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ABSTRACT

This guide is the second monograph in the "Guidelines for Effective Practice" series commissioned by the Best Practices Project of the Family Resource which meets the need for better definition and articulation of what constitutes best practice in family support programs. This guide describes the definition, key characteristics, and operational features of family support program practices and proposes a method of categorizing family support programs. The book is divided into three chapters. Chapter one deals with an operational definition of family support and proposes one way of differentiating family support programs from other types of human services programs. Chapter two describes the premises, principles, paradigms, and practices that increasingly are considered the key elements and characteristics of family support programs. Chapter three presents a catalog of program dimensions along which family support programs differ as well as a brief description of how common and diverse elements and dimensions can be blended to form a foundation for the domain of family support programs. An appendix is included that contains checklists for assessing family support program policies and practices. Contains 214 references. (AP)

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Key Characteristics and Features of Community-Based Family Support Programs

BY CARL DUNST, PH.D.

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BY CARL DUNST, PH.D.

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Guidelines for Effective Practice

A series commissioned by the Family Resource Coalition Best Practices Project

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About the Best Practices Project

Key Characteristics and Features of Community-Based Family Support Programs is the second monograph in the "Guidelines for Effective Practice" series commissioned by the Best Practices Project of the Family Resource Coalition. The Project began in 1991 with a vision of meeting the need for better definition and articulation of what constitutes best practice in family support programs. In the course of working to realize that vision, the Project identified four critical areas in which additional research and documentation were needed, and turned to experts in fields connected to family support to review and analyze the literature in the following areas: *Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities* (Mary Larner); *Key Characteristics and Features of Community-Based Family Support Programs* (Carl Dunst); *Cultural Democracy in Family Support Practice* (Makungu Akinyela); and *Community-Based Family Support Centers: Working with Abusive and At-Risk Families* (Joyce Thomas).

A team of experienced and insightful thinkers and workers in the field of family support serves as Steering Committee to the Best Practices Project: Hedy Nai-Lin Chang, Maria Chavez, Moncrieff Cochran, Carl Dunst, Emily Fenichel, Jeanne Jehl, Sharon Lynn Kagan, Karen Kelley-Ariwoola, Ricardo LaForé, Delores Norton, Maria Elena Orrego, Linda Passmark, Sharon Peregoy, Karen Pittman, Douglas Powell, Maisha Sullivan, Sheila Sussman, and Bernice Weissbourd

To say that "Guidelines for Effective Practice" is a collaboration is an understatement; neither it nor the Best Practices Project as a whole would be possible without the combined efforts of many

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Introduction

The purpose of this monograph is to describe the defining characteristics and features of family support program practices. The label *family support program* (or interchangeably *family resource program*) has been used increasingly to describe a wide range of human services initiatives that are "directed at reforming existing policies and practices so that major institutions will improve family functioning by their support" (Kagan and Shelley, 1987, p. 8). However, as a number of scholars have noted, family support programs are generally an undefined phenomenon and their diversity defies simple explanation, description, or categorization (Kagan and Shelley, 1987; Weissbourd and Kagan, 1989; Zigler and Black, 1989). For example, Weissbourd (1994) recently stated the problem in the following way:

> Is family support a program with specific characteristics? Is it a set of principles applicable to all social service delivery systems? Is it an approach? Or is it all of the above? The fact that the term *family resource and support* covers such a broad area accounts for some of the difficulty of providing a simple definition. (p. 44)

Despite definitional problems, thousands of these programs have been developed. Federal legislation has established family support programs through the Family Preservation and Support Services Program Act of 1993. The growth of the family support movement, however, seems to be outpacing the descriptions of the key characteristics and defining features of these programs. For example, the label *family support program* is now frequently used by policy makers, program builders, and practitioners for describing human services initiatives without much concern as to whether the characteristics of these initiatives are even minimally consistent with the aims and principles of family support programs (Dunst and Trivette, 1994; Dunst, Trivette, and Thompson, 1990). This state of affairs only adds confusion about the meaning as well as the key characteristics and features of this "new breed" of programs (Kagan and Shelley, 1987).

Defining the meaning of family support programs, exploring their key characteristics, developing a taxonomy of the operational features of these programs, and proposing a method of categorizing family support programs are the foci of this monograph. The contents reflect an integration and synthesis of current thinking in family support and related fields about what makes these programs unique and what kinds of benefits are derived from these types of programs that are not apparent using more traditional human services practices.

The monograph is divided into three chapters. The first chapter presents an operational definition of family support and proposes one way of differentiating family support programs from other types of human services programs. The second chapter, which makes up the bulk of the monograph, describes the premises, principles, paradigms, and practices that increasingly are considered the key elements and characteristics of family support programs. The third chapter presents a catalog of program dimensions along which family support programs differ. This chapter also includes a brief description of how common and diverse elements and dimensions can be blended to form a foundation for further defining and delineating the domain of family support programs. Collectively, the material contained in the monograph attempts to bridge current knowledge with future goals to make family support a reality and not rhetoric.

