

Mount Saint Vincent University

Department of Family Studies and Gerontology

**The Translation of Principles into Practice in Family Resource Centres**

by

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## **Abstract**

### **The Translation of Principles into Practice in Family Resource Centres**

Family resource centres contribute to a strong social infrastructure by recognizing the possible long-term negative impact of familial stress on the family unit, particularly those which involve young children, and attempting to reduce these stresses through the provision of familial support. Family support centres view parenting as a developmental process in which parents' skills, knowledge and insights develop in concert with their children's development. Family resource centres are guided by a number of principles that reflect the philosophy, goals, objectives, and desired outcomes of family support practice.

Despite the anecdotal evidence supporting the effectiveness of family resource programs, there is very little known about how or why they can be effective. Without an investigation of how programs function, we are significantly limited in our understanding of how to improve them. Using Malcolmson's (2002) conceptual framework for family support practice and Bronfenbrenner's Ecological theory, this research addresses this issue through an exploration of how the principles of family resource centres are translated into practice, how these translations vary across centres, and how this variance impacts on participant outcomes.

Principles were utilized differently at various stages of program development and program design. Although all principles were deemed equally valuable to practice, three themes reflect the most frequently cited principles: *community-centered approach*, *participants' voices*, and *partnerships*. Factors most likely to affect outcomes are quality of staff, the atmosphere of a centre,

and trust between participants and practitioners, while ideological barriers remain a constant barrier to positive participant outcomes. Family resource centres would benefit from a public relations strategy that would educate and inform the public of the work that takes place within the centres. Family resource centres are not solely open to low-income, single parent families; parental education would be beneficial to families from a broad range of backgrounds.

A Provincial family resource association may be able to take on this PR task and raise the visibility of FRCs, as well implant standards as act as an information centre. The role of such an association may be especially useful in ensuring that FRCs have a voice and advocate their perspective instrumental role in initiatives such as the new NS Department of Community Services Family and Youth Services Division, whose development stemmed from a recommendation of the recently released Nunn Inquiry. The Inquiry, much like family resource centres, advocates for focus on two key areas: early intervention and prevention. A collaborative effort between family resource centres and the DCS could be key to ensuring that more families are able to take advantage of programming that focuses on early intervention and prevention.



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## CHAPTER ONE

### Introduction

Many current social problems appear to result from a break-down in parenting and family functioning and a weak social infrastructure of community support for young families (Weiss & Jacobs, 1988, p. xix). Social infrastructure encompasses the inter-dependent mix of places and spaces, programs and services, and networks at all levels of community (National Children's Alliance, 2004). A strong social infrastructure is essential for the effective functioning of families and communities. Family resource centres contribute to this social infrastructure by recognizing the possible long-term negative impact of familial stress on the family unit, particularly those which involve young children, and attempting to reduce these stresses through the provision of familial support. Familial stress can be a result of a number of factors, including childrearing and/or financial issues, lack of support, and lack of knowledge of child development and effective parenting. These stresses can have a negative impact on individuals, which in turn negatively impact on family functioning.

The increasing number of single-parent families, families with two working parents, and the frequency with which families move are all trends which have resulted in an increasing number of families who are without the "intricate neighborhood and community connections that were once the mainstay of mutual support" (Weissbourd, 1987, p. 46). These trends of social change, combined with a strong desire for the continuity of family life, have led to the emergence of family support programs.

The Canadian Association of Family Resource Programs (2001) describes family support centres as not-for-profit organizations which are "firmly rooted in their communities...that provide a

spectrum of early support and prevention services for families with children” (p. 2).

### *What are Family Support Centres?*

Family support centres are present in virtually every community. Family support centres are known by various titles, including family resource centre, family place, family centre, child centre, and child support centre (Smythe, 2004). Family support centres have strong grassroots origins and are often informal in structure and guided by community members driven by a particular concern or issue (Smythe, 2004). As such, the programs and services offered will often vary according to community context and available resources. Programming components will often vary from centre to centre, however programs will typically fall under the following categories: “parent/caregiver education and support; family preservation; child care and children’s development; health education and care; material support and nutrition; housing; youth programs; literacy; employment support and community economic development; adult education and recreation; and community development – education, leadership development and advocacy” (Canadian Association of Family Resource Programs, 2004).

Family support centres view parenting as a developmental process in which parents’ skills, knowledge and insights develop in concert with their children’s development (Dunst, 1995). “This perspective acknowledges that individuals begin their parenting lives at different emotional and social places, which are shaped by current circumstances as well as personal and family histories” (Smythe, 2004, p. 8).

Parental support occurs through a range of services such as child and community development, counseling and mediation, educational upgrading, employment assistance, food and

nutrition support, parent and caregiver support, parent education, peer contact and mutual support, promotion of health and safety, and referral to other services.

### *Principles of Family Support*

#### *Development of Principles*

Family resource centres are guided by a number of principles that focus on building supportive relationships, facilitating growth, respecting diversity and promoting community development (Kyle & Kellerman, 1998; Malcolmson, 2000). The *12 Guiding Principles of Family Support* were developed by the Canadian Association of Family Resource Programs (FRP Canada) (2002), in consultation with various stakeholders, to reflect the philosophy, goals, objectives, and desired outcomes of family support practice.

Development of the principles commenced in 1994, when representatives from family resource programs across Canada, meeting on another matter, ‘identified a number of principles and assumptions to guide the development and operations of programs’ based on ‘extensive practical experience and derived from prior research and theoretical concepts’ (Kyle & Kellerman, 1998 28). The refining of these original principles resumed in 1999/2000 when FRP Canada received funding to consult with the field in order to test, refine and clearly articulate these principles. Led by Dr. John Malcolmson, a number of consultations with practitioners took place across the country, resulting in a draft of the principles which was included in the fall 2001 issue of *Play and Parenting Connections* for sector-wide feedback. Based on this feedback, the principles were finalized and published by FRP Canada in *Putting the Pieces Together* (see Appendix A).

The current principles reflect the work of family resource centres as a top-down piece of

work created by and for those working in the field on a day-to-day basis (MacAuley, in-person, November 22, 2006).

*12 guiding principles of family support*

1. Family support programs are open to all families, recognizing that all families deserve support.
2. Family support programs complement existing services, build networks and linkages, and advocate for policies, services and systems that support families' abilities to raise healthy children.
3. Family support programs work in partnership with families and communities to meet expressed needs.
4. Family support programs focus on the promotion of wellness and use a prevention approach in their work.
5. Family support programs work to increase opportunities and to strengthen individuals, families and communities.
6. Family support programs operate from an ecological perspective that recognizes the interdependent nature of families lives.
7. Family support programs value and encourage mutual assistance and peer support.
8. Family support programs affirm parenting to be a life-long learning process.
9. Family support programs value the voluntary nature of participation in their services.
10. Family support programs promote relationships based on equality and respect for diversity.
11. Family support programs advocate non-violence to ensure safety and security for all family

members.

12. Family support programs continually seek to improve their practice by reflecting on what they do and how they do it.

### *Using the principles*

In essence, family resource centres supply information, recognizing that educational approaches need not involve formal teaching, but rather focus on approaches which reflect the guiding principles of family support programs, approaches such as experiential learning, modeling and empowerment (Herman & Marcenco, 1996; Smythe & Weinstein, 2000; Weiss & Jacobs, 1988). One such approach is experiential learning, which is a theory of learning recognizing that people learn from experience, and from reflecting on experience, in effect by connecting new understandings to ones that already exist (Smythe, 2004). Modeling occurs when parents view family resource staff interacting with children and with other adults in ways which are respectful and which create opportunities for open sharing, language development, and positive discipline (Smythe & Weinstein, 2000). Empowerment education is based upon the theories of Paulo Friere, who believed that “education that respects people’s experiences and knowledge and involves people in identifying and solving their own problems, can lead to social change” (Smythe, 2004, p. 9).

Variations of these principles are used in the mission statements and objectives of family support centres across Canada. The challenge herein lies in the translation of “these principles into everyday policies and practices, and to maintain program integrity when faced with funding criteria and government initiatives that are categorical and/or deficit-orientated” (Kyle & Kellerman, 1998, p. 23).

Some programs have been more effective than others at translating the principles of family

support into practice that supports successful outcomes. In part, this is attributable to the difficulties in ensuring that nothing is lost in the translation of principles into practice, and that programming reflects the guiding principles of family support centres. To address these concerns, there is a need for further research that will explore how the principles of family support centre are implemented into practice.

Wells (1994) suggests that as the importance of prevention (one of the principles of family support centres) is increasingly acknowledged as an effective part of social infrastructure. It is crucial that we “consider what is known regarding the replicability, effectiveness, and role of family preservation services, to identify gaps in knowledge, and to consider needed research” (p.1).

Despite the anecdotal evidence supporting the effectiveness of family resource programs, there is very little known about how or why they can be effective. Without an investigation of how programs function, we are significantly limited in our understanding of how to improve them (Well, 1994). This research addresses this issue through an exploration of *how the principles of family resource centres are translated into practice, how these translations vary across centres, and how this variance impacts on participant outcomes*. To address this issue, a number of questions have been explored:

- Do family resource centres utilize the guiding principles? How are they implemented into practice?
- Are the guiding principles reflected in the mandates or mission statements of family resource centres?
- Which principles are deemed more ‘important’ in leading to effective participant outcomes?
- Which principles are most likely to be addressed in practice?

- Are family resource centres that are successful in implementing all (or most) of the guiding principles more likely to have greater participant outcomes than centres who do not implement all principles?

There is a real and definite need for studies that will accurately evaluate the effectiveness of programs within family resource centres. In order to improve less effective programs and to replicate those which are thriving, it must be known which characteristics of program support successful outcomes.

The research should not be interpreted as an attempt to *prove* which principles lead to successful outcomes. It is a means of exploring how principles are translated into practice, as interpreted by the participants of the centre. This interpretation may vary from centre to centre and from participant to participant.

Through discussions with interview participants, the research also strived to capture the experiences of individuals in facing certain *ideological barriers*, and if these barriers lead to difficulty achieving desired outcomes.

## CHAPTER TWO

### Literature Review

A review of the literature relative to family resource centres will commence with an exploration of the history of family resource centres in Canada. This exploration will provide readers with an idea of the foundation upon which the family resource movement has been built in this country. Then we will explore how a typical family resource centre in Nova Scotia looks.

A description of program principles and practices, and an exploration of the importance of early childhood experience will be provided. The literature review will then delve into the role of family resource centres in building healthy and vital communities, including their specific significance in the early childhood experience. An exploration of some of the key characteristics of family support centres will follow, with a focus on community-centered approach, partnerships, evaluation and participant' voices.

Finally, the gaps in research, current initiatives that are addressing those gaps, and some suggestions for a strategy that would inform early childhood development initiatives will be explored.

#### *History of Family Resource Programs*

“Although many of the contemporary programs have originated in the past 30-35 years, they are part of a long tradition that began in the colonial period when community leaders provided advice on how to rear a moral and religious child” (Weiss & Jacobs, 1988, p. xxiii).

The modern family resource programs emerged in the latter part of the nineteenth century under the influence of drastic social change associated with industrialization and urbanization (Thomas, Schvaneveldt & Young, 1993). Thomas, Schvaneveldt & Young (1993) state that

These movements resulted in alterations to traditional family patterns, the role of the family as the primary socializing agency, and the role of women in families, and they provided the impetus for introducing some form of education that could ostensibly preserve and strengthen North American families. Similarly, education reformers affiliated with the progressive education movement during the early 1900s believed that education could assist in strengthening families by preparing young people (particularly girls) for their future lives as family members. Eventually these reformers were instrumental in introducing programs for teaching child development and family relations in North American schools (p.109)

Efforts to promote maternal and child health began in the early 1900s to address the high rates of infant mortality. Kyle and Kellerman (1998) state that even at this early date there was recognition of the importance of early intervention. These early programs involved outreach and home visiting, as well as well baby clinics and regular monitoring of child health in the public school system (Kyle & Kellerman, 1998). “The political and social turbulence of the 1960s initiated a series of rapid changes in our social fabric that confronted parents of the 1970s with an entirely new backdrop for family life” (Weissbourd, 1987, p. 45). In Canada, this led to the development of parent-child resource centres as preventative community programs, offering a range of services to families with young children (Kyle & Kellerman, 1998).

Canadian programs have traditionally centred on the promotion of maternal and child health, community development approaches, extension of services to rural areas, community education and cooperative programs to promote economically viable communities, and on women’s collective efforts to meet families’ needs (Kyle & Kellerman, 1998). “One of the principal strengths of the

larger family support movement is the recognition that just as there is no one type of American family, there can be no one type of universally effective family support and education program” (Weiss & Jacobs, 1988, p. xxiv). Recent trends in family support are the movement from treatment to preventative early intervention, from services to children to support for children in the context of family and community, and from top-down to community-based human services programs (Weiss & Jacobs, 1998; Weissbourd, 1987).

### *Family Resource Centres in Nova Scotia*

The Nova Scotia Council for the Family website lists 38 centres on its *Directory of family resource centres* in Nova Scotia. Of those centres listed, 13 are in the Halifax Regional Municipality. The Mi’kmaq Native Friendship Centre, established in 1975, is the oldest among those listed. The Halifax Military Family Resource Centre and the Family Resource Centre of West Hants, the two newest, were both established in 1999. Thirteen of the centres have eligibility requirements, 8 charge small fees.

Three centres, the Greenwood Military Family Resource Centre, the Halifax Military Family Resource Centre, and the Shearwater Military Family Resource Centre, are all affiliated with the military. Of these three, two have budgets of more than \$1,000,000. The budget for the Greenwood Military Family Resource Centre is not provided. The budget range for nine of the family resource centres are not provided, while two have a budget of less than \$25,000; two are in the \$25,000 – \$49,999 range; three in the \$50,000 - \$99,999 range; five in the \$100,000 – \$149,999 range; three in the \$150,000 - \$199,999 range; one in the \$200,000 to \$299,999 range; four in the \$300,000 - \$499,999 range; three in the \$500,000 - \$1,000,000 range; and three in the \$1,000,000 and over range. Seventeen of the centres list the Public Health Agency of Canada’s Community Action

Program for Children (CAPC) as a major source of funding. Other major sources of funding listed were Department of Community Service, United Way, and Human Resource and Skills Development Canada (HRSDC).

Family resource centres across Nova Scotia vary by a number of factors including services offered, location, and budget. However, according to this list a typical centre in this province would be rural, would have been established in the 1980s, would not charge user fees and have no eligibility requirements, be operating on a budget in the \$100,000 to \$300,000 range, and receive funding from the Public Health Agency of Canada.

#### *Program Development and Program Design*

Family resource centres concentrate on the program development and program design that most effectively meet the goals of the agency and of the participants whom they serve. Principles may be reflected in practice in various ways and incorporated through various stages of program development, program design, and program implementation, respectively. *Program development* is a broad term which refers to the ideas, philosophies, and theories that contribute to the origin of the program as well as the forces that shape its evolution over time (Thomas, Schvaneveldt, & Young, 1993). Such forces may be social, political, and economic movements, the implementation of policies or laws, and the actions of groups or individuals (Thomas, Schvaneveldt, & Young, 1993). The emergence of family resource programs at the outset was largely influenced by social changes associated with industrialization and urbanization. In the last thirty years, research demonstrating the effects of early childhood experiences on subsequent health, well being and competence has led to a renewal in the family resource movement (Thomas, Schvaneveldt, & Young, 1993). Both of these forces have shaped the course of family resource programs in a major way.

*Program design* is a more narrow term which refers to the technique used in the delivery of the program. Thomas, Schvaneveldt, and Young (1993) state that program design “specifies and justifies what should be taught, to whom and under what circumstances, determines the end goals of the program, and prescribes the means for achieving the ends” (p.109). Thomas, Schvaneveldt, and Young (1993) cite Tyler’s (1949) model, which states that “the educational aims and objectives are ultimately intended to ‘bring about significant changes in the students’ patterns of behavior’ and are determined by considering both the characteristics of the learners and the subject matter in relation to the educational philosophy of the program developer” (p.110).

### *Importance of Early Childhood Experience*

Research has demonstrated that prenatal and early childhood experiences have a profoundly powerful and long-lasting effect on the subsequent health, well being and competence of individuals (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Hertzman, 2000; Mustard, 2000; Peisher et al., 2000; Willms, 2000). These effects can be seen in numerous ways. The gradient effect is one method which seeks to demonstrate the association between higher socio-economic standing and better health (Hertzman, 2000). This gradient effect has been found “in all wealthy societies...regardless of whether income, education, occupation or a combination of these measures is used to define socio-economic status” (p. 2). As McQueen (2003) states, poverty puts children behind from birth and keeps them behind for life. While the federal and provincial governments have partnered to launch the National Children’s Agenda, with an objective of eliminating child poverty, the results of this six year old agenda remain to be seen. What is known is that in 2003, the number of individuals using food banks (40% of whom are children), climbed 5.5 percent to 777,869 per month (McQueen, 2003). These numbers are significant because the association between socio-

economic standing and health is seen over the entire life course, beginning in early life with child mortality and low birth weight, which, as noted below are risk factors for children born into low income families.

Hertzman (2000) notes three gradient effects that link socio-economic standing and health. Specifically, *latent effects* are those specific biological or developmental factors at sensitive periods on early life, which have a lifelong impact, regardless of subsequent experience (Hertzman, 2000, p.2). For example, “infants who are born at term but are small for their gestational age may be at increased risk for adult-onset diabetes, high blood pressure and heart disease several decades later” (Hertzman, 2000, p. 2).

*Pathway effects* are when early life experiences set individuals onto life trajectories that will affect health, well being and competence over time (Hertzman, 2000). “Status differences at birth are associated, on average, with different levels of stability, security and stimulation in early childhood that, in turn, affect the child’s readiness for schooling” (Hertzman, 2000, p. 3). Also affected is the child’s ability to manage emotions and stress and to cooperate with others. These factors, associated with the lack of school readiness, “(put) children at risk of academic, social and behavioural difficulties in school, leaving before high school graduation, becoming involved in criminal behaviour, becoming pregnant as a teenager, and becoming addicted to tobacco, alcohol and other drugs” (Hertzman, 2000, p. 3).

Cumulative effects are the accumulation of advantage or disadvantage over time, based upon the duration and intensity of exposure to a variety of risk factors. An example of such an effects would be the status of one’s parents, which “helps to determine the community where one grows up, which, by the early school years, starts to influence the child’s life chances through the social

networks, community values and opportunities which present themselves” (Hertzman, 2000, p. 3).

Hertzman (2000) states, “those societies that tend to produce the lowest levels of inequality in health and human development across the socio-economic spectrum also tend to have the highest average levels of health and development” (p.5). In Canada, factors such as income, parental education and the quality of parenting have been demonstrated to influence the quality of child development (Hertzman, 2000; Mustard, 2000). McQueen (2003) relates that studies done in some of the least-advantaged neighbourhoods in Canada reveal that children in those neighbourhoods suffer developmentally to a much greater degree than children in other areas.

Family resource programs attempt to reduce these effects and level the playing field for children of various socio-economic backgrounds. They do so by assisting parents in developing skills, insight, and knowledge of child development, as well as by providing caregiver support, food and nutrition support, and access to employment resources (Berman, 2004; Dunst, 1995; Layzer, Goodson & Price, 2001).

### *Effectiveness of Family Resource Centres*

A program is typically considered to be effective when it is able to report successful outcomes. Due to the renewed policy focus on young children, successful outcomes are habitually measured through the child(ren) and their behaviour, although it is typically the parent who is the recipient of the more direct support. The translation of this support into outcomes is often difficult to measure. These difficulties will be further discussed at a later stage of this research. However, known parental outcomes that are typical in participants of family resource programs are increased self esteem, improved parental attitudes and knowledge, improved parenting behaviour, and improved parental health and health risk behaviours (Kilgour & Fleming, 2000; Berman, 2004; Layzer,

Goodson, & Price, 2001). Outcomes typical in children include decreased emotional and behavioural problems and improved prosocial behaviour, increased school readiness, increased cognitive development (Berman, 2004; Better Beginnings, Better Futures [BBBF], 2004; Kilgour & Fleming, 2000).

Some programs have been more effective than others at incorporating the guiding principles of family support centres into what can be termed successful outcomes. An example of a program that has met with much success is the *Better Beginnings, Better Futures* project, which is currently in place in eight communities across Ontario. The *Better Beginnings, Better Futures* project stems from a 1983 Ontario Child Health Study, which revealed that one in six children have an identifiable emotional or behavioural disorder. The project was created as a means to aid parents and families in their ability to foster healthy growth in their children (Peisher et al, 2000). In 1989, The *Better Beginnings, Better Futures* model was accepted by the Ontario Ministry of Community and Social Services as the model with which to launch its longitudinal prevention policy research demonstration project and by 1990, 55 applicants were awarded grants of approximately \$5,000.00 each. In January 1991, of those applicants, eight communities were selected to receive funds to implement a local prevention project. (BBBF, 2004; Peisher et al, 2000). From 1990 to 2000, research was funded by the Ontario Ministry of Community and Social Services. Research is currently funded by the Ontario Ministry of Health and Long-Term Care.

An underlying ecological approach, which explores a child's development through the context of the system of relationship that makes up his/her environment, is evident. In the project, each community must address child goals, parent/family goals, and community/neighbourhood goals. Child goals are to reduce emotional and behavioural problems in children, and to promote social,

emotional and behavioural development in children. Parent/family goals are to strengthen the abilities of parents and families to respond effectively to the needs of their children. Community/neighbourhood goals are to develop high-quality programs for children from birth to age four or from four to eight years of age and their families, as well as respond effectively to the local needs of their neighbourhood, to encourage neighbourhood parents and other citizens to participate as equal partners with service-providers in the planning, designing and carrying out of programs for children and families, as well as other activities in the local community, and to establish partnerships with existing and new service providers and educational organizations and to coordinate program activities. These goals echo an ecological approach, in that they explore the effects of the program not only on the child, but also on the systems in which they interact (i.e., their families, community).

Children in the younger cohort (birth to age four) had access to home visiting and informal playgroups, as well as enriched daycares and a large number of informal care-giving experiences. Findings from the younger cohorts of the *Better Beginnings* project show a decrease in junior kindergarten teacher's reporting of emotional problems and behavioural problems, as well as an increase in prosocial behaviours and school readiness. Also, younger children in the *Better Beginnings* sites improved in their ability to hear, process and act on simple instructions and to repeat increasingly complex words and numbers in sequence. In one group of older cohorts, the teachers reported a decrease in overanxious emotional problems, and behaviour problems, as well as improvements in socio-emotional functioning. There was evidence of both parents and children making more nutritional choices, decreased smoking in parents, and some improvements in parent-child interactions and parenting practices.

It is interesting to note that even within the same project, the results varied by site. Although

project all followed the same development, they differ in the implementation of principles into practice, which appears to result in differing outcomes.

Wells (1994) suggests that due to the fact that preventative programs are becoming more recognized and more widely used, it is crucial that we “consider what is known regarding the replicability, effectiveness, and role of family preservation services, to identify gaps in knowledge, and to consider needed research” (p.1). Despite knowledge that family resource programs are meeting with evident success, there is little known about which characteristics of a program make it successful. Although research has shown that many families improve in their functioning, how can we be certain that it was the actual program that caused this effect (Wells, 1994)? This knowledge of program functioning is vital for a multitude of reasons, for, “without investigations of how programs function, our understanding of how to improve them will be limited significantly” (Wells, 1994, p.1).

While there is uncertainty about which characteristics of family support centres lead to successful outcomes, there are key characteristics of family support centres which are implemented in many family support centres. These characteristics, described in the following section, are also described as guiding principles of family support centres.

