography and forms developed by
six home-visitor programs are included.

PRISON MATCH
1515 Webster Street, #403
Oakland, CA 94612

My Real Prison Is...Being Separated From My Children, by Janine Bertram,
Carla Lowenberg, Carolyn McCall and Louise Rosenkrantz, is a manual for
developing programs for inmate parents and their children. The 15-page
booklet is based on the Prison MATCH (Mothers And Their Children)
program, which is designed to maintain family relationships, enhance
parents' understanding of their children, help inmates develop effective
parenting skills, and provide children with appropriate social skills
while their parents are incarcerated. Drawing from the experience of
Prison MATCH, this manual provides guidelines for program planning,
administration, staffing, funding, and evaluation. The services
described include: The Children's Center (a child-centered setting where
parents and children can visit and work to re-establish or strengthen
their relationships), training for inmates in parenting and early child-
hood education, supportive services, and other family enrichment
programs. In addition to the Prison MATCH model, brief descriptions of
five other programs for inmate parents and their children are provided.

PROJECT SHARE
PO Box 2309
Rockville, MD   20852

Respite care offers planned "time off" periods which allow families a break from the daily routines of caregiving and help keep families together. Project SHARE's 56-page How-To Manual on Providing Respite Care for Family Caregivers explains the important points of developing and implementing local respite care programs--including community needs assessment, funding, recruiting, training, scheduling, and evaluation. These programs can be designed to help many people--including children and adults with developmental or physical disabilities, chronically ill people, and functionally impaired or frail elderly persons--and their families

RESOURCE COMMUNICATIONS, INC.
1616 Soldiers Field Road
Boston, MA   02135

Helping Parents in Groups: A Leader's Handbook, by Linda Abrams Braun, Jennifer Kane Coplon and Phyllis Cokin Sonnenschein, provides an in-depth look at parents groups--at leadership styles and roles, group organization, and the group process. The 276-page book offers tips on getting groups started, selecting content and activities, handling difficult moments and group endings. It also considers specific issues encountered in groups for parents in special circumstances: parents of children with special needs, single parents, adolescent parents, and abusive parents. A bibliography and listings of: self-help and mutual aide organizations, resources for parents and professionals, audio-visual materials, and parent group models are included.

ST. LOUIS ASSOCIATION FOR RETARDED CHILDREN
1240 Dautel Lane
PO Box 27480
St. Louis, MO   63146

Reaching Out to Parents of Newly Diagnosed Retarded Children: A Guide to Developing a Parent-to-Parent Intervention Program, by Jeff Basin and Diane Drovetta Kreeb, outlines the development of parent outreach programs aimed at providing information and support for families of very young handicapped children. The model uses an agency-based office and professional staff to do community outreach work, coordinate and train volunteers, keep records, and raise funds. Volunteer parents provide one-to-one peer counseling services. This 39-page guide describes methods of recruiting, screening and training volunteers; matching parents with peer counselors; and providing consultation and program coordination services.

SINGLE PARENT RESOURCE CENTER
1165 Broadway, Room 504
New York, NY 10001

Working With Single Parents: A Guide for Group Developers, by Suzanne Y.
Jones, is a 48-page guidebook, divided into four sections. The first two
sections cover issues related to organizing community groups in general.
Section I, on preliminary planning, provides information on using commu-
nity resources, site selection, developing a planning committee, and
publicizing the groups. Section II presents specific information on
starting a group--determining the group's purpose, format, continuity,
child care, and group management. The last two sections focus on single
parents--their needs and concerns--and group content. These sections
include group discussion topics, "ground rules," exercises, and ideas on
developing community support for single parents.

UNIVERSITY AFFILIATED FACILITY
University of Georgia
850 College Station Road
Athens, GA 30610-2399

The Parent-to-Parent Program Organizational Handbook, by Katherine
Reynolds and Victoria Shanahan, is a 94-page looseleaf notebook of
materials compiled by the Georgia Parent-to-Parent Program to help others
develop peer support programs for parents of handicapped children. The
handbook covers steps to take in initial organization, volunteer train-
ing, publicity, developing a referral system, compiling information on
local services, and developing a state-wide organization. It contains an
outline of the definitions, causes, characteristics, educational implica-
tions, and medications involved in major developmental disabilities. A
glossary of terms, lists of national advocacy organizations, and refer-
ences on peer support and developmental disabilities are included.

VARIETY PRESCHOOLER'S WORKSHOP
47 Humphrey Drive
Syosset, NY 11791

Empowering Parents of Disabled Children: A Family Exchange Center, a
28-page booklet by Judith Simon Block and Martin Seitz, describes a
nontraditional approach to helping families with developmentally disabled
children. The Family Exchange Center (FEC) is a community support
system, based on the assumption that parents are best able to identify
and articulate their own needs and should share responsibility with
professionals for developing and providing services to meet these needs.
The manual describes the FEC and a variety of activities for entire
families, parents, siblings, and children with developmental disabili-
ties. It is suitable for organizations interested in providing a
community support program for families of children with special needs.

PROGRAM CONTENT MATERIALS

ACTIVE PARENTING, INC.
4669 Roswell Road, NE
Atlanta, GA 30342

Active Parenting produces a video-based parent education program. The six-session course is based on the work of Rudolf Dreikurs, Alfred Adler, and others. It contains materials on problem-solving, discipline, and communication skills; ways to encourage independence, responsibility, and cooperation in children; and suggestions for conducting family meetings. The program package includes the video-tapes, a leader's guide to facilitating discussions, and handbooks with written materials and homework exercises for parents. Active Parenting also trains parent educators and others interested in using the video-based teaching method in parent groups.

AMERICAN GUIDANCE SERVICE
Publisher's Building
Circle Pines, MN 55014

AGS publishes materials for a variety of parent education and group discussion programs. These include:

PREP for Effective Family Living, a pre-parenting program for teens which emphasizes open communication and mutual respect in making decisions about marriage and family.

Systematic Training for Effective Parenting (STEP), for parents of pre-adolescent children (also available in Spanish).

STEP/Teen, for parents of junior high and high school youth.

Responsive Parenting, a group-support program for parents of children of all ages.

Strengthening Stepfamilies, designed to help stepparents overcome roadblocks to building a successful stepfamily life.

The materials for each program include a leader's guide, printed material and handouts for group participants, audio cassettes of dramatized parent-child situations, charts and posters. Also included are a variety of publicity aids that can be used to recruit participants.

BANISTER PRESS
PO Box 7326
Menlo Park, CA 94025

Parentmaking: A Practical Handbook for Teaching Parent Classes About Babies and Toddlers, by B. Annye Rothenberg, Sandra Hitchcock, Mary Lou Harrison, and Melinda Graham, provides practical parent-oriented information on child and family development, organized in an educational format. The 462-page handbook is designed to enable instructors to teach relevant classes, give specific help with child-rearing problems, and provide emotional support for parents. Topics that are often raised in early parenting groups--such as: crying and schedules, play and learning, limit-setting, feeding and nutrition, socialization among children, and adjusting to parenting--are presented in age-divided sections. Each section includes teaching goals, parents' most common questions, sample lectures, homework and handouts for parents, guidelines to help parents analyze and solve their child-rearing concerns, and suggested readings. For each age group, there is sufficient material to use as a basis for an eight to twelve-week class. The book also includes information on how to operate a parent education program, with chapters on administration, child care, teaching techniques, ongoing preparation, and evaluation.

CENTER FOR EARLY ADOLESCENCE
University of North Carolina-Chapel Hill
Suite 223 Carr Mill Mall
Carrboro, NC 27510

Living With 10- to 15-Year Olds: A Parent Education Curriculum, by Gayle Dorman, Dick Geldoff, and Bill Scarborough, is a comprehensive guide for a series of workshops for parents of young adolescents. The 274-page manual provides materials for workshop leaders and curricula for 20 hours of group discussion on topics including: family life with young adolescents, establishing rules and limits, talking about sex, and understanding risk-taking behavior. In addition, the Center on Early Adolescence offers training and technical assistance on workshop planning and use of their materials.

CENTER FOR THE IMPROVEMENT OF CHILD CARING (CICC)
11331 Ventura Blvd., Suite 103
Studio City, CA 91604

CICC is a private, non-profit research, training and community service organization. They offer a series of monographs, developed through a three-year research project, in which standard parent training programs were adapted to reflect the experiences and culture of black families in America. These papers examine three widely used parent training programs (PET, STEP, and Confident Parenting: Survival Skills Training Program), the cultural context of black parenting, specific modification of

standard programs, and new instructional materials for black parents.
CICC offers a manual on Training Parent Instructors which describes a
national training model for preparing public agency personnel to deliver
standrd parent training programs. A CICC monograph entitled Parenting
Programs for Black Parents reviews current work in this area. Soon to be
published is a fully scripted curriculum on effective black parenting.

CENTRAL-WESTERN NEW YORK FAMILY LIFE TRAINING AND RESOURCE CENTER
Onondaga-Madison BOCES
PO Box 4754
Syracuse, NY 13221

Immediate Skills for the Teen Parent, by Ann Iaia Payne, is a course
designed to meet some of the basic needs of the pregnant teenager; i.e.,
to enhance self-esteem, communication and decision-making skills, sources
of support, and knowledge about pregnancy and parenting. It is geared
for home study and can be adapted for students with a wide range of
reading levels. The 86-page curriculum covers human anatomy and repro-
duction, fetal and infant development, nutrition, labor and delivery,
infant care and health, the teen's alternatives and choices (re. preg-
nancy, abortion, adoption and parenting), educational and vocational
planning, verbal and written communication skills, budgeting and shop-
ping, and community resources. The 22-page Teacher's Guide outlines
course objectives and lists additional reference materials.

