Chapter 18
Family Poverty: Reviewing the Evidence for an Integrated Community-Based Practice

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18.1 Introduction

The question that concerns us, when we consider the ongoing assaults that parents and children experience because of poverty, is what have we learned that buffers and protects them? The following discussion considers poverty and the practice response from the perspective of two affluent nations. For example:

In the US:
One in 5 children — 16.1 million — were poor in 2012.
More than 7.1 million children — over 40 percent of poor children — lived in extreme poverty at less than half the poverty level. For a family of four this means $11,746 a year, $979 a month, $226 a week and $32 a day or $8 a person.
The youngest, most vulnerable children were the poorest age group. Over 1 in 4 children under age 5 —nearly 5 million — were poor. Almost half of them — 2.4 million — were extremely poor (Children's Defense Fund 2014).

In the UK:
There are currently 3.5 million children living in poverty in the UK. Tha is almost a third of all children.
1.6 million of these children live in severe poverty.
In the UK 63 % of children living in poverty are in a family in which someone works (Barnardos 2014).

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Recent directions in the United States and the United Kingdom emphasize second generation programs that intend to address pathways to self-sufficiency for parents through preparation for employment, while providing early childhood experiences that create stability, important to child well-being and decreasing stressors in the midst of poverty. These programs, still under development and evaluation, are not an entirely new chapter in efforts to change the environments that have the potential to alter the life course of poor children. For single mothers, who struggle with the complexities of daily life without adequate resources to provide safe, nurturing environments for their children, a pathway to employment can bring possible stability. At the same time, there are and can be other types of second generation programs that provide multi-faceted family support embedded in communities where vital social networks develop, and critical pathways have been and should be worked with, in ways that can alter poverty's impact.

This chapter will consider ways to support families in center-based community programs, or family support initiatives which nonetheless have strengths, capabilities, and potential to do more than help parents just survive under dire circumstances. Second generation programs will be reviewed in the context of evidence for potentially stronger outcomes with robust family support in community, with examples from research on a range of strategies to improve the quality of parenting in tandem with augmenting support through building community that also has the potential to impact toxic neighbourhoods. Examples of family support in schools and immigrant communities shows how these initiatives respond to the complexity of need of those who struggle without adequate pathways out of poverty. We then review cross-national evidence for family support programs and introduce an integrated model for family centres that provides guidance for practice that specifically responds to the known pathways which mitigate the influence child and family poverty.

It is well established that structural and economic poverty is associated with fragile social relationships; poor access to health, education, and employment; and violent and abusive behaviour. Compound stressors resulting from migration and exclusion, with the intersectional nature of oppression (Walby 2007), as well as poor parenting, inadequate support and child care, and the internalization of hopelessness, all have deleterious impacts on the development of children. In the face of these challenges, it is helpful to consider how multi-faceted family support programs that build community can provide respite, new directions, and stability in the midst of formidable challenges. Over the past decades research has described important buffers and protective factors that support resilience and survival for parents and children. And while poverty's potency creates adversity and stressors that undermine development and limit opportunity, there are ecologies within neighbourhoods that can be developed into systems of care. These systems of care can mediate, buffer, and protect through organized partnerships between human service providers and educators with local volunteers and program participants. Therefore, this chapter will provide an evidenced-informed integrated practice model for local, community-based practice initiatives, variously named child centres, family centres, and family resource centres, which can create the relational environments that contribute to development, and increase protective factors, strengthening resilience.

18.2 Pathways Through Which Poverty Operates

A helpful perspective in considering leverage that can ameliorate the effects of poverty comes from Brooks-Gunn and Duncan's (1997) focus on the pathways through which poverty operates. They use the term "pathway" to describe a mechanism through which poverty or income can influence a child's outcomes. Five pathways are suggested: (1) health and nutrition, (2) the home environment, (3) parental interactions with children, (4) parental mental health, and (5) neighbourhood conditions. Research has shown that all account in different degrees for differences in IQ, cognitive development, achievement scores, certain parental practices, and limited learning experiences in the home. While other potential pathways can be considered, these five are most frequently worked with in multi-faceted community family support programs illustrated with the framework presented in this chapter. However, it is important to first consider the current attention to second generation programs that seek to address the home environment by improving single mothers' income that can contribute to stability and better nutrition, and at the same time provide childhood enrichment with programs that also provide stability and support cognitive and social development, all associated with a foundation for later achievement as a pathway out of poverty (Chase-Lansdale and Brooks-Gunn 2014). We will emphasize how second generation programs can be successful if they include community family support.

