



THEME 2

Enhancing Family Participation

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Related survey items

- Programs and activities at this centre are designed in a way that makes it possible to participate. (Basic Survey #3) Staff members of this program treat me with respect. (Basic Survey #2)
- Staff are available when I need them. (Basic Survey #4)
- There are opportunities for me to become involved in how this program operates if I wish to do so. (Basic Survey #5)

Related family support principle

- Families are active participants in all aspects of services. They are the ultimate decision-makers in the amount, type of assistance and the support they seek to use.

Geographical, physical and cultural accessibility

Families will find it easier to use a family resource program that is located within their neighbourhood,

accessible by public transportation or within walking distance (Onyskiw, Harrison, Spady & McConnan, 1999; Silver et al., 2005). A location in a shopping centre or along a major transportation route is more accessible than one outside of the core arteries of the community. Multiple sites and use of community facilities can also improve outreach to families (Kyle & Kellerman, 1998).

Since participants sometimes cannot afford transportation and program fees, organizations can increase attendance by offering monetary or material support, although not all organizations can afford to do this (Kyle & Kellerman, 1998; Silver et al., 2005). Providing childcare, food and transportation has been shown to increase access particularly for economically will maintain longer-term contact if a program can include in-home services, transportation assistance and child care (McCurdy & Jones, 2000). Transportation assistance may mean arranging car pools with other families, having a van to pick up participants or providing bus tickets. Families appreciate having snacks or a meal served in connection with activities. In some cases, material support may include laundry facilities (Lang & Krongard, 1999).

In addition, social class, ethnicity and other characteristics may constitute potential barriers to access. To overcome these potential barriers, workers make all families feel welcome through their inclusive

language and behaviour. This may include offering services in other languages and translating materials for those who do not speak English as a first language. Programs must be accessible to people with disabilities and should appeal to a diversity of needs and interests. Programs that connect with youth may increase family involvement (James & Partee, 2003). Fathers, grandfathers, uncles and other caregiving men may be more likely to attend if contacted by male staff (Lang & Krongard, 1999; Smith, 2003).

Psychological accessibility

The question of accessibility is not only geographic, but also psychological (Lang & Krongard, 1999). Family resource programs need to make their presence known to families with promotional materials that

are attractive and easy for participants to understand. More families will use a centre's services if they are seen as universal and not stigmatized as for "at-risk" families only (FRP Canada, 2004; Silver et al., 2005). Psychological accessibility is also increased by limiting the amount of paperwork for families (FRP Canada, 2004). Fun social activities, such as a group outing or a picnic, help families feel more comfortable once a program begins (Lang & Krongard, 1999).

A range of parenting education activities, from talking with other parents to formal parenting programs, will attract a variety of families (Silver et al., 2005). Programming without pressure, for example drop-in programs, allows parents to network informally (FRP Canada, 2004). On the other hand, recognized parenting courses, delivered by trained facilitators, can also attract new participants (BCAFRP, 2004). Some parents may be more likely to attend initially to learn about a specific subject, such as managing challenging child behaviour (Lang & Krongard, 1999). Offering these presentations at a community centre, church or school may also draw in families that hesitate to come to a program without a clear, advertised purpose (Lang & Krongard, 1999).

Hours of operation

The schedule of proposed activities must also fit with the other demands on families' time (Brady & Coffman, 1997). Families want programs at times that fit their busy schedules (Silver et al., 2005). Flexibility, for example rescheduling replacement sessions when a family misses a session, will help keep participants in a program (Lang & Krongard, 1999). Flexible and accessible schedules will require centres to have hours on Saturdays and evenings (Lang & Krongard, 1999).

Families participate in planning, decision making and evaluation

"When developing new services or programs to improve the early care and education of young children, it is important to include parental input in the process of designing and delivering programs. "
(Groark et al., 2002).

Parents feel more effective in helping their children when they are invited to be more involved with the service to their children (Reich et al., 2004). Successful parent education programs avoid a deficit model of parenting and use a collaborative approach with parents (Shimoni & Baxter, 2005). Family support professionals are more effective when they take an enablement, supportive stance, rather than a paternalistic, judgmental one (Epps & Jackson, 2000). This means that workers view parents as the experts on their own children and realize that parents have the more enduring impact on their child.

Learning is also contingent on the quality of interpersonal relationships within a program (CSSP, 2004). Therefore, workers recognize that relationships are central to the success of the organization (Pilkington & Malinowski, 2002). Parent participation in family resource programs is enhanced when parents and staff share a perspective on family problems and when there is clear communication between the family and workers (McCurdy & Jones, 2000).

A truly accessible organization includes families in decision-making. In accordance with the egalitarian principles of family support, family opinions are sought and taken seriously for the organization's operations (Silver et al., 2005). Effective family support organizations move beyond token parental involvement to shared leadership with community parents (Family Support America, 2002). Participants must be engaged at the governance level as well as the program level (Public Health Agency of Canada, 2002).

Family resource programs encounter difficulties when planning is inadequate (McCurdy & Jones, 2000). When staff members take the time to find out what parents are looking for in a program, they are more successful (Silver et al., 2005). In order to tailor programs to family needs, it is necessary to take the time to include families in the planning process, from the conceptual stage on. Successful family support organizations seek family input to align their vision with the vision in the community (Park & Turnbull, 2003). They use a community development process, which relies on community consultation and ownership in order to respond to real needs (Kyle & Kellerman, 1998). Since each community is unique, family resource programs will look different in different places.