CORNELL UNIVERSITY
Department of Human Development and Family Studies
Ithaca, NY 14853

A Facilitator's Guide to Working with Single-Parent Families, developed
by Florence J. Cherry, consists of a two-part series of workshop sessions
aimed to help single parents recognize their strengths both as individu-
als and as family members. The materials in Part I are designed to
support single parents as they identify and come to grips with some of
the problems they and their children face. Part II focuses on the
problems and issues that single parents encounter when they decide to
work outside the home. Although the sessions are meant to be done in
sequence, almost all of them are able to stand on their own and can be
adapted to meet special needs of the group. The guide includes objec-
tives for each session, preparation instructions, agendas, exercises and
discussion questions. Appendices on group leadership skills and tech-
niques, on teenage and single parent families are also included.

CREATIVE LIVING ASSOCIATES
PO Box 5146
Greenville, SC 29606

A series of 13 pamphlets filled with learning experiences for the infant and parent is the basis of the Amanda the Panda Program. The pamphlets cover the first 12 months of infancy, plus a final issue on the one-year-old. Each issue gives a general description of the type of infant behavior to expect, and suggested activities and toys that best fit the infant's developmental levels and needs. The Amanda the Panda Program is used in a variety of ways by agencies and organizations such as hospitals, mental health associations, governmental departments, human services agencies, and military bases. The pamphlets are custom-printed to provide community recognition for local programs. They can be mailed to new parents (usually one issue per month), distributed as a complete set to new parents, and/or discussed in parent education and support groups.

DODD MEAD AND COMPANY
79 Madison Avenue
New York, NY 10016

The First Year of Life: A Curriculum for Parent Education and The Second Year of Life: A Curriculum for Parenting Education, by Nina R. Lief and Mary Ellen Fahs, were developed by the Early Childhood Education Center at New York Medical College. The program is designed for healthy parents and children (although it has also been used with drug-addicted mothers and their children). Weekly sessions provide parents with information on the stages of child development, what to expect at each stage, and how to enhance their children's development. The program uses Gessell testing, demonstration and explanation of developmental milestones, and an informal group discussion framework. The curricula follow a question-and-answer format, which provides group leaders with topics to present at each stage, questions parents often ask, and suggested responses. The First Year of Life (351 pages) includes material for 48 sessions, beginning when the babies are four weeks old through their first birthday. The Second Year of Life (311 pages) offers 66 discussion topics related to the child's development from one to two years of age.

FAMILY CLUSTERING, INC.
PO Box 18074
Rochester, NY 14618

Family Enrichment with Family Clusters, by Margaret M. Sawin, describes the Family Cluster Model of family education and family enrichment. A cluster, composed of four to five complete families that meet regularly over a period of time, provides mutual support and offers training in skills that facilitate family living. The model was designed for use in

church settings. Chapters in the 157-page book contain information on the development of the Family Cluster Model; how to foster Family Clusters within a congregation; the various models of family enrichment; curriculum and resources for family enrichment; leadership within family groups; and on the need for an emphasis of family ministries for churches. Family Clustering, Inc. produces a number of other publications on family enrichment, as well as a newsletter for Family Cluster leaders.

FAMILY DYNAMICS
67 Irving Place
New York, NY 10003

Family Dynamics' parent training and child abuse prevention curriculum was developed by James Satterwhite, Dorothy Amdurer, Sue Fallon, and Jeremiah Hare for "high risk," low-income families, and is available in both English and Spanish. The 11-page Goals and Guidelines for Group Leaders describes the course objectives, the target population, strategies for reaching out to "hard-to-reach" parents; and offers suggestions on group composition, atmosphere, structure and leadership. The 39-page Curriculum Outline covers ten two-hour course sessions. The course uses a lecture/discussion format, role play, and homework exercises to teach parents effective listening, positive reinforcement, problem-solving, discipline, and limit-setting techniques. It stresses the use of natural and logical consequences, "I-statements," and constructive ways of dealing with anger. The course also teaches parents to recognize stages of child development and set realistic expectations. Course handouts are available separately.

FAMILY MATTERS
Distribution Center
7 Resarch Park
Cornell University
Ithaca, NY 14850

The Family Matters Project at Cornell University has developed a series of research-based training materials for parents, educators, and helping professionals. These workshops promote family strengths through parental empowerment and cooperative approaches to advocacy. The facilitator's guides describe the structure and format of these workshops.

Cooperative Communication Between Home and School contains leader's guides for a six-session workshop series for parents, two in-service training workshops for elementary school teachers, and a monograph for school administrators. Based on the premise that children benefit when parents and teachers work together, understand each other's viewpoints, and share the educator's role, these materials are designed to develop empathy, problem-solving, and cooperative communication skills between parents and teachers.

Empowering Families: Home Visiting and Building Clusters is a facilitator's guide for in-service training workshops for home visitors, group leaders, and others who are helping families. It includes materials on starting parents networks and working with parents groups.

The Employed Parent is a guide for conducting workshops to help parents prepare for employment. It is designed for use in job-training programs, and with groups of displaced homemakers, teenage, and single parents.

Communication for Empowerment, a handbook for group facilitators, describes an empowerment-oriented approach and related techniques for leading workshops.

FAMILY SERVICE AMERICA
11700 West Lake Park Drive
Milwaukee, WI 53224

FSA publishes a series of manuals which serves as a basic framework for group leaders in family life education workshops. Entitled Workshop Models for Family Life Education, the series includes 14 manuals to be used as guidelines for conducting workshops and contains all the information necessary for both beginning and experienced group leaders. Each manual includes mini-lectures, role playing scripts, exercises and group discussion guidelines. Some of the titles included in this series are: Training Leaders for Family Life Education, Parent-Child Communication, Parenting Children of Divorce, The Single Parent Experience, Parents of Newborns, Stress Management, and Effective Stepparenting. Individual copies of the manuals are available.

FAMILY SUPPORT CENTER
2 Baily Road
Yeadon, PA 19050

The Parent Education Curriculum of Family School, by Joan San Reivich and Yvonne L. Fraley, was developed for parents of abused and "at risk" children. This 123-page manual is written for professionals working (in various settings) with groups of parents of preschool children. The curriculum covers 78 hours of integrated instruction, presentations, guided discussion, parent-child activities, and experimental exercises. The program is designed to help parents explore topics such as health, nutrition, safety, child development, children's feelings, discipline, trust, and communication.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)
1 North Old State Capitol Plaza
Springfield, IL 62706
Attn: Ingrid Hanson

Parent Training, by Edith Spees, John Poertner, Portia Kennel, and Fran
Middleton, was developed and field-tested by IL DCFS. This program
provides parenting skills training for parents "at risk" of child abuse
or neglect--to avoid removal of children from their homes or facilitate
the return of children who have been removed. The curriculum offers
information and skills-building exercises in important areas of parent-
ing, including: communications, self-esteem, managing stress and anger,
and behavior management. It provides opportunities for parents to
practice and apply the knowledge and skills they gain, through group
discussion, role-play, and homework exercises. The 133-page manual
includes instructions for trainers, teaching objectives, outlines, and
handout materials for the 8-session course.

NEGOTIATION INSTITUTE, INC.
230 Park Avenue
New York, NY 10169

The How to Talk So Kids Will Listen Group Workshop Kit is based on two
books--How to Talk So Kids Will Listen and Listen So Kids Will Talk and
Liberated Parents, Liberated Children, by Adele Faber and Elaine Mazlish.
The workshop kit contains these two books, a chairperson's guide includ-
ing six audio cassettes, and a participant's workbook. The curriculum is
divided into seven workshops which cover the topics of helping children
deal with their feelings, engaging children's cooperation, alternatives
to punishment, encouraging autonomy, use of praise, freeing children from
playing roles, and a final review of what parents have learned.

OUR CHILD PRESS
800 Maple Glen Lane
Wayne, PA 19087

Our Child: Preparation for Parenting in Adoption, by Carol A. Hallenbeck,
is designed to help group leaders prepare couples, waiting to adopt a
child, for parenthood. The curriculum, developed by Indiana RESOLVE,
provides these couples with an opportunity to share their concerns about
adoption and parenting; and find support and information about infant
care, growth and development, and parenting skills. In addition, the
classes help prospective parents deal with the emotional and psychologi-
cal aspects of preparing for and parenting an adoptive child. The
233-page manual is a guide for planning and conducting a four-session
workshop. It includes a course curriculum and lists useful resource
materials and organizations.

PARENT EDUCATION MINISTRY
Office of Christian and Family Development
Archdiocese of New York
203 Sand Lane
Staten Island, NY 10305

A series of group leaders' guides is part of this Catholic parish-based parent program, which aims to promote positive mental health, self-esteem, and family relationships. The manuals outline the format and content for each workshop.

Good Beginnings is a 26-page manual which outlines a 4-session discussion/support group for parents of children from 0 to 3 years of age. This group is designed to enhance parents' self-esteem, understanding children's developmental needs, and positive parenting skills and attitudes toward child-rearing. A special Good Beginnings program has been tailored to the needs of adopting couples.

Growing Up Together, a 31-page booklet, describes a 6-session program for parents of children aged 4 through adolescence. It offers guidelines for discussion and exercises on communication skills, discipline strategies, conflict resolution, sibling rivalry, developing self-esteem, and other everyday parenting issues.

Parents and Teens Together, a 19-page pamphlet, provides the structure and content for a 3-session workshop, designed to help parents and teens understand and respect each other's feelings and values; communicate effectively; and work together on conflict resolution, problem solving, and values clarification tasks.