18.3 The Future of Two Generation Programs and the Need for Community Family Support

National attention in the U.S. and UK on providing programs that target young children in impoverished families and communities continues, with a particular focus on the need for early childhood education. While pre-kindergarten is an established national and local agenda in the United States and United Kingdom, there remains concern about quality programs, and the long-term outcomes that address educational achievement as a pathway out of poverty (Haskins et al. 2014; Belsky et al. 2007). There is definite evidence that policy and program practices need to target what happens in the home environment; that has been shown to be responsible for mediating one-half of the effect on cognitive ability, as preschool children from these homes and communities have lower rates of school completion (Brooks-Gunn and Duncan 1997). Advanced by neurobiological evidence, recent attention to the role of stress and child development, including domestic violence and parental depression, shows that too much stress can harm both parents and children. Research in cognitive psychology links together stress, information processing, and decision making (Thompson 2014). This is corroborated by early studies that show that the immediate environment surrounding low-income children results in exposure to multiple stressors, psycho-physiological stress and socio-emotional adjustment

challenges that are cumulative. For those living in poverty, overwhelming demands early in life because of the developmental disarray associated with early chaotic living conditions can result in coping strategies later in life that are less flexibly and malleable, continuing a generational pattern (Evans and English 2002).

Challenges in living and learning are shared by parents and their children, so that in turn adaptive coping can and should be a focus for two generations through programs that build such protective mechanisms through strong relationships in tandem. They become a generative contribution to resilience, a known buffer for children in poverty. An instructive example is The Family Overcoming Under Stress (FOCUS). Originally targeting deployed families in the military, it built on family strengths to reduce psychological distress (Lester et al. 2012). This being the case, it is encouraging to see an emphasis on two-generation programs that aim to build human capital for both adults and children. Chase-Lansdale and Brooks-Gunn (2014) review of two-generation programs for low-income parents and children from the same families identifies ways that "Two Generation 2.0" has emphasized building connections between components for children and adults that incorporate advances in both education and workforce developments with an intensive, extended approach. They provide compelling theoretical support, noting that these new programs require innovation and experimentation in order to provide high-quality early childhood education with broad ranging educational support for parents capitalizing on new directions in job training. Risk and resilience theory, for example, supports this approach. It requires intensive interventions in more than one area of a child's life that is multi-level, tailoring intensity, targeting multiple domains for a sufficient length of time (Chase-Lansdale and Brooks-Gunn 2014 citing Masten and Gewirtz).

The success of second generation programs that provide education and employment require*s* specific programming to deal with mental and physical health needs, substance use, family violence, housing, and transportation (Chase-Lansdale and Brooks-Gunn 2014). In this regard, we turn to examples from family support programs that are accessible and multifaceted. This includes early childhood programs with opportunities for parents to deal with personal challenges and provide social support while they work to increase education and employment options. For example, social support remains an enduring need for parents that assume multiple roles, shown by ongoing research to mediate intimate partner violence, and to reduce stress when extremely poor women head families (Bassuk et al. 2006).

Opportunities for enriched social support are critical to the success of these "two-generation" programs. Such a program is described by Brodsky and Marx (2001) in their study of a psychological sense of community in a holistic job-training and education center serving low-income women. Essential to mothers' success in education was their involvement in a nested community made possible through their education and training program that provided the local support parents needed, and where in time they would have a voice to influence the quality of community life in their neighborhoods. In this sub-community, within the job training center, parents reported that they valued warmth and connection, membership, mutual influence, integration and fulfillment of needs. All of these "connective" expressions from parents in this "nested community" reflect the indispensable relational bonds where

history is shared and commitment to each other engenders the support that will provide ongoing stability in their lives. Grounding in community is a fundamental way to truly generate human capital envisioned as the outcome of the Two-Generation 2.0 program because parents need more than stable employment to meet the needs of their children as they work to alter poverty's effects.