### *Key Characteristic of Family Resource Centres*

#### *Community-centered approach*

Factors that may vary according to program are the duration of the treatment, program intensity, service delivery model, and the characteristics of the children served (Campbell, Pungello, Miller-Johnson, Burchinal, & Ramey, 2001). However, one common characteristic of family centres involves the use of a community centred approach, which engages members of the community in the

planning, development and implementation of programs in their neighbourhoods. The premise of a community centred approach is that it attempts to break down the barriers between participants, staff, neighbours, and volunteers. Downs and Nehan (1990) claim that a community focus leads to reduced social isolation and increased community involvement, and is key to program success.

Reitsma-Street, Maczewski, and Neysmith (2000) claim that due to the diversity of cultural, linguistic, religious and ethical diversity of families across Canada, early childhood development programs must be community developed and based, and they must be sensitive to the family characteristics in the community. Children, youth, and their parents who actively and voluntarily participate in community activities ensure some healthy development as well as healthy communities and child-sensitive social policies (Reitsma-Street, Maczewski, & Neysmith, 2000). One way that community based programs foster inclusiveness through a caring and respectful atmosphere of the community resource centres that makes it possible for people to come to the centre and engage in volunteering (Reitsma-Street & Neysmith, 2000).

Reitsma-Street and Neysmith (2000) found that volunteering is fostered when organizations contribute financial resources to pay core staff and cover some costs of volunteering, such as food, child care and reimbursing for transportation costs associated with attending meetings, events and other activities (Reitsma-Street & Neysmith, 2000). Ensuring that core staff build and maintain a respectful atmosphere in which meaningful participation is supported is key, as well as having a consistent and knowledgeable paid staff and creating substantial opportunities for community governance (Reitsma-Street & Neysmith, 2000).

The community is improved through the skills that are acquired by volunteers to family resource centres. Volunteers have the opportunity to learn self-confidence, specific skills, and

parenting competence. They value the development of better relationships with their children, which stem from learning how to run meetings, to cook communally, or to mediate conflicts (Reitsma-Street, Maczewski, & Neysmith, 2000). These are also valuable skills, which can contribute to seeking paid jobs. Through volunteering people also seek to develop connections, which also may be valuable in terms of seeking paid labour.

Reitsma-Street and Neysmith (2000) provide key components to building a common vision amongst community members, including hiring many staff members from the neighbourhood, ensuring that committees were made up of at least 50% community residents, and using consensus decision making to ensure that all voices are heard and opposition valued.

To ensure that the community feels involved in the decision-making process of the family resource centre and to guarantee that staff, volunteers and participants feel that they are equals, Reitsma-Street and Rogerson (1999) noted two key procedures, consensus decision-making and a flat salary structure, which were used in the Sudbury *Better Beginnings, Better Futures* program to promote egalitarian work structures. No one could join without agreeing on a consensual approach to decision-making. In this approach, when a decision is made, the chair of the meeting gives everyone in the room a chance to voice his or her opinion, or to ask for more time and information. This approach helps to minimize the dominance of a few individuals or a constituency. If someone has a problem with the issue being debated, they may be given the responsibility to find a compromising recommendation that they feel they can agree to. If consensus cannot be met, the parties may be asked to meet with a mediator as a way to resolve certain issues. The next step would be to bring in an arbitrator, whose decision is final. Reitsma-Street and Rogerson (1999) state that as of the printing of their article, mediation has been used several times with much success and

arbitration has yet to be used in the Sudbury *Better Beginnings, Better Futures* program. They do recognize that these measures do not always prevent nor resolve dissent; however, they may become a source for growth, creativity and change. “The flat salary structure helps to avoid significant inequalities within the staff group; and between the staff and the community members, most of whom are neighbours” (Reitsma-Street and Rogerson, 1999, p. 295).

Benefits to using the community as a means of improving program outcomes have been widely noted (Pancer et al., 2002; Reitsma-Street, Maczewski, & Neysmith, 2000; Reitsma-Street & Neysmith, 2000). Based on evaluations from *Better Beginnings, Better Futures* at the Highfield Community Enrichment project, Pancer et al. (2002) claim, “projects which involve community residents and focus on community development can be successful in reducing child problems, enhancing child and family development, and improving the environments in which children grow and develop” (p.3).

The methods expressed previously demonstrate a community-centred approach, an approach which builds its foundation upon egalitarianism. Egalitarianism involves different persons, groups, and organizations working side-by-side to achieve one or multiple common goals. Oftentimes, family resource centres must work side-by-side with other organizations in an egalitarian relationship in order to achieve its desired goals. This is known as partnering, and is another guiding principle of family resource centres.

### *Partnerships*

Partnerships are an innovative way of sharing resources (Doucette-Gates, 2000; Myers-Walls, 2000; Shields, 1995; Torjman, 1998). Torjman (1998), in *Partnerships: The Good, The Bad and The Uncertain*, views partnerships as “strategic alliances in which private business and nonprofit

community groups work together to promote economic and social well-being” (p.5). Many forms of partnerships can exist. Shields (1995) speaks of a community systems initiative that would involve partnering across various groups such as: neighbourhoods, working groups, government, and non-governmental organizations.

Kyle and Kellerman (1998) claim that partnering facilitates information sharing among groups about program development issues, training opportunities and funding sources. “Networks also play a vital role in alerting programs to the impact that government restructuring and changes to funding and policy have on children, families and communities” (Kyle & Kellerman, 1998, p.45-46).

Doucette-Gates (2000) states that partnering may also be useful in helping agencies deal with the often inadequate service response to the needs of children and families, which results in less favorable outcomes and more costly and redundant service efforts. This is due to many of the difficulties of communicating and sharing information across multiple child serving systems. There is a need for improved cross-agency information systems, which would include identifying outcome goals and objectives, the population(s) of concern, needed sources of information, data collection methods and how data will be used (Doucette-Gates, 2000; Shields, 1995). These approaches would provide effective, comprehensive, and customized supports to children and their families on a local basis. Cross-agency information systems would better serve the needs of children and families as well as save on costs and the redundancy of services (Doucette-Gates, 2000; Torjman, 1995). Partnerships usually succeed if there is clarity of vision and purpose as well as commitment, ongoing communication and clear lines of accountability (p.18).

Partnering may lead to conflict due to the dynamics of the teams who are working together. As noted by Myers-Walls (2000) in her paper, *An Odd Couple with Promise: Researchers and*

*Practitioners in Evaluation Settings*, there are many things that have to be worked out beforehand. Some problems may arise out of conflicting values and views of success, differences in daily life style, and different use of tools.

Myers-Walls (2000) feels that it would be beneficial for partners to develop a constructive view of conflict. Conflict is inevitable given that researchers and practitioners have differing goals and differing outlooks on the benefits of conducting research. Therefore, partners must learn to understand the differences and to manage them effectively.

Partnerships are vital to the survival of family support centres. Malcolmson, Reeves and MacAulay, in their 2003 report, *Synergy*, claim that despite limited resources, partnering enables family support centres to bring a wide array of services to their participants through engagement in community-level collaborations and by building networks for referrals. The report also notes that links are strongest with public health, early intervention services, social service agencies, other health-related services, pre- and post-natal programs and child protection services.

### *Evaluation*

An example of practitioners and researchers working together took place in October 2002 and March 2003 when Canadian Institute of Health Research (CIHR) funded workshops were hosted at Mount Saint Vincent University. These workshops, entitled Making the Link: Research, Policy & Practice for Family Support Programs, provided practitioners of family support centres the opportunity to discuss the challenges they face in their sector. One theme that came up repeatedly was that current evaluation practices do not adequately capture the complexity of work being done through family support programs. This theme is again noted by Kagan and Shelley (1987), who note that “conducting evaluation on family support programs is a challenge because the qualities that

make the programs unique – their preventative orientation, their flexibility, and their highly idiosyncratic nature – also make them difficult to evaluate” (p. 13).

Despite these challenges, the importance of conducting good evaluations is undisputable. Evaluations are useful in providing feedback so a program can be improved, providing information for accountability purposes by proving that a program “works”, clarifying options, and providing information that can help build the knowledge base for family resource planning and policy planning within the contextual boundaries of time, place, values, and politics (Bailey & Deen, 2002; Gabor, 2001). As noted by Katz and Pinkerton (2003), “(e)valuation is recognized as having an important part to play in advancing the policy and practice goals of citizenship, consumerisms, quality control, value for money, performance measurement, and public accountability” (p. 5). “If strong programs and policy-relevant evaluations can be designed and implemented, family support and education programs may not evolve into just another short-lived and faddish panacea for social ills. Instead, they may be able to serve as central building blocks for a human service system realigned around prevention and the promotion of family health and well-being” (Weiss & Jacobs, 1998, p. 4).

In recent years a new emphasis on documenting the results achieved for the dollars spent is dominating management discussions at almost every level of the service delivery ladder, and has most definitely become a priority for many funders (Driggs, p.1, 2000). Manalo and Meezan (2000) explain that at a time when many public officials continue to question the usefulness of social programs, and many more do not understand the importance of prevention programs and perceive these services as superfluous, the need to document the implementation and multiple impacts of family support services is crucial. Funders, decision-makers, government agencies, and constituent groups now require outcome-based or impact evaluations of major program efforts. As these are the

individuals who are providing the bulk of the funding to family resource centres, their desire is to ensure that resources are going to agencies that are able to demonstrate program effectiveness. This creates a greater demand on the resources that remain (Bailey & Deen, 2002).

Gallagher and Clifford (2000) claim that calls for accountability from funders “have become increasingly strident but are rarely accompanied by the necessary tools, strategies, or resources necessary to achieve that goal” (p.5). At the CIHR workshop at Mount Saint Vincent University, service providers discussed their frustration with having to complete multiple evaluations, in one instance as many as seven per year, often without the resources necessary to conduct the evaluations properly.

The problem for many agencies is determining how effective outcome measurement systems can be built and maintained, as well as how to fund these evaluations (Bailey & Deen, 2002; Driggs, 2000; Gabor, 2001; Little, Traub & Horsch, 2002). Family support programs present a unique set of challenges to program evaluators due to their diversity of target population, service models, program size and resources, their attitudes toward research activity, and their ecological view of child development, all of which demand creative and practical evaluation strategies (Weiss & Jacobs, 1988). Agencies, who are often struggling with very little staff as is, often do not have the capacity to lose the valuable expertise of their staff to the many hours that must be spent in evaluation measures.

Most of the current evaluation focuses solely on the child, yet if family support and education is to be provided on an ecological model, then it is necessary to incorporate an assessment of parental and community outcomes into the evaluation procedure as well (Weiss & Jacobs, 1998). One must be able to determine if these services that are expected to reach the families and communities on a large scale are actually getting desired results. Without some form of evaluation, it is impossible to

have actual documentation on how communities are benefiting from the principles of family support programs. However, in order for evaluation to be done on such a large scale, greater resources and the support of funders are required.

Many of the organizations that provide financial support to family resource centres have no idea of the intricacies that are involved in conducting evaluations. It also is problematic when the future of intervention programs is hinged on the outcome of one evaluation or another. “Most evaluations have been informed by the general question, ‘Do participants benefit?’ This question is open to multiple interpretations and hence to multiple means of assessment” (Zigler & Freedman, 1987, p. 254). In an effort to create practical, meaningful and appropriate evaluation tools, FRP Canada developed a national e-Valuation system for family resource programs (FRP Canada, 2007). The program, designed for family serving community based organizations, is available to every organization that holds current membership with FRP Canada.

Within the e-Valuation system, users are able to register and input data from two surveys, one for participants and one for staff and volunteers, both of which can be completed either online or on paper and then inputted into the system. The system, including survey questions was developed and tested with input from practitioners across Canada. The survey was designed to be user-friendly and can be completed in 15 minutes or less and is available in several languages. Indicators for evaluation focus on four general domains: participant characteristics; quality, valued practices; benefits and outcomes; and organizational practices.

The e-Valuation system will generate a report automatically upon entry of data which contains, for each question, the total number of replies, and the percentage, mean and standard deviation for each response. The reports will also contain a summary of demographic information

and a separate report that compiles written comments from the open-ended questions.

Organizations are able to access their results of their study and can disseminate at their own discretion. In addition, organizations can view data aggregates according to geographical location, type of organization, type of funding and size of community, as long as the grouping includes at least four organizations (a method to ensure confidentiality and anonymity).

This system will be a great tool for the many organizations that are members of FRP Canada. However, as each funder has its own requirements of accountability, there are no guarantees that the reports generated by this system will be acceptable to each and every funding body. For, organizations who are using this tool, it would be useful to contact their funders and let them know about this system. FRP Canada (2006) reports that several funders have already expressed an interest in the initiative and they are hopeful that the e-Valuation system “will lessen the evaluation burden by reducing duplication and simplifying some evaluation activities.”

Gabor (2001) feels that funders should become more knowledgeable about the evaluation process; should communicate more with program personnel regarding evaluation requirements; and should adopt attitudes oriented more towards helping programs develop rather than towards judgment. There is a “need to move from a situation where some stakeholder groups own and direct the evaluation and others have evaluation ‘done to them’ to a partnership model where all stakeholders recognize the importance of high quality information in decision making and therefore work together to ensure that such information is generated” (Gabor, 2001, p.5). The e-Valuation system, mentioned above, if widely accepted, could be a tool that allows such partnership between FRCs and funding bodies. Malcolmson, Reeves, and MacAulay, in their 2003 report, *Synergy*, claim that “some of the greatest challenges to service integration encountered by community-based

programs result from organizational structures and practices that have been designed by governments”.

### *Participants’ voices*

The Metro Association of Family Resource Programs and Ryerson University have worked together to develop an evaluation tool that will bring the voices of participants of family resource programs to the evaluation table, by capturing what participants value most about family resource programs (Silver, Berman, & Wilson, 2005). This tool, which is available for download through the Ryerson University website, recognizes the importance of involving participants in the development and implementation of family resource programs (Silver, Berman, & Wilson, 2005). Involving participants not only ensures that programs are meeting expressed needs, it also shows participants that their thoughts and inputs are respected and are considered invaluable to the operation and functioning of the agency.

Using the tool to conduct 40 individual interviews and 21 focus groups across the country, the researchers were able to identify four strong values areas for participants: *Family Engagement*, *Empowerment*, *Social Support*, and *Building Community* (Silver, Berman, & Wilson, 2005). These values areas are echoed in the guiding principles of family support centres. Family engagement in family resource centres is evident in that they are supportive of all families, and focus on parent-child activities and parent education, while affirming parenting as a life-long learning process (Malcolmson, 2002). Empowerment is described as “achieving reasonable control over one’s destiny, learning to cope constructively with debilitating forces in society and acquiring the competence to initiate change at the individual and systems levels” (p. 19). Guiding principles of family support practice promote empowerment through partnerships between the centres and

families/communities, encouragement of mutual assistance and peer support, placing value in the voluntary nature of participation, and promotion of relationships built on equality and respect (Malcolmson, 2002). The importance of social support is noted in the guiding principles through an emphasis on complementing existing services, building networks and linkages, and advocating for policies, services and systems that support families' abilities to raise healthy children (Malcolmson, 2002). The importance of building community is a reflection of the ecological approach that is at the core of many family resource centres. Building community is recognized through principles that state that family support programs work in partnership with families and communities to meet expressed needs, and to increase opportunities and to strengthen individuals, families and communities (Malcolmson, 2002). This tool addresses the need to include the voice of participants in evaluation of family resource centres as a means of enhancing the reliability of the results.

### *Gaps in Research*

One gap that has been noted in research on family resource centres is that traditionally, there has been little focus on anything other than child outcomes. Although projects such as *Better Beginnings*, *Better Futures* are beginning to have a more ecological outlook on evaluation, for family resource centres to continue to evolve and improve, it is critical that there is more information on outcomes of caregivers, the family unit, and communities at large.

Additionally, there is a lack of information on the long-term effects of participating in family resource centres. Again, this information is starting to become more available. Projects such as *Better Beginnings*, *Better Futures* have been conducting careful research on its participants over time. However, more information is needed to provide direction for future programs and to document family resource centres as an effective prevention in family support.

It would also be useful to document the financial benefits of the preventative programming offered by family resource centres. Research has demonstrated that participants are using fewer social services, thereby reducing tax dollars spent (Kagan, Powell, Weissbourd, & Zigler, 1987). However, solid documentation would be useful as it would provide further proof as to the effectiveness of family resource centres as a preventative service and would perhaps lead to greater support – financially, culturally, and politically.

### *Current Initiatives*

As will be noted later, family resource centres do not operate in isolation. Just as they are affected by the families and communities that they serve, they are also influenced by policies and initiatives at the government level. Current initiatives are the result of recent research which suggests that the early years of childhood are especially vital to a child's development, and the experiences during these early years will affect the quality of life of that child in the future. This is reflected in current government initiatives and in the emphasis that is being placed on initiatives that promote early childhood development. Examples of such initiatives that will be explored briefly are the National Longitudinal Survey of Children and Youth, the Early Childhood Development Initiative, and Community Action Program for Children, Understanding the Early Years, and the Early Childhood Initiative in New Brunswick.

The National Longitudinal Survey of Children and Youth (NLSCY) began in 1994 and is a joint initiative of Statistics Canada and Social Development Canada, formerly under HRDC. The NLSCY is a "long-term study of Canadian children that follows their development and well-being from birth to early adulthood" (Statistics Canada, 2005). Through the study, information will be collected about factors influencing a child's social, emotional, and behavioural development. The

study uses a longitudinal approach in that the impact of these factors on the child's development over time will be monitored. The survey covers a comprehensive range of topics including the health of children, information on their physical development, learning and behaviour as well as data on their social environment (family, friends, schools, and communities).

The Early Childhood Development Initiative stems from a collaborative agreement, commenced in 1001/02, between the Government of Canada, and the provinces and territories to invest \$2.2 billion to an early childhood development framework in support of Canada's families and children. The initiative will promote healthy pregnancy, birth and infancy; improve parenting and family supports; strengthen early childhood development, learning and care; and strengthen community supports (Social Union, 2005).

Through the Public Health Agency of Canada, the Community Action Program for Children (CAPC) was created in an effort to address "the health and social development needs of children from birth to six years of age living in conditions at risk such as low-income families, teenage-parent families, and children experiencing developmental delays" (Social Union, 2005). CAPC is now serving 70,000 parents and their children in over 300 urban, rural and remote communities across Canada, including projects in Nova Scotia, with six of those projects in the Halifax Regional Municipality.

Understanding the Early Years (UEY) is a "federal government research initiative providing communities with information about the 'readiness to learn' of their children, the family and community factors that influence child development, and the local resources available to support young children and their families" (Human Resources and Skills Development Canada, 2005). This neighbourhood-specific information is used by communities to design and implement focused

policies, programs and investments that enable their young children to thrive in the early years. In order to apply for UEY, organizations must be non-profit, and actively pursuing social development issues. UEY began with pilot in 12 communities across Canada (including Newfoundland and New Brunswick). The Spring 2004 federal budget committed the government of Canada to extend UEY to up to 100 communities across Canada over the next seven years. Since 2005, UEY programs have been active in three areas across Nova Scotia: Cumberland County, Halifax, and Sackville.

The Early Childhood Initiative (ECI) in New Brunswick sought to “improve the developmental outcomes for children from birth to age 5 who were deemed to be at risk of developmental delays, neglect or abuse, or physical and emotional problems associated with other handicaps” (Willms, 2000, p.1) The goal of ECI was to ensure that all children entering kindergarten had the best possible chances at success in the school system. In total, there were seven separate health and social service programs: prenatal screening and intervention; postnatal screening and intervention; preschool clinics at 3 to 5 years of age; home-based early intervention services; integrated day care services; social work prevention services; and home economics services (Willms, 2000). According to Willms (2000), the results show that at ages 2 and 3, the prevalence of children considered hyperactive declined substantially, as well as a marked decrease in the likelihood of a child having a low receptive vocabulary associated with increasing socio-economic status. Moreover, the prevalence of low birth weight, prenatal complications, and the motor and social development of New Brunswick’s babies improved over the period under which the programs were implemented.

### *The Nunn Inquiry*

The Nunn Inquiry stems from a 2004 car accident where a young man in a stolen vehicle struck and killed school teacher and mother Theresa MacEvoy. The young man charged in the

offence had been released from provincial custody only 2 days earlier, despite facing 38 outstanding criminal charges against him. The accident and death of MacEvoy unleashed a barrage of questions regarding the effectiveness of the Canada Youth Justice Act. In response to these concerns, the Province of Nova Scotia called a public inquiry to consider the handling of his charges and other matters relating to why he had been released. The Honourable D. Merlin Nunn, a retired judge with the Supreme Court of Nova Scotia, was appointed commissioner of the report, which was released December 2006.

The report identified a number of risk factors associated with youth crime and violence, which, among others included being raised in poverty, neighbourhood crime/disadvantage, poor family management practices, and poor academic achievement. Additional risk factors which contribute to female offending behaviour, including problematic family dynamics and parental relationship, gender-based oppression and abuse, school difficulties and negative self-representation. It should be noted that a number of these risk factors are similar to those identified in a number of participants of family resource centres, particularly those placed within disadvantaged communities. Nunn observes that in general, risk factors fall into the following categories: family, school, disabilities and disorders, relationships, and the individual youth, male or female, each of which ‘falls under the jurisdiction of one or more of our governments’ through a variety of departments which ‘operates separately and independently from the others, as do many of the divisions within each department’ (Nunn, 2007, p. 241).

Nunn acknowledges a lack of resources and recommends that resources be directed in two areas: early intervention and prevention. In an effort to prevent later young offenders, Nunn recommends “that the Province of Nova Scotia consider establishing a separate division within

the Department of Community Services empowered and with adequate resources to provide a full range of services more particularly directed towards promoting the integrity of the family. Its main thrust should be directed to preserving the family unit and to responding without delay to requests for assistance or other occasions of obvious need. Collaboration with others involved is essential. The provision of some of these kinds of services is already noted in section 13 of the *Children and Family Services Act*. These services should be more widely available and part of the overall strategy for dealing with youth and families at risk” (Nunn, 2007, p. 241).

In January 2007, the Province of Nova Scotia accepted all 34 recommendations of the Nunn Inquiry. As of July 2007, significant changes have already been made. Two new crown attorneys have been hired to work in the youth courts and three new mental health professionals and one psychologist have been hired within the IWK Health Centre to reduce waiting times. As well, a new youth attendance centre and a new bail supervision program have been implemented. The Province has also been working to improve access and services for families by creating the [helpzone.ca](http://helpzone.ca) website, an information site for families, and through the upcoming child and youth strategy. A new family and youth services division has also been created, with new program areas focused on early intervention, family counseling, and youth at risk.

The above recommendations and resulting acceptance of the recommendations by the Province could have a significant impact on family resource centres in this province. Family resource centres are essential in their provision of early childhood intervention, a service which they have been providing – quite successfully - for years. Collaboration between family resource centres and the DCS could provide a number of benefits for both sides. For the DCS, it could be a cost effective way of providing services within the community. However, serving a greater

number of clients means greater demands on the already limited resources of family resource centres. Should the DCS be willing to support the work of family resource centres, a wonderful and successful working partnership may ensue.

One potential problem that can be foreseen in the need to ensure accountability to the public, the DCS will need to ensure that the services provided by FRCs meet an acceptable standard in which their development and implemented is based on current education and research, and incorporate known effective early intervention methods. One way that this can be ensured is through the development of a provincial family resource association that would provide accreditation to those organizations able to comply with these standards. More on this topic will follow.