PURDUE UNIVERSITY
Department of Child Development and Family Studies
West Lafayette, IN 47907
Attn: Judith A. Meyers-Walls, Extension Specialist

Family Enrichment for New Parents: Leaders' Guides and Parent Handouts, by Richard L. Sudsberry, Judith A. Meyers-Walls, and Raymond T. Coward, focuses on developing mutual support, self-confidence in parenting, effective communication, and understanding of infants' and parents' needs. Through guided discussion and exercises, the group of new parents explores the myths, expectations and realities of parenting; ways of managing increased time and energy demands; and their values and needs as adults, spouses and parents. The 62-page manual offers guidelines for group leaders on planning, facilitating and structuring these learning activities, along with session outlines and handouts. The notebook includes a discussion of methods and tools for evaluating the effectiveness of the series in meeting specific objectives, and eliciting feedback from participants.

RESEARCH PRESS
2612 North Mattis Avenue
Champaign, IL 61820

Teaching Involved Parenting: A Total Workshop, by Bill R. Wagonseller and Richard L. McDowell, is geared toward equipping parents to develop a positive parenting style. It focuses on parents' efforts to enable their children to develop a positive approach themselves and behavior patterns that will serve them well in whatever lifestyles they choose. The workshop materials are divided into two parts: the leader's guide provides outlines and notes for lectures, exercises and group discussions. Materials for parents include notes, planning sheets and behavior management recording forms. Workshops focus on parental roles and expectations, effective communication and behavior management principles.

STEPFAMILY ASSOCIATION OF AMERICA, INC.
28 Allegheny Avenue, Suite 1307
Baltimore, MD 21204

Complex challenges confront those involved in stepfamilies, particularly since there are currently few societal norms to guide stepfamily living. Prepared by Cecile Currier, Learning to Step Together: A Course for Stepfamily Adults is a 130-page manual designed to provide group leaders with a framework for helping stepfamilies clarify their expectations, understand the problems they may be experiencing, and learn new skills to enhance their family life. This workshop series is intended for couples with children who are contemplating remarriage or for those who are already remarried. It provides information and exercises to facilitate identification of alternative norms and roles to guide stepfamily living. The manual describes principles of adult learning. Course sessions cover stepfamily definitions, characteristics and myths; preparation for and early phases of remarriage; issues and concerns that parents and children may have; creative communication skills; and the couple relationship. Bibliographies and handouts are included.

SUPPORT GROUP TRAINING PROJECT, INC.
140 41st Street
Oakland, CA 94611

Self-Help for Single Mothers: A Model Peer-Support Program, by Deborah Lee, is a step-by-step guide to building support groups for new and expectant single mothers. Developed by the Early Single Parenting Project, the 34-page booklet describes a peer support program in which participants are encouraged to share the problems and joys of single parenthood, express their needs, and develop supportive networks within and outside the group. The manual describes the elements of successful groups (i.e., the number and type of participants and facilitators, meeting sites and times, transportation, and child care services). It

offers guidelines for group facilitators on intake procedure, start-up tasks, and group structure, processes and content. The book reviews common issues in single parenting, suggests ways to address these, and lists discussion topics and ground rules.

Support Groups for Teen Parents: The Early Single Parenting Project, by Deborah Lee and Evelyn Jackson, is a 21-page paper which describes ways to adapt the support group model for groups of teen parents, and the benefits of this approach for group facilitators and participants.

UNION OF PAN ASIAN COMMUNITIES
1031 25th Street
San Diego, CA 92102

Pan Asian Parent Education Models, by Song Ja Park, Kyung Sook Song, Pamela Montgomery, and Kate Bennett, contains culture-specific curricula for Filipino, Japanese, Samoan and Vietnamese parent education groups. This model was developed by the Union of Pan Asian Communities for Pan Asian parents considered "at risk" of child abuse or neglect and/or "hard to reach" by mainstream prevention programs. These parent groups focus on helping foreign-born parents adjust to raising children in a bicultural environment. Parents are taught to identify and compare child-rearing practices in their native country and in the U.S., understand children's developmental needs, and expand their repetoire of parenting and coping skills. This 88-page manual contains parent education curricula, complete with bilingual teaching aids and handouts for each cultural group. It also provides guidelines for training bilingual paraprofessional staff, outreach procedures, group selection, group evaluation, follow-up, and additional supportive services.

TECHNICAL ASSISTANCE

While many local family resource programs provide technical assistance to those planning to start similar programs, there are also national organizations that offer training and technical assistance on a particular program model. In some cases, the services are geared to agencies and organizations, rather than individuals and require a contractual arrangement.

FAMILY RESOURCE COALITION
230 N. Michigan Avenue, Suite 1625
Chicago, IL 60601

The Family Resource Coalition offers technical assistance on the program models described in this volume to those initiating new programs and those adding services to existing programs. FRC technical assistance

services are provided either directly through its staff, or by referring
those seeking assistance to appropriate existing programs. To facilitate
this process, the FRC maintains a clearinghouse on approximately 1,000
family resource programs from across the country. Specific technical
assistance services provided by Coalition staff include: program
development, program administration, staff training, and program
evaluation.

MELD   (formerly Minnesota Early Learning Design)
123 East Grant Street, Suite 612
Minneapolis, MN   55403

MELD programs provide information and support for new parents through
self-help groups led by trained parent volunteers. These parent groups
meet bi-monthly beginning when the parents are expecting their first
child until their children are two years old. The groups follow a
carefully designed curriculum--geared for the current ages of the par-
ticipants' children--which focuses on health, child development and
guidance, family management and parent development. MELD has developed
several variations of its original program. MELD's Young Moms (MYM) is
designed for pregnant and parenting adolescents. Familia MELD is a
bilingual/bicultural adaptation of the program and curricular materials
for Hispanic families. MELD is also working with the military, church
groups, community education programs and Minnesota clinics serving
hearing impaired parents. The newest program, MELD Special, serves
parents of children with disabilities or chronic illnesses. Replicated
in 84 locations in 18 states plus Canada, Australia and Germany, MELD
groups are co-sponsored by a local agency or organizations which provides
meeting space, staff support, publicity and other services. MELD
provides its affiliate programs with technical assistance, training,
ongoing support and replication materials that include: curriculum,
program, training, and evaluation manuals.

MOTHERS' CENTER DEVELOPMENT PROJECT
129 Jackson Street
Hempstead, NY   11550

Mothers' Centers are based on a combination of service, research, and
advocacy components. Through group work, the Centers establish a social,
psychological and health community for mothers. They emphasize the
contributions that mothers can make to the body of knowledge about
maternal experiences and to the wider community. The model is based on
questionnaire groups. Led by trained peer facilitators, group members
examine their maternal experiences, participate in research, and suggest
ways to improve community services. The 8 to 10 week groups cover a
variety of topics ranging from pregnancy and birth experiences to mother-
toddler interactions, sexual awareness, and single parenting. All of
their findings are recorded and shared with other groups and

organizations. In addition, members plan special workshops and community projects. The Development Project has provided technical assistance to help establish 31 Mothers' Centers around the country. They encourage centers to create programs which reflect the flavor and needs of their own community. Mothers' Centers are usually sponsored by a community-based agency or group, and require trainers, facilitators, and child care staff. The Development Project's materials include a 160-page manual, descriptions of Mothers' Center programs and philosophy, questionnaires, research findings in child development and maternal health, and a bibliography. Various training syllabi are available, including a 16-30 week model for group facilitators. The Development Project also publishes a newsletter, sponsors conferences, and provides informal consultation to its network members.

NEW ENGLAND REGIONAL PROGRAM CONSULTANTS
PO Box 724
Newport, VT 05855
Attn: Ann Dunn

The Parent-to-Parent Family Support Program is a complete training and service delivery model that can enable communities to develop a low-cost support program for parents. It is geared primarily to social service agencies and includes a comprehensive training and technical assistance component. Developed by the High/Scope Educational Research Foundation, this model prepares community volunteers to work with parents and children in a series of weekly home visits. During these visits, home visitors and parents work as partners, exchanging ideas and child development information, and finding ways to be responsive to the needs of the individual child. This model is adaptable to the needs of different communities and different populations, including adolescent parents, parents of at-risk or handicapped infants, and parents in isolated rural areas.
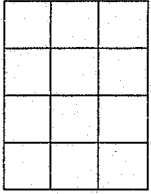
Research Findings: The Impact of Family Resource Programs

This review is intended to bring readers up to date on
current research in the field, and to serve as a springboard
for their further exploration of this literature. This
section provides an overview of research on the effects of a
very diverse set of family resource programs. We want to
encourage our readers to take a closer look at studies that
have been conducted in programs similar to their own.

Research findings are important. They gauge programs'
success in achieving desired objectives. Service providers
will find this information useful in a number of ways. Data
on the effectiveness of well-designed family resource
programs can provide a compelling rationale for the develop-
ment and funding of similar programs. This type of informa-
tion is often included in persuasive grant proposals. The
use of research to guide program innovations and improvements
is crucial for the continued growth of the family resource
movement. Although the evidence that certain program models
work better than others in different types of communities and
with specific target populations is scant, further research
of this type is likely to provide increasingly useful infor-
mation for program planners who are interested in finding the
most effective ways to serve families in their communities.

In many respects, family resource programs have evolved
faster than the ability to evaluate them. Most researchers
agree that it is too early to draw firm conclusions about the
effectiveness of family resource programs.[1] The evidence is
not all in, and the results of available studies must be
interpreted cautiously. While recent findings are encourag-
ing, they do not "prove" that family resource programs are
always effective. Toward the end of this section, we discuss
some reasons for the lack of better evidence in this field.