18.4 Parenting Programs Need an Ecology of Support

As approaches are sought for a new generation of responses to family and child poverty, it is helpful to consider salient research that contributes to a more robust perspective of what could and does work. An *ecology of support* provided in family support programs is a basic need for parents, particularly to support their learning to protect and enrich their children's lives. A particularly instructive example is a study by Whittaker and Cowley (2012) in the U.K. It was concerned with the poor engagement and attendance of parents in programs designed to increase parental knowledge, skills, and self-belief in their own capabilities, key to prevention and life changes for children. Recall that two of the outcomes for children in poverty include the home environment and children's interactions with parents. In reviewing 27 publications, Whittaker and Cowley found that there were a range of factors that influenced less than hoped for engagement and attendance. Their sobering finding was that programs did not address the realities of poverty's external and internal stressors that are so disabling for parents, a finding supported by the work of Aldgate and Rose (2012). The conclusions that parenting programs do not contribute to child outcomes is also set forth in Levine and Zimmerman's (2010) overview of these programs, that are supposed to be investments in pathways that contribute to poor children's outcomes. Duncan et al. (2010) report in their meta-study of parenting programs, that it is more difficult than thought to influence parent-child relationships; therefore, the conclusion was that these programs did not reduce children's poverty status, specifically showing modest and statistically insignificant effects on longer-term measures of child development (Levine and Zimmerman 2010). And while economists Levine and Zimmerman state that these parenting programs could contribute to social goals, even though they do not reduce children's poverty status, we would add that social-emotional factors have been shown to influence child well-being which are vital to survival and cognitive development for children growing-up in poverty (Search Institute 2014).

Whittaker and Cowley's (2012) study creates an important perspective for the above findings as they found there was unrealized potential in parenting programs which could have made contributions to child wellbeing if critical supports to enable parents to function in the midst of distressing life situations were in place. It is not surprising that one of their conclusions is that parenting programs could benefit from being linked to other forms of family support. Structural and perceptual barriers associated with impoverished personal circumstances are enumerated, with the observation that parenting education programs may not be sufficiently equipped to

recognize and adequately meet the different needs presented. While parenting curricula content is also identified as a concern, delivery remains an equally if not a more important influence on engagement and successful participation. In the reviewed programs that worked, skilled group facilitation that promoted participation became a source of peer support, where relationships developed, empowerment was experienced, and the strength of collective experience reduced isolation and inspired commitment and investment. How successful support happens depends on the program design that works with ecological principles, which responds to parents' social-community factors requiring multi-component programs that actually address parents' multiplicity of needs. Expansion of parents' social networks should be an essential focus as these personal relationships endure and offer the belonging and resources at times of crisis, when survival depends on who you can all on, and who will be there for you over the long haul.

18.5   The Benefit of Community: A Pathway to Parents' Mental Health and Improved Neighbourhoods

Community matters. Family support programs that meet the needs of marginalized, at risk parents and children in poverty, need community. As Smyth and Goodman (2006) contend, promoting lasting change in marginalized people requires a "full frame" approach that emphasizes context and in so doing counterbalances the negative consequences of specialization (siloed practice), that provides a specific intervention. For example parenting programs would be very different if they were part of a contextual response that took into account the complexity of need, multifaceted, embedded in community. A full frame approach goes beyond relational and holistic practice and requires that initiatives be embedded and informed by their communities, so that parents and their children are known and rooted in their community. The principles outlined in the full frame approach are demonstrated in their evaluation report of On The Rise, Inc., with the conclusion that because of the full frame approach the participants' community is theirs, long after they secure permanent housing or stabilize their situation (Smyth and Goodman 2006).

Participants report that the program helps them overcome obstacles in the system and in themselves. Women move off public assistance and move into permanent housing; others leave abusive homes. While it is not possible to review the underlying principles that guide this program, intrinsically this approach actively works with people as a community member, similar to family support programs that are integrally related to the history and full context of a community.

As a study of infant mental health and family support found, community involvement can result in discovering and working to resolve community problems (McAllister and Thomas 2007). Through this process there is the invaluable result of community capacity-building, identified in other studies as the collective efficacy that is so critical to development in impoverished neighborhoods (Putti and Brady 2011). The contribution to community change, while not readily measurable, is

nonetheless a significant contribution that both strengthens those who participate and brings about social change needed to stabilize and enrich environments for children and their families (Huebner et al. 2009; Warren-Adamson 2002; Whalley 2006).