#### *Addressing the gaps – Where to from here?*

With a look towards the future, it will be interesting to see how the results of these initiatives and recommendations will affect future policy decision, which, in turn, will impact family resource centres. Hertzman (2000) claims that the rediscovery, in the policy world, of the role of early childhood as a lifelong determinant of health, well-being and competence will greatly impact policy in future years. Through support and expansion of initiatives such as the NLSCY, the federal government has made a conscientious, long-term commitment to monitoring the development of Canadian children (Hertzman, 2000). Collaboration between levels of government appears to be addressing recent findings, which have demonstrated recognition for the need for intersectoral collaboration to improve child outcomes (Hertzman, 2000). “There must be good co-operation between the federal and provincial governments in respect to their policies to build a community-based early childhood development capacity, building new understanding and new policies that

require community involvement takes time” ((Reitsma-Street, Maczewski, & Neysmith, 2000, p.5).

Hertzman (2000) notes that any Canadian early childhood development strategy should be comprehensive, incorporating three basic components: early childhood education, childcare and parenting/care giving support. It should also be universally available and acceptable to all families. Hertzman (2000) expands by saying that no child should be excluded, “regardless of aptitudes, abilities, disabilities or geographic location”, while clarifying that “this does not mean, however, that all children should be required to attend” (p. 9). A Canadian early childhood development strategy should integrate existing program pieces from different sectors, including education, social services and health, as well as combining programs and resources from federal, provincial and local governments (Hertzman, 2000; Shields, 1995). It should be community driven, as the local agencies are more likely to be sensitive to community cultural values and geographic realities (Hertzman, 2000; Reitsma-Street, Maczewski, & Neysmith, 2000). The strategy would have to be of a quality that reflects current knowledge and understanding of child development. The initiatives would also require ongoing monitoring as a measure of accountability “to governments and the public in terms of finances, administration and performance” (Hertzman, 2000, p10).

Based on his findings through the early childhood initiative (ECI) in New Brunswick, Willms (2000) adds four recommendations for improving outcomes for young children. First, the province needs to make significant investments in improving the early literacy development of toddlers and pre-schoolers. Willms (2000) calls for a comprehensive review of day care arrangements in the province, both formal and informal. He emphasizes the needs or widespread support of early childhood education and echoes the need for a system to be implemented which would consist of ongoing monitoring of initiatives.

While these recommendations are for initiatives that would guide the development of a strategy for early childhood development, there also needs to be a plan to address the need to support family resource centres more directly. In the position paper, *Family Support: A National Priority*, FRP Canada (2000) makes four recommendations on behalf of family support centres that would enable them to improve the provision of services. Note that the cost “to offer this comprehensive system of family support in Canada will cost \$76.58 per year per family with children,” based on stats can figures for number of families living in Canada and the budget of a typical medium-sized family resource program (FRP Canada, 2000). The four recommendations are:

1. Increase recognition of the role and effectiveness of holistic supports to families.
2. Build on existing frameworks by recognizing the existence and expertise of well-established, extensive network of family resource programs that is currently providing a wide range of family support services in large and small communities in every province and territory.
3. Recognize the value of research in family support by building on the existing knowledge and research which demonstrates the benefits of supports to families and by supporting research in this sector to investigate questions of interest to the field.
4. Designate funds to stabilize and expand existing support to families rather than creating new systems and programs, and financially support the national, provincial/territorial infrastructure necessary to develop and stabilize the system needed to achieve and implement the recommendations of the National Children’s Agenda.

The recommendations of FRP Canada make it clear that in order to provide accessible and comprehensive supports to families, it is not necessary to reinvent the wheel. These services already

exist through family resource centres and they are much more cost effective than the alternative.

What is necessary is to support the organizations and agencies that offer support for families.

The preceding recommendations have many similarities. While some recommendations may vary in their direction, there is one thing that they all have in common – the need to recognize the vital role that family resource centres play in the development of children and how this influence will shape that child, the family and the community in the future. All recommendations call for support, whether that support be through the designating of funds or conducting appropriate and needed research, so that the role of family resource centres in promoting healthy families is recognized.

## CHAPTER THREE

### Theoretical Framework

#### *Rationale*

In order to expand and replicate services offered through successful family resource centres, it is necessary to know which components of program development and design lead to successful outcomes. Some programs have been more effective than others in fostering successful outcomes from the application of family support principles. Moreover, other factors in a child's/family's life may be responsible for the outcomes. This demonstrates the need for further research that traces the link between the principles, practices, and outcomes related to family support programs.

Wells (1994) supports this position by suggesting that consideration be granted to “what is known regarding the replicability, effectiveness, and role of family preservation services” and the “gaps in knowledge” (p.1). Despite the anecdotal evidence supporting the conclusion that family resource programs are effective, there is little known about how or why. This proposed research will address these questions through focusing on the relationships between principles and practices and their impact on outcomes.

Addressing this knowledge gap is significant, for, as noted by Wells (1994) “without investigations of how programs function, our understanding of how to improve them will be limited significantly” (p.1). There is a real and definite need for studies that will accurately evaluate the effectiveness of programs within family resource centres. In order to improve program outcomes and to replicate programs which are thriving, it must be known which characteristics of the program are likely to enhance successful outcomes.

Quality programming is often assessed through evaluation procedures. Evaluation can be an

issue for family support programming. Currently, funders of programs require evidence of value for dollars spent. This focus within evaluation can be problematic for family resource centres struggling to document tangible outcomes when, in fact, the efficacy of this programming is often directly linked to intangible results that are difficult to quantify objectively. Moreover, family resource centres struggle to conduct evaluations with the limited resources available, specifically, time and staff. This leaves less time for program development and implementation and therefore less time directly interacting with participants.

### *Theoretical Framework*

#### *Malcolmson's (2002) conceptual framework for family support practice*

My research has been guided by the *conceptual framework for family support practice*, developed by Dr. John Malcolmson (2002). The conceptual framework is valuable in its ability to “clarify key aspects of principles, practices and outcomes within this field and their relationships with each other” (Malcolmson, 2002, p. 1). The diagram begins with a definition of family support programs predicated on guiding principles which constitute the core of the model. The guiding principles are then used to direct *practices* thereby linked to positive outcomes for participating children and families. *Evaluation* is highlighted in the model as a process that links practice to desired outcomes. The evaluation process is supported by *reflective practice*; an internal technique used “by family support staff to increase knowledge about practice and outcomes with a view to enhancing professionalism and quality in the way work is carried out” (Malcolmson, 2002, p. 12).

The framework was developed to “help broaden public understanding of what family support is and what family support programs offer the families and communities they serve” (Malcolmson, 2002, p. 1). As such, it has served as an excellent guide throughout my research, as it clearly

articulates the relationship between evaluation processes and the interplay of principles, practices, and outcomes in family support practice. This framework is valuable as a support to this study as it was developed in conjunction to work by FRP Canada which outlined the guiding principles and the definition of family support programs. The framework explores the relationships between components such as principles, practices, outcomes, and evaluation; precisely the relationships that I have explored through my own research, as I focus on the translation of principles into practice (and the subsequent impact on outcomes).

#### *Bronfenbrenner's (1979) ecological framework*

Bronfenbrenner's Ecological Framework (see Appendix B) has served as a model through which to explore the reciprocal nature of relationships between individuals, families, communities and systems of social support, such as family resource centres. This framework assumes that just as regulatory influences (e.g., policy) and community supports impact families and individuals, families and individuals are also affected by the communities in which they live and the policies which govern them. An ecological framework will also support the analysis of specific ideologies (such as patriarchy, capitalism, and liberal democracy) embedded within family life and family support practice.

An ecological lens is useful for examining the relationship between individuals and their families, in the context of the communities in which they live. The ecological system focuses not only on the individual, but on the various ways that relationships, communities and events contribute to an individual's development, and the types of interventions that are most likely to benefit their development (May-Chahal, Katz & Cooper, 2003). As noted by Weissbourd (1987), "it has become apparent that concern for children necessitates considering the child in the context of community life,

social institutions, and government policies” (p. 48). For these reasons, this approach is useful for examining the experiences of individuals within family resource centres and has served as a guide for my research. The use of the ecological framework is complemented by critical theory, which will be discussed in more detail in the following pages.

An ecological approach recognizes that many factors contribute to the development of a child (Kyle & Kellerman, 1998). The emphasis of this framework is on content, “what is perceived, desired, feared, thought about, or acquired as knowledge, and how the nature of this psychological material changes as a function of a person’s exposure to and interaction with the environment” (Bronfenbrenner, 1979, p. 9) This content can be described on four levels. The *microsystem* “is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with a particular physical and material characteristic” (p. 22). This is the setting in which the child is directly involved and also includes the roles and relations that involve the child (White & Klein, 2002). The developing person is a direct participant of this setting, such as the family, the school setting, or the family resource centre (Kyle & Kellerman, 1998).

The *mesosystem* describes the interrelations between two or more settings in which the child participates (microsystems). For a child, these interrelations may be between home, school and neighbourhood peer groups (White & Klein, 2002).

The *exosystem* refers to the broader environment in which the microsystems are embedded and which affect children’s development somewhat more indirectly, e.g., the activities of local boards, parents’ workplace. Willms (2001) demonstrates the importance of the exosystem when he refers to the Hypothesis of Double Jeopardy. “The Hypothesis of Double Jeopardy holds that people from less advantaged backgrounds are vulnerable, but people from less advantaged backgrounds who

also live in less advantaged communities are particularly vulnerable” (Willms, p. 58).

Finally, the *macrosystem* “refers to consistencies, in the form of content of lower order systems that exist or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies’ (Bronfenbrenner, 1979, p. 25). The macrosystem consists of the cultural traditions, political ideologies and social values that are in place within a particular culture, and which function to regulate and control the various systems. This premise will be discussed further in the following section.

It is important to note the reciprocal relationship between the various systems. The focus of the ecological system is not only on children, but also on the various ways that parents and communities contribute to child development, as well as the fact that some families face problems that are more systemic in nature in that they require intervention at a community and societal level (Kyle & Kellerman, 1998). As noted by May-Chahal, Katz, and Cooper (2003), “it is evident that to support families effectively one must consider the context which they are living” (p. 49). This requires exploration of the neighbourhood in which the family lives, the employment opportunities and schools which are available, the culture to which they belong, etc. Kyle and Kellerman (1998) point out that problems faced by families may not always be the result of personal inadequacies, therefore, the focus should be on mobilizing group and community resources, and on promoting a variety of services that contribute to the development of a safe and sustainable community.

Another aspect of the ecological approach is that it promotes reorganizing and linking separate family support services so that they may be more accessible, flexible, and able to better respond to the multiple needs faced by many of today’s families (Kyle & Kellerman, 1998). This is an approach that is supported in the literature (Doucette-Gates, 2000; Myers-Walls, 2000; Shields,

1995; Torjman, 1995). This involves creating networks of organizations to ensure that families have unlimited access to variable resources, and that these resources are easy to find and easily accessible when they are found. There is no single organization that can provide all the resources that a family needs. Networks of support are necessary to ensure that families are not going without services, simply because they are not aware of services provided by another organization.

Some families face problems that are more systemic in nature in that they require intervention at a community and societal level (Kyle & Kellerman, 1998). As Kyle and Kellerman (1998) point out, problems faced by families may not always be the result of personal inadequacies, therefore, the focus should be on mobilizing group and community resources, and on promoting a variety of services that contribute to the development of a safe and sustainable community.

The notion of self-reliance and independence no longer means that people are expected to function in a vacuum, apart from others. The time is long past when any family could be a self-sufficient unit, producing its own food, educating its own children, relying solely on its own resources. Family support programs exist because families recognize a need for interaction and support and understand that the ability to relate to others is a prerequisite for functioning independently. (Weissbourd, 1987, p. 49)

While the problems of the families may not always be the result of personal inadequacy, this view is challenged by many ideologies embedded in our society. Examples of such ideologies are class, capitalism, paternalism, and the liberal democratic perspective. The liberal democratic perspective emphasizes individuality and holds that choices and equality exist within everyone's life. From this Social Darwinism perspective, all individuals have access to resources needed to survive

and thrive, however only those that are the strongest will survive. This notion is particularly true in parenting. There is a common societal belief that parents should be able to raise their children without any assistance from members outside the immediate family and that families who do seek assistance and support from outside sources are somehow less capable of parenting than those who do not. Wandersman (1987) notes that “in American society there is a deeply held belief that being a parent is an instinctual process and that families should solve their own problems” (p. 207). We have already noted how emerging social trends have challenged the family’s ability to function as a completely independent unit. To deny access to family support programs would leave families competing with other families and within the family unit itself when the resources are scarce. Families with better access to resources may be able to gain and use those resources more quickly and efficiently than families whose access is not as great. The ecological theory is insightful as a means of exploring how the ideologies of a culture work their way down through the various systems to shape the knowledge and behaviours of the individual.

These frameworks can also be used to explore how individuals, families, communities, and ideologies influence program principles and practices, which, in turn, affects outcomes and the measurement of success.

The two previously described theories were used as a guide to the research as they were complementary to the subject, as well as provided the research with direction. Malcolmson’s framework supports and strengthens my research questions, as it maps the relationship between the various components of family support (principles, practices, outcomes, reflective practice, evaluation, etc). The ecological framework considers issues beyond the impact of a single person and explores individuals are impacted by a variety of influencers, whether these influencers are in the

form of family members and/or co-workers, the neighbourhood in which they live or the political party which currently holds power. All of these, and a variety of other factors, affect an individual's ability to parent their child(ren), as they have a direct impact on an individual's skills, behaviours, and attitudes. Ecological theory displays the linkages between the systems and how they affect one another.

### *Methodology*

#### *Rationale*

This study aimed to capture the links between principles, practices, and outcomes in family support centres across all levels of Bronfenbrenner's ecological system. This was achieved by conducting interviews with both the participants and practitioners of family support centres.

Participants of family support centres were able to provide a first voice account of their experiences in family support centres. This first voice account is important as parenting is such a dynamic and personal experience, a "social construction encompassing a wide spectrum of experiences and reflecting shifting socio-historical and cultural values" (Farley-Lucas, 2000, p. 6). Our conversation covered how their experiences and their personal histories have affected their everyday lives, specifically in their roles as parents or caregivers. This exploration occurs at the microsystem level of the ecological framework and is based on the premise that exploring the everyday lives of children and their families enables one to see how decisions made at other levels of the ecological system (i.e., macrosystem level) has an indirect impact on the participants and their families.

In keeping with the ecological perspective, which recognizes the impact of multiple levels of influence on the individual, the researcher also met with practitioners to include their own first voice

account of experiences within the family resource centres. Practitioners have a unique and differing perspective from participants and through conversations, the researcher was able to explore how program development and program design is influenced by principles of family support. Practitioners were able to share with me their vast knowledge of program development and design, in addition to the outcomes that they have witnessed within the family resources centres and challenges associated with working within the guiding principles. Practitioners are accountable to the families they serve, however at the same time they must often work within the confines of decisions made by those who do not work directly with families (i.e., funders). It requires a great deal of strategic planning to work within these confines while ensuring success at a program level for the families involved in the centre.

#### *Application to framework*

This analysis of family support centres allowed for an in-depth exploration of the ecological aspects of family support centres and how action and information flow from one level to another. How do government funding decisions affect the implementation of principles and practices? How does the implementation of program principles affect outcomes for participants? How does evaluation serve as a regulator? How does evaluation provide feedback on the twelve guiding principles of family support centres? These questions are all intricately linked and, therefore, it is necessary to explore all levels of the ecological framework when considering the translation of principles into practice in family support centres.

It should be noted that the work that takes places within family support centres is often invisible, and is not necessarily acknowledged or commended by anyone other than those who are directly involved with the centres, who are able to see first hand the benefits that these centres bring

to families and communities. Utilization of first-voice accounts not only allows individuals to share their experiences, but ensures that those words are utilized in research through the use of quotations.

Through the analysis of interviews with participants of family support centres, the meanings that underpin the experiences, behaviours and feelings of participants within the centres have been explored. The focus was on *their* understanding of the processes within family resource centres and how *they feel* that positive outcomes are promoted in families; in other words, their experiences and their interpretation of those experiences. These experiences are reflected in this study through first voice accounts, which have been utilized optimally in this research.

A number practitioners were asked to reflect on institutional change – has there been any increased recognition, on a systemic level, of the beneficial affects that family support centres have on these communities? There has been ample research that demonstrates these benefits, yet this is not necessarily translating into increased funding to support the work that is being done.

If family support centres are able to demonstrate their vital role in the community, why are many struggling to ensure that their doors remain open? Is it perhaps because parenting, on a societal level, is seen as something that parents should be able to have the resources to do without any outside assistance, or is it simply a matter of limited funds?

### *Sample*

Interviews were conducted with six participants and ten practitioners of family resource centres. To attain a representative sample, an attempt was made to incorporate participants from a variety of resource centres, including military family resource centres and both CAPC and non-CAPC family resource centres. Rural and urban centres were included, as well as centre with a

variety of budget ranges.

Participants were found through the Nova Scotia Council for the Family website, which provides a listing of thirty-eight family resource centres in Nova Scotia, as well as contact information for each centre. All listed centres that only provided child care and did not have a parent education component was immediately excluded from the list, as the researcher wanted to be able to meet with parents who had participated in parent education programs. From the remaining agencies, a representative sample of centres was selected for participation. A list was created and contact was made with the Executive Directors of the selected Centres, explaining the study, and asking for their participation. Practitioners were asked to speak with participants of their centre to ascertain if any would be willing to participate in the research study, as well. The majority of participants asked for copies of the interview guides, as it would give them a better sense of the questions that would be asked, thus who would be best able to provide useful answers.

The interviews, sixteen in total, provided a reasonable and manageable amount of data for this thesis.

### *Procedure*

Each interview was approximately one hour in length (typically longer for practitioners and shorter for participants) and provided me with the opportunity to explore the experiences of these individuals in family resource centres. Throughout the interviews with participants and practitioners, there was considerable discussion of the implications that their experiences have had on their everyday lives, as well as exploration of which aspects of the centre they feel are instrumental in leading to positive outcomes for participants in family resource centres.

## *Interviewing*

I chose interviewing as a technique because it allowed me to discuss not only the individuals experience in the family resource centre but as well provided participants the opportunity to share what they feel contributed to their own outcomes, whether positive or negative. Morgaine (1994) notes that “critical inquiry includes observing, acting and reflecting” (p. 326). The interview process is one which allows both myself, as the interviewer, and the participant to observe, act and reflect, through our interaction and the natural flow of conversation.

I employed an empathetic interviewing technique that is less directive and more exploratory. This style of interviewing recognizes that unexpected paths lead to greater understanding of people and issues, and it probes beneath generalizations. As Lawless (1999) notes, empathetic interviewing “encourages participants to uncover the roots of their behavior and relate relevant anecdotes” (p. 1). This style of interviewing is a wonderful compliment to the critical framework in that it is change-oriented and it prompts participants to imagine solutions and new possibilities (Lawless, 1999).

Interviews were not one-sided. They were of a back-and-forth, dialogical nature which provided opportunity to explore how the participants’ views of parenthood were shaped in the past and if these views have changed since their involvement with the family resource centre. It was my hope that these interviews were meaningful and thought-provoking for the participants, as they were for myself.

Interviews are one of the most common, as well as one of the most powerful, ways of obtaining information through understanding experiences and reconstructing events in which the interviewer did not participate (Fontana & Frey, 1991; Rubin & Rubin, 1995). Interviews are essentially guided conversations that allow the interviewer to reach across time, class, race, sex, and

geographical divisions (Rubin & Rubin, 1995).

The interviews followed a less formal, semi-structured approach, more like a conversation. Although interview guides (Appendices C & D) were used as a framework and addressed some of the key questions in wished to explore, conversations were open-ended and allowed for improvisation with respect to follow-up questions and for further exploration of meanings and areas of interest as they emerged throughout the interviews.

Throughout the interview, my hope was to enhance trustworthiness through techniques that build rapport, trust and openness, as well as using questions drawn from the literature to ensure that all topic areas were covered (Arksey & Knight, 1999). Expansion and clarification were encouraged, in an effort to ensure that responses were completely understood. To the best of my ability, the advice of Arksey and Knight (1999) was followed, who suggest that credibility can be enhanced by repeating questions if asked, looking interested, not showing signs of approval or disapproval, and ensuring that the response is understood. Another method of enhancing reliability is the use of reflexive processes and practices. Reflexive practice is a pro-active means of reflecting on the interaction between the self, other, and the context. It allows the researcher to recognize her/his own biases and to be aware of the effect that they may have on their interaction and, in turn, on the research.

#### *Advantages of interviews*

Advantages to conducting face-to-face interviews are that this method has a high response rate, the interviewer can observe the surroundings and use non-verbal cues, as well as to probe for answers, something which is not possible in a survey/questionnaire.

### *Disadvantages of interviews*

Some weaknesses associated with conducting interviews are that the participant may not be comfortable sharing information that is personal or sensitive. To alleviate the stress that may come with answering these types of questions, be sure to use an appropriate time frame. It is important to note that the respondents answer may be correlated with their current situation and may change from day to day. Disadvantages to conducting interviews are that they can be expensive and there is a greater possibility of interviewer bias.

This researcher's bias included being raised in a small farming community with little exposure to different ethnicities, cultures and 'classes.' As such, visiting family resource centres in public housing communities was an entirely new experience and one that called for an examination of one's own preconceptions, so as to be aware of any such biases and so that they may be accounted for when meeting with participants and when analyzing data.

Also, the "appearance, tone of voice, question wording, and so forth of the interviewer may affect the respondent" (Neuman, 2000, p. 273). Attempts were made to eliminate such disadvantages through practicing interviewing technique, consulting with others on appearance and the wording of questions.

### *Enhancing the Quality of the Research*

It is important that in any researcher-participant relationship there is *reciprocity*. The researcher should be aware that the participant is sharing personal experiences, often for nothing or little in return. Therefore, the research has the responsibility of reciprocating that good-will. This involves being a good listener, providing the participant with access to resources, providing informal feedback

as long as it fits within the constraints of research and personal ethics, and while being constantly aware of one's role as a researcher. Providing the participants with the results of the study is another way of recognizing their contribution to the project.

*Dependability* is another component of qualitative research that involves ensuring that there is an audit trail. Dependability was enhanced through member checking, which “occurs when outsiders examine the notes and the data of the researchers to make sure these data are saying what the researchers claim they say” (Shank, 2006, p. 114). *Credibility*, the degree of believability of the research findings, was established through extended contact with the participants, to ensure that the data collected in an accurate depiction of their reality. *Confirmability* was enhanced through a clear depiction of the methodology, which addresses such issues such as the type and nature of the raw data, how the data was analyzed, and how categories and themes were formed (Shank, 2006). Dependability, credibility, transferability and confirmability are concepts that work together to enhance trustworthiness, which, according to Shank (2006), is the “degree to which we can depend on and trust given research findings” (p. 115).

*Authenticity*, which is a plan for evaluating the potential impact of a piece of research in the world at large, can be broken down into five categories (Shank, 2006). To be *fair*, one must present as many points of view as necessary. I have made every attempt at fairness by speaking with individuals from a number of various family resource centres (military, CAPC, non-CAPC, rural, urban). Research must be *ontologically authentic*, or raise awareness, which I hope was achieved as described earlier by use of a critical theoretical framework. In this sense it is also *educatively authentic*, as it allows the researcher to think critically. Finally, it is both *catalytically* and *tactically authentic*, in that the research will provide direction for future research and suggestions for

enhancement of family resource centres. Using these guides, the researcher hoped to provide a piece of work that is useful and will be able to provide direction for future work.

### *Limitations of the Research Findings*

One notable limitation with respect to this study is that the participating centres were not selected randomly, however chosen based on the researcher's desire to include centres from a variety of settings (i.e., rural versus urban, varying budgets, varying funding sources) in order to comprise a representative sample of family resource centres across Nova Scotia. It is acknowledged that the research study is too small to be representative of the population.