Defining and Delimiting the Universe of Family Support Programs

Kagan and Shelley (1987) and Weiss (1989) among others have noted that family support programs are quite diverse and encompass a wide variety of efforts, activities, and initiatives. These conditions suggest the need for a broad, inclusive definition of a family support program. However, an all-inclusive definition of family support programs is scientifically, functionally, and practically useless. What is needed is a definition that describes the construct and its elements in ways that permit differentiation between family support and other kinds of human services programs while at the same time adequately capturing the diversity of efforts that legitimately meet exacting criteria for belonging to the universe of family support programs. A "useful" definition operationally delineates those elements (variables) that uniquely measure or characterize the phenomenon of interest as well as distinguish it from other constructs. Table 1, for example, lists the characteristics that Allen, Brown, and Finlay (1992) identified as criteria for differentiating between family support and traditional human services programs. This kind of differentiation is described next.

Figure 1 shows graphically how set theory can be used to categorize the key features of family support programs and to differentiate these kinds of programs from other kinds of human services initiatives. Let A be the set of elements that comprise the defining characteristics of family support programs, and let U be the universe of all elements that comprise human services programs more generally. Because A is a given subset of the universal set U, a new set, $\bar{A}$, called the *complement* of A, can be defined. $\bar{A}$ is a set of all elements of U that are not contained in A. Pragmatically, A may be thought of as the elements (e.g., program features and practices) that define traditional human services practices and that family support initiatives attempt to reorient in ways more consistent with the A elements.

The relationships between A and $\bar{A}$ may be further defined by noting that in those instances where the elements of each are mutually exclusive, the ability to differentiate between family support and traditional human services programs is maximized. In set theory, if A and $\bar{A}$ do not intersect (i.e., they share no common elements), the respective sets are said to be disjointive subsets. Such are the conditions necessary for operationally differentiating one construct or model from another in the behavioral sciences (Dixon and Lerner, 1992; Reese and Overton, 1970). In other words, if the elements comprising an A construct are known, the

Table 1. Some Characteristics that Differentiate Family Support from Traditional Human Services Programs

Family Support Services	Traditional Services
Help prevent crises by meeting needs early	Intervene after crises occur and needs intensify
Offer help in meeting basic needs, special services, and referrals	Offer only specific services or treatments
Respond flexibly to family and community needs	Offer services dictated by program and funding sources
Focus on families	Focus on individuals
Build on family strengths	Emphasize family deficits
Reach out to families	Have strict eligibility requirements
Often offer drop-in services	Have rigid office hours
Respond quickly to needs	Often have waiting lists
Offer services in family's home or in home-like centers	Offer only office-based services

Adapted from Allen, Brown, and Finlay (1992) by permission of the Children's Defense Fund, Washington, DC

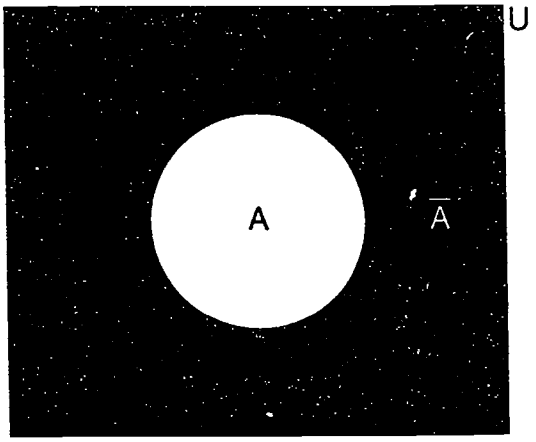

Figure 1. A Venn diagram depicting the universal set of human services program elements (U), the elements of family support programs (A), and the elements of traditional human services programs ($\bar{A}$).

elements defining a B construct are known, and the elements of each do not overlap. A or B, or both are more easily recognized. Such is the logic that is followed in this monograph as part of identifying the key elements of family support programs.

The idea of using set theory for defining the key elements of family support programs, and their complement—traditional human services programs—can be further discussed by taking into consideration the amount of "space" occupied by the two types of programs when the universe of all human services program elements is defined as unity. Figure 2 shows contrasting Venn diagrams, one in which family support programs occupy a small amount of space (Figure 2a), and one in which family support programs occupy a relatively large amount of space (Figure 2b). Figure 2a depicts the extent to which the largest majority of contemporary human services programs are not characterized by family support program elements. Figure 2b represents a major goal of the family resource movement: the infusion of family support program practices into traditional human services programs (Kagan and Weissbourd, 1994a). The basis of this movement as well as the kinds of practices now considered the key elements of family support programs are described next.