18.6   Family Support Programs Meet the Challenges of Poverty

The framework for practice that is reviewed here is based on best practices from decades of family support programs that provide a community for parents who seek childcare, personal assistance, as well as means to gain education, employment, and financial support. While early childhood programs have been developed to provide a pathway out of poverty, they could have been significantly enhanced with two generation programs that included community family support centres. Head Start and the UK's smaller equivalent Sure Start have consistently highlighted the need for parent/child, and not simply child-focused, intervention. These national programs have involved demonstrations providing different versions of family support and parent involvement. Whilst Haskin and colleagues (2014) confirm that evaluations of Head Start for example, have not shown strong outcomes in part because of the variability in program provision; we suggest from the evidence gathered here that there is unrealized potential in these programs as sites for more integrated, well developed interventions that are ecologically and developmental sound. As poverty needs a personal response, purposeful provision and integration of a range of services, available in the community in a friendly, supportive environment, can support survival as well as provide education, and child care/early childhood education. Such indispensable support can protect both parents and children from the destructive toll of stress at times of crisis. Continuity and emotional containment in quality family support initiatives offer a safe space or sanctuary where both parents and children benefit from this stable experience, helping them cope with the harmful stressors in their living situations (Evans and English 2002; Thompson 2014).

Kalil and Ryan's 2010 study highlights the manner in which families in poverty seek and negotiate their support from formal and informal systems in complex ways; the personal social services provided through family support programs responds in similar and appropriate ways. Service providers, volunteers, assorted helpers with parents and grandparents, formally and informally, are in daily process with one another in a wide range of activities that offer parents and children respite and connection. The family support program can be a valued "nested community". Single parents isolated with their troubled children, young families who need more than child welfare services can provide, abused mothers who are survivors of domestic violence, and fathers who live on the margin of their families lives all benefit from the range of supports possible in these centers (Brodsky and Marx 2001; Fletcher and Visser 2008).

18.7   The Span of Family Centre Provision

While service provision in family support programs varies depending on resources, ideally there are a range of approaches that respond to parents' needs and priorities that engage with their agendas. This can include support for personal development and increased self-efficacy; protection and problem solving; opportunities to learn and socialize; and a community agenda that involves engaging with others to bring about changes in the family centre and the local community.

The systems of care that develop are both internal and external, with connections nurtured between parents, mentors, volunteers, and in the broader social service community, through advocacy and assistance to access needed entitlements for housing, legal services, and related resources (Hayward et al. 2013; Moloney 2013; Tunstill et al. 2007). Cleek et al. (2012) highlight the need for a multi-systemic therapy (MST) response to multiple hardships as evidenced in the 20 years of MST program development where poverty is an enduring factor. Interventions are multi-systemic, attending to needs at relationship, family, economic, practical, and community levels, over time. Within family centres, this type of response is possible with a degree of flexibility that is not readily available in traditional social service agencies, where caseloads are high, and where office based services have a limited focus.

The integrated practice model presented here can be responsive to multiple hardships, recognizing parents' need to start with their most immediate concerns (McAllister and Thomas 2007; Putti and Brady 2011; Warren-Adamson and Lightburn 2010). Built on a theory of change with varied pathways for engagement and development, parents can, for example, begin initial involvement with childcare and support for parenting or participation in a stress-management program before commitment to and in preparation for education and job training. There are other critical pathways such as improving a parent's mental health through trauma recovery or strengthened relationships, with their children supported by an integrated practice framework; in turn, this contributes to short-term outcomes, and over time, to long-term outcomes.

Centres for families, like many social welfare initiatives, are barometers of economic, political, and ideological change. Over the past 30 years they have waxed and waned in numbers, and the recent economic crash has taken its toll. Nonetheless, a healthy momentum continues in this decade and readers can take note of particular contemporary features of family centre activity which enhance our understanding of practice. For example, models of partnership (Brandon 2006); engaging fathers (Fletcher and Visser 2008); parent education that is based on evidence, sensitive to culture and context and the critical need for support (Aldgate and Rose 2012; Whittaker and Cowley 2012); child participation and children centres as versions of family centres (Apps et al. 2007; Hayward et al. 2013); centres directly mandated by courts as in the Australian family relationship centres (Moloney 2013); and protection (Warren-Adamson and Lightburn 2010).