Another limitation is that parents/participants with whom the researcher interviewed were selected by the practitioners. This allowed the practitioner to choose an individual that they felt would be able to respond to the interview questions and who has ample experience within the family resource centre to provide useful information. Those selected had been involved with the centre for have good rapport with the staff, and would generally report positively on their experiences. Speaking with individuals who are no longer involved in the centre may have provided the researcher with another perspective, which may or may not have been as positive. This limitation is not hugely significant in that this research was not an assessment of the centre, however, it is acknowledged that additional perspectives of the centre may have been useful.

A final limitation of note is the inexperience of the researcher as interviewer and data analyst. As an interviewer, any number of factors, including "the dress, demeanor, and language used by the interviewer may influence the quantity and quality of information given by respondents" (US Department of Health and Human Services, 2007). As an analyst, one's skill

and experience may influence how will the data are summarized into themes (USA Department of Health and Human Services, 2007).

### *Ethical Considerations*

When considering ethics in a research project, there are four main areas that are of most concern: protection of participants from harm (physical and psychological), prevention of deception, protection of privacy, and informed consent.

Upon arrival at the interview, I explained the purpose of the interview and the research to the participants, allowing them an opportunity to address any questions or concerns that they may have. I informed them that the session will be taped recorded, and that they may ask that the recording be stopped at any time. All participants signed an informed consent form (see: Informed Consent Form, Appendices E & F). The form explained to the participants the purposes and intended use of the research, the expected duration of the interview, and the rights of the respondent (they had the right to stop the interview at any time, to refuse to answer any questions, and to stop recording at any time). Finally, the informed consent form indicates contact information for both researcher and research advisor, as well as the Director of Research of the University Ethics Research Board, should the participant have any questions, comments or complaints about the interview or the research project.

The interview tapes and all hard copy materials containing identifying information were stored in a secure location and both tapes and transcripts will be destroyed upon completion of the research project. Electronic files were password protected.

Confidentiality was be a priority. The participants were all given pseudonyms to protect their

identity and all identifying information presented was omitted from transcriptions. Only the researcher had access to the tapes and original material. Given the small number of family resource centres in the province, there is always the chance that individuals may be identified through the information provided in the report. While all attempts were made to ensure that this is not possible, it was acknowledged as a risk. Prior to conducting the interview, I discussed this with the participants, to ensure that they comprehend the risk that this involved.

Qualitative interviews on sensitive topics may provoke powerful emotional responses from participants (SA Health Information, 2005). This project was no exception. Particularly with participants of family support centres, discussion may lead to consideration of the difficulties of parenting and past experiences in parenting, which may be embarrassing or shameful to the individual. They may feel that their behaviours reflect badly on them as a parent. The researcher made every attempt to listen openly and actively, to remain non-judgemental and open-minded, and to ensure that any biases were openly acknowledged in the research project.

It is also important to note that discussion around the influence of social factors such as race, class, and paternalism on behaviour, attitudes and parenting styles, may have led to discussion of hurtful memories of the influence of these factors on participants. Therefore, it was necessary for me to have been able to provide information on professional resources and sources of information, should any of the participant wish to discuss their situation with a professional. Fortunately, this situation did not arise during my conversations.

### *Data Analysis*

#### *Preliminary analysis*

Prior to the interviewing process, the researcher sought information from various family

resource centres on their mission, values and vision statements. Statements were compared for consistencies and differences between agencies. These statements were also used to explore any links between the written mission, values and vision of the family resource centre and the guiding principles discussed earlier. The statements were explored further after the completion of the interview to see if the mission or vision detailed in the statement are in fact also reflected in practice as described by the interviewee. This analysis allowed for exploration around how well the principles of the family resource centre are put into practice and how the principles are interpreted by participants and practitioners of the centres.

Interviews were transcribed and checked for accuracy. After this initial overview, transcripts were re-read, ensuring that the research questions were constantly reflected on. During this initial reading, any notes, thoughts, or emerging themes that were discovered were highlighted and noted (A sample of this process can be seen in Appendix G). Through examination of highlighted sections from the initial read, the data was then sorted into key themes and categories, based on my research questions. As the data analysis evolved, this organizations of key themes and categories proved useful as many of these themes took the form of sections and sub-sections, a processes that was refined through more detailed analysis using the NUD\*IST software system. I also relied on field notes, taken during the interviews, for such details as time, location, environment, and interactions associated with the interview process, in order to add depth to the description and analysis of the information (Farley-Lucas, 2000). 'Living with the data', as this is known, allowed me the opportunity to become comfortable and familiar with the information.

### *NUD\*IST*

NUD\*IST (Non-numerical Unstructured data indexing, Searching and Theorizing) is a

software system that allows the user to manage, organize and support qualitative data as they are analyzing documents such as interview transcripts, field notes, journal articles, papers, email archives, or any other data that can be saved as a text file. NUD\*IST is based on a code-and-retrieve facility that has two major components (Richard & Richards, 1994). The first is a document system, which holds textual-level data. The documents can be indexed by typing in codes or by text search and auto indexing. The second component is an index system that allows the user to create and manipulate themes and to store and explore emerging ideas (Richards & Richards, 1994). Simply put, NUD\*IST allows the researcher to input data, and codes various words, sentences, or paragraphs. Once the entire document has been coded, the user will be able to search for certain terms (i.e., evaluation, empowerment). This allows the user to explore themes that have occurred within the document.

Richards and Richards (1994) explain that “the nodes of the index system, where the indexing is kept, are optionally organized into hierarchies, or trees, to represent the organization of the concepts into categories and subcategories” (p. 457). The nodes in the index system can be treated as both textual level (coding documents) and conceptual level (recording things about the world and storing theory). As described by Loxley (200) “Text units (lines, pages or paragraphs as specified by the analyst) are indexed with nodes...which are given numbered addresses and are held in separate files from documents” (p. 560). The user can explore the document and index systems and the relations between the two provided by the coding of documents. NUD\*IST also allows the user to write memos and add annotations, as well as fracture and re-organize data.

There are two main advantages of using NUD\*IST: The first is context. The original document is always available, regardless of how much coding is done. The second is flexibility. The

coding structure is easy to develop and can be modified at any time without compromising data.

NUD\*IST also allows the user to record demographic data, case information, define and code themes, concepts and other attributes of data, and intersect selected concepts or themes.

## CHAPTER FOUR

### Research Findings

This chapter presents the results of interviews conducted with participants and practitioners of selected family resource centres. The experiences and circumstances of these individuals differ, however, a number of commonalities are evident. All participants in this study were women, consistent with the trend of parenting being a role that is often primarily the responsibility of the female head of household. All participants are parents. This is also consistent with users of family resource centres, although grandparents, aunts, uncles, and guardians, among others, are also active family resource centre participants. A number of the women in this study are also single parents. Again, this is consistent among users of family resource centres, as single mothers may seek out support that they are not able to obtain from a partner in the home.

#### *The Family Resource Centres*

Family resource centres across Nova Scotia are listed on the Nova Scotia Council of the Family website along with certain demographic information about the centres. From this list I chose those centres which would provide a balanced group of family resource centres across the province. A balanced group implies that centres were varied in as many features as possible, including population served, budget, and setting (rural vs. urban). I was therefore able to meet with individuals from both rural and urban locations with varying demographic information. Specifically, four centres in the urban core, surrounded by low income housing; two urban centres which were serving a specific community within the community; two centres in rural settings, with outreach to neighbouring rural communities, and one semi-rural centre, with outreach programs to neighbouring rural communities were included in the study.

The budget of the centres included one centre whose budget was \$50,000 to \$99,999, to another whose budget was greater than \$1,000,000. For all centres, the majority of funding is received from the Department of Community Services, the Public Health Agency of Canada – Community Action Program for Children (CAPC) or United Way. Additional sources of funding include HRDC/HRSDC/Service Canada, the Public Health Agency of Canada – AHS, Growing Together Funders (DCS, DoH, Invest in Kids, IWK Health Centre, Royal Bank) and/or through their own fundraising initiatives, grants and program fees.

### *Participant Profiles*

This study included 16 adults who have been actively involved in a family resource centre, either as a parent/participant or as a practitioner. A total of 10 practitioners (from 9 FRCs) and 6 participants (from 5 FRCs) were interviewed. All interviews, with the exception of one practitioner, were conducted at the Family Resource Centre. The one exception took place at MSVU. Of the practitioners, 9 were currently employed with family resource centres, and one was no longer with the centre, but still very much actively involved in the community. Four of the practitioners interviewed were Executive Directors which means that they oversee the operations of the family resource centre, implement goals and objectives of the centre, perform human resource duties (management of employees and volunteers), and often manage the financial resources of the centre, among other duties. The majority of practitioners had been in their positions for a number of years, while two had only been in her position for a few months (although one had worked at the FRC previously through a work term and the other had been involved in the centre years earlier). The majority of practitioners received both the practitioner and the participant interview guide in advance, as this helped them to determine which participant would be most likely able to provide

useful feedback to the questions. As such, they acted as gatekeepers. Gatekeepers are individuals who manage the flow of information and knowledge. In this study, gatekeepers were mostly likely to approach a participant who has been involved in the centre for a prolonged period of time, is well known to staff of the centre, and, thus, mostly likely, will be providing mainly positive feedback about their experience. It is unlikely that a gatekeeper would select an individual who is not well known to the centre or who is known to have negative things to say about its operations and staff.

All interview participants were knowledgeable about parenting and seemed quite comfortable sharing their experiences in their family resource centre. Although the length of time that each have been involved with the centre was varied, all had insightful and thought-provoking words to share about their feelings and experiences. The following is a brief profile of the 15 women who shared those experiences with me. There are not many family resource centres in Nova Scotia, thus the profiles are kept short and fairly general so the individuals cannot be identified.

### *Practitioners*

1. Bonnie - *Coordinator of Community Action Program for Children. Has been employed with the centre for 12 years. First became involved through a family member who was working to get the centre off the ground. She did some workshops and was asked to stay when the centre opened. She holds an undergraduate degree in a relevant field.*
2. Lori - *She is a coordinator and has been with the centre for 7 years. She first became involved in the centre as a volunteer when her son attended day care at the centre.*
3. Betty - *She has been the Executive Director since late 2005, however was active on the Board of the Centre for 3 years when the centre first opened, over 12 years ago. Her background is in nursing, including working with children, which evolved into community development.*

4. Nancy - *She has been with the organization for 8 years. Previous to this, she was a teacher for 10 years. Her educational background is relevant to the field.*
5. Darlene - *She has been the Executive Director of the organization for 20 years, since it opened. She has previously worked with a number of community-based not-for-profit organizations. Her educational background includes social work and women's studies.*
6. Janet - *She was the Centre Coordinator for 8 years. Her educational background is relevant to the field.*
7. Amanda - *She has been with the centre for 5 years as its Executive Director. She was previously working at a women's centre, however was involved in the family resource centre as a parent and through her role at the women's centre. When the position became available, she left the women's centre. Her educational background is in social work.*
8. Jocelyn - *She has been Executive Director of the centre for 5 years. She became involved in the centre when she started doing some workshops and other classes. Her educational background is relevant to the field.*
9. Vivian - *She has been the Parent Program Coordinator for one year, having come from another family resource centre. Her educational background is relevant to the field.*
10. Terri - *She has been an Enhanced Community Home Visitor for approximately 1 year, and involved in the family resource centre for 3 years. Her educational background is relevant to the field.*

#### *Participants/Parents*

1. Monica – *She moved to NS with her family when she was 12. At that time, her entire family became involved with the family resource centre. Monica's involvement has evolved from program*

*participant, to providing child care, to facilitation of programs and a participant as a parent with 2 children of her own. Monica is also currently pursuing her studies.*

2. Eve – *She has 2 boys. She heard about the FRC through a friend who had participated and became involved 5 years ago. Eve started doing some substitute facilitation when other practitioners were sick and is now employed part time. She has participated in infant massage and a number of parent education and interactive parent/child programs.*

3. Peggy - *She has been involved in the centre for over 20 years, first as a parent of her three children, and then as a grandparent of 3. She has participated in a number of parent education and nutrition/cooking classes, as well as first aid and daycare. She also sits on the family resource centre board.*

4. Jill - *As a mother of a child with special needs, she was looking for a centre that could accommodate her son. She has been participating in the centre for 6 months through their daycare program and would like to start volunteering as well.*

5. Tina - *She heard about the FRC through her niece and began her involvement with the centre when she was awarded custody of her grandchildren, about 4 years ago. She has participated in parenting classes, playgroups, in addition to community involvement and job preparation programs.*

6. Kathy - *She has been participating in family resource centres for a number of years, but became involved in this particular centre when her family moved into the community a couple of years ago. She brings her 2 children, as well as a child that she baby-sits. She has taken part in a number of parenting classes and is currently involved in some program facilitation and volunteer work in the centre.*

### *The Interviews*

One constraint with all practitioners was the very real challenge faced with respect to their extremely tight schedules. Mindful of their own timelines, the researcher was careful not to stray too far from the interview guide, unless it appeared important to the participant to share additional information. The interviews with practitioners began by asking each participant for information on their background: their position title, the length of time with the centre, their educational background, and, how they came to be involved in the Family Resource Centre. These initial questions served as ‘ice-breakers’, enabling us to share educational and professional experiences and to build rapport.

#### *A day in the life...*

I asked each practitioner to run me through a ‘typical day.’ Each participant laughed in response to this question and claimed that there is no such thing as a typical day in their lives. Truly, the activities that take place in an average day are as varied as the participants themselves. I asked the question in order to explore the practices within family resource centres. By asking about the activities that are undertaken in a ‘typical’ day, one can more fully explore the day-to-day practices of participants and practitioners of family resource centre.

A typical day may involve such activities as meetings with FRC staff members, dealing with HR issues, preparation for programs, purchasing of materials, supplies, and food for programs, interacting with parents and children, driving participants and/or their children, volunteer coordination, program facilitation, student practicum coordination, budgeting, evaluation, proposal development, grant applications, fundraising, networking and relationship building with community partners and funders, board meetings, report development, newsletter development, advocacy on

behalf of community members, and general promotion of the centre. This list is by no means exhaustive. For many, this means that a work week with ‘regular’ hours is not possible.

Betty stated: *“I am supposed to work 35 hours a week, but I have to say most weeks it is more like 45. I take time off in lieu, or I try to but that doesn’t always work either, so you try to do it when you can. Summer I will maybe take an extra 2 or 3 days on top of my vacation or something.”*

Lori further noted that often there is little time for reflecting on the tasks in the days ahead – the focus is simply on getting through the current day: *“It is very hard to sit down, when somebody asks us what we do, it is very, very overwhelming to me to sit here and be like, ok, I don’t want to think about it no more!”*

During the course of the interviews, many practitioners, as above, expressed how the challenges and sheer amount of work can be draining. This reason may well be a factor in the staff turnover at some family resource centres.

Vivian speculated: *“There has been a lot of changes with a lot of family resource centres lately. For instance, there is one over in [another community] that was going to offer prenatal over the summer, well, when the staff changes, that is it, it is gone.”*

\*I: *“Does there seem to be a lot of staff turnover?”*

Vivian: *“Lately.”*

\*I: *“Any speculation on that?”*

Vivian: *“I think they are demanding positions. I don’t want to call it burnout, but the shame of that is that all the skills and all the training they have accumulated goes with them. So I can think of one centre in particular where they have lost so many staff and that has made the quality of the services that you offer go down. I really wouldn’t speculate on what one reason would be but I*

would say that they can be demanding positions and that centres generally can be understaffed.”

Another reason for staff turnover was cited as the lack of adequate financial compensation for the demanding position. When asked what could be different about the family resource centre practice, Janet stated: “: *I think valuing family support more, and the dollars behind it. The hardest thing that I see is staff struggling financially constantly, and not wanting to leave their positions because they love the work that they do, but they are not able to feed their families because they are underpaid. It really is shocking, Early Childhood Educators have degrees and they have to have those qualifications to be in those positions but they are not really paid adequately. Certainly as a centre we strived to have some guiding principles to ensure that we paid better – but still, it is very small for such large work.*”

However, staff turnover is not a concern shared by all. Jocelyn adamantly stated that staff turnover is not, nor has it ever been, a problem in her centre. She attributed this to ensuring that her staff know how vital their work is to the centre and also to the amount of professional development that is available to all staff members.

Jocelyn: “*Within the --- program, we have virtually no staff turnover. None.*”

\*I: “*Really?*”

Jocelyn: “*None. I have been with the organization for 12 years; I started as a workshop facilitator and am now the ED. The person who coordinates overall, has worked for the organization for probably 5 years, the child development coordinator has worked for the organization for probably 9 or 10 [years] and we don’t have people leaving because they don’t want to. You know what it is? I think, and I truly believe, one: I make a point of telling them all, every single one of them how valuable they are and how much we appreciate every single thing they do. They don’t get*

*the best wage in the world, but I make sure there are professional development opportunities, I make sure there are workshop opportunities, so within the outreach program, within the kids action program, for example, we have built in 3 professional development opportunities throughout the year, where we all come together as staff and we share..”*

Despite the challenges faced by Betty, Lori, and other practitioners, all expressed a passion for the Centre and cited the tremendous value of the work that is done which is instrumental in keeping them drawn to their professions. The feedback from participants and community members provides a sense of purpose and deepens commitment for the practitioners.

The enthusiasm and love of work expressed during the interviews was truly inspirational. Excitement was particularly evident in discussions of potential growth and further expansion of the centre and its programming.

Key practices for family resource centre practitioners are noted in the above quotations. Many practices focus on program development and program design. However, a ‘typical’ day goes well beyond program development and program design and it is evident from the above quotations that factors such as staffing and funding are constantly of concern to practitioners and can greatly impact their practice. Practice is also guided by a number of principles of family support. The following section will commence with exploration of the content of missions statements from various family resource centres to determine which principles are most strongly contained in these statements. Following this exploration will be a description of how practitioners and participants understand the principles of family support, and an exploration links between principles and practices.

### *Mission Statements*

In exploring the translation of principles into practice in family resource centres, it was

suggested that the mission statements of family resource centres be explored to determine if principles are noted in the mission statements. MissionStatements.com (2007) notes that an organization's mission statement "defines in a paragraph or so any entity's reason for existence. It embodies its philosophies, goals, ambitions and more. Any entity that attempts to operate without a mission statement runs the risk of wandering through the world without having the ability to verify that it is on its intended course." In particular, a "Non-Profit organization's mission statement summarizes the good that the organization hopes to bring to the world (MissionStatement.com, 2007)." Thus, exploring the mission statement of a sampling of family resource centres would, in one or two sentences, speak to the core values of the organization.

In Fall 2005, an email was sent to all family resource centres explaining the research and requesting copies of their mission statements for review. Three organizations responded to the email and sent their mission statements. In addition, seven mission statements were obtained online from organizations websites. Another two were obtained during interviews with the centre. In total, twelve mission statements were collected for review. Note that those mission statements reviewed were not necessarily the same as those which participated in the research interviews.

It was evident from the 12 mission statements that were reviewed that the most frequently mentioned of the 12 guiding principles was the focus on the promotion of wellness and use of a prevention approach. This is clearly stated half of the reviewed mission statements. Some examples:

*....provide a variety of prevention services/programs that focus on the health and social development of children...*

*...promoting their physical, mental and spiritual well-being...*

*...develop, administer and deliver services that promote the health and well-being of child children*

*and their parents/guardians/care givers...*

*...providing a variety of promotion and prevention services and programs...*

These findings are consistent with conversations that took place during the interview process, when participants and practitioners of family resource centres were asked to provide a list of programs which they offered/participated in. The majority of those listed had a preventative focus, and include skills development programs. Even those programs which appear to be simply for ‘fun’, such as a parent/child interactive playgroup, are often built around developing positive interaction between parent and child. Other examples of programs with a prevention/promotion focus are parent education programs, cooking/nutrition programs, first aid/CPR certification, and physical activity programs. In addition, practitioners often brought in guest speakers such as nutritionists and dietitians, nurses, and other health care professionals. Programs and services are focused on building healthy families and communities.

The second most noted principle is that of working in partnership with families and communities, which is expressed in a number of ways in the mission statements:

*...to bring the community together...*

*...strengthen partnerships and collaborative activities among families, service providers, communities and governments.*

*...opportunities for families to participate in the development, delivery, utilization and evaluation of programs and services...*

Practitioners recognize the importance of including parents/guardians and the community at large in the operations of the centre, as they cannot exist without the support of both. Families are essential in providing input into what is working and what is not, to attend the programs, and to

promote the centre to other families. Partnering with community organizations is a key to survival for many family resource centres, working collaboratively with the community, which provides donations, offers joint programs and shares resources.

That these principles were the most commonly cited in the reviewed mission statements is consistent with the values expressed in conversations with family resource centre practitioners and participants. Principles of partnership and working with families and communities to meet expressed needs will be discussed a great deal in following sections of this chapter. A focus of prevention and promotion, although not discussed in depth, was clear focus in programs and services offered.

From the above discussion, it is evident that some principles are captured in the mission statements of family resource centres. However, it does not indicate how well they are understood or if there is evidence of these principles in the centres themselves.

### *Understanding the Principles*

A total of 9 practitioners of family support centres were interviewed. In each discussion, practitioners were asked if they were familiar with the 12 guiding principles of family support and all said they were. Indeed, in a couple of instances, the principles were posted on the walls of the centre. Many stated that they discussed these principles with their staff periodically. Practitioners were also asked which principles they deemed most valuable to their practice. None could select any in particular. In many cases, they went through the principles one-by-one and sited examples of how they were used. A few practitioners were uncertain of the meaning of one principle in particular, 'Family support programs operate from an ecological perspective that recognizes the interdependent nature of families' lives'. Once explained, all agreed that this was a principle which they followed.

Another principle which led to some discussion was the first, ‘open to all families’. Although most felt that they were open to all families, most included the caveat ‘within the scope of our funding mandate’. Most family resource centres are mandated to serve low-income families, frequently in a specific community, and typically services are limited to children aged 0 to 6 years old (more on this issue to follow). However, many offer services beyond those they are mandated to provide and very rarely turn anyone away. At the very least they would attempt to provide them with information on other resources which may be better able to meet their needs. A couple of practitioners noted that the principle of attendance being voluntary in nature was not always the case, as some parents/guardians were attending programming as a result of a court order.

These exceptions noted, from the perspective of the practitioners, it did appear although all principles were deemed equally valuable to practice, although in many of my conversations with both practitioners and participants, there were some principles which were more frequently cited than others. Although this may have been sub-conscious, it did appear that these principles held more focus, in general, than the others. The following three themes have been utilized to reflect the most frequently cited principles: *community-centered approach*, *participants voices* (both which support principle 3 - work in partnership with families and communities to meet an expressed need), and *partnerships* (principle 2 - complement existing services, build networks and linkages, and advocate for policies, services and systems that support families’ abilities to raise healthy children). These themes are explored below.

### *Community-centered approach*

A number of the guiding principles of family support speak to a community-centered approach. In particular, this is evident in the third principle: *Family support programs work in*

*partnership with families and communities to meet expressed needs.* This principle recognizes that families do not exist in isolation (ecological approach), but within communities that play a significant role in the day-to-day activities of family resource program participants.

This partnership between families, communities and family resource centres occurs in a number of ways. Families are instrumental in providing advice and feedback on programming, and the volunteer work of community members is often a significant part of what keeps the centre sustainable. In addition, community organizations support the work of family resource centres through donations, partnering opportunities and through the provision of a wide range of services and products to program participants. More on this partnering will be explored in the proceeding section of this report. A number of practitioners expressed their belief that family resource centres would not exist without participants who participate in programming, offer their services through volunteer work, and provide support to family resource centres.