A needs assessment of community families is an important first step in implementing any program to better match program goals with families' needs (McCurdy & Jones, 2000). Rather than predetermining schedules and activities, programs must begin by relying on participant consultation and be flexible enough to accommodate participant involvement (Kyle & Kellerman, 1998). Families can be encouraged to be facilitator partners of the process (Lang & Krongard, 1999). An advisory committee can help create a network to gather the voices of community residents, including youth, to ensure that programs respond to community needs and to build a broad base of support (CSDE, 1997; Public Health Agency of Canada, 2002). Family-community partnerships are key to an integrated service delivery system (Epps & Jackson,

2000).

Beyond program planning, planning for evaluation must also involve all key stakeholders if effective monitoring and data collection procedures are to be put in place (Ellis, 1998). Participatory evaluation approaches in particular reflect several family support principles, among them building the skills of families and forming relationships based on equality and respect.

Families participate in service delivery

Many family resource programs were started by parents and depend on parental involvement for their day-to-day operation (Kyle & Kellerman, 1998). Parents also want to have a say in how services are implemented (O'Hanlon & VanderPlatt, 1997). Families can be involved in formal, planned, long-term and paid roles as well as in informal, spontaneous, short-term and volunteer roles. They can serve on the organization's board and committees, and can also help with program evaluation, program planning, mentorship of others, fundraising, hiring staff and program implementation (Public Health Agency of Canada, 2002; Family Support America, 2002; Kyle & Kellerman, 1998). Parents feel more empowered when they are part of a community effort to solve community problems (Lang & Krongard, 1999). In addition, parents who volunteer in governance, planning and fundraising have opportunities to develop confidence, build skills and increase their chances of finding employment (Silver et al., 2005).

The process of hiring staff can include the perspectives of various team members, such as parents and administrative support staff (Pilkington & Malinowski, 2002). Also, hiring peer facilitators, that is parents who have experienced life situations similar to those of participants, is a way to strengthen parent education programs and increase the participatory element in an organization (Bruner, 1998; CSSP, 2004).

Ideally, parents are invested in creating a climate for

support through a participatory process with staff members. Using a strengths-based approach, family support workers view parents as multidimensional. Parents may require help and support and, at the same time, they may be the best choice for providing help and support to other families and community members (Kyle & Kellerman, 1998). Parents with children of similar ages share similar life circumstances as they travel through their parenting journey. By encouraging friendships among parents, workers can engage each family's specific strengths to help others.

Parents will be most invested in and passionate about the organization when they feel it is *their place*. By using a non-hierarchical approach with families, workers show respect and ensure that community participants are heard (Silver et al., 2005). To be truly accessible, organizations must be physically and psychologically accessible. By their active participation, families are continually reminded that this place is theirs.

Annotated References

Ellis, D. (1998). *Finding our way: A participatory evaluation method for family resource programs*. Ottawa: Canadian Association of Family Resource Programs.

This practical workbook provides the background and a framework required to increase participation of families and staff in the operation of family-serving organizations. A step-by-step guide through the participatory evaluation process provides family support organizations with an excellent manual for participatory evaluation.

Office of Planning, Research and Evaluation (OPRE). (2005). *Effective methods for involving consumers in planning and decision-making: Lessons learned from the family preservation and family support (FP/FS) services implementation study*. US Department of Health and Human Services, Administration for Children & Families. Retrieved January 28, 2006 from: http://www.acf.hhs.gov/programs/opre/fys/family_pres/reports/effect_meth/effect_meth.html

This report on the implementation of a family support service in the U.S. provides lessons learned and practical suggestions for including families in planning, implementation and evaluation. It provides guidance on how to include families in the planning of family support initiatives and recommendations for keeping families involved over the longer term.

Public Health Agency of Canada. (2002). *The CAPC/CPNP Think Tank: Parent Participation in CAPC/CPNP Governance and Decision-Making*. Retrieved March 16, 2006 from http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/capc-pncp-particip2001_e.pdf also *Colouring outside the lines* at http://www.phac-aspc.gc.ca/dca-dea/publications/fs5-capc-colour_e.html provides an overview of the CAPC/CPNP think tank process.

This report stems from a think tank regarding the involvement of parent participants in community family support governance structures. Subjects include diversity, inclusion and roles, a literature review and practical suggestions for including families in a participatory process within family support organizations.

Silver, S., Berman, R., & Wilson, S. (2005). *A place to go: Stories of participants of family resource programs*. An MAFRP - Ryerson University Project. Retrieved January 27, 2006 from: <http://www.ryerson.ca/voices/pdf/placetogo.pdf>

This report of a large-scale qualitative research project indicates practices and outcomes valued by family resource program participants. Interviews and focus groups from across Canada provided an opportunity to gather the voices of participants in family resource programs. Their stories are provided in narrative through case vignettes. These stories and reflections highlight the importance of engaging families, empowering participants and providing accessible community programs.

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This literature summary is one of ten that have been prepared in conjunction with the FRP Canada e-Valuation project. Each literature summary addresses a theme or indicator from the Participant Survey or Staff and Volunteer Survey.

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