18.8   School-Based Family Support Expands Access to Critical Pathways

Family support programs, while closely identified with early childhood care and education are productively included in schools, particularly in response to the challenges poor students experience, where important connections with parents who are variously involved in their own education, meeting mental health needs and coping with crises. Parents' involvement also includes activities that benefit their children and the school community. Brikkels et al. (2014) map a UK approach to this inclusive practice. Reports from Plat's 2009 study of a state wide implementation of these programs in Kentucky schools for those in poverty to improve academic outcomes, well-being, and transition into adult life revealed that community services providers were better able to respond to changing needs of families. Community assets developed, such as quality licensed childcare through training of child-care providers, as well as school-based health and mental health services.

The legislative mandate that supported these programs is an example of the possibilities deemed necessary that resulted in 800 centres serving 600,000 children and their families. Mandated core components of the Family Resource Centres (FRC) that serve elementary schools include: (a) preschool child care (ages 2–3); (b) after school child care (ages 2); (c) families in training (birth to 3); (d) family literacy; (e) support and training for day care providers; and, (f) health services or referrals to health services or both. Core components for Youth Services Centres (YSC) that serve middle and high schools are: (a) referrals to health and social services; (b) drug and alcohol abuse counselling; (c) summer and part-time job development; (d) employment counselling, training, and placement; and (e) family crisis and mental health counselling. Combined centres, FRYSC, must address both sets of core components. Local autonomy and program flexibility allow centres to adopt optional components based on identified needs. Examples of optional components include: (a) academic enrichment, (b) recreation, and (c) basic needs.

18.9   Family Support Pathways for Immigrant Families

Family centres also have an important role for assisting immigrant families, who frequently struggle with poverty, providing a bridge to assimilation, with opportunities for language classes and support in gaining education and access to employment. The Centre for Family Life is an enduring example that for the past 30 years has made a difference for children and parents in a poor diverse immigrant community in the Sunset Park Community in Brooklyn, New York (SCO Family of Services 2014; Hess et al. 2003). Promoting cultural understanding and community empowerment, as demonstrated by this centre and the Community Family Centres of Houston, Texas, shows the unique role centres have in developing community in

beleaguered neighbourhoods (Community Family Centres 2014). Friendly walk-in centres welcome families to join in programs, with flexible offerings that respond to local needs and preferences. These centres are unique because they frequently manage to integrate child protective work with a host of other therapeutic, educational, and supportive services. Creative approaches engage those who have been referred by protective services because their children have been identified as potentially at risk. Cultural traditions, language barriers, and distrust of formal government systems make it difficult for immigrant families to seek help. These two family centres demonstrate that it is possible to engage and productively work with parents, recognizing their strengths, dealing with their fear and alienation, welcoming them into a diverse family support community where they can receive and provide help to others through a complex array of structured and creative offerings, such as parent support groups and family play sessions, parent education, social action committees, with opportunities for individual, group and family work (Hess et al. 2003). Burnham et al. (2008) offer a culturally sensitive supervisory framework for centre practitioners.

As the above examples show, family centres take many forms, building connections for developing social capital within the family center and local community through strengthening partnerships, and providing opportunities for parents to take meaningful roles in supporting and running the centre's programs (Brandon 2006; Warren-Adamson 2002). Service provision varies, as it depends on centre leadership and the collaboration between professional and local helpers (Brandon 2006; Whalley 2006). For example, some centres emphasize group programs with individual counselling, parenting groups that provide support and use evidence-based parent training curricula; and skill-building groups focused on such topics as budgeting, nutrition, skills for job hunting, opportunities to complete high school education, and coping with substance-abusing family members. Parents who are survivors of traumatic experience from violence in their community and homes, or because of military service, have opportunities to learn about what has happened to them, and to experience safety and support that can lead to new ways of coping, exemplified in the Full Frame Initiative (Full Frame Initiative 2014; Huebner et al. 2009; Lester et al. 2012; Tunstill et al. 2007; Warren-Adamson and Lightburn 2010).