Bonnie describes how the close relationship between family resource centre and community played out during a recent time of crisis: *“But the community here, it is absolutely wonderful. To sum it up, when we had the hurricane, our roof ripped off, you could see outside! A [staff member] was here and she told me, people are coming, like they are coming, coming, coming. People keep coming to the door and she is letting them in and there was no power and we were like, what do we do? And they were coming and they didn’t come to get anything, they were here to help, which I thought was really touching cause they weren’t coming like, ‘what can you do for me’, they came here to see what they could do to help people.”*

When asked how she ensures the community is involved in the centre, Betty describes some challenges in involving the community since acquiring new space for the centre, which was

previously run out of numerous sites concurrently, and how she is working to promote a community centered approach: *“That is a challenge, and since I have been here, I get to attend as many community meetings as I possibly can. I must have been to about 15 in the community, just to talk about what we do and make sure people know what we do. It is all about going into the schools and just being out there and being involved in as many community partnerships in the community as you can, so that people know who you are, put a face to the association and then see what you do. It is an ongoing PR exercise, you never stop, so we could be out at the grocery store or the garden centre and people will talk to me, talk to the staff, and want to know about what is going on, and put faces to the actual association. It is all about being part of the community. It is always a challenge for us.”*

Nancy notes that one of the challenges in operating from a community-centered approach is ensuring that the voices of the community are heard accurately and are reflected in programming that is fiscally responsible: *“I think a challenge and a difficulty in the world of programming is making sure with some degree of certainty that you are developing and delivering programs and services that the community truly needs. When it comes to the challenge of [doing] a community assessment or a community survey or a needs assessment, that is so, so tricky, particularly when you are working with a large population based. I am always left, from a programming perspective, with how real is that information once you have gone through the stress and resource use [both] financial and human to put that together and at the end of the day you get your information from the questions that you have asked but how true is that, how long does it last? That, in the world of programming, is a challenge. There is no sense spending time and energy on something that you think, or some people have said that they would attend, you have to have more meat there, with some degree of certainty that you can forge ahead and really put this together.”*

Jocelyn describes how participants of the centre are asked to provide feedback and input into future program planning and delivery, ensuring that programs are participant-centered and relevant: *“We are constantly asking for feedback. We do it informally [and] try to offer opportunities for evaluation. It depends on the program. If we do a Mother Goose program for books, then there will be a little questionnaire... a little thing at the end making sure that people have support to do that, because we also have a high level of low literacy. That is why we try to do a lot of it verbally. We might say, ‘would you be interested in doing a parenting program, what types of things would you like to know about, what kind of things would you like to see.’ We couldn’t just say, well that is a good idea, we have to build it and then they come. We have to talk to people and say ‘what do you think of this? Do you think this might work? Would it be something that you might be interested in?’ So we’re asking for constant, on-going input and we do it sometimes more formally, we have got focus groups, we have got questionnaires, we have got interviews, we do it all the time.*

As noted, one component of working collaboratively with families and communities is ensuring that the voices of participants are heard and reflected in programming and service delivery. The following section discussed how the voices of participants are captured and utilized in family resource centres.

### *Participants’ voices*

The majority of the participants first came to the centre as a result of someone they knew recommending that they participate. If one person has a positive experience, they tend to share that with other parents. The participants with whom I met all shared similar first experiences: they were unsure of what to expect at first, came specifically for one program, and discovered a comfortable, friendly and welcoming atmosphere. Supported by this warmth, their participation in programs

continued to grow, as did their role in the centre. Many of the participants have worked or volunteered with the centre, and all have participated in numerous programs.

Participants are the very foundation upon which the programs exist. They are the reason that some programs thrive while others fail. If they are not interested in a particular program, they do not attend, thus, the success of that program has become extremely limited. Family resource centres seem to recognize that they are in a consumer-driven business. Of utmost importance is ensuring that family resource centres offer programming that meets the needs of, and is of interest to, the centre's participants. As such, asking for and hearing the voices of participants has become second nature within most centres. In fact, it was mentioned in every single interview that was conducted. In the previous section, Kathy noted how voices of participants impact the offerings at her centre. In the following comments, more practitioners/participants share how the voices of participants are heard.

Similar to Kathy, Peggy describes the informal method by which parents share their thoughts about programming: *“Well, if we are sitting down chit chatting and we come up with a program we just bring it to (the Executive Director’s) attention and she will see how she can work around it, what kind of program she can bring in”*.

According to Kathy and Peggy, and a number of other parents, ideas expressed to program practitioners can often be translated to programs if there are enough people who have expressed an interest and are willing to participate. This seems relatively straightforward, yet is it actually the case? According to some practitioners, it can be.

Janet reports on how new programs are implemented in her centre, beginning with a demand on behalf of program participants: *“There were a variety of factors. For the most part, it would be based on demand. We would get a lot of calls from people saying, ‘my five year old is having some*

*difficulties in school with routines, with getting up in the morning, we are having a hard time getting going.’ We would write down a variety of these things and then determine that a Nobody’s Perfect program is necessary or we would often tweak programs to fit what people’s interests and needs were. We [also] had parent meetings and what we would show for it is a parent driven resource centre that parents would drive and steer how the programs would be offered. We hoped and we encouraged that they would speak based on the needs that they knew were in the community, not just of their own personal needs.”*

Ideally, the programming in a centre would be entirely targeted to the needs of a community, although sometimes it is not that easy. Some resource centres appear to have a more rigorous process for implementing new programs, which may result in a longer waiting period before programs are offered. Nancy describes the process of implementing new programs within her family resource centre: *“When we develop programs, we just can’t say, ‘yeah that is a great idea; I think I will do that’. There is a whole process that we have here at the centre. Step 1 is bringing a program to the table [to be] reviewed and discussed and shown the rationalization. We get feedback from our community, because we are a nonprofit organization and 51% of our BOD must be [FRC participants]. We get input obviously from the Board that works with the organization. We do regular community surveys, we also do focus groups so programming, when the idea comes forth, has to be rationalized out. Then we will get the go-ahead saying ‘oh yeah, you can move it forward and start developing it and try to move it into a registered program’, or ‘no, I think you need a little bit more information and you need to go back and collect some more’.”*

Evidently, there needs to be a lot of thought put into the offering of each program. The inception of a program often begins with a demand on behalf of participants, but will go through a

process of continuous monitoring, evaluation and feedback to ensure that it is, in fact, meeting the needs of the centres participants. This process may bring to light changes that are required in order to make the program more effective. The majority of the organizations involved in this research operate with the guidance of participants, through a parent committee, parent advisory board, through focus groups with parents, or informally by simply asking participants for their input on specific matters related to programming. Practitioners at family resource centres know that working collaboratively with families and communities is the best way to achieve the goal they are all working towards - positive outcomes.

Participants provide practitioners with suggestions and ideas for service delivery. However, in order to implement these suggestions, partnerships between the family resource centre and other community agencies are often necessary. Involving the community in family resource centres can involve considerable work. Despite this work, the benefits can be tremendous. The following section discusses the importance of partnerships in family resource centres.

### *Partnership*

The second principle of family support speaks to the ability of family resource centres to ‘complement existing services, build networks and linkages, and advocate for policies, services and systems that support families’ abilities to raise healthy children.’ In order to support this principle, partnerships are often needed. Partnerships often exist between family resource centres and other community organizations, whether they are other non-profit organizations, private corporations, government departments, or educational institutions, to name a few. These partnerships are invaluable in that they allow family resource centres to offer a much broader and more complete range of services than they may have been able to offer on their own. Examples of partnerships were evident

throughout my conversations with practitioners and participants of family resource programs. These partnerships existed on a number of levels.

Often, family resource centres would ask guest speakers to come in and discuss a particular topic with participants. The guest speakers covered a wide range of topics, from police officers discussing bike helmet safety to public health nurses offering advice on breastfeeding to an accountant offering useful tips on completing income tax returns. The guest speaker is typically determined by participants, and is influenced by the questions and decisions that they are currently facing as they raise their family.

Amanda frequently includes guest speakers in family resource centre program offerings and explains why that partnership is so valuable to the participants. She notes that partnerships allow participants to develop a relationship with other community organizations outside of the family resource centre: *“Yes, we try and bring in that expertise. That is something that we are always watching, ‘it has been a while since you have had a guest speaker in, might be time to look at that again’. It does a bunch of things, maybe that parent will be more likely to go to mental health services, because you brought that person in and they feel safe and dispel some myths about the place. That is what I hope, that the parent will feel comfortable walking through those doors, to be more comfortable with those agencies, and those agencies get to know us and we get to know them. We have different committees in town, and that is where I see all these agencies, [which provides] a good chance to network and then we develop those partnerships.”*

Darlene explains how her family resource centre has partnered with community members to provide additional services to program participants: *“I partnered with this lady who is a licensed psychologist, and she can do the GED studies with the women and also administer the tests, so I*

*went ahead and got the money involved, and talked to [a restaurant] up here and they are going to give me all the supporting documents to go with it, math and history and English and what have you. So we are going to start and we have all the space now, we are going to start our own GED [program].”*

Vivian describes an initiative that her organization is currently working on: a partnership with another family resource centre. Vivian feels that partnering with another family resource centre will give program participants the opportunity to explore resources outside their own community. As well, this allows their staff to share their own experiences, which typically only occurs at meetings organized by the Department of Community Services, which take place twice a year.

*Vivian: “You also don’t want to isolate that community so we started to talk to [another family resource centre] about some opportunities to do some partnering. And it is not far, but it is far enough, where it just raises awareness of what is around. We don’t do enough of that. [We also need] opportunities for staff from other family resource centres to get together and that doesn’t happen. We are starting to share some resources, for instance, program curriculum. So we partner with the ones that we have worked with before. It is really good to get together and chat, and [the DCS meetings which happen] twice a year, and it doesn’t seem often enough. We don’t partner enough with other centres.”*

Amanda describes a number of programs offered by the centre that are run in collaboration with other community organizations. It is evident that partnerships can serve a number of purposes. Partnerships can provide supplies that the FRC cannot afford to go out and purchase, it can offer space which ensures that the implementation of the program is wider than it may be within the FRC itself, including other community members who otherwise may not be involved in the family

resource centre and promoting a feeling of community : *“We have a back to school campaign in the summer, providing starter kits to families from Primary right to Grade 12 and we do that with other agencies in the community. We do a program called ‘Baby, You and Mother Goose’ where we have staff who are trained to offer that. We offer that in partnership with the library and that is rotated around the community, once here, we do it once at the library and once at a senior citizen’s centre so the seniors can watch the kids.”*

Terri, working out of a family resource centre with the Healthy Beginnings program as a community home visitor, describes how an important part of her position is ensuring linkages between her clients and other community organizations: ... *“part of my job is to link [clients] with resources, to develop capacity [for example] with counseling or with medical advice. Sometimes I give the parents the phone number and get them to call and then on my next visit I will touch base and see how it went, or sometimes, if they need a referral, like for mental health, then I would get their permission to call and try to get that ball rolling.”*

According to Terri, the services requested by her clients are as varied by the clients themselves. It is necessary to be able to access a wide variety of resources in order to ensure that the needs of clients are being met. Terri, who describes herself as a resource queen, provides an example of some of the services requested: *“I am a resource queen because my families want everything from credit counseling to social assistance, to how do I lose weight, to the dental hygienist, they have so many diverse needs. The moms range from 16-39, from going to junior high to not being able to read, they are so diverse. We have the lactation consultant come in from the breast feeding support for the IWK, we have Jennifer\* come in from Dal Legal Aid, we have people come in from Sobey’s, we have a fitness person that comes in, we do have a lot of people that come in here. If the families*

*want it then I feel comfortable going to [the Executive Director] and saying, ‘my families are asking for this’ and if there [are] enough people that want to do it then they will put on the program.”*

If there is an expressed need in the community, and there is no one presently at the centre who can address that need, the practitioners will make every attempt to connect with a community member or organization to bring that resource to the centre. This was also described by the participants, who felt that they were able to ask practitioners for information. If at all possible, that information would be provided.

Kathy, a parent who has been involved with the family resource centre for a number of years, describes the partnerships she has seen played out in the centre and how those are the result of input from the participants of the family resource centre: *“There is a food bank next door, they have connections victim services and there is a public health nurse who comes through, she is usually here once a week. They have someone with Addictions Services. Basically what the parents want to see, they have. If you speak up and you say this is what I am looking for, and you have people to back you up, they will basically get it for you.”*

Family resource centres base their programming on the needs of the community and the participants of the centre. Meeting the expressed needs of families and community is at the very heart of the operations of the centre, and this is evident in every program that is offered. It is believed that this practice is instrumental in leading to positive outcomes for participants.

### *Outcomes*

Outcomes reflect the impact of the program on the participant. Practitioners were asked to describe outcomes that are typical to program participants. For the most part, similar outcomes are described: parents who interact with their children in a more positive way, more engagement in the

community, and greater social support. The following comments describe these outcomes in the words of the practitioners/participants.

Monica, a mother of two who is a participant as well as a practitioner at her family resource centres, describes how a yearly outing for parents leads to desired outcomes by allowing them time away from the children to share, reflect and get advice from fellow moms: *“We do a Frenchy’s day for the moms, and that is really fun. We load up the 15 passenger [van] with mothers and we go down to all the different places and do the Frenchy’s trip and we will send them out to lunch at a restaurant and head back to the city and it is a full day trip, it is a lot of fun.*

*\*I: What do you think it is about those days where you go out and have fun, you are not necessarily learning new stuff, but why do you think they are important?*

Monica: *I think it is important because of the bonding and because it is something the parents may not be able to do on their own and we are doing it together. [It is an opportunity to] let each other know where we are at in our lives, re-connect.”*

Betty, an Executive Director of a family resource centre, talks about the outcomes that she has seen in program participants: *...“all our programs are for the younger age group [and] are parent-child interactive programs, so all about language development and interaction between children and their parents. Not just parents and children there is this component to all of our programs where parents share with each other. [Another outcome is] readiness for school with the preprimary and the (primary) program. So the outcomes are really all about coping strategies for families.”*

Betty, whose family resource centre is located in a semi-urban centre surrounded by large rural pockets, describes how social isolation is a huge challenge in parenting and describes how

friendships among parents have developed through interactions at the family resource centre: ...

*“That is a big part of what we do, parent support and peer support amongst parents, that is a key thing for us too. Sometimes, it is just being friends. This group this morning are just so closely knit now [that] they are all going to meet over the summer.”*

Darlene, an Executive Director, notices the impact that the family resource centre has on community members. She feels that the centre meets many needs in her community, both immediate needs and needs which, in the long term, she hopes will result in a healthier community as a whole. Darlene feels that the trust of the community is a positive outcome of the family resource centre, as it sets the foundation for all other learnings.

Darlene: ... *“I see a difference in the children. We have children in our school readiness program who start at the top of their class in primary. The moms are not experiencing as much isolation and you know there are subtle changes. Women have gone back to school and transitioning to [university], which I am always pushing: training programs, upgrading, and also the fact that they will come and ask a question. That is a big thing, because they trust me, that is very important. If they don’t trust you, no matter what it is that you offer, there is no impact.”*

Peggy, a program participant of many years, describes how the activities of the family resource centre have lead to positive outcomes within her community. As she was involved with the original inception of the centre, she has had the privilege of being able to view this impact over the course of a number of years.

Peggy: *“It was just a bunch of moms that were isolated and were confused about having new babies and were having a lot of difficulties: not sleeping at night, not knowing if they were doing something wrong with their child. [The centre provided] somebody else to talk to that has been*

*through it. So we just started from there and we ended up with 15 women, all new moms. We used to meet every second day or third day just sit there and chit chat about being isolated, being locked in the house all the time, trying to figure out who your friends were or if you had any friends because you spent most of the time with the baby. It was just good to have a bunch of people around to talk to about, 'well, this one has diaper rash, what do I do,' 'this one is not sleeping,' 'this one screams all the time, I am ready to pull my hair out, I just want to get up and leave.' Things like that."*

What began as simple social support among new moms has grown to a centre that provides a wide variety of services to all community members. However, that informal social support is still strong within the centre.

Janet, a former practitioner, describes the outcomes she has noted within her own centre, both within the parents and the children: *"Well, we have seen loads of outcomes. What I always love [are] the testimonials, when they come back and say, 'this program has made an extreme difference and my child and I are communicating much better and we don't get into heated arguments like we used to because we are acknowledging each others feelings more, we are listening to what the other person has to say, we are problem-solving together'. We often would see people come in and be incredibly shy and lacking confidence and feeling that they didn't have a huge skills set and a year or two later they would be asked to co-facilitate with us because they had taken the skills and they were utilizing them so well and you could hear it in everything that they did, but they were just great role model. We often had co-facilitators, [one of which] who was a parent and they shared a lot of the same experiences. Peer support is one of the greatest supports – it is a great feature of parent education programs. Oftentimes, the information that is disseminated from the facilitators might not be as great as the companionship and the sharing that a parent and another parent have developed.*

*We would often encourage families to be advocates for their children, so a parent would say, ‘my child is struggling in math but his teacher is really not providing additional assistance’, so we would talk to the parent about advocating on behalf of their child, so it might talking to the principal or talking to the teacher about the child getting some extra help, or going to the resource room, or finding out if there was some tutoring. So, it would be just kind of helping parents work things out on their own, but certainly we saw it as a huge outcome”*

‘Capturing’ outcomes is important in family resource centres. ‘Capture’ means ‘to succeed in preserving in lasting form’<sup>1</sup> and, in many family resource centres, refers to the ability to record or note the outcome so that can funders and others can see the value of the services offered by the centre. Amanda, an Executive Director, was asked how outcomes are captured within her family resource centre. She describes how this is accomplished, and shares some examples of positive outcomes that she has seen.

*Amanda: “Primary teachers have told us they can tell the children that have been to a daycare or preschool, or a playgroup before they went to school, they can see the difference in those kids because they are used to that routine. For the parents, I think some outcomes that they have talked about are just maybe getting out of the house and relieving that stress, getting out and not being isolated and that is an outcome that we really want with those playgroups, to reduce that isolation, which can lead to stress. Network, make new friendships, for their children and for themselves and that has happened that we have had groups of moms that get together beyond us and just recently we have a group of moms that were complete strangers, and now they are a group that gets together regularly.”*

Jocelyn, also an Executive Director, describes an extremely powerful example of the positive

impact that the family resource centre has had on one child in particular: *“Well, what we typically hear is that there is a distinct difference when children go to school if they have participated in our programs. Positive.”*

Tina, a parent whose child has special needs, describes the changes she has noticed in her son: *“With autism, socialization is really important from a young age and [the FRC practitioners] work together with me and his occupational therapist and his speech therapist and his speech has just jumped and, socializing with the children and making friends with the children, it has been a huge difference.*

*[The centre] is such a huge part of [my sons] life right now. It has really changed our whole daily routine. There has been a lot of positive changes in [my son] and with the community. I just feel that this is a second home. I would like to come, if I had the time, and do some volunteer work. It has been good for both of us, for the whole family. The school had a big outing to [a theatre]. They had the most fantastic puppet show for kids and that was the first time that I was ever able to go with [my son] to any kind of a sit-down event. Maybe it was because he was so used to being with the class and so relaxed and all the other kids were sitting down...but he went and he participated and he was a part of this big outing. It was just such a wonderful thing to have because I don't think that I would have been able to do that on my own, with him. For him to be able to go and sit through the show and enjoy it with a group of children, that was a really big thing”*

Vivian, a practitioner, describes the centre's impact on program participants. She has seen many parents and caregivers who have come in to participate in a program and have evolved and grown as they came to participate more fully in the centre and the community.

Vivian: *“We have a lot of skill sets coming through here, but initially somebody coming*

*maybe in crisis, may be isolated, may be coping with a lot of stress, challenges, and, over time, we hope to see them start getting involved in some programs, maybe start coming to parent-child interactive, and it really does seem to happen, just like clock work. They may get involved in the centre, sit on program advisory, maybe start to volunteer, become part of a larger social group, the community, and then often, and you see them move on when they hit school age, about that time.”*

Nancy, a practitioner, describes outcomes that she typically sees at her centre and how attaining those outcomes are linked back to the delivery of service and the goals that are in place at an organizational level.

Nancy: ... *“they walk away and they have the information that they want, or they have more information to work with that they didn’t have before, so ultimately, hopefully, we are fulfilling the organizational goals of our organization. Tied in with all of that organizationally, we have principles that come out of FRP Canada and we also have the parameters of practice for how we deliver services. There [are] objectives and indicators and goals that we need to fulfill so we build programming based on this accountability framework of the parameters of practice for how we fulfill the indicators that are there.”*

The above interview excerpts demonstrate numerous positive outcomes for both the parents and the children whom participate in family resource centres. Obviously, not all who walk in the door of a centre will walk out with these outcomes. Not all program participants decide to continue their relationship with the family resource centres, for a wide variety of reasons. Some may not have the time, others may simply wish to gain information on one subject, and once that objective has been met, they feel they no longer have a need to attend. Apparently, this is not often the case, as many family resource centres have waiting lists to get in to many of their programs. There appears to

be an obvious desire for parents to participate in the programs, whether it is only one program or many offered by the family resource centre. For those who do become an active, ongoing participant, the possibilities for growth appear to be tremendous.

The above excerpts all describe outcomes of program participants, and have many common themes. Many practitioners and participants spoke of outcomes that strengthen families and communities, such as learning new skills and increasing confidence in self, greater knowledge of health and wellness for parents and their children, and increased participation in the community. As evident from the preceding quotations, of all the guiding principles, those which appear to be linked most strongly with outcomes are the principles of ‘strengthening families and communities’ and to ‘operate from an ecological perspective.’ Many of the references and examples given by parents and practitioners spoke specifically to these two principles.

Availability of social support is also linked strongly with outcomes. Many participants note the importance of having other parents to talk to, many practitioners work to ensure that there is time for parents to interact outside of program time. In all the family resource centres which participated in this research, there was an area for parents to sit and relax – a comfortable couch, a kitchen table. Parents, knowing that their children are safe and happy, have the opportunity to sit and discuss their children’s growth and interaction, any problems that they are having, and suggestions for programming. Based on discussions with these individuals, conversation often evolved to matters outside of parenting. Relationships, jobs and housing issues were discussed. In many cases, lasting friendships are formed. In one family resource centre, which was not offering programming over the summer months, the program participants decided that they will continue to get together, so as not to lose that vital weekly contact.

To see the parents and family resource centre staff describe the outcomes which they have viewed was tremendously uplifting. For the most part, helping parents be better parents is the very reason that the family resource movement was begun. It is obvious that this sentiment is still alive and well in the family resource centres of today. However, it is also important to explore the causes behind the outcomes. Practitioners provided their opinions on why family resource centres are able to produce positive outcomes in program participants.

*What leads to positive outcomes?*

Through the interview process, program practitioners and participants were asked to reflect on what leads to positive outcomes. Bonnie, Lori and Darlene each felt that trust between program participants and the community organization is essential in leading to positive outcomes. Trust builds over time and as individuals have more trust they begin to put more stake into the organization. As this happens, they are more open to the experience and the leanings and thus are able to get the most out of the family resource centre programs.

Lori: *“In a facility like this, and in any facility, you can’t just have immediate trust. It takes years for people to believe that this is theirs, that they are safe here. It was just interesting to see”*

Bonnie: *‘It takes people a long time to adjust to the rules and the guidelines that we have here. The rules and the respect that we pay to each other and respecting the rules and guidelines because some people come from a great deal of dysfunction and I am not saying that there is no dysfunction in any of our families but they come from a great deal of gossip and dysfunction and whatnot and...’*

Darlene: ... *“the fact that they will come and ask a question, cause that is a big thing, cause they trust me, that is very important. If they don’t trust you, no matter what it is that you offer, there*

*is no impact.”*

*\*I: “That building trust, what kind of activities do you do to try to get those positive outcomes?”*

*Darlene: “Well, not so much activities as the support, I don’t know if there is a difference b/w activities and support - support and resources and being very informed and aware. Resources are important to be able to respond to them, making calls for them, that is important.”*

Janet identified tremendous and dedicated staff members as being the major reason for positive outcomes in her centre.