However tentative, available studies cover a wide range of program models and target populations and suggests several important trends. It appears that family resource programs can produce positive short-term gains for parents, and may have important long-term benefits for families as well. Although evaluators have yet to determine which aspects of these programs are critical for their success, which types of programs are most effective for certain target populations, and what the long-term effects will be; available studies offer some insight into the benefits of programs designed to strengthen families, and they address critical issues in the design and evaluation of these programs as well.

Our review includes over fifty studies that examined program effects on families, parents, or parent-child relationships. For the most part, we did not include studies that only look at program effects on children. All of the programs studied provided support and/or education for parents during pregnancy and/or in the early child-rearing years. These programs focused on building individual and family strengths; that is, they are prevention-oriented rather than treatment programs. (Other reviews of the literature on family support and education programs are also available. Among these, Weiss' 1984 review is the most recent and comprehensive.)[2]

We reviewed published reports, and those that were contributed to us by researchers and FRC member programs in response to numerous inquiries and requests for this type of information. In spite of a careful search for this literature, our review is by no means exhaustive. It is probably fair to assume that reports of positive program effects were more likely to be published or contributed to us than those that had negative or mixed results.

In addition, there may be important differences between programs that have been evaluated and those that have not. Since well-designed evaluations are costly, they tend to be conducted in programs that are better funded than most or in those that have academic affiliations. Even though they

share similar goals and methods, large demonstration projects are not representative of the vast majority of family resource programs, which are operated on smaller budgets and with volunteer support. Family resource programs are so diverse that they include programs designed to serve virtually every type of family and community. Yet many of the federally funded demonstration projects in this area were created in low-income communities--and programs for these families are probably over-represented in this review. While well-funded studies show what can come about as a result of carefully designed family support and education programs, additional research is needed to determine whether similar results are achieved in different types of grass roots programs.

Twenty-five evaluation research studies are summarized in a chart at the end. These represent the state of the art in evaluating family resource programs--all used repeated measures (pre- and post-tests), and all had some reasonable basis for comparison of program participants and non-participants (19 studies used random assignment to program or control groups, 6 used matched comparison groups).

For the purposes of discussion, we have organized evaluation findings into categories of program outcomes. This schema permits us to look at topics of interest to family resource programs, and areas in which there are sufficient data (from three or more studies). In the following sections, we summarize data on family resource programs' effects on:

* Families' socioeconomic status
* Parents' use of community resources
* Parents' social support networks
* Parents' knowledge, attitudes and skills
* Parent-child interactions
* The home environment
* The incidence of child abuse and neglect
* Maternal and child health
* Other program effects on children

In general, individual studies have examined program effects
in a few of these categories. We know of no single program
that has demonstrated effects in all areas. The specific
effects of different programs will vary, depending on their
design and the ways in which participants are involved. In
order to understand how and why programs produce certain
results, it is necessary to look carefully at the ways in
which they serve families. Readers interested in learning
more about programs that have effects in any given area
should refer to the original studies, which describe program
services, staff, and participants in much greater detail.

Families' Socioeconomic Status

Three well-designed studies suggest that family resource
programs can have important lasting impacts on parents'
functioning and family circumstances.

Travers et al. reported that five Child and Family Resource
Programs (CFRPs) "succeeded in moving parents into new jobs,
school or vocational training, and enhancing their prospects
for achieving economic self-sufficiency."[3] The three-year
study found an increase in the proportion of CFRP mothers who
were employed, in school, or in vocational training (although
mothers' reliance on friends, family, private sources of
support, themselves, or government agencies for material
support did not change).

Olds and his colleagues discovered that low-income mothers
who participated in a home-visiting program (the Prenatal/
Early Infancy Project) were more likely to have completed or
returned to school, and expressed greater concern about
finding employment than other (control group) mothers.
Unmarried teen mothers in this program were more likely to be
employed, and relied on public assistance half as long as
similar mothers.[4]

A longitudinal evaluation of the Yale Child Welfare Research Program found that this program's comprehensive medical and social support services had lasting effects on families' socioeconomic status. Seitz and her colleagues reported that all of the intervention families were self-supporting about ten years after their participation in the program, while only about half of the control families were economically self-sufficient at that time. While the number of control group families that were self-supporting did not change appreciably over ten years, program families showed a slow, steady rise in becoming financially self-sufficient.

> A central theme in all the findings of this study is the increased self-reliance of the project families. This is true in their employment, in their having become independent from their parents, in their active involvement in their children's schooling, and in their children's lessened need for special services.[5]

These researchers hypothesized that the program affected mothers' childbearing decisions early on, and that these decisions had important implications in other aspects of their lives. Having fewer children to care for and support and not having more than one preschooler at home may have made it easier for these women to further their education or seek employment.

> It may be that women with limited vision of what they could accomplish were helped to see their potential more fully as encompassing employment as well as motherhood.[6]

This is consistent with several other studies that suggest that comprehensive medical and social services, provided in a personalized and supportive way to low-income women, result

in reductions in family size and an increase in mothers'
return to school.[7]

In contrast, Seitz et al. found that similar families (their
control group) required additional social services and
welfare benefits over time. At the ten-year follow-up, the
researchers estimated that the average annual cost of social
welfare and school services for 15 control group families was
approximately $40,000 higher than the cost of services
required by the same number of program families.

Parents' Use of Community Resources

Family resource programs can help parents become more
knowledgeable about community social service agencies and use
these resources more extensively. For example, evaluators
have reported that program participants became more likely
than others to attend child-birth classes, use the WIC
program, call a warmline, join a parenting group, or utilize
health care services.[8] However, one research group found
that program families were no more likely than others to use
health care services.[9] Home Start participants became more
involved in community organizations (including the PTA,
religious organizations, and scouting groups) but did not
appear to use other social service organizations more than
mothers who were not in the program.[10]

Parents' Social Support Networks

Two studies suggested that program mothers were more willing
to utilize their social support system to discuss
child-rearing issues and personal problems.[11] Another
evaluation found that program mothers talked more to their
baby's father, to family members, friends, and service
providers about their pregnancy and personal problems.[12]

These findings seem important in light of mounting evidence
that social support is associated with general well-being,
adequate personal functioning under stressful circumstances,
and with responsive and affectionate parent-child interac-
tions.[13] But, parenting programs have not had measurable
effects on global measures of parents' overall health,
well-being, or level of stress,[14] even though these factors
have been related to adequate levels of informal social
support. It may be that the measures used in program evalua-
tion studies have been too general and/or that support
provided by these parenting programs differs from that
occurring in natural support networks.

Parents' Knowledge, Attitudes and Skills

Studies that have assessed more specific changes (e.g., in
parents' knowledge, attitudes and behaviors) have been able
to document positive short-term benefits for parents.

Parent education programs have been related to improvements
in parents' knowledge about: children's social, emotional and
cognitive needs; children's growth and development; and child
health care.[15] Program mothers have become more aware of the
importance of their role as an educator of their children,[16]
and of cultural differences in child-rearing practices.[17]

Attitudinal studies have noted program-related improvements
in mothers' feelings of self-esteem, satisfaction with
parenting, general life satisfaction, and hopefulness about
the future.[18] Program mothers have expressed greater
confidence in their ability to cope with and control life
situations, more responsive attitudes toward babies, more
realistic developmental expectations and positive attitudes
about child-rearing.[19] Program mothers viewed their infants
as more positive in temperament and less problematic.[20] They
expressed less frustration with "potentially irritating"
aspects of children's behavior and greater willingness to
give children freedom to make choices.[21] In one study,

program mothers expressed less severe conceptions of punish-
ment; in another, they were not as authoritarian in their
attitudes toward child-rearing as control group mothers.[22]

These attitudinal changes are consistent with the results of
"naturalistic" research on social support, in which mothers
with greater support demonstrated significantly more positive
parenting attitudes and behaviors, while mothers with greater
stress were less positive.[23]

Several studies have also suggested that family resource
programs had positive effects on mothers' child-rearing
skills. After two years in a Birmingham (AL) Parent Child
Development Center (PCDC), mothers were more likely to give
their children information and instructions, to ask them
questions, and praise children in a teaching situation; and
they participated in children's games more often. These
mothers also held their children more, used a "non-restric-
tive manner" when talking with children, and seemed to be
more sensitive to their child's need for comfort in a
stressful situation compared to control group mothers.[24]

It is generally assumed that children will ultimately benefit
from improvements in their parents' knowledge about child
development and child care, positive attitudes toward
children, and enhanced parenting skills.

Parent-Child Interactions

The importance of parental influences on child development is
often cited as a primary rationale for parent education and
support programs. Research has shown that parental behavior
that is stimulating, consistent, and responsive appears to
facilitate a number of child development outcomes. There is
a great deal of evidence that a strong parent-child bond is
beneficial in children's social, cognitive and linguistic
growth. And numerous studies have found associations between

parent-child interaction styles (particularly the verbal components) and child development outcomes.[25]

Since characteristics of early parent-child relationships seem to be related to infants' cognitive and linguistic development, program effects on parent-child interactions may have very important implications for children. And, in fact, a number of parenting programs have been successful in enhancing parent-child interactions.