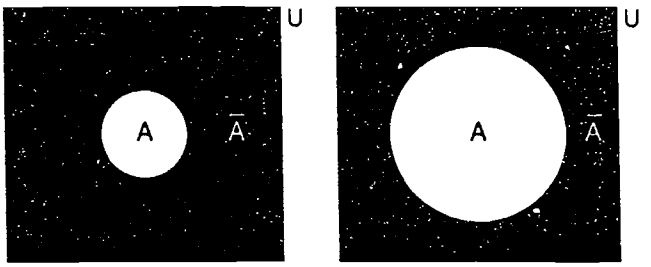

Figure 2a. Figure 2b.

Venn diagrams depicting the conditions in which the elements of family support are minimally (Figure 2a) and maximally (Figure 2b) infused into human services program practices.

Aims of Family Support Programs

Although there is no single accepted definition of family support programs, several definitions share common elements and therefore can be used to identify the key features and characteristics of these programs. The following statements are a representative list of definitions that describe the aims of family support programs:

> The goal of ... family support programs is ... not to provide families with direct services but to enhance parent empowerment—to enable families to help themselves and their children. (Zigler and Berman, 1983, p. 904; Zigler and Black, 1989, p. 7)

> Family support programs provide services to families that empower and strengthen adults in their roles as parents, nurturers, and providers. ... The goals of family support programs focus on enhancing the capacity of parents in their child-rearing roles; creating settings in which parents are empowered to act on their own behalf and become advocates for change; and providing a community resource for parents. (Weissbourd and Kagan, 1989, p. 21)

> The goal of [family support programs] is to prevent problems rather than correct them, to strengthen families' capacity to nurture children and function well for all members, to integrate fragmented services

and make them accessible to families, and to encourage and enable families to solve their own problems. (Carter, 1992, pp. 1-11)

Family support [programs] ... are defined as community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise enhance child development. (Family Preservation and Support Services Program Act, 1993)

The objective [of family support programs] is to promote family conditions and parental competencies and behaviors that will contribute to maternal and infant health and development. (Weiss and Halpern, 1991, p. 3)

Family support programs ... are efforts designed to promote the flow of resources and supports to families that strengthen the functioning and enhance the growth and development of individual family members and the family unit ... in ways that have empowering consequences and therefore aid families and their members in becoming more capable and competent. (Dunst, Trivette, and Thompson, 1990, p. 21)

These definitions, as well as others found in the family support program literature (Kagan, Powell, Weissbourd, and Zigler, 1987; Kagan and Weissbourd, 1994a; Powell, 1988; Weiss and Jacobs, 1988a), all share a common theme: family support programs place primary emphasis on strengthening individual and family functioning in ways that empower people to act on their own behalf, especially enhancing parental child rearing capabilities. This emphasis is reflected in the careful selection of words such as *enhance*, *promote*, *nurture*, and *enable* to describe the processes of program efforts, and terms such as *strengthen* and *empower* to describe the outcomes of these efforts. Stated differently, the aims of family support programs are to enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning in general and parenting capabilities specifically. Therefore, unless the activities and efforts of human services programs have demonstrated their strengthening influences and empowering consequences, it is probably not appropriate to describe such initiatives as family support programs.

Additional Definitional Considerations

The rapid rate at which family support programs have emerged and the fact that diverse kinds of human services efforts are increasingly labeled *family support initiatives* (Dunst and Trivette, 1994; Dunst, Trivette, Starnes, et al., 1993), hasten the need to clarify the meaning of the term. Several additional considerations are briefly described next as a way of delimiting and defining the universe of family support programs and further clarifying the meaning of family support programs.

The first consideration is that family support programs are a contemporary phenomenon. As a consequence, human services programs that often are described as the predecessors of family support should not be considered part of the family support program universe. Although the roots of family support programs reach back some 100 years (Weissbourd, 1987a, 1994), family support programs that have emerged during the past two decades are conceptually and organizationally different from earlier efforts (Kagan and Shelley, 1987; Kagan, 1994; Kagan and Weissbourd, 1994a). Family support programs have built upon and learned from past efforts, and acknowledging the contributions of these programs is both warranted and deserved. Dunst in

press: Weissbourd, 1987a). But describing the many social action initiatives of the 1960s and 1970s (and even some initiatives of the 1980s) as family support programs, at least as defined by contemporary family support scholars, is probably a mistake. For instance, many of the best-developed and most well known of these programs implicitly or explicitly employed deficit models in which parents were considered lacking in child-rearing skills, a feature decidedly at variance with a basic principle of the family support program movement (Dunst and Trivette, 1994; Dunst, Trivette, and Thompson, 1990). Reconstructive history has no place in advancing the understanding of the meaning and key elements of family support programs. Placing old wine in new bottles can only hinder efforts to better delineate the key characteristics of family support programs.

The second consideration acknowledges a basic failure to adequately differentiate between the terms *family support program* and *family support*. This lack of differentiation adds to the confusion about what belongs to the universe of family support programs. The term *family support*, or interchangeably *social support* (Caplan, 1974; Gottlieb, 1981