*\*I: “What do you think it was that lead to positive outcomes, was it the actual programs, the delivery, the environment?”*

*Janet: “First and foremost, I would probably say staff. We had staff that were just incredible. [One staff member] put everything into her early childhood development programming. She would change the dramatic centre every week or two, there would a post office one week and be a Chinese food the next week and a campfire the next week and she would set up the tent and have a fire and, do the whole shebang. I think definitely the staff ensuring that it is a warm, inviting atmosphere [are key to positive outcomes]. We did everything that we could, having the coffee pot and tea pot on all the time and that being a kind of social lubricant is the word I like to use because it gets peoples vocal chords moving when they have a cup of coffee and tea in their hand, all of those factors. Welcoming people at the door and saying ‘I am so glad that you came, I am so happy to see you’ and identifying people by their names and working so hard on all those things. But I certainly think staff first and foremost, I think it became a real meeting place for people, in that way I think the programs helped a great deal but the programs are almost a catalyst from all of the other things that*

*happened. Definitely I would say staff, if you don't have the right staff then it doesn't matter what you are offering."*

Peggy shares her feelings on the staff at the family resource centre.

*Peggy: "Oh, the staff are beautiful. The staff will accommodate you no matter what, they will go during their lunch time, for hours, they don't close for lunch like a lot of the centres do, they will take their lunch and they will sit and talk with you. The staff are delightful, and the children all love the staff here, so it is really good."*

Jocelyn, an Executive Director, also noted that staff was the major influencer in positive outcomes, aided by the ability of their organization to provide programming with maximum flexibility from funders.

*Jocelyn: "Honestly, I think it is the flexibility with the funding that we have from Health Canada. The Public Health Agency of Canada are extremely supportive and innovative and open to our input and what we think will work in our community. That is fundamental to what we do, so there is that. The other piece, is that we have the most incredible staff team that you can ever hope to find on the face of this earth, because this is not just work for any of us in this organization, this is our life philosophy, this is who we are, this is what we believe and how can it not succeed, with that? That is what it is. We made a decision a long time ago to work from a strengths-based, solutions-focused community-development model and we are not afraid of people depending on us, in fact we embrace it 'cause we consider that growth. One of the other things that we see as a positive outcomes and I know this is going to seem really bad, but we see unhealthy relationships breaking up and we just go, whew, look at how successful we have been this year, there have been 20 people that have left their husbands. But, you know what, for a woman to do that, that is an outcome, if a*

*woman can leave an unhealthy relationship because of her involvement with us, we see that as success.”*

In another interview, Tina discusses her feelings regarding the staff at the family resource centre. She notes how the children are brought into decision-making process regarding programming.

*\*I: “What do you think it is about having this centre, this building and these people, that makes it such a positive experience?”*

*Tina: “Well, I think it is the attitude of everyone that works here, and the parents. I am a parent, I am not an educator, so I can’t tell you exactly what, but whenever I am here helping out or with [my son], it seems to be a real child-led kind of environment. It has structure but it is also very open to the children and what they want and what they are interested in learning and this particular teacher who is here with the preschool class, if the children are interested in one particular thing, she will go and create an art project and find books and find things that they can do to incorporate it. The kids are interested and there is a real give and take between the kids and the teachers. The kids just love her, all of the teachers here are super, that seems to be their philosophy.”*

Monica, another program participant, describes how the staff at her family resource centre supported her through the birth of her two children, and were instrumental in her decision to breastfeed, despite some preliminary difficulties: *“I am so proud of myself for breastfeeding both of my daughters and I strongly believe it is mainly because of this centre because there are other breastfeeding moms here and the staff breastfed before. Even when I was in the hospital and my first child didn’t latch on good, it was really hard and the workers came to the hospital and helped me out and encouraged me and stuff. Actually, one of the workers here was in both of my labours so*

*even that support is there if you want it, which is so important.”*

Amanda felt that the atmosphere of the centre, which encouraged positive parent-child interaction, was instrumental in leading to successful outcomes: *“Well, like I say, you are encouraging that relationship, because it is a parent-child program, we are not dropping the children off and see you later, just the fact that parents have to participate with that child and the child needs help with the class. Just that alone enhances the parent-child relationship, those kinds of activities, role-modeling.”*

Monica also notes that the atmosphere of the centre is key to positive outcomes.

\*I: *“You talked about some outcomes, like becoming more involved in the community. What do you think it is about the centre that leads to those outcomes?”*

Monica: *“I think the structure. The way our programming is set up and our goal is to make families comfortable.”*

\*I: *“And it seems like they pick staff to support that as well.”*

Monica: *“Yeah, and that is really important.”*

Vivian also notes the welcoming atmosphere of the centre as instrumental in affecting positive outcomes. She notes parent-driven programming and a good staff team as being a significant factor in creating that atmosphere.

Vivian: *“I think because it is welcoming, accepting, we are in a really diverse community, extremely diverse. When I think of the parent education program, definitely they are learning from the facilitator, but they are learning so much from each other. So, no matter what topic you pick, when you get things going, it moralizes things, reduces that isolation. ‘I am not the only person who is having those kinds of issues’. I think the staff is welcoming here. We have a really good staff team*

*– it fits well. It is a combination of all of those things. The parenting program alone wouldn't make it. The food recovery wouldn't do it, the interactive stuff. It is knowing they can come and get a variety of things and our parent advisory [is] constantly coming up with ideas. It is participant driven, no two ways about it."*

The consensus appears to be that positive outcomes are not always a result of the programs that are offered, but in fact more likely reflect *the way in which they are offered*. This is a reflection of the principles of family support, which family resource centre have utilized as a guide to program development, program design, and practice. Curiously, despite the frequent mention of staff in the above excerpts, staff are not noted in the principles of guiding support. Dedicated and knowledgeable staff, who perceive their roles as a philosophy, and not a job, are a most positive factor in the success of family resource centre programs. Although not mentioned explicitly, one could argue that the atmosphere of a centre, including staff, is in fact reflected in a number of principles such as 'being open to all families', 'valuing and encouraging mutual assistance and peer support', and 'promoting relationships based on equality and respect for diversity'.

### *Challenges*

As with any organizations success may be limited due to challenges which impact the ability to meet all organizational goals and to ensure that all principles of family support are incorporated in programming. For example, in many family resource centres, transportation is an issue, particularly in rural areas. In other centres, their ability to be open to all families is limited due to funding restrictions which state that they are only able to service a limited target group (i.e., within a particular community or only in the 0-6 age range). These issues, and others, are noted in the

following examples. Practitioners were asked to share any challenges that they may have, and what they would like to see different about their practice. Participants were asked what changes, if any, they would make to the centre. The following stories describe a number of challenges, as mentioned above, as well as suggest ways to improve the operations of family resource centres.

#### *Promotion of the family resource centre*

One challenge described by Betty, whose family resource centre serves both rural and semi-urban areas, is ensuring that the community is involved in the centre. She feels that this challenge can be addressed through an increased community profile and promotion of what the centres offer in terms of programming.

Betty: *“That is a challenge, and since I have been here I get to attend as many community meetings as I possibly can to talk about what we do and make sure people know what we do. That has helped and also through our participant’s because our program capacity has expanded, we have many more people who just drop in and see us now, which they didn’t do, because we didn’t have a place for them to do that, we just had program locations. It is all about going into the schools and just being out there and being involved in as many community partnerships in the community as you can, so that people know who you are, put a face to the association and then see what you do. It is an ongoing PR exercise, you never stop, so we could be out at the grocery store or the garden centre and people will talk to me, talk to the staff, and want to know about what is going on, and put faces to the actual association.”*

Lori also finds that many people are not aware of the role of the family resource centre in the community. Her FRC also has a daycare and many people assume that the FRC and the daycare are one in the same: *“People call us the daycare because that is how they think of us. We are 90%*

*resource, and only 10% daycare.”*

Betty feels that there needs to be some public relations work to promote the work that is done in family resource centres do. She feels that this would attract a greater range of program participants and that it would remove some of the stigma that is attached to family resource centres: *“That is the PR portion. The staff [and I] talk about this, wherever you go, no matter where we are, we talk about family resource, talk about what you offer and who you offer it to and things like that because for some people, family resource just means welfare families. That is a part of what we do, of course, but it is also just helping parents make parenting easier and that kind of thing and that is why we don’t charge anything.”*

Tina, a program participant, would like to see more promotion so that parents in the community are aware of the wonderful resources offered by the family resource centre, and how the centre is accepting in allowing participants to contribute in any way that they feel comfortable: *“I would run a newsletter more for the community, tell about the different organizations within the area. They allow parents to participate, they allow them to facilitate. If you are creative or if you are a reader or if you just want to sit back and read the paper, they allow that, if you just want to come in for a cup of coffee, just chat while everybody else goes on and does there – they allow you to be yourself and if you want to go on and learn new things they allow you to do that.”*

Janet, a practitioner, also speaks of the need for family resource centres to work harder to reach more families. Particularly, family resource centres need to reach those families who may not see the value in coming to a family resource centre, or may not be aware of the benefits of parenting programs, to seek to ensure that all children have the benefits of an early childhood education.

Janet: *“We worked very hard to target families that were living in difficult circumstances. It*

*was always a struggle, universal programming, offering programming to all families broadly. We need to work in a different way to reach families and I think there needs to be a real effort to reach families that might not be eager to come to a family resource centre, decreasing any stigma that might be attached to coming. [Attending] a family resource centre doesn't mean you are weak or without parenting skills, it will offer support and everyone has something to learn. Your cup is never full, you are always learning. I have done parent education since '98 full time and I make mistakes all the time with parenting, all the time, and I think, 'oh, I shouldn't have done that, it just came on', and 'oh, I got too angry over something too small, I am tense and tired and whatever' and I am calling my friends all the time and say, 'my daughter is doing this, what can I do'. We all need support, whether you have loads of information or not we all need to bounce ideas off of people, and that is a hard to do, but it in no way indicates weakness, it actually indicates strength. It indicates that you are a happy, able person when you problem solve with people, and you identify that this is a challenge for me, I need assistance around it. So, that being said, we need to work harder at family resource centres around reaching families that might not see the value in coming to a family resource programs, and I am not sure exactly [how to do that]. It just seems to be sometimes a growing gap between children who have [been] left out [of] early childhood education. FRCs can help with that, small little things, like talking to your children about what you are doing, 'I am pouring some tea, it is hot!' Those things build your relationship, it builds vocabulary, their social skills, it teaches a child about danger, and again, it is not rocket science, but there are people – I have had people who have said, well, I am not going to read to him, he is only 2 because they think that the child cannot understand the words or the book. Talk to him about the pictures and give him some language, but I think trying to alleviate the gap between those that seek you out and those that*

*don't, I think that is what I am trying to say."*

### *Staff*

One change that many would like to see – more staff!!

Monica: *"Staff, you always need more! Especially, my parent child program. I have it once a week and during that time I am the only staff in the building and I cannot accept any more than 10 families and I usually get between 3 and 7 [which] hasn't been too overwhelming but just to know that there is another person in the building, keeping an eye on upstairs while I am downstairs."*

Bonnie: *"Staff – more!"*

Lori: *"More staff!"*

Bonnie: *"More money."*

Lori: *"We sort of desperately [need] more staff, when we got [one staff member], we actually took her on to finish up a placement. She was our gopher and now she is running one or two programs and now we need a new gopher."*

Amanda: *"What could be different? I always think of growth when I think of different, more staff, we need more staff big time, even when I said we have 10, we only have 3 full time, the parent ed person only work 17.5 hours a week, imagine what we could be doing if she was working full time, imagine what we could be doing if had more space."*

Jocelyn: *"I don't want anything to be different about our practice. Nope. More. More funding, more staff."*

### *Concerns with space*

Many practitioners and participants would also like to see changes concerning their space.

For many, the space they currently occupy is not sufficient for all the programs they would like to accommodate. For others, it is a matter of the space being comfortable for participants.

Amanda: *“Our space is small, so think about how many families we could take for childcare, how many parents could sit in that room comfortably. We have a waiting list, we always have a waiting list, always.”*

Betty: ... *“we have stairs here, which is not the best when you are brining children up and down, we took this space because we got a very good rent from the landlord and we couldn’t afford to be downstairs because it is much more expensive downstairs, so they though we will try it. People haven’t mentioned the stairs, the only person said my father can’t come up the stairs cause he has had his knee replaced, he cannot climb those big stairs, we go down and we bring the children up and then he eventually gets up, it takes him a while. He wouldn’t be able to manage if he had to bring the children up so we do the children and then 5-7 minutes later, grandpa arrives. He is fine, he says actually it is good exercise, but it is hard, we are so sorry about that. [Also, on the same floor as us] there are other businesses, and there is a little noise and we had a couple of complaints about that from the other tenants. We had to put little notices up. Some of the parents were very understanding, some weren’t, some said, stand up for your self children, make a noise, but it is a little tricky when you have got that many children coming and going. When they are in the wash and the hallways – running up and down and often parents are talking and they don’t notice. So you have to be aware of that. So it is things like that, sometimes it is operational things as much as anything else, you know.”*

Eve: *“Although one of the major problems with this centre is the stairs. It is not accessible to everyone. And if you are coming with children it is hard.”...*

\*I: *“If there is anything that you would change about the centre, what would that be?”*

Eve: *“The major thing would be accessibility because of the stairs it is really hard to get in and out especially coming with two children; you drag one up the stairs”*

#### *More outreach programs*

Another area many would like to see changed is the number of outreach programs offered. This is particularly true in areas which serve a large rural population.

Amanda: ... *“We are only offering playgroups in [the outreach] communities, and they want more. We are not able to do it. Financially, we cannot do that. We try to take stuff out, books from the library or clothes that have been donated, but programs is what they want and we do have parents driving in, but [one community] is an hour away so you have a 2 hour drive for a program. So satellite offices would be a different, something that I would love to see.”*

Betty: *“That is the challenge. That is one of our biggest challenges in actual fact. That is why we need to do much more outreach programming.”*

Vivian: *“The other big part is outreach. We know that there are families out there that we are not getting.”*

Jocelyn would like to see more programs in general, not just outreach programs: *“Yup, more, because really, that is why we are here. That is what we are need, more connections, more support, and really people need to just get over this whole duplication thing too! I can offer the exact same program as you and my style is going to appeal to some people, and your style is going to appeal to others. The reality is, even with duplication, we are not servicing all of the families that are out there”*

### *Limited funding*

What is needed to support more staff, bigger space and more programs, outreach or otherwise? Funding. Most family resource centres operate with no real sense of their budget from one year to the next. Security, in the form of core funding, would be a welcome relief and would allow for future planning and additional services.

Amanda: *“Financial security would be a welcome because it is just the life of non profit, for sure, but, that uncertainty every year, wondering what we will have to cut.”*

Betty: *“Parents who are able will donate to us on a yearly basis and we are a charity so we give tax receipts for that. They also provide us with in-kind donations all through the year of juice and snacks for the children, program supplies or expertise or things like that. So we are very lucky that way and but we talk about charging for programs and we went around that a bit because there was a chance that we might lose one of the funders this year. [It] didn’t turn out that way, thank goodness, but we were all worried and we thought, ‘now if we lose a big chunk like that how will we make it up, do we have the ability to make it up’, and we thought, ‘no we don’t, we can’t make that up; we can’t make \$30,000 up’.”*

Darlene: *“What could be different? Corporate funding would make a difference because with funding, there are so many strings attached...the paperwork, the demands on your time ... I was up in Toronto and there was one [centre] called Jesse’s Place for single moms, all corporate funding, wonderful! You are able to try different approaches.”*

Vivian: *“Funding. We partner really well I think, and I am a big fan of partnering and I think that agencies and organizations are coming out into communities, and coming out of their office. More of that is good. In the run of a day sometime, you really wish, and this is just my belief,*

*that it can be about the relationships first, and there is just so much to do and you don't always have enough time, just the tasks, boom, boom, one after another. To be able to follow through for parents right across the board, I think teens in particular, [it is necessary to have more] funding."*

Tina, a program participant: *"If I could change anything about the school – the only thing that I have to say is that I wish there was more funding for places like this. Very often, I hear, 'I wish we could do this but the money just isn't there', and as far as I am concerned, that is the only thing that has to change. There needs to be more of these places available, more money for the staff and more money for programs"*

#### *Limited focus of programs (0-6 age group)*

Another concern for family resource centres is the 0-6 focus of almost all funding sources. Many are concerned that parents may 'cut off' if they are suddenly not able to attend programs for children after they reach school age. Although many centres do offer one or two programs for children aged greater than 6, these programs are minimal compared to those offered their younger counterparts.

Lori: *"Our funding mandate is for children between the ages of 0-6 years. Which kind of leaves out our 10 year and 11 years success stories of a group of kids [are still participating in programming] and have been here for years."*

Bonnie: *"There is almost no funding here for [older children]. We were just out in Ottawa for a conference and they were talking about their 6-12 year funding and I wanted to jump tables to find out how they were getting that, but they were talking to me at Health Canada that 0-6 is federal and 6-12 [is considered] provincial so that money is covered by schools so we are totally out in the cold for money for that group. We have gotten \$2000 grants and-"*

Lori: *“Donations.”*

Bonnie: *“Yeah, and \$500 donations we manage to pull in past graduate programs because we keep kids here till they are easily 7 so 8-12 year olds we manage to keep active ...”*

Lori: *“We can’t count those numbers either. So we are not counting those kids.”*

Bonnie: *“And we are feeding them if their mom is coming. I have a single mom she could have 3 kids who are 7, 8, and 9, and she has a four year old but you can only count that one child so but in terms of the other ones certainly they complement existing services, we work with the kids and youth across the street, age 12 and up and they focus on the promotion of wellness, we try to do holistic wellness and we use that in a lot of those programs.”*

While discussing the 12 guiding principles of family support, Vivian noted that many family resource centres do not affirm parenting to be a life-long learning process due to the limited availability of programming for children outside of the 0-6 age group. Vivian also expresses concern that parents who have become familiar with a family resource centre are unlikely to attend programming at another centre that may offer a program better suited to their needs. Although recognizing the 0-6 years as instrumental for child development, it was also noted that the years when children are starting school can be challenging for both parent and child and extra support in dealing with these challenges would be beneficial.

#### *Other issues*

Although these issues were not mentioned as frequently, one can be certain that they are common issues that are faced by family resources across the province.

Nancy finds one challenge in ensuring that the valuable time and effort put into programming planning and development results in a program that is useful to the community and that will be

attended by participants.

Nancy: *“I think a challenge and a difficulty in the world of programming is making sure with some degree of certainty that you are developing and delivering programs and services that the community truly needs. I am always left, from a programming perspective, with how real is that information once you have gone through the stress and resource use financial and human to put that together? At the end of the day you get your information from the questions that you have asked but how true is that, how long does it last? That, I think, in the world of programming, is a challenge.”*

When asked what changes she would like to see, Janet speaks to a change that needs to happen at a societal level, in that family support is more valued, thus garnering more attention politically and perhaps more operational dollars. Fortunately, Janet feels that we are moving in that direction, and hopes that one day family support centres are given the recognition they deserve as instrumental resources in the development of healthy communities.

Janet: *“I think valuing family support more, and the dollars behind it. The hardest thing that I see is staff struggling financially constantly, and not wanting to leave their positions because they love the work that they do, but they are not able to feed their families because they are underpaid. It really is shocking, Early Childhood Educators have degrees, the bulk have degrees and they have to have those qualifications to be in those positions but they are not really paid adequately and certainly as a centre we strived to have some guiding principles to ensure that we paid better – but still, it is still very small for such large work.” ...*

\*I: *“You talked about government valuing family support centres. Do you think it is going there, it is going in that direction, do you have any thoughts on that?”*

Janet: *“I hope so. I certainly saw over the years, a lot more funding being allocated to speech*

*language pathologist, some early language programming, the Healthy Beginnings program, which is a home-visiting program, so I think they [are becoming more valued]but I do wonder are they ever going to make what a bank manager makes? No. For the work that they do, and it is very difficult.”*

*\*I: “Why do you think it is that [family resource centres are] not valued?”*

*Janet: “I think it is societal. Based on years and years of patriarchy, I think we just don’t value caring a great deal in our society, we don’t value caring for the sick, for the elderly, and we really don’t value child development. I do think that we putting it on the map with the government talking about the national childcare agreement and at least family issues are coming up on the radar. They are being discussed and people are saying it is a challenge to raise families and we need supports in place to do so. I think it is something that we are moving towards and I think that it is something that will continue and will grow. I do think that more women in government, I think that will put it more on the radar.”*

#### *Provincial Family Resource Association*

On a few occasions, the topic of the benefits of a provincial family resource association arose. This association has been discussed amongst FRC practitioners some time. In particular, two of my conversations focused on the matter. The following excerpts are conversations with practitioners on the benefit of having a provincial family resource association, and the suggested role of the organization.

*Jocelyn: “In Nova Scotia we don’t have a family resource association. Certainly, CAPC, CPNP in Nova Scotia has taken the lead on trying to make that happen but we do need an association in this province. We also don’t have it in the daycare, the early childcare sector, and you have to have that.”*

\*I: *“Why do you think that would be useful?”*

Jocelyn: *“Well, I think that it would be really useful because, for example, this 4 year old pilot program that is happening in Nova Scotia. Department of Education and the government of Nova Scotia really has really presented it as something new. It is not new, thank you very much, the preprimary program is not new, and early childhood educators and family resource have been saying for years that early childhood is important and it needs to have a focus, and we have been doing it, and we have been doing it, in some areas, really well. Now we have this [program being piloted], and they can offer it free and it impacts on family resource, it impacts on daycares and nursery schools and what not. If there was an association, they would [advocate on behalf of the centres]. When I spoke to Jamie Muir, he said ‘well the only people that I have heard opposition from are the for-profit sectors’ and I said ‘well, I am not-for-profit and I am here to tell you that I am not happy about it’. We have no place for them to go and there was no mechanism to say, ‘we are doing that already and we are doing it well and you need to consider us education people instead of just the teachers [as part of this strategy]’. That is an example of how that would help.”*

\*I: *“What do you think about the same type of a thing for family resources centres, they would have to be registered?”*

Jocelyn: *“I think that would be a great idea. I think that it will take time and I think that it needs to be built from the ground up, I don’t think that it can something imposed from the government. It needs to come from the ground up and I think that we need to tell the government what legislation needs to be in place and what criteria needs to be in place. There family resource organizations or family resource associations [in other provinces]. We have already, at the CAPC-CPNP level, we have already done that work, we have already developed memorandum of*

*association and by-laws, we just need to get together and actually say, yeah, let's do that."*

Janet also spoke to the benefit of having a provincial family resource association, noting factors different than those mentioned by Jocelyn. Janet notes that a provincial family resource association would ensure standards in program delivery are uniformly met across the province.

Janet: *"If you look on FRP Canada and look at the family resource programs in Nova Scotia, there certainly are a lot. Now they are not all what I would call parent resource programs, they have made it very broad and a lot of community centres are listed because they offer a recreational program on Tuesday from 2-4 or something, and that is why we need standards and kind of an association body so that there is a legitimacy and credibility to the work. [It would be beneficial for] a family resource association within Nova Scotia sharing the same message, making sure that all family resource centres are the same. I know that is very hard to achieve because there are different needs everywhere. I don't mean having the exact same programs with the exact same – but, if you went to a program in Bridgewater and then went to a program in Cape Breton, you wouldn't hear different messages, you would hear the same messages. There is no real standard to achieve that at this stage and I think that would also be ideal."*

### *Reflecting on the Principles*

In my conversations with practitioners, we discussed the principles themselves - if they were reflective of the experiences of practitioners, if there were any omissions. A few practitioners noted challenges in meeting the first principle, that FRCs are open to all families. However, this challenge is seen to be more of a reflection of the attitudes and beliefs of funders than of the agencies themselves. Many of the funding that is available to family resource centres is targeted to families with children in the 0-6 age range. Therefore, if families have children outside of

that age range, there are a limited amount of programs available, and sometimes, no programs at all. In one family resource centre, not wanting to turn away clients, they provide services as their own cost. Bonnie and Lori note: *“There is almost no funding here for [older children]. [To support this group] we have gotten grants and donations. We keep kids here till they are easily 7 and we can’t count those numbers either [for funding purposes] and we are feeding them if their mom is coming”*.