Slaughter reported that mothers who had participated in discussion groups interacted more with their children and were more likely to expand on their children's play.[26] Parents who attended another parent education program anticipated infants' needs better, and responded more appropriately and frequently to their infants' cues.[27] After three years in a Houston (TX) Parent Child Development Center (PCDC), mothers appeared to be more affectionate and less critical of their children.[28] Parents in home-visiting programs have demonstrated fewer interaction or feeding problems; and more positive face-to-face interactions, facilitative language, greater warmth and reciprocity with their infants.[29] And, after a series of home visits, mothers in one program reported fewer instances of conflict with their infants, and restricted and punished them less fre- quently than control group mothers.[30]

Evaluators have also noted changes in interactions initiated by children in these programs. The Birmingham PCDC reported that program children attempted to make contact with their mothers more often in a stressful situation--and they touched, talked and played with their mothers more than control children.[31] Similarly, parents who participated in a parent education program had infants who were more responsive and predictable than controls.[32]

Mothers in the Yale Child Welfare Research Program reported that their children showed their affection and interest in pleasing their mothers in very satisfying ways. And these

parents expressed greater interest in their children's activities. Almost all of the program mothers initiated contact with teachers and solicited information to monitor the education of their children. Seitz et al. suggest that parents' active stance in dealing with schools is indicative of their confidence and competence in the parental role. These authors suggest that

> ...this style arose from their earlier
> interactions with the day care staff,
> interactions that developed an expecta-
> tion that there should be information
> exchange between parents and the institu-
> tions caring for their children.[33]

In contrast, few control group mothers reported pleasure in their relationships with their children, and control mothers appeared to be operating under the premise that "no news is good news", regarding their children's academic life.

The Home Environment

Several studies reported that, after participating in a family resource program, mothers provided their infants with more appropriate play materials, more opportunities for variety in their daily routine, and achieved higher scores on assessments of the quality of the home environment (measured by the Caldwell HOME instrument).[34]

The Incidence of Child Abuse and Neglect

Olds and his colleagues found that low-income mothers who were visited during the prenatal and/or postnatal period, were less likely to have punished, restricted, abused or neglected their children. This reduction in the incidence of child abuse/neglect was especially pronounced among mothers who had lower sense of control over their lives (i.e., the

lower a mother's sense of control, the more the program made a difference in whether or not she abused or neglected her child).[35]

While positive effects of the program were most pronounced among unmarried, low-income teenage mothers (those at greatest risk for caregiving difficulties), there was little evidence that the program was effective in reducing the incidence of child abuse and neglect for all mothers, irrespective of their age, marital status and income level. In addition, it appeared that child abuse and neglect rates increased with the number of risk factors (youth, poverty, single parenthood, low sense of control) except when home visits continued through two years postpartum; that is, the incidence of child abuse and neglect was lowest in families that received both prenatal and postpartum visits.[36]

Gray found that program mothers demonstrated reduced potential for abusive behavior. In another study, Rodriguez found that program mothers reported using lower levels of physical punishment with their children than controls. However, Seigel et al. found no discernible effects of a home-visiting program on maternal attachment or reports of child abuse and neglect.[37]

Maternal and Child Health

Some programs have had beneficial effects on maternal and child health. Home visits for adolescent mothers have been associated with reduced smoking and fewer low-birthweight babies.[38] For children, home-visiting programs have been associated with better diets and weight gain, and fewer accidents or ingestions.[39] Program children were less likely to be seen in emergency rooms during their first two years, but more likely to receive immunizations and to go to medical clinics when they were ill.[40] As Dawson suggests, much more work is needed to explore program effects on health and health care practices.[41]

Other Program Effects on Children

Although it is assumed that children will benefit indirectly
from support and education programs for parents, few studies
have actually tested this assumption. Most evaluations of
family resource programs have focused on immediate outcome
for parents or change in parents' perceptions of their
children.

Much of the research on early childhood education programs
has been concerned with program effects on children's
cognitive development. Studies have consistently shown that
these programs result in short-term gains in children's IQ/DQ
scores, which generally do not last beyond the second or
third grade.[42] Several authors suggested that program
structure, and the intensity and amount of contact with
children and families, were related to increased intellectual
benefits for children.[43] Others concluded that parent
involvement in compensatory education programs was associated
with positive gains for children on measures of cognitive
development.[44] Although White found very little research
evidence to support this last assumption, he concluded that
parent involvement may result in gains for children in areas
that simply have not been investigated.[45]

Early childhood education programs have been associated with
lasting gains in children's attitudes and performance in
school, and in other areas of their lives which are certainly
more important that IQ scores. In general, children who
participated in early education programs were less likely to
be assigned to special education classes or retained in grade
as they moved through the school system.[46] When compared to
individuals who had no preschool education, graduates of the
Perry Preschool Program were almost twice as likely to be
employed and receive college or vocational training by age
19. They expressed greater job satisfaction and were less
likely to become pregnant, receive welfare benefits, be
detained or arrested, or drop out of high school than their
teenage counterparts who had not attended preschool.[47]

Another follow-up study (of the Houston PCDC) reported that program boys were not as destructive, overactive, negative, attention-seeking, or emotionally sensitive as boys in the control group.[48] Similarly, Gutelius et al. reported that infants in home-visiting program exhibited fewer behavior problems and greater confidence in a testing situation.[49] Pless and Satterwhite found that chronically ill children demonstrated improvements in self-concept and reduced anxiety when home visits were provided for their families.[50]

EFFECTS OF SPECIFIC PROGRAM CHARACTERISTICS

It is not enough to know whether or not a program "worked." We need to know what works for whom, how, when and why. We need to identify the program components, characteristics, and processes that are responsible for changes observed in participating families, so that effective programs can be replicated. For example, although family resource programs appear to be effective in enhancing certain aspects of parent-infant interactions, it is not clear which program components might be responsible for these changes.

Evaluation of social intervention programs in general has been primarily concerned with program outcomes for partici-pating families. Although outcome issues are extremely important, research that is meant to be useful for program development and implementation will also examine specific program components and processes. A few evaluators in this field have begun to investigate program characteristics that may be related to outcomes, and their work is reviewed below.

Staff Training and Roles

Many programs for parents are staffed by indigenous community workers who provide peer support to parents. "Staff" and "participant" roles are often blurred as parents engage in mutual helping activities.

There has been little evidence to suggest that paraprofes-
sionals are any less effective than professional staff
persons in parent support and education programs.[51]
Wandersman suggests that staff members' personal characteris-
tics--such as warmth, flexibility, organization, commitment
and the ability to act as an appropriate model--may be more
important than their background or professional training.[52]

Epstein and Weikart's review examined the roles that staff
played in eight parenting programs for low-income families.
They compared programs in which staff and parents related to
each other as equals with programs in which staff were viewed
as "experts". Both models resulted in positive gains in
mother-child interactions and child outcomes. They found no
distinguishable differences in program effectiveness based on
staff roles.[53]

Timing and Duration of the Program

Olds et al., found that the timing and duration of a home-
based intervention had an important impact on the incidence
of child abuse and neglect. Abuse and neglect rates were
lowest in families that received visits in the prenatal
period through two years postpartum; rates for families who
received visits in the prenatal period only were in between
the rates for the non-visited groups (highest) and those
whose visits continued postpartum (lowest). Larson also
reported that home visits were effective in reducing accident
rates, increasing positive maternal behaviors and the quality
of the home environment, reducing mother-infant interaction
and feeding problems, but only when a prenatal visit was
included.[54]

Love and his colleagues found few differences between
families who participated in the Home Start program for one
versus two years, although frequency and duration of home
visits were associated with positive developmental outcomes
for program children.[55]

Curriculum Content

The effectiveness of parent education programs does not seem
to depend on specific curriculum content, although the
validity of the curriculum in the parents' eyes and the ways
in which the parents are involved in the program may be
important. Individualization of program content appears to
be a critical aspect of successful parent education programs.
That is, programs that are structured to help parents
integrate information into their everyday lives and apply the
general principles of child development in understanding
their own children, seem to be more effective than those that
rely heavily on didactic instruction.[56]

Based on their evaluation of the Ypsianti-Carnegie Infant
Education Project and review of seven other studies, Epstein
and Weikart conclude that:

> A parent education program can be
> effective if it focuses on the parent-
> child interaction process by supporting
> and building upon the parent's ability to
> observe the child's development and to
> interact with the child in ways which
> facilitate the achievement of the
> parent's own goals.[57]

Service Delivery Models

As noted earlier in this volume, some family resource program
models seem more appropriate than others for certain types of
communities. For instance, home-visiting and warmline
services are often more successful in rural areas than
center-based programs.

Also practice wisdom suggests that some programs work better
than others in certain situations, there has been little
research on the relative effectiveness of different service

delivery methods (e.g., home-based versus center-based
programs). Many family support programs offer a wide range
of services and activities, and it is difficult to untangle
and identify the effects of specific program components when
a multi-service program is studied as a whole. Family
support and education service are also defined and imple-
mented in different ways, so that these are not necessarily
equivalent across programs that are described in similar
ways. For example, parent support groups differ in the
amount of didactic instruction, modeling, structure, and
professional leadership that they provide.