18.10   Evidence for an Integrated Practice Model

Family centres have shown success in providing a continuum of services with good outcomes for disadvantaged and fragile families (Comer and Fraser 1998; McCroskey 2006; Aldgate and Rose 2012; Tunstill et al. 2007). Findings from a national study of 665 family support programs show that programs with early childhood education, parents groups, and an emphasis on parents' self-development produce positive effects for children's cognitive and social development, and parental attitudes and behaviors. Professional staff contributed to these outcomes (Layzer and Goodson 2001). Community based family services across the globe emphasize

consumer involvement, empowerment practice and responsiveness to the realities of context. Community development and capacity building, educational and clinical methods, and the melding of formal and informal services provision with productive collaboration and partnerships respond to different population needs, and are based on a range of practice theories and models (Lightburn and Warren-Adamson 2012). Observations and reflections from participants describe a unique synergy in family centres that is a vital integrative process, where the 'sum is more than the sum of the parts.' This synergy has been frequently characterized by researchers as working in a more or less robust fashion that contributes to positive outcomes, as synergy is catalytic, influencing the capacity of the family centre to meet challenging family and staff needs (Hess et al. 2003; Warren-Adamson 2002; Warren-Adamson and Lightburn 2006).

Consistent with these community-based service characteristics are the tenets of the complexity theory paradigm and constructivist evaluation approaches that emphasize participatory and empowerment models for evaluation that have contributed to a diverse range of studies from different countries that provide an important perspective on how community-based family support programs work, describing pathways to valued outcomes (Lightburn and Warren-Adamson 2012). These outcomes include family stability, parent and child development, parents' progress in attaining self-sufficiency and the development of community capacity to meet families' needs (Calherios et al. 2014; Hess et al. 2003; Huebner et al. 2009; Lester et al. 2012; McAllister and Thomas 2007; McMahon and Ward 2001; Putti and Brady 2011; Tunstill et al. 2007; Warren-Adamson 2002; Warren-Adamson and Lightburn 2010; Whalley 2006; Whittaker and Cowley 2012).

Berry's (2007) edited collection of mixed method design, pre/post, quantitative and qualitative evaluation studies described below, presents cross-national studies from seven centres. They add a robust underpinning to the case for community-based, family-centred intervention that is responsive to culture and context, with positive outcomes for containment and prevention of abuse and neglect for disenfranchised, poor families (England – Brandon, Warren-Adamson; Australia – Fernandez and Healy, and McNamara; New Zealand – Munford and Sanders; Canada – Palacio-Quintin; Israel – Zeira). See also Togher Family Centre in Warren-Adamson's collection (2002).

18.11 An Integrated Model

In earlier publications we have identified goals for the family centres. They include:

1. Build a community, with purposeful emphasis on family and community programs and practice, with a culture of care that results in containment or a holding environment, protection, mutuality, and support (McMahon and Ward 2001; Warren-Adamson and Lightburn 2010). An inclusive community that respects and values the contributions of parents in collaboration with a diverse staff builds

capacity to enrich centre life and influence change in the surrounding community. The family centre culture, like that of a school, supports psychosocial development and growth, capitalizing on parents' strengths, promoting new abilities.

2. Meet family needs for safety and protection, which include responsibility to protect children along with the wider notion of safety for parents. Trauma-informed programs promote safety for children, families, and staff to deal with risk and abuse so that community members have alternative problem-solving strategies.

3. Nurture psychosocial development of parents and children. Nurturance is a complex notion that assumes an actual and symbolic parenting role for the community and parents over time. Nurturance is essential for positive psychosocial development of both parents and children that can result in more stable and enriched home environments.

4. Support family attachment bonds, as well as including support for diverse and multiple attachments developed by Bowlby, such that the centre in its complexity can encourage and provide some of these attachments over time (McMahon and Ward 2001). Parents need opportunities to experience relationships that nurture through acceptance and continuity with flexible responses when there are unexpected and repeated crises, to counter the damaging stressors that not only impact their functioning, but also are so detrimental to their children's wellbeing (Bassuk et al. 2006; Evans and English 2002; McMahon and Ward 2001). For parents, this community becomes a family – the nurturing, accepting family that many have never known (Warren-Adamson and Lightburn 2006).