A lack of funding for those outside of the 0-6 age range also affects another of the principles, that family resource centres affirm parenting to be a life long learning process. Practitioners felt that if parenting supports were only widely available to those who have children in the 0-6 age range, then affirmation of life long parenting was not taking place. Vivian, a practitioner, notes the disconnect between this principle and the reality in her family resource centre: *“I don’t know that they affirm parenting to be a life-long learning process as they stand because so many are geared to 0-6.”*

\*I: *“So, it is more a reflection of the available funding?”*

Vivian: *“Yeah, it is not necessarily that you believe that, or that is what your parents want. But there is a lot of focus on 0-6. I think they need to come up with some creative ways for other ages. I know there are other organizations that offer supports for parents 6+, but if [parents] are familiar with an organization, they are familiar with a community, and they have made connections, and to all of the sudden to have to go across town to a different [family resource centre]”*

\*I: *“And would they?”*

Vivian: *“I don’t think so.”...*

\*I: *“Is that something that you would like to see changed – that 0-6 focus?”*

Vivian: *“Personally, for sure. I would definitely like to see that changed. It is life-long*

*learning, parenting is. I just think there is a lot to do in that area. Especially if your children are just starting school, that is a strange time too, a stressful time for parents and if there is a place where they can go, to drop in and have a coffee and connect with people and ask those questions and get those resources. Really, parenting is taking on a much more demanding role. They may not be with you as much, but you really need to advocate for them and I think, when parents don't talk to other parents, that is when they feel like they are the only ones. Cause up until then, moms can come to a resource centre and talk about nursing and sleeping and behaviour and all of those things, and then, you are off on your own. So even just to have another group of parents to bounce things off of."*

Despite these challenges, which, as mentioned, appear to be more of a reflection on current policy and funding trends than on any beliefs and attitudes on behalf of the family resource centres, the majority of participants felt that the guiding principles were complete and reflective of the work taking place within family resource centres.

Although obtaining funding for programming directed at children older than 6 can be a challenge, there are some who manage to do so. As noted previously, some organizations pursue grants and donations in order to secure funding for programming directed to older children.

The above accounts provide first voice accounts of issues, concerns, challenges and rewards in family resource centres across Nova Scotia. In the following chapter, I will attempt to link and associate the stories, as gathered above, with the research material that has guided this study.

## CHAPTER FIVE

### Conclusions, Discussion and Considerations for Future Research

There is a compelling need for studies to evaluate the effectiveness of programs within family resource centres. In order to improve less-effective programs and to replicate those which are thriving, it must be known which characteristics of the program are fundamental for successful outcomes. The research that was undertaken was not an attempt to *prove* which principles lead to successful outcomes, but rather an exploration of how principles are translated into practice, as interpreted by the participants and the service providers of the centre. Interpretation varied from centre to centre and from participant to participant, however, common themes and areas of emphasis were apparent.

The research confirms the significance of social systems of support for parents, children, and families. In addition, it offers insight into the every day experiences of practitioners and participants of family resource centres. Bronfenbrenner's Ecological theory served as foundations upon which the development and implementation of this research study was built.

#### *Program Development and Program Design*

Program development and program design are two key areas of focus for practitioners of family resource centres. Programming is impacted by a number of forces, including social, political, and economic movements, the implementation of policies or laws, and the actions of groups or individuals (Thomas, Schvaneveldt, & Young, 1993). Interviews with participants and practitioners of family resource centres support these findings. Program development is often relative to the availability of funding, which, in turn, is often a reflection of current societal and

political concerns. For example, in recent years, childhood obesity has been touted as a concern by health and wellness experts, and has been brought into sharper focus by the media. As a result, practitioners have described increased pockets of funding available for programs which focus on the promotion of healthy lifestyles, positive eating habits, and the benefits of physical activity.

### *Utilization of principles*

#### **Do family resource centres utilize the guiding principles? How are they implemented into practice?**

All of the practitioners whom participated in this research were familiar with the guiding principles. A number had the guiding principles developed by FRP Canada posted and easily accessible, others were aware of these principles and reflected upon them occasionally, and others still had developed their own set of principles particular to their organization (in all cases, these were very similar to those developed by FRP Canada). The guiding principles were deemed, in one way or another, useful by all practitioners with whom interviews were conducted. However, as noted above, the ways in which they were utilized varied. For the most part, the principles serve as a point of reference and a tool which allows for occasional reflection.

The utilization of the principles appears to be an innate process. The principles serve as a guide, and are often reflected in the organizations mission statements and goals, as will be discussed further below. Principles are implemented into practice in varying degrees through program development and program design. While programs are being developed and implemented, practitioners are constantly reflecting, whether consciously or not, on the principles. Practitioners ask of every program: Will this program be useful for the community? Who can we work with to make this program more successful? Who can we bring in as a subject

matter expert (a guest speaker)? How can we ensure that parents will be actively involved in the program? In most FRCs, being open to all who wish to attend, and being voluntary, is assumed.

In the day-to-day operations of the centres, the principles are reflected in action. One practitioner spoke of a rule in her organizations that if an individual (whether parent, volunteer or staff member) is discovered spreading rumours, they are asked to leave, as this is a destructive and disrespectful practice. One participant noted that the practitioners at her centre have met with her child's speech language therapist to ensure that the centre was working with the child in the most effective manner. Many practitioners and participants spoke of resume writing workshops, and the provision of computers for job searches. Parents are often encouraged to give voice to their opinions in a number of ways: engaging in the evaluation process, becoming a member of a parent-advisory group, or through participation in this research study. All of these practices are reflections of the guiding principles. While the utilization of principles is covert and often subconscious, the principles were evident in practice in every centre that participated in the research study.

### **Are the guiding principles reflected in the mandates or mission statements of family resource centres?**

The guiding principles are reflected in the mission statements of family resource centres. Of the 12 mission statements that were reviewed, the guiding principles were mentioned frequently. Two principles were noted more than the others: 'focus on the promotion of wellness and use of a prevention approach' and 'working in partnership with families and communities'. This is consistent with conversations with family resource centre practitioners and participants, who expressed that these concepts are frequently utilized as foundational concepts in a number of

programs and services offered.

### *Linking Principles to Outcomes*

#### **Which principles are valued as more likely to affect participant outcomes?**

Bonnie, Lori, and Darlene each identified that trust between program participants and the community organization as essential to positive outcomes. According to practitioners, trust builds over time and as individuals become more trusting they begin to put more stake into the organization, become more open to the experience and thus are able to get the most out of the family resource centre programs.

The atmosphere of the centre, which encouraged positive parent-child interaction, was identified as instrumental in leading to successful outcomes. In particular, a welcoming atmosphere was noted. Many participants pointed to their surroundings, extremely safe and kid-friendly, often including a comfy couch and a kitchen table, and noted the homey or comfortable feeling of the centre. Participants noted friendly and knowledgeable staff members as key to a centres welcoming atmosphere.

During an informal conversation with an individual who has knowledge of trends and issues in family resource centres on a national level, informed the researcher of a move that is taking place in some family resource centres to do away with kitchen tables and couches. The goal is to make the centre more focused on parent-child interaction and encourage parents to spend more time interaction with their children and less on informal ‘coffee talk’ between parents. One might argue that parenting skills can be developed in a number of ways, and straight parent-child interaction is only one of those. Doing away with the valuable time where parents are able to connect and talk with other parents could possibly be taking away a major source of

social support and may be reflected negatively on the outcomes of family resource centres.

According to the experiences of those participants and practitioners who participated in this research project, the atmosphere of the centre, which promotes interaction between parents, is directly linked to positive outcomes. This topic, beyond the scope of this study, should be explored further.

Staff members were also mentioned repeatedly as a major influencer in positive outcomes, both by participants and practitioners. Expressed characteristics of a ‘good’ practitioner also included: supportive, open to new ideas, and flexible. Reitsma-Street & Neysmith (2000) claim that ensuring that core staff build and maintain a respectful atmosphere in which meaningful participation is supported is key, as well as having a consistent and knowledgeable paid staff and creating substantial opportunities for community governance.

Overall, it appeared to be that while an individual will come to the centre for a program, the atmosphere of the centre and the attitudes of the practitioners are important factors in encouraging active and continued participation and engagement. Family resource centre practitioners and participants note that dedicated and knowledgeable staff, who perceive their roles as a philosophy, and not a job, are tremendous factors in the success of family resource centre programs.

### *Translation of Principles into Practice*

#### **Which principles are most likely to be reflected in practice?**

As evident from the previous chapter, there were a number of principles which were cited as being useful to their practice. The principles most frequently noted were ‘operating from a community-centered approach’ and ‘complement existing services, build networks and linkages, and advocate for policies, services and systems that support families’ abilities to raise healthy

children.’

As earlier noted, characteristics of ‘good’ practitioners were being open to change, new ideas, and flexibility in their program delivery. These characteristics are evident in those family resource centres that employ the philosophy of a community-centered approach in their organization. Engaging members of the community in the planning, development and implementation of programs attempts to break down the barriers between participants, staff, neighbours, and volunteers (Downs & Nehan, 1990).

This utilization of a community-centered approach ensures that the family resource centres is meeting the needs of the community, as noted by both practitioners and participants in this research study. Participants were encouraged to provide advice and feedback on programming, and parents and other community members were involved in the organization through volunteer work, which plays a significant role in the sustainability of the organization. Many participants who participated in this study have worked or volunteered at the centre, many have participated in parent advisory committees, and all have participated in multiple programs. Although ensuring that the community is involved in the operations of the centre can be challenging, the impacts on successful outcomes are tremendous. One of the benefits of a community-centred approach is that programming is reflective of the cultural, linguistic, religious and ethical diversity within the community (Reitsma-Street, Maczewski, & Neysmith, 2000).

Benefits to using the community as a means of improving program outcomes have been widely noted (Pancer et al., 2002; Reitsma-Street, Maczewski & Neysmith, 2000; Reitsma-Street & Neysmith, 2000). Organizations in this study note attempts to incorporate their practice in the

community through involvement in community activities, such as reading fairs, activities in long term care facilities and partnerships with schools. They also brought the community to the centre by hiring from within the community, and inviting local professionals to share their knowledge. These methods created bridges between the FRC and the community that allowed participants to comfortably and safely move from participation in one setting to another. This supports claims by Downs and Nehan (1990) that a community focus leads to reduced social isolation and increased community involvement, and is key to program success. The results can mean success on various ecological levels through a reducing in child problems, enhancement of childhood and family development and improvement of the environments in which children grow and develop (Pancer et al., 2002).

Despite the fact that some principles were noted more frequently than others, this does not necessarily reflect a ‘ranking’ of principles and certainly does not imply which principles are ‘most used’ or ‘most useful.’ In fact, all practitioners were asked which principle was most ‘important’ to their practice and none was able to select a single principle alone. The majority indicated that all were used and that all were useful.

As noted, there appears to be a stronger emphasis placed on certain of the guiding principles of family support than on others. However, conversations during the interview process focused primarily on program delivery, and thus may only be capturing a piece of the picture. It can be argued that a number of other principles are captured in program design, and thus are not as evident in our conversations. For example, the first principle, ‘family resource centres are open to all families’. Although this principle was not discussed in an in-depth manner, all practitioners expressed that, for the most part, this was the case. As previously discussed, ‘the focus on the promotion of wellness

and use of a prevention approach’ was not a focus of any conversation, yet it is evident by simply reviewing the programs offered at these centres that this principle is implicit in program development (many programs have a focus such as healthy eating, role modeling positive behaviours, benefits of physical activity). Similarly, the principle of ‘work to increase opportunities and to strengthen individuals, families and communities’ was not discussed in great detail, however is clearly evident in program design through offerings of programs such as those which promote the development of employable skills (i.e., word processing, GED, resume writing, English as a second language).

It is clear that all principles are reflected in the practices of family resource centres, although some may be more covert than others. Principles may be reflected in practice in various ways and through various stages of program development, program design, and program implementation, respectively. As is often the case, those principles that appear to be extremely obvious (promote relationships based on equality and respect for diversity) are often implicit in every program and in the very heart of the centre, and thus are not overtly discussed, however, are no less valuable than any of the other principles.

### *Implementation of Principles*

**Are family resource centres that are successful in implementing all (or most) of the guiding principles more likely to have greater participant outcomes than centres who do not implement all principles?**

Success is impossible to measure and compare from one centre to the next. There are too many variables – staffing compliments, funding, location (those in rural settings may have different levels of access to resources). The participants themselves alter the delivery of the program and its effect through their varying parenting styles and expectations of outcomes

(participants may have been seeking different outcomes thus what is deemed successful to one parent may not be considered successful to another).

In conversations with participants and practitioners, every single one felt that their programs/centres are successful. There are a variety of indicators that show their success: wait-lists for programs indicate their programs are in demand; long-standing relationships with participants tell them that they have successfully developed trust between the two parties; continued funding indicates that funders are satisfied with their evaluation results; the results themselves indicate that parents are content with the knowledge and skills that they are acquiring; and informal communications with teachers indicate that children going through their programs have increased school readiness skills. The success of the centres cannot be debated – there is too much evidence to suggest it is so. It would be impossible to draw any conclusions which would suggest that one centre is more successful than another.

### *Ideological Barriers to Service Provision*

**Through discussions with interview participants, the proposed research also hopes to capture the experiences of individuals in facing certain *ideological barriers*, and if these barriers lead to difficulty achieving desired outcomes.**

There is an ever-increasing emphasis on the importance of early childhood education and support. Family resource centres are mandated to support the development and wellbeing of young families. Why then are most centres involved in a constant battle to keep their doors open? Why are practitioners of family resource centres often under-paid and under-valued? In most cases, family resource centres serve communities that are deemed ‘at-risk.’ Many people in these communities struggle with poverty, and with finding and retaining adequate paying jobs. Many

are single parent families. In our society, these communities are not valued, and thus not supported. It would appear that because of the families that FRCs serve, and the lower value that our society places on these communities, FRCs are not given the recognition and the support that reflects the incredible work that is being done. In particular, many practitioners spoke of their challenges in continuously promoting the work of the family resource centres. In not recognizing family support as a valuable component in social infrastructure, there is the risk of further perpetuating the feelings of worthlessness and despair for those who are struggling.

All parents need support. This research study included 6 family resource centre participants, each of whose reasons for seeking out the services of the centre varied. However, each recognized that the centre provided them with a service that provided them with knowledge and skills that they felt would help them be a better parent – services such as parent education, infant massage, employment opportunities, and peer support, to name a few.

There is much that can be done in recognizing family support as an important element in a child's upbringing, including promoting the image of family resource centres, to alleviate the stereotype that the work that they do is only for parents who are not able to 'make it' on their own.

There is an expressed desire to make more effort made to reach those parents who do not typically attend. This challenge was discussed at a meeting which the researcher attended along with a number of family resource centre practitioners within the HRM. Many parents believe that the centres are only for single parents or low income parents. This reputation needs to change. If FRCs were able to serve a wider clientele then they may be able to tap into different areas of funding, and increase the diversity of the centre, bringing together more parents from all walks of

life. A provincial family resource association may help with this as they may be able to assist with the promotion of work that FRCs do, programs offered. More information on a provincial family resource association will follow.

### *Implications for Practice*

Several interview participants noted that the development of a provincial family resource association would be beneficial. This Association might address a number of concerns within the sector: regulation, professional development opportunities, advocacy, and communications.

Provincial family resource associations exist in other provinces, including New Brunswick, Prince Edward Island, and Newfoundland and Labrador, but there is no such organization in existence in Nova Scotia. Although there is an Atlantic Alliance of Family Resource Programs, which was created in 1999/2000 following an Atlantic conference, this body is not active and has no real role in Nova Scotia. Obviously, this would not be a task that could be undertaken lightly. The development of such an organization would require the cooperation and incredible cooperation of the family resource sector. However, the resulting organization could serve many purposes.

One of the benefits of a provincial family resource association would be to ensure all organizations maintain quality work standards. There are currently a number of FRCs across the province, however, they vary greatly in the services provided, programs offered, clientele served, and educational background of practitioners. Some of these organizations would more properly be termed child care centres, as basically the only service that they are providing is child-minding. Some organizations have a child care centre and also offer parent education to parents. Still others offer a variety of services including pre- and post- natal classes, baby massage, health

and nutrition workshops, collective kitchen, toy- and resource- lending library, and a variety of workshops on topics such as resume writing, and filling out tax returns. Many family resource centres bring in guest speakers, such as public health nurses, community police officers and firefighters, nutritionists and dieticians, and legal aid.

The services and programs offered by FRCs, and the mandate of the organization, can vary greatly from centre to centre. A provincial association would be able to work with the sector to ensure that all organizations are providing a high level of quality in their programming and service delivery.

Many practitioners noted a lack of professional development opportunities available within the sector. A family resource association could work with the sector to explore what professional development is needed and then work to bring that expertise to the sector. For example, one organization may wish to learn more about developing a new program, however cannot afford to bring in the individual who is able to provide training. An association could bring a number of organizations together to pool resources and ensure that opportunities are available to practitioners.

A provincial association would be able to serve as a centre of communications, acting as a liaison between national and provincial associations, and amongst the various family resource centres provincially, assisting in networking and acting as a clearing house of information on programming and service delivery. This would be useful in terms of alerting organizations on the availability of funding opportunities. As well, they could house an inventory of existing family resource centres, staff and programs offered. The availability of such information may assist in the promotion of partnering between organizations.

This association would serve to provide FRCs with an essential 'voice.' They would be in tune with and connected to policy that may be impacting on the practice and would be able to advocate on behalf of FRCs for funding opportunities, recognition and a presence in government. They can also work to raise public awareness of issues facing NS families, and the many benefits of family support.

These are only preliminary discussions about the benefits of a provincial family resource association, and would need to be explored in much greater detail than that provided above. However, according to practitioners, it is an idea that does warrant some discussion and could be beneficial to all parties. Such a concept must be developed from the bottom-up, ensuring that the foundations are complementary to the principles of family support and that all FRCs have an opportunity to provide input.

### Nunn report

In general, the Nunn report focused on those kids who are 'falling through the cracks.' These kids who 'fall through the cracks' typically meet a number of the risk factors identified as being associated with youth crime including raised in poverty, neighbourhood crime/disadvantage, poor family management practices, and poor academic achievement, and for females including problematic family dynamics and parental relationship, gender-based oppression and abuse, school difficulties and negative self-representation. Nunn emphasizes early intervention and prevention as a means of working with these youth so that their needs are addressed from an early age and a number of those risk factors can be dealt with. Children who participate in family resource centres have demonstrated positive outcomes such as decreased

emotional and behavioural problems, improved prosocial behaviour, increased school readiness, and increased cognitive development (Berman, 2004; Better Beginnings, Better Futures, 2004; Kilgour & Fleming, 2000). The work that is being done in family resource centres could be instrumental in lessening those risk factors, should they be able to implement programs on a wider scale. With many centres struggling to maintain services to their own communities, it seems unlikely that they are able to increase services without access to increased resources. Many spoke to a desire to increase services to surrounding areas, and as Nova Scotia is such a rural province, this seems necessary in order to ensure that all families have the ability to take part in programming. Again, for most, this is simply not possible based on current budget and staffing complements. A collaborative effort between family resource centres and the DCS could be key to ensuring that more families are able to take advantage of programming that focuses on early intervention and prevention.

In such a partnership, there is a need to ensure that the services provided by FRCs meet an acceptable standard in which their development and implementation is based on current education and research, and incorporate known effective early intervention methods. A provincial family resource association, as discussed previously, may be a partner in this collaboration as they would have the ability to grant accreditation to organizations in compliance with designated standards.

### *Conclusions*

Many organizations are struggling to keep open their doors –what does this say about what we value in our society? There is a lack of recognition and valuing of the support that parents need in order to perform their role as effectively as possible. Many feel that parents do

not need support, that they should be able to raise their children on their own, with no outside assistance. However, increased mobility means that many young families are moving further away from their own family, who are traditional sources of support. Cities are growing larger and small towns are diminishing, leaving many caregivers isolated and unable to turn to family for help. Raising children, while it has always been challenging, is now entering a new dimension, with more single parent families, more blended families, and more families with two working parents. Parents are constantly posed with conflicting messages on how to raise children. Society is constantly sending messages to parents – messages which often contrast, such as ‘be your children’s best friends’, ‘be more strict’, ‘grant children freedom and let them make their own mistakes’, and ‘children have too much freedom, they need rules and structure’. Smaller family sizes and increased mobilization often means that parents do not have close family to rely on for answers, advice and support. An increasing focus on the importance of the early years means that support for families with young children, particularly those between 0-5, is increasingly necessary.

Family resource centres are able to provide that support, often for little or no cost. Families who participate say this support is invaluable and research has shown that it has had a marked effect on parental attitudes and knowledge, and that of their children (Kilgour & Fleming, 2000; Berman, 2004; Layzer, Goodson, & Price, 2001).

Kagan, Powell, Weissbourd, and Zigler (1987) state that “demographic trends foretell continuing, if not escalating, need for family support” (p. 371). There are a number of reasons to be positive about the durability of family support programs. They are cost effective in that they save countless dollars by reducing the need for extensive remedial services later. Based on Statistics

Canada's figures for number of families living in Canada and the budget of a typical medium-sized family resource program, FRP Canada (2000) estimates that to offer a comprehensive system of family support in Canada would cost \$76.58 per year per family with children. A more comprehensive program, The Better Beginnings, Better Futures model, which was previously discussed in this report, has an average cost of \$1,000/child/year, while the average cost of US prevention programs is \$4,300-\$16,000/child/year (Better Beginning, Better Futures, 2007). When comparing family resource centres costs with the cost of remedial services, one can see that the support of family resource centres is extremely cost-effective. The recent release of the Nunn Inquiry shows just how high the cost of youth who are allowed to 'fall through the cracks' can be.

Preliminary research indicates that family support programs are making a difference in the lives of children (Kagan, Powell, Weissbourd, & Zigler, 1987). As stated by Willms (2001) "children's outcomes during the early years are the foundation of social and human capital for a society" (p.60). Hertzman (2000) claims that the rediscovery, in the policy world, of the role of early childhood as a lifelong determinant of health, well-being and competence will greatly impact policy in future years. The release of the Nunn report has also noted the importance of the early years, particularly for those children requiring prevention services. This focus is significant for the family resource movement in that this is an area in which they have excelled and thus they should be well-placed to work with government in order to provide these services to a greater population base.

New information is continuing to be released by The National Longitudinal Study of Children and Youth (NLSCY), initiated by the Government of Canada. Through support and expansion of the NLSCY, the federal government has made a conscientious, long-term commitment to monitoring the development of Canadian children (Hertzman, 2000).

I was honoured to be asked to present my preliminary research results at the biennial FRP Canada Conference, which took place in May 2007 in Ottawa. This invitation allowed me the opportunity to be a part of a national event and to gain insight into the current trends/issues/concerns in family resource centres across Canada. Unfortunately, it was not possible to attend all workshops, however for those which I was able to partake, there was a great focus on community – in the importance of incorporating community in our lives and in our organizations, and the entire conference focused on ‘parents matter’ – recognizing the crucial role that parents play in the development of young children.

Learnings at this conference support recent findings which have demonstrated recognition for the need for intersectoral collaboration to improve child outcomes (Hertzman, 2000). “There must be good co-operation between the federal and provincial governments in respect to their policies to build a community-based early childhood development capacity, building new understanding and new policies that require community involvement takes time” (Reitsma-Street, Maczewski, & Neysmith, 2000, p.5).

Weissbourd (1987) shares his view of what is needed for the development of comprehensive early childhood development programs:

“What is required is a national commitment to programs. This would involve providing programs in every community, with funding determined on the basis of the community’s available financial resources, so that family support programs can exist side by side with schools and parks as necessary to a healthy environment for parents and children. The building of a constituency that sees family support programs as a community and public issue of highest priority will be essential to

enduring long-term plans and adequate funding” (p. 266).

From this recognition stems the need to determine what programs work best for families, and why those programs are successful. Proficiently bringing about positive outcomes for the families they serve is the goal of most family based centres, but, as of yet, there is not much research that demonstrates what is most effective at producing these results. The growing move toward outcome accountability emphasizes the need for all stages of program development, implementation, and evaluation to become explicitly linked to the desired outcomes of family support programs.

Conducting this research study was an absolutely incredibly experience for me. Although many aspects were indeed challenging, I was never more content than while engaged in one-on-one conversations with individuals who are passionately sharing their experiences with family resource centres. These conversations were overwhelmingly positive about the work that is being done to support the children of this province. I am anxious to share my findings with a larger population of both practitioners and participants, within Nova Scotia and across Canada, in order to gather further input regarding the implications of this research on practice. I think this speaks to the very work of family resource centres: share your work, ask for input, and continuously seek to improve. As is the case with the family resource movement, for any changes or recommendations to be successful, they must be implemented from the bottom down, with significant input from all parties. It is key that we continuously keep in mind those whom we serve: parents and children.



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## APPENDIX A: THE GUIDING PRINCIPLES OF FAMILY SUPPORT

### The Guiding Principles of Family Support

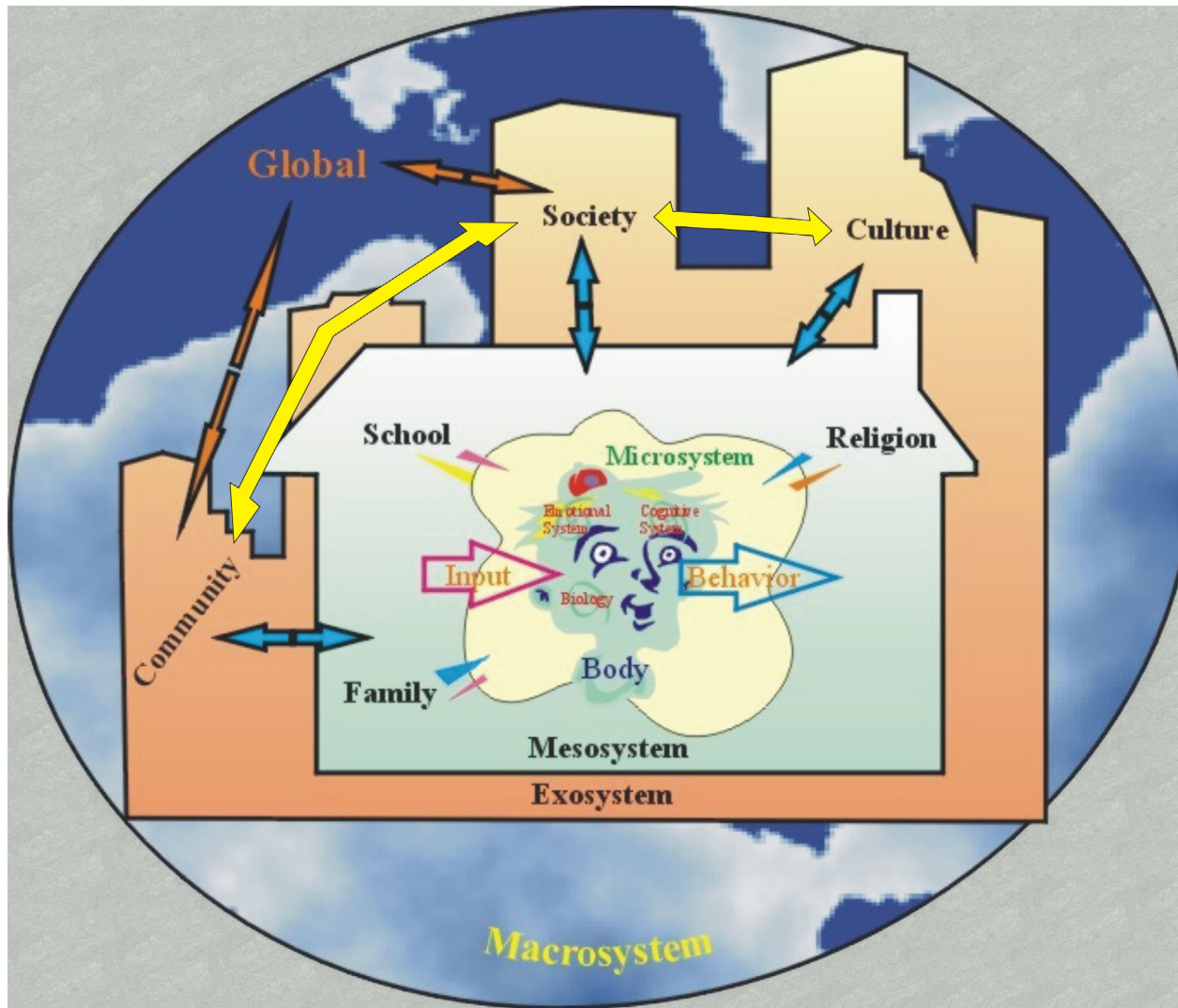
1. Family support programs are open to all families, recognizing that all families deserve support.
2. Family support programs complement existing services, build networks and linkages, and advocate for policies, services and systems that support families' abilities to raise healthy children.
3. Family support programs work in partnership with families and communities to meet expressed needs.
4. Family support programs focus on the promotion of wellness and use a prevention approach in their work.
5. Family support programs work to increase opportunities and to strengthen individuals, families and communities.
6. Family support programs operate from an ecological perspective that recognizes the interdependent nature of families' lives.
7. Family support programs value and encourage mutual assistance and peer support.
8. Family support programs affirm parenting to be a life-long learning process.
9. Family support programs value the voluntary nature of participation in their services.
10. Family support programs promote relationships based on equality and respect for diversity.
11. Family support programs advocate non-violence to ensure safety and security for all family members.
12. Family support programs continually seek to improve their practice by reflecting on what they do and how they do it.



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## APPENDIX B: BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY



2

## APPENDIX C: INTERVIEW GUIDE FOR PRACTITIONERS

What is your current position title?

How long have you been there at your current position?

Run me through your typical day. (Include planning for social events, activities, etc)

Do you have eligibility requirements for programs?

Do you charge fees?

How do you feel about your work?

Do you think that family resource programs make a difference in the lives of the participants?  
How or why not?

What kinds of outcomes do you typically see in participants? (How have these programs made a difference in the lives of participants?) Give examples of outcomes.

What is it about the specific activities in a family resource program that makes a difference in the lives of the participants?

What could be different about your practice?

What changes would you like to see in the programs offered by your centre?

Are you familiar with the 12 guiding principles of family support described by FRP Canada?  
- go over guiding principles

Do you feel that any of these principles are used in the everyday running of your agency? How are they implemented?

Which principles do you feel are most valued by your agency? Why?

Are there any of these principles that are not observed by your agency?

Do you feel that there are barriers that would prevent the implementation of any of these principles?

How do you ensure that these principles are implemented in your agency (evaluation)?

What is this process (evaluation) like? What does it mean for the centre?

Do you feel that there are ways to improve the improve evaluation processes?

Do you feel that this evaluation processes depicts an accurate measurement of principles and practices?

## APPENDIX D: INTERVIEW GUIDE FOR PARTICIPANTS

How long have you been participating in family resource centres?

How did you first become involved in the centre?

Tell me about your first time coming into the centre.

What were your expectations? Looking back, how did those expectations differ from your actual experience?

How do your children feel about the centre?

What kinds of programs have you participated in? Why did you attend these programs?

What were the purposes of these programs?

How has participating in the family resource centre affected your life outside the centre?

Can you describe a particular experience that was helpful to you? To your child?

What do you think it is about the activities in these programs that has lead to those particular outcomes? What has made a difference?

How do you think your relationship with your child has been influenced by your participation at the centre?

How have your relationships with peers changed since you have been at the centre?

What hasn't been helpful? What hasn't made a difference?

If you need assistance that you are not able to access within the centre, will they help you to get that access? (ex: Government agencies, dieticians, lawyers, doctors, social workers, food banks). What linkages have you seen between the centre and outside agencies?

Do you provide input into programs at the centre, activities, etc? Do you provide feedback after you have participated in a program?

How much time do you spend at the centre that is not spent in actual programs?

How are members of the centre encouraged to participate?

Describe your relationship with the staff at the centre.

Describe your relationship with other parents.

How do your children get along with the staff/volunteers/other parents/other children?

Are you aware of any type of evaluation that has taken place in the centre? Did you participate? How or why not?

What recommendations would you have for staff/volunteers at family resource centres?

## APPENDIX E: INFORMED CONSENT - Participant (on MSVU letterhead)

### **EXPLORING THE TRANSLATION OF PRINCIPLES INTO PRACTICE IN FAMILY RESOURCE CENTRES**

#### **INTRODUCTION**

My name is Beth Saunders and I am enrolled in the Master of Arts program in the Department of Family Studies and Gerontology at the Mount Saint Vincent University, Halifax, N.S. I am conducting a qualitative research study on the links between principles and practices of family resource centres in Nova Scotia as the thesis component of my degree requirements. I am requesting your cooperation as a voluntary participant in this study, which I hope is going to help generate a more in-depth understanding of the growing and changing family resource centre movement.

I am inviting you to assist me by agreeing to participate in the study. The interview will focus on the implementation of programs and the experiences of participants in family resource centres, and your thoughts and perspectives on various aspects of the family resource centre movement.

#### **CONSENT FORM**

I, \_\_\_\_\_, agree to take part in a study of the operations of a family resource centre.

I understand that, as a participant in the study, I will be asked to respond to interview questions. I understand that participation in the study may involve answering questions about: specific details of my day-to-day activities at the centre; some aspect of my personal life, e.g. my thoughts/feelings/experiences with parenting etc.; my feelings and/or attitudes towards certain aspects of family resource centres.

I understand that the interview will take about 60 to 90 minutes and will occur at a time and place that is convenient for me.

I understand that I am under no obligation to agree to participate in an interview. I understand that the family resource centres will not be informed as to who agrees to participate in the study and who does not, and neither decision will have any consequences for my future participation in the centre. I understand that I may refuse to answer any questions, to stop the interview at any time or withdraw from the study. I understand that the interview will be tape-recorded, and that I may ask that the taping be stopped at any time. I understand that the interview tapes and all hard copy materials containing identifying information will be stored in a secure location and that both tapes and transcripts will be destroyed upon completion of the research project. I understand that electronic files will be password protected. I understand that only the researcher, her supervisor, and the transcriber will have access to original material.

I understand that neither my name nor the name of the family resource centre which I am involved will be identified in any report or presentation which may arise from the study. I understand that only the researcher and her supervisor will have access to the information collected during the study.

I understand that while I may not benefit directly from the study, the information gained may assist family resource centres in providing a more effective delivery of their services, and further support the role of family resource centres as part of the rapid and ongoing social changes occurring in Canadian society. I understand that a summary of the findings of the study will be sent to me, and that if I wish I may upon request obtain a copy of the thesis in full.

I understand that, although there will be every effort made to protect my identity, there is the risk that I may be identified through the information that is provided in the thesis. I understand that certain topic areas can be powerful and emotional.

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

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**Participant's Signature**

---

**Date**

---

**Researcher's Signature**

---

**Date**

*One signed copy to be kept by the researcher, one signed copy to the participant.*

---

If you have any questions or concerns about this study, please contact the investigator or her supervisor:

Researcher  
Beth Saunders

██████████  
████████████████████

Research Supervisor  
Dr. Deborah Norris  
457-6376  
deboarh.norris@msvu.ca

If you have questions about how this study is being conducted and wish to speak with someone who is not involved in the study, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, via e-mail at [research@msvu.ca](mailto:research@msvu.ca) or telephone (902) 457-6296.

## APPENDIX F: INFORMED CONSENT - Practitioner (on MSVU letterhead)

### **EXPLORING THE TRANSLATION OF PRINCIPLES INTO PRACTICE IN FAMILY RESOURCE CENTRES**

#### **INTRODUCTION**

My name is Beth Saunders and I am enrolled in the Master of Arts program in the Department of Family Studies and Gerontology at the Mount Saint Vincent University, Halifax, N.S. I am conducting a qualitative research study on the links between principles and practices of family resource centres in Nova Scotia as the thesis component of my degree requirements. I am requesting your cooperation as a voluntary participant in this study, which I hope is going to help generate a more in-depth understanding of the growing and changing family resource centre movement.

I am inviting you to assist me by agreeing to participate in the study. The interview will focus on the implementation of programs and the experiences of participants in family resource centres, and your thoughts and perspectives on various aspects of the family resource centre movement.

#### **CONSENT FORM**

I, \_\_\_\_\_, agree to take part in a study of the operations of a family resource centre.

I understand that, as a participant in the study, I will be asked to respond to interview questions. I understand that participation in the study may involve answering questions about: my work/professional history; specific details of my day-to-day activities at the centre; some aspect of my personal life, e.g. my thoughts/feelings/experiences with parenting etc.; my feelings and/or attitudes towards certain aspects of family resource centres.

I understand that the interview will take about 60 to 90 minutes and will occur at a time and place that is convenient for me.

I understand that I am under no obligation to agree to participate in an interview. I understand that the family resource centres will not be informed as to who agrees to participate in the study and who does not, and neither decision will have any consequences for my future participation in the centre. I understand that I may refuse to answer any questions, to stop the interview at any time or withdraw from the study. I understand that the interview will be tape-recorded, and that I may ask that the taping be stopped at any time. I understand that the interview tapes and all hard copy materials containing identifying information will be stored in a secure location and that both tapes and transcripts will be destroyed upon completion of the research project. I understand that electronic files will be password protected. I understand that only the researcher, her supervisor, and the transcriber will have access to original material.

I understand that neither my name nor the name of the family resource centre which I am involved will be identified in any report or presentation which may arise from the study. I understand that only the researcher and her supervisor will have access to the information collected during the study.

I understand that while I may not benefit directly from the study, the information gained may assist family resource centres in providing a more effective delivery of their services, and further support role of family resource centres as part of the rapid and ongoing social changes occurring in Canadian society. I understand that a summary of the findings of the study will be sent to me, and that if I wish I may upon request obtain a copy of the thesis in full.

I understand that, although there will be every effort made to protect my identity, there is the risk that I may be identified through the information that is provided in the thesis. I understand that certain topic areas can be powerful and emotional.

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

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**Participant's Signature**

---

**Date**

---

**Researcher's Signature**

---

**Date**

*One signed copy to be kept by the researcher, one signed copy to the participant.*

If you have any questions or concerns about this study, please contact the investigator or her supervisor:

Researcher  
Beth Saunders

[REDACTED]  
[REDACTED]

Research Supervisor  
Dr. Deborah Norris  
457-6376  
deboarh.norris@msvu.ca

If you have questions about how this study is being conducted and wish to speak with someone who is not involved in the study, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, via e-mail at [research@msvu.ca](mailto:research@msvu.ca) or telephone (902) 457-6296.

## APPENDIX G: SAMPLE CODING

B: So what are some of the outcomes that you typically see with all of these programs? Are you able to capture that?

L: We capture it in a way – we don't follow families but we capture it in a way from a parent perspective, like have you seen your child develop more social skills, have you seen this type of behaviour at home b/c that is the outcome that you want that those real basic social skills that children have to learn and transitional phases that they have to learn hopefully doesn't just happen here, it happens at home so we ask questions about that, have you seen this behaviour at home and we hope – we have seen those outcomes, and reported back, yes there has been a change in the child, that, yes, maybe they are more outgoing, which is maybe why they brought them to the playgroup b/c it could be an only child and it is mom and child, mom and child and that is fine in the beginning but then they think, oh gee, maybe there should be a friend there that they can develop those skills with and when they are getting ready for school it is the same thing, a whole new environment, structure, just to learn those kids of skills. So those are the kinds of outcomes that we hope that children's social skills will be increased, that they will be exposed to new craft ideas that they can do at home, that there is nutritious snacks that we offer, and again, just giving parents ideas of what you can serve as a snack, even just the idea of providing a snack, it has been 2 hours, they need a snack, staff always role-model behaviour techniques, just offer suggestions if the child is having a temper tantrum or whatever, let them know that, not jump right in there or anything but just help out and maybe give the parent some new ideas about that situation. And for the parent, those are the outcomes for the children, certainly school readiness skills would be one of them, when they shift gear, there has been free play and now we have to shift gears and do a snack, a lot of child don't want to stop, so we will offer a song, it is time to clean up, clean up, just to, oh, yeah, I remember this, they are going to get me to line up and wash my hands now. So, when they come more regularly they learn that and then primary teachers have told us they can tell the children that have been to whether it has been a daycare or preschool, or a playgroup before they went to school, they can see the difference in those kids because they are used to that routine. It makes their life easier, I am sure. And then for the parents, I think some outcomes that they have talked about are just maybe getting out of the house and relieving that stress, getting out and not being isolated and that is an outcome that we really want with those playgroups is really just to reduce that isolation, which can lead to stress and whatever. Network, make new friendships, for their children and for themselves and that has happened that we have had groups of moms that get together beyond us and just recently we have a group of moms that were in mother goose, complete strangers, and now they are a group that gets together regularly, that is a great outcome of that, because we are not it, we don't say we are, but that social support, you learn more, I think from another mom, then you do reading a book sometimes, and they just recently came to our fundraiser that we have on weekends, wouldn't tell us what they are doing, just, we are coming, we are doing something, well, they all came as a mother goose farm and all their strollers were an animal, decorated that way, so there they were, they got together as a group and did that so it is pretty neat, but that is certainly what we hope is an outcome for a parent, is that, they will gain friendships, learn some new parenting strategies, learn some nutrition, healthy meals, snacks, and once they have been here awhile, you get to know them and stuff and there is opportunity to get involved in the centre, we have a board structure where half our board is parents, and half of it is an agency, so that is a big deal, that they are feeling confident and comfortable, and they are here all the time and so we approach them and say, what do you think of this, not as soon as they walk it, because they are here and they need some time to be in their programs, but we have parents who have done it all, who have done all of our programs, and this is the opportunity now to say, how about this, you would be on the board, you can still do the programs but you are really enhancing their capacity to develop skills, and maybe they already have those skills and we are just going, ohh, you have those skills, boy, we have a role for you. So, they can be a volunteer, in whatever way they want to help out. So each program would have different outcomes, but generally they come for those.

B: What do you think it is about the activities that support those outcomes?

L: Well, like I say, you are encouraging that relationship, b/c it is a parent-child program, we are not dropping the children off and see you later, just the fact that parents have to participate with that child and the child needs help with the class and they are in it, and then you have parents who say, I don't know how to do this, b/c they have never done a craft, we can't assume that they know, like, here is all the material, can

you help your child. So we kind of just watch to see if they have every used a glue stick before, or whatever the craft is, but just that alone enhances the parent-child relationship, those kinds of activities, role-modeling, you have all that at home, you only need to pick up crayons, you know, and the snacks, the same thing, that outcome is coming those ideas and parents always have eating questions, always, always, always, probably one of the biggest ones, when do I introduce this, so, informal conversation, ok, they have had that answer to that question so something is going to change in that home, or you made a referral, so you can give you and the nurses are here every Thursday so we encourage you to come to that.

#### **CODING KEY:**

##### **Major themes/headings**

Principle - Reflective practice – Evaluation - evaluation process

Typical outcomes

Activities that support principles/outcomes - Program development

##### **Sub-themes/headings**

Principle – Promotion of wellness

Principle - Strengthen families/communities

Principle – Build networks and linkages

Principle – Mutual assistance and peer support

As a part of initial coding, this entire section, upon first read, would be labeled ‘outcome’ which could be further broken down into three main subsections: ‘Principles – reflective practice’; ‘Typical outcomes’; and ‘Activities that support principles/outcomes – program development’.

Working within the NUD\*IST software system, these themes would be further explored and broken down. For example, the section ‘Principle – reflective practice’ could be further broken down into ‘evaluation’, and then, more specifically, ‘evaluation process’.

Another read-through of the document would be conducted in an effort to code all text unit that speak specifically to the principles. In the example provided, there are a number of references to principles have been demonstrated, Examples of such noted coded text units include ‘promotion of wellness’, ‘strengthen families and communities’, ‘build networks and linkages’, and ‘provide mutual assistance and peer support’.

One is then able to conduct a search of all coded documents to see if there are any linkages between various themes.

For example, if one was to search the above sample for all sections that have been coded to both ‘outcomes’ and ‘strengthen families and communities’, the following units would be displayed:

‘school readiness skills’

‘then primary teachers have told us they can tell the children that have been to whether it has been a daycare or preschool, or a playgroup before they went to school, they can see the difference in those kids because they are used to that routine’

‘maybe getting out of the house and relieving that stress’

‘make new friendships’

‘enhancing their capacity to develop skills’

The researcher would then use these units to note that typical outcomes which relate to the strengthening of families and communities are improved school readiness for children, and increasing social support systems and enhancing/developing skills for parents.

The following node tree depicts all relevant these/heading and sub-themes/headings used in this research.

1. Principles
  - a. Open to all families
  - b. Compliment existing services, build networks & linkages, advocate
  - c. Partner with families/communities
  - d. Promotion of wellness, preventative approach
  - e. Strengthen families/communities
  - f. Ecological perspective
    - i. Policy
  - g. Mutual assistance and Peer support
  - h. Life long learning (promote parenting as...)
  - i. Voluntary in nature
  - j. Equality and respect for diversity
  - k. Non-violence
  - l. Reflective practice
    - i. Evaluation
      1. evaluation – external
      2. evaluation – internal
      3. evaluation process
      4. evaluation – effectiveness
      5. evaluation – challenges
      6. evaluation – feelings on,
      7. evaluator
  - m. Gaps in principles
2. Background
  - a. Time in position
  - b. Position title
  - c. Background – FRC
  - d. Background – Personal
  - e. 'Typical' day
3. Staff
  - a. Volunteers
  - b. Students
  - c. Staff – burn out
4. Activities that support principles/outcomes
  - a. Suggestions to improve practice
  - b. Programs offered
  - c. Professional Development opportunities
  - d. Program Development
5. Outreach
6. Challenges
  - a. Gaps – After 6 years of age
  - b. Rural
  - c. Transportation
  - d. Funding
7. Promotion
  - a. Perception of FRCs
  - b. Fundraising
8. Which principles most important
9. Outcomes
10. What if no FRC?
11. Participants
  - a. Involvement in FRC
    - i. How long?

- ii. How did you become involved?
  - iii. Program participated in
  - iv. Paid work
  - v. Volunteer
- b. Affects on family – OUTCOMES
- c. Perception (what leads to outcomes)
- d. What has been helpful?
- e. Challenges
- f. Suggestions for improvement
- g. Personal Perceptions
  - i. Expectations
  - ii. Parents – Feelings on,
  - iii. Child – Feelings on,
- h. Community partners
- i. Evaluation
  - i. Parents - Feedback