Most studies of home-based, center-based and combined service
delivery models have reported immediate positive program
effects. Two investigators compared the effectiveness of
different service delivery models for specific populations.
Slaughter found that discussion groups were somewhat more
effective than home visits for low-income, inner-city black
mothers, although both types of intervention had positive
short-term effects on maternal attitudes to child-rearing.
Badger found that a group instructional approach was particu-
larly effective in helping younger mothers (under 17) "attach
to and respond appropriately to the developmental needs of
their infants." But the group and individual home-based
format seemed to be equally viable interventions with 18-19
year-old mothers.[58]

Florin and Dokecki hypothesized that, while the home visit
format may allow a greater degree of individualization of
program content and support the parent's role as the "primary
agent of intervention" with their children, it is possible
that participants in home visiting programs miss the benefits
of peer interaction and mutual support that occur in cen-
ter-based and group programs.[59]

Shonkoff noted that early intervention programs for families
with developmentally delayed children appear to be most
effective in enhancing children's cognitive development when
a mixture of home-based and center-based services is

provided.[60] Moran found that no one program model was clearly superior in all ways for these families, but service location did seem to make a difference. Mothers in home-based programs had more positive attitudes toward their special needs children, sought child care advice from a larger number of sources, were more likely to follow through on program suggestions, but they also may have developed more dependent relationships with service providers. Mothers in center-based programs developed larger social networks. Mothers used support groups as an opportunity to seek child care advice, but were not apt to seek contact with group members outside of these meetings.[61]

Moran hypothesized that the formal organization of groups designed to discuss parenting issues may have created some barriers to informal contact, while the chance meetings of parents in center-based programs may have encouraged them to seek contact with each other outside the program. She suggests that providing a context in which parents can interact informally may be more important than attempting to structure their interaction.

PROGRAM EFFECTS IN DIFFERENT POPULATIONS

There is little information on which families benefit most from various program models, which drop out, and which do well on their own. The need for information on differential effects of these programs for different populations has not been adequately addressed in most evaluation studies. Instead, evaluators have usually tried to identify program effects for all participating families. These global comparisons--of program participants versus a control or contrast group--may obscure the fact that family resource programs may be very effective for some participants. This type of research doesn't help us identify the types of families who are most and least likely to benefit from particular programs.[62]

A few researchers have investigated differential effective-
ness of family resource programs for various population
subgroups. Dawson and his colleagues found that teenage,
low-income, and Hispanic mothers were more apt to benefit
from a home-visiting program than older mothers and those
from higher income and occupational categories. The latter
groups showed few observable differences from no-treatment
controls in interactions with their infants, "perhaps because
their parenting skills were already good and not in need of
intervention or remediation." But the former (perhaps higher
risk) mothers made significant gains in warmth, reciprocity
and skill in interactions with their infants. Olds and his
colleagues reported similar findings. In their studies,
single, low-income teenage mothers seemed most likely to
benefit from home visits.[63]

Some studies suggest that certain personal characteristics and
skills may help parents benefit from family support programs.
For example, Travers et al. discovered that parents who
benefited most from CFRP programs had high feelings of
efficacy when they entered the program, or else developed
positive coping skills during their participation in the
program. For these parents, strong coping skills were
related to program gains in other areas. Similarly, Badger
found that a few mothers "had personal problems that were so
longstanding and of such magnitude, and whose resources were
so limited, that they were unable to benefit from a [parent
education] program."[64]

PARTICIPATION IN FAMILY RESOURCE PROGRAMS

Little systematic data have been reported on how family
support programs are actually implemented, what motivates
parents to participate, what goes on in the programs, and how
parents perceive the services and their own roles in them.[65]

Weiss' survey of participants in the Brookline Early Educa-
tion Program (BEEP) found that parents wanted information on

child development and support in their child-rearing roles, but were also wary of people who offered this type of aid. These parents sought and appreciated reciprocal and egalitarian relationships with those who could provide them with support and assistance, and established a "quid pro quo" relationship with the program. They valued recognition and reinforcement for the job they do as parents, and the fact that they could determine their own level of involvement in the program. The program did not displace parents' reliance on other sources of support and assistance. This study suggests that building in some form of exchange or reciprocity may be crucial in creating programs which will enhance parents' confidence and capabilities, and that the ways in which support and information are provided may be as important as the services themselves.[66]

The decision to participate in a family resource program and the type of involvement a parent chooses to have may be influenced by: the availability of and need for support; the specific concerns a parent has about their children; a spouse's approval or disapproval of program participation; perceived similarities and differences between oneself and other program participants, and a host of other factors.[67] For example, participants in one support and education group were younger and less knowledgeable about babies, but had more support from their families than those that dropped out of the group.[68] In general, differences between program participants and non-participants--and motivations for attending parenting programs--are not very well documented or understood.

In an exploratory study, Powell found that patterns of program participation were related to parents' everyday stress, economic hardship, contacts with friends and family, and use of other sources of support in coping with everyday problems. Parents who frequently attended a family support program were more apt to be involved in reciprocal relationships with friends and relatives outside of the program, in comparison with those who attended more sporadically.

Parents who used staff services most often were those who
experienced more basic hardship and everyday stress, had
fewer contacts with friends and relatives, and less social
network support.[69]

Powell identified two distinct patterns of program participa-
tion and related life conditions. He describes the first
pattern as a "staff orientation", characterized by frequent use
of staff services, little interpersonal involvement with
program participants (little self-disclosure and few or no
friendships among program peers). This orientation was
associated with high levels of stress and economic hardship,
low social network support, and less involvement in recipro-
cal and helping relationships with friends and relatives
outside the program. The second pattern of participation is
described as a "peer orientation", characterized by high
interpersonal involvement (number of friendships and
self-disclosure) with program participants and minimal or no
use of staff or medical or social services. This pattern was
related to high levels of social network support for the
parent's participation in the program, and involvement in
reciprocal and helping relationships outside the program.

Powell also suggests that parents have different perceptions
of family resource programs. Those that tend to use staff
services more may see the program as a social service organi-
zation, and use it as a substitute for existing supportive
resources. Parents whose participation is "peer oriented"
may see the program as a voluntary organization and use it to
supplement their existing social network support. Powell
notes that parents "respond in different ways to the same
program setting; they seem to assimilate selectively from a
program environment what is needed and meaningful for
them."[70]

PROBLEMS IN FAMILY RESOURCE PROGRAM EVALUATION

Many aspects of family resource programs (and other social settings) cannot be controlled experimentally. Powell and others have argued that scientifically acceptable methods for discerning the impact of intervention efforts are often inappropriate in the "fluid world" of family resource programs. Elegant research designs are often compromised in pursuit of relevant and practical methods, and many studies fall short of scientific standards.[71]

Although many of the studies we reviewed assigned participants to program or control groups at random, anecdotal reports suggest that full random assignment was not always achieved. In any case, randomization may not ensure initial equality between the groups. Some control families receive services elsewhere or exhibit initial differences from program families. Differential attrition rates, noted in several studies, further change the composition of the groups.[72] Studies that use comparison ("non-equivalent control") groups often cannot rule out other factors that may account for differences between program participants and non-participants (including motivational differences). In addition, many program studies do not provide adequate information about participants' characteristics or the reliability and validity of measures used to assess program outcomes.

Evaluation of family support programs has been limited in quality and quantity for a number of reasons. First, there has been little investment in evaluation of social programs in general. As Mullen has said,

> This dearth is reflected in the low level
> of funding for evaluation activities
> focused on practice, the failure to
> prepare investigators to conduct evalua-
> tion studies, and the incidental atten-
> tion given to the development of
> evaluation methods and techniques.[73]

Second, it is often difficult to define and measure the
effects of social intervention programs in behavioral or
"operational" terms. Since human behavior and relationships
are influenced by many complex factors, it is hard to
establish a clear cause-and-effect link between program
services and their impact on individuals and families. Even
when it can be shown that families have changed over the
course of their participation in a family resource program,
it may be difficult to identify exactly what was responsible
for these changes (e.g., was it some characteristic of the
program, other events in the life of a family, normal growth
and development, or some combination of these that "caused"
change?). Program and family characteristics probably
interact with a host of environmental and other factors, so
that a linear model of causation (often used in evaluation
studies) may simply be inadequate to describe the ways in
which these programs work and their real effects.

Third, many of the basic assumptions and characteristics of
family resource programs make them difficult to evaluate.
Most of these programs are designed to prevent certain unde-
sirable conditions (such as: maternal depression and isola-
tion, child abuse and neglect, and interpersonal and
emotional problems). In order to evaluate the effectiveness
of these prevention-oriented programs, evaluators may need to
determine whether or not certain events would normally have
occurred in the absence of an intervention. Since our
understanding of human behavior and ability to predict events
(such as child abuse) are not well developed, and because
practitioners are often reluctant to withhold services to
at-risk families for experimental purposes, prevention
 programs have been difficult to evaluate.

In an attempt to be more responsive to individuals and
families, many family resource programs offer a combination
(or "smorgasboard") of services. Most are committed to
volunteer participation and flexible, individualized serv-
ices. This means that parents can choose the type of service
they receive and the frequency with which they participate in

a program. Parents report that they appreciate this flexi-
bility, and value their right to determine their own levels
of participation.[74] This approach may serve families better,
but different families probably derive different benefits
from these programs. Without careful monitoring, this
within-program variability makes it difficult to determine
which aspects of the program are critical for its success.
Most evaluation studies have adopted the assumption that the
"treatment" is the same for everyone in the program, although
this is clearly not justified in family resource programs, in
which services are modified to fit the needs of the family.[75]

Family support "interventions" are multi-faceted, involving
complex patterns of participation and reciprocal interaction
between parents and staff. Parents are both the agents and
recipients of support services in peer-support groups and
parent-run programs. Staff and participant roles may be
blurred as parents provide each other with mutual support.
While this is an important characteristic of family resource
program, few studies have closely examined the nature of the
interactions between program participants and staff.[76]

Evaluation studies often focus on whether or not a program
was effective in producing desired outcomes, and tell us
little about why the program was or was not effective (e.g.,
which component(s) of the program are related to specific
outcomes; how individual and family characteristics, program
factors and environmental factors interact in relation to
various outcome measures). More useful (multivariate)
approaches to evaluation will examine relationships between
participants' characteristics, patterns of program participa-
tion, and outcomes.[77]

The ecological perspective suggest that changes in one
"system" (i.e., in parents, children, families, social
networks, or communities) will effect other ecosystem levels.
This recognition of the inter-connectedness of individuals,
families, and social systems is reflected in the very design
of these parenting programs, which attempt to produce changes

in several system levels. For example, it is assumed that children will benefit indirectly from efforts to support their parents, and that attempts to augment social support networks will influence family functioning. This adds a great deal of conceptual complexity to program planning, goal specification and evaluation design. Evaluators find that family support programs' goals, objectives, target populations, theoretical assumptions, and method are often not defined in measurable terms--a prerequisite for responsive and responsible evaluation.