5. Reduce the need for child placement through maximizing the range of supports that mentor and guide parents and offer needed respite.

6. Promote the mental health and well-being of the family, as well addressing mental health concerns, such as depression and post-traumatic stress disorder, which influence parents' ability to nurture their children (Warren-Adamson and Lightburn 2006, 2010). Family-centred practice and family empowerment are a foundation guiding program practice, where the goals is to develop protective factors that buffer risk by increasing parents coping skills, competence, and self-efficacy. To these previous goals we would add that parent and child development is equally important, which has been reviewed as the purpose of the current focus on "second generation" programs (Chase-Lansdale and Brooks-Gunn 2014).

7. Support parents' path to self-sufficiency and provide early childhood education to promote children's development.

An interactive model of the process of family centre practice is represented in Fig. 18.1. This model is reproduced from earlier publications as still salient in presenting a productive way of conceptualizing the parents involvement in a diverse community-based family centres (Warren-Adamson and Lightburn 2006; Lightburn and Warren-Adamson 2009); the model integrates four different areas that identity a focus for practice based on a parent's different agendas. This framework responds to the spoken and unspoken, known and yet to be recognized needs, reasons, and hopes that parents bring to the family centre. *Agenda* is the term used to describe

family centre staff and parents' collaboration to identify a focus for their participation in centre programs. Practice in family centres is based on collaborative, family-centred principles that recognize parents as active contributors in all outcomes. Parents are contributing members of the community, not cases to be treated and managed. Recent examples of this approach are described by Cleek et al. (2012), where inter-disciplinary collaboration makes it possible to resolve the fragmentation that occurs when families are involved with often contradictory and competing agendas.

The parents' agenda as depicted in the model in Fig. 18.1 includes the following four domains.

1. Personal agenda, reflecting parents' desire to connect and bond with others, be guided and mentored, and gain resources. Personal agendas can be met in a variety of ways, including work with case managers to facilitate use of a range of possible opportunities and services, work with a mentor (parent peer) or guide on steps to self-sufficiency, or work with a therapist to meet interpersonal and mental health needs. Mental health needs are normalized with a focus on building relationships and learning and developing coping skills in a supportive environment.
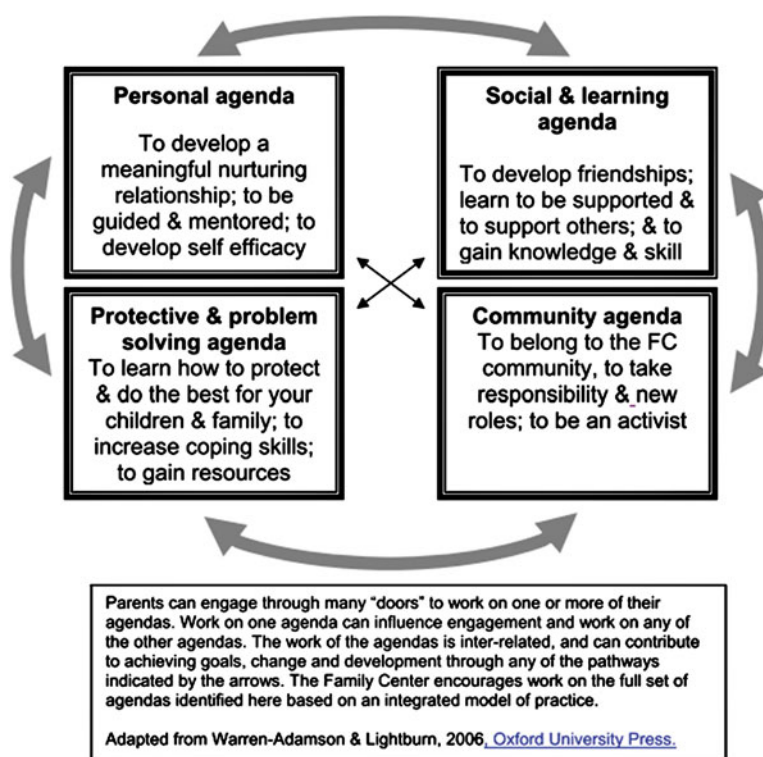