Program personnel note that evaluators often don't assess what these programs really do; that they reduce the richness and complexity of family resource programs to simple "if-then" (or cause-and-effect) statements, and limit their assessments to areas that existing measurement tools can handle (e.g., children's IQ scores are often used to assess program effects on child development, although these programs usually intend to impact children's social and emotional development as well, and the IQ tests themselves have limited applicability). In order to capture what these ecologically-oriented family programs are trying to achieve, evaluators need to examine the processes of family support and measure changes in: parent-child interactions, parents' attitudes and behaviors, personal coping and problem-solving skills, family functioning, social support, effective use of community resources, and so forth. Yet there are few agreed-upon definitions of "optimal" family functioning or parenting behavior, and few valid and reliable measures of the outcomes of interest to family support programs.

The voluntary nature of these programs makes it difficult to track program participants over time. Parenting programs generally don't keep detailed records on program partici-pants, which makes it difficult to obtain longitudinal data. The few well-designed longitudinal studies available were conducted in large, federally-funded demonstration projects or university-affiliated programs. While these "flagship" studies offer important information on the efficacy of these

programs (i.e., their effectiveness under almost ideal circumstances), they are not representative of the majority of family resource programs, which are typically small, community-based organizations, operated at low costs with the assistance of volunteers.

Many of these programs are created by and for parents. Groups that emphasize self-help and peer support (parent networks, for example) seldom need to justify their existence to outside funders, and most have not felt the need to collect and analyze data for internal purposes. Not surprisingly, research on parent-run programs is almost non-existent. Yet this research could be quite valuable to those interested in developing similar programs.

Lack of preparation and limited funding for research and evaluation creates a number of problems for programs. Some have run into difficulty when they are not able to produce the type of data that funders request. The lack of better research knowledge in this area makes it difficult for program developers and funders to determine what types of programs are most likely to succeed. Systematic monitoring of program efforts, processes, and outcomes is crucial for further development of sound programs and general knowledge about effective intervention strategies in the field.

As Weiss has suggested, program developers and evaluators need to work together to resolve practical and ethical issues in evaluation and develop sensitive, comprehensive methods to measure what programs are doing. Powell notes that traditional tensions between research and practice are undergoing some modification as practitioners realize that research is needed to justify program operations and to guide improvement of services.[78]

A number of programs and evaluators have been grappling with the issues involved in evaluating family resource programs, and, as a result, some promising new approaches are emerging. For example: Powell is studying the processes of parent

participation in family support programs.[79] Researchers on the National Center for Clinical Infant Programs' Evaluation Task Force are emphasizing the importance of process evaluation and other practical evaluation strategies that service providers can use.[80] The Harvard Family Research Project is studying family resource programs' experiences and problems with evaluation, and Jacobs has developed a graduated (or "tiered") approach which encourages all family resource programs to engage in some type of evaluation.[81] Several program evaluation teams are using interesting multivariate research designs to compare the effects of different types and levels of treatments in different populations.[82] Other groups are pairing programs with local evaluators and joining forces to conduct cross-program studies.[83]

CONCLUSIONS

Most evaluations of family resource programs (that we have reviewed) have reported short-term gains for parents, and a few have documented profound long-term benefits for participating families. Despite the fact that few studies have been able to demonstrate that these programs have made a profound, long-term difference in families' lives, the fairly consistent pattern of positive results across studies of diverse program models and on a wide range of outcome measures is encouraging. Wandersman states that:

> The finding that very different programs
> can positively affect parent-child
> interaction...suggests that the key to
> success lies less in specific curricula
> or structure and more in the tenor of the
> programs and the relationships they
> foster.[84]

Recent research suggests that family resource programs <u>can</u> support and strengthen individual and family functioning.

More specifically, the studies we reviewed suggest that:

* Parenting skills and parent-child interactions can be
  enhanced by programs that provide support and education to
  parents in the early child-rearing years.

* Parent support and education programs can also have a
  range of positive effects on parents' knowledge, atti-
  tudes, and behaviors; on their use of social network
  support and community resources.

* There is some evidence to suggest that family resource
  programs can produce lasting changes in family functioning
  and economic circumstances.

At this juncture, program development and research in the
areas of child development and social support have far
surpassed program evaluation. To date, evaluation research
has not provided strong quantitative evidence that family
resource programs are always beneficial for parents and
children, nor is there a clear pattern of effects of differ-
ent programs for various populations.[85]

There is still a great deal to be learned about the processes
and results of family resource programs. We don't know
whether some program models or service delivery methods are
more effective or systematically produce different outcomes
than other models. While we suspect that parenting programs
have different effects on different types of families and
target populations, the research evidence on this is scant.
It is not clear (from the research literature at least) how
family resource programs produce the effects that have been
documented. And we know little about the long-term benefits
of these programs.

Possible explanations for the lack of strong quantitative
evidence in support of these programs range from limitations
in research design, measurement and sampling; to inadequate
assumptions about the cause-and-effect relationships between

program services and expected outcomes; to "the possibility
that programs in this area are inherently not effective for
some populations."[86] The lack of better evidence of program
effectiveness may reflect the difficulty of sorting out how
these programs interact with a relatively large number of
complex individual, family and environmental characteristics.
It may be that factors such as parenting skills and par-
ent-child interactions, that would seem to be alterable by
intervention programs, are themselves strongly influenced by
forces that are much more difficult to change (including
economic insecurity, limited access to services, and marital
tension).

As Halpern has said,

> It can be argued that, for practical and
> human reasons, we cannot wait until our
> knowledge of program effects is scientif-
> ically adequate before we attempt to
> provide support to young children and
> families experiencing chronic poverty or
> psychosocial stress. But anecdotal
> evidence...does not by itself provide
> adequate grounds for public support of
> intervention in this area. Nor does it
> provide the information needed to improve
> what may be a promising intervention
> technology.[87]

Weiss and Jacobs conclude that, although there are many
unanswered questions about the effectiveness of these
programs, current knowledge and research evidence about the
impact of social support are sufficient "to warrant contin-
ued, carefully directed efforts to develop and evaluate
family support programs."[88] And Seitz and her colleagues
concur. They suggest that:

> What remains to be accomplished in future
> research is the clarification of many

issues of program design, targeting, and
timing. But what seems no longer in
doubt is that interventions can be
implemented that can greatly enhance
parent and child development in families
at risk and that the cost of failing to
do so is high in both financial and human
terms.[89]

Additional research will enhance knowledge about the effects
and effectiveness of these programs, and guide further
development of sound programs. Program developers and
funders must recognize the importance of research and
evaluation as a program component. Family resource programs
will need to develop better internal evaluation capabilities
and systematic mechanisms for gathering feedback about how
well these programs are working.[90]   And evaluation research-
ers and program personnel must continue to work together to
develop sensitive and responsible methods of assessing the
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families.

NOTES TO RESEARCH FINDINGS

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SUMMARY OF SELECTED REPORTS ON EFFECTS OF FAMILY RESOURCE PROGRAMS

REPORT	POPULATION	PROGRAM	DESIGN
Affholter et al. (1983)	Low-income, black families with children 0-8 years old	6 comprehensive programs (CFRPs) included: parent education, home visits, information & referral, children's activities, individual family plans	Comparison groups

RESULTS: After 18 mos., interaction between program parents and children had increased, parents and children engaged in more teaching interactions, and children's solitary activity decreased.

Andrews et al. (1982)	Low-income mothers with children under 1 year old at the beginning of the program	3 comprehensive center-based programs (PCDCs); 1 program included home visits; intervention lasted 2 to 3 years	Random assignment, control groups

RESULTS: After 2 years, program mothers improved on measures of positive maternal behavior, program children scored higher on IQ tests. Gains were maintained by graduates of 2 programs at 1-year follow-up.

Badger (1981)	Low-income, teen mothers	Parent education groups or home visits	Random assignment, control group

RESULTS: High participating group mothers had fewer subsequent pregnancies, lower welfare use, higher employment rates (vs. low participating mothers). Groups more effective for mothers under 17, no differences for 18-19 year old mothers.

REPORT	POPULATION	PROGRAM	DESIGN
Dawson et al. (1982)	Low-income families	Home visits weekly from last trimester of pregnancy through 1 year postpartum	Random assignment, control group

RESULTS: Program mothers showed greater warmth and reciprocity in interactions with their infants at 4 mos. postpartum. At the end of the program, mothers held less authoritarian attitudes to child-rearing and used more community services including clinic visits for sick children.

Dickie & Gerber (1980)	Middle-income white couples with infants 4-12 mos. old	8-week parent training class	Random assignment, control group

RESULTS: Program parents increased competence in reading infant cues, and appropriate and contingent responses. Program infants increased in responsiveness and predictability. Increase in fathers' and decrease in mothers' interactions with infant.

Epstein & Weikart (1979)	Low-SES mothers with infants 3, 7, or 11 mos. at the beginning of the program	Home visits weekly for 16 mos. by teachers trained in Piaget-oriented curricula or community paraprofessionals	Random assignment, control group

RESULTS: At the end of the program, mothers visited by professional teachers engaged in more positive and facilitative language interactions with infants, children performed better on language and IQ tests than those in other 2 groups. No differences between groups at 5-year follow-up.

REPORT	POPULATION	PROGRAM	DESIGN
Field et al. (1980)	Low-SES, black, teen, unmarried mothers	Home visits by interventionist and peer during 1st year postpartum	Random assignment, control & comparison groups

RESULTS: Program mothers expressed more realistic developmental expectations and child-rearing attitudes, and demonstrated more optimal face-to-face interactions with infants at 4 mos. postpartum. No differences in feeding interactions. At 8 mos., program mothers were more emotionally and verbally responsive, more involved with their infants; infants were more adaptable and persistent.

Gray & Ruttle (1980)	Low-income mothers with toddlers and at least 1 other child under 5	9 mos. of weekly home visits	Random assignment, control group

RESULTS: Program children scored higher on receptive language and IQ tests. Program mothers were superior in teaching style and scored higher on assessments of the home environment.

Gray et al. (1983)	Low-income, urban or military couples; 1st-time parents	Weekly home visits by paraprofessionals from 3rd trimester to 9 mos. postpartum; peer support groups	Random assignment, control group

RESULTS: No post-test differences in mothers' perceptions of infant or potential for abusive behavior.

Gutelius et al. (1977)	Unmarried, black first-time mothers, aged 15-18	57 clinic and home visits during babies' 1st 3 years. Advice on infant care and stimulation, personal advice and emotional support	Random assignment, control group

RESULTS: For infants of visited mothers: better diets, fewer behavior problems, and greater confidence during testing. More mothers in school.

REPORT	POPULATION	PROGRAM	DESIGN
Larson (1980)	Working-class, urban mothers and their infants	pre- and postnatal home visits or visits beginning at 6 weeks postpartum	Random assignment, control group
RESULTS:	**Families visited prenatally had reduced accident rates, higher scores on assessment of quality of the home environment, fewer mother-infant interaction or feeding problems, fewer non-participating fathers.**		
Levant & Doyle (1983)	White, middle-class, married fathers of 6-12 year-old chldren	8 3-hour parent education classes led by psychologists	Comparison group
RESULTS:	**Program fathers' communication skills and sensitivity to children improved. No differences in acceptance of or desirable attitudes toward children. Children's perceptions of relationship with program fathers improved.**		
Love et al. (1976)	Low-income families with children 3-5 years old	Bimonthly home visits for 1 or 2 years; monthly parent-child activities; information & referral	Random assignment, control & comparison groups
RESULTS:	**After 7 mos., program mothers reported teaching children more, provided more books and toys, were more likely to ask child thought-provoking questions, had higher rate of verbal interactions with child, and reported more involvement in community organizations. No differences in use of social services. Children scored higher on measure of school readiness. Few differences between families that participated for 1 vs. 2 years. Frequency of home visits associated with positive child development outcomes.**		
McAnarney et al. (1978)	Unmarried, teenage, 1st-time parents	Prenatal classes; postnatal home visits by nurses and social workers	Comparison group
RESULTS:	**Program mothers had fewer repeated pregnancies, were more likely to use contraception. No differences on obstetric or neonatal outcomes.**		

REPORT	POPULATION	PROGRAM	DESIGN
McGuire & Gottlieb (1979)	Middle-income couples with 1 child 1-24 mos. old	6-7 session support groups led by doctors	Random assignment, control group

RESULTS: No differences between program participants and controls on level of stress, problem-solving knowledge, overall health status, or well-being. Five weeks after the last session, more program parents reported discussing child-rearing issues with a member of their social network.

Olds et al. (1983)	Teenage, unmarried or low-income mothers; all 1st-time parents	Nurse home visits during prenatal period only or beginning prenatally and continuing through 2 years postpartum	Random assignment, control group

RESULTS: Low-income visited mothers were more likely to complete or return to school, express concern about employment, view their infants as having positive temperaments, report fewer conflicts with and scolding of their infants, provide more appropriate play materials, punish and restrict children less frequently; they were less likely to have abused or neglected their children. Unmarried program mothers were more likely to be employed, receive child care assistance from family and friends, report better relationships with boyfriends; they were less likely to rely on public aid.

Olds et al. (1986) (a)	Teen, unmarried, or low-SES mothers; 1st-time parents	Nurse home visits during pregnancy only or beginning prenatally and continuing for 2 years postpartum	Random assignment, control group

RESULTS: Nurse visited mothers became more aware of community services, reported improved social support and health habits.

REPORT	POPULATION	PROGRAM	DESIGN
Olds et al. (1986) (b)	Teen, unmarried, or low-SES mothers; 1st-time parents	Nurse home visits during pregnancy only <u>or</u> during pregnancy through 2 years postpartum	Random assignment, control group

RESULTS: **Nurse visited families had fewer verified cases of child abuse or neglect, and their children had fewer accidents, ingestions, or ER visits during the 1st 2 years postpartum. Program mothers punished and restricted children less, and provided more appropriate play materials.**

Rodriguez (1983)	Low-income Mexican-American families with 1 or more children under 3 years old	10-month parent education program	Comparison group

RESULTS: **Program participants demonstrated gains in parenting knowledge and skills, more positive attitudes toward parenting, and greater ability to negotiate social support during stress or crisis.**

Seigel et al. (1980)	Low-income mothers	1 hospital visit & 9 home visits by paraprofession-als during the 1st 3 mos. postpartum	Random assignment, control & comparison groups

RESULTS: **No differences between visited and control groups on maternal attachment, reports of child abuse and neglect, or health care utilization.**

Seitz et al. (1985)	Low-income, urban, 1st-time mothers	Average of 28 home visits from prenatal period thru 30 mos. postpartum; medical exams; day care; other social services	Comparison group

RESULTS: **At 10-year follow-up, program mothers were more likely to be self-supporting, attained higher education levels, and had smaller families. Program children's school attendance was better, and boys were less likely to need special services. No long-term effects on children's IQ scores.**

REPORT	POPULATION	PROGRAM	DESIGN
Slaughter (1983)	Low-income, urban, black mothers	2 years of home visits using Levenstein's toy demonstration model or discussion and support groups	Random assignment by site to program or control groups
RESULTS:	Discussion group mothers scored higher on measures of ego development and maternal teaching style, and interacted more with their children. Home-visited and discussion group mothers were superior to no-treatment group in openness and flexibility in child-rearing attitudes at end of the 1st (but not 2nd) program year.		
Travers et al. (1982)	Low-income, black families with children 0-8 years old	5 comprehensive programs (CFRPs) included: parent education, home visits, information & referral, children's activities, individual family plans	Random assignment, control groups
RESULTS:	After 3 years, program mothers improved in: feelings of personal efficacy, awareness of their role as an educator, and tolerance and flexibility in handling children. No effects on children's growth and development.		
Unger & Wandersman (1985)	Low-income, rural teenage mothers; most were black, unmarried	Monthly home visits by paraprofessionals during pregnancy and 1st year postpartum	Random assignment to program groups
RESULTS:	At 8 mos. postpartum, program mothers showed increased knowledge about babies, satisfaction with mothering, and responsiveness to babies. Program mothers were more likely to seek medical care and had fewer low-birthweight babies.		
Wandersman et al. (1980)	White, middle-class parents	10 support group sessions; total of 20 hours over 6 mos.	Comparison group
RESULTS:	No differences in adjustment, general well-being, quality of marital interaction, or parental sense of competence. Parents reported satisfaction with groups.		

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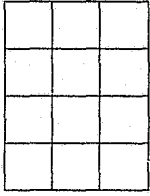
The Family Resource Coalition

Raising children is a tough job, and all families can use a helping hand sometime during the process. Parents seeking to ensure the healthy growth and development of their children are turning to family resource programs to help fill their needs. Embodying a new and unique approach to meeting parents' concerns and their need for validation and acknowledgement, these programs build on family strengths and empower families to help themselves.

The Family Resource Coalition is a national organization whose immediate goals are to continually improve the content and expand the number of family resource programs available to parents. Our message is straightforward: assist families before their needs become acute and costly-- prevention is the key.

People who work with families, like the families themselves, cannot afford to go it alone. The need to compare ideas, learn from one another, and share effective strategies is critical in the developing field of prevention services.

The Family Resource Coalition introduces professionals to each other, providing an interdisciplinary linkage that invites cooperative networking in all 50 states and Canada. Social workers, clergy, health professionals, academicians, early childhood educators, family therapists, funders, and many others use the Family Resource Coalition as their national switchboard.

The Family Resource Coalition offers invaluable assistance to those initiating parent support programs or adding services to existing programs by locating effective models and arranging contacts for needed information.

Researchers, government officials, and writers who need background material, data of all kinds, or specialists with particular expertise, find the Family Resource Coalition is a repository of people and facts helping to shape social policy and publications.

Just as parents join their voices to be heard in the local community, those working on behalf of families join forces through the Family Resource Coalition, amplifying their voices to reach national audiences. There is dynamism in diversity and strength in numbers.

The Family Resource Coalition is the national organization for those interested in prevention program models, strategies, and research. Our body of Family Resource Coalition literature, national clearinghouse, technical assistance services, conferences, special information packets, and parent referral service can make the difference in your work with families.
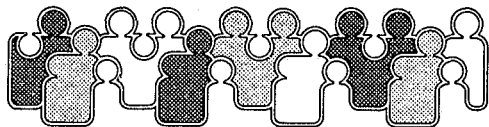
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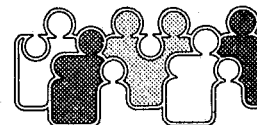
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