Personal agenda

To develop a meaningful nurturing relationship; to be guided & mentored; to develop self efficacy

Social & learning agenda

To develop friendships; learn to be supported & to support others; & to gain knowledge & skill

Protective & problem solving agenda
To learn how to protect & do the best for your children & family; to increase coping skills; to gain resources

Community agenda
To belong to the FC community, to take responsibility & new roles; to be an activist

Parents can engage through many "doors" to work on one or more of their agendas. Work on one agenda can influence engagement and work on any of the other agendas. The work of the agendas is inter-related, and can contribute to achieving goals, change and development through any of the pathways indicated by the arrows. The Family Center encourages work on the full set of agendas identified here based on an integrated model of practice.

Adapted from Warren-Adamson & Lightburn, 2006, Oxford University Press.

Fig. 18.1 Family centre integrated parent agenda practice model

2. *Protection and problem-solving agenda*, including learning how to protect and
   nurture one's children and one's self, as well as gain competence in parenting.
   Many parents have to fulfill mandated requirements to prove they are competent;
   others want to meet basic needs and find their way out of poverty, domestic vio-
   lence, or substance abuse. This domain can include learning to solve problems at
   points of crisis and later develop problem-solving skills to work with family
   parenting and personal concerns. Of primary importance is the need to establish
   safety plans that ensures that children are protected and nurtured in their families
   and communities. This includes recognizing the effects of trauma and under-
   standing the path to recovery. The role of support as a buffer to the stressors of
   ongoing exposure to violence can involve the resources of the family centre;
   work with early childhood education that can respond to the special needs of
   children, as well as the broader community.
3. *Social and learning agenda*, which includes developing friendships, learning to
   be supported, and supporting others. The experience of mutual aid and being
   valued as a member of the family centre community is an essential contributor to
   parents' development and self-efficacy, as friendships and support are invaluable
   in raising children in impoverished or dangerous neighbourhoods. Parents are
   usually interested in group programs, as they share many concerns and can
   mutually benefit from working on issues with each other, such as managing fam-
   ily life, budgeting, and preparing for employment. Parents often need help iden-
   tifying what they need to learn and how this can best happen.
4. *Community agenda*, which involves learning to belong and take responsibility,
   including new roles in the family centre community, and to be an activist. Parents'
   membership as part of the family support community reinforces their belonging
   and provides opportunities for them to join with other parents and staff.
   Experience as an active community member can increase a parent's authority
   and sense of efficacy because they have a role as a citizen to influence and shape
   the centre's community and to advocate for change. This level of involvement
   can prepare them for citizenship in their local community important for needed
   social change.

Comprehensive programs offered in many family centres make it possible to
meet multiple social and mental health needs described in the parents' agendas.
Parents can be engaged to work on one or more agendas. A parent's progress in
meeting goals with one agenda can influence desire to work on other agendas that
will influence their overall progress. The challenge for family centre practice is
working with the whole while also focusing on specifics. For example, integration
of comprehensive services that aim to meet requirements of mandated protection
includes a focus on development for parent and child. Some parents have been
victims of violence; for them to grow in competence as a parent they need help
with their own recovery and healing. Service integration happens over time, in
response to a parent's needs, priorities, and abilities to engage in the work of the
agenda, and is similarly based on the *capacity* of the family centre to provide dif-
ferent forms of help. John's substantial work (for example, John 2008) recognizes

and clarifies the special leadership qualities which underpin the integrative practice capacity of centre managers.

18.12   Summary

This chapter has defined and highlighted aspects of child poverty as the context for community-based, family-centred practice. It described an integrated practice model for family centres, illustrating possible pathways for engagement, development, and change. The chapter proposes such family centred practice as the necessarily sophisticated response to the formal and informal needs of impoverished families, the need for a multi-systemic approach to intervention, and the need for a whole family, community approach that can buffer ubiquitous stressors and create essential resources. Thus parents are more able to work toward self-sufficiency while there is tandem support for their children's development through early childhood education. These community programs can also engender a collective response, where social action is successful because parents with family centre staff have become effective advocates, focusing on conditions in poor neighbourhoods that impact the lives of those living in the broader community, building capacity for change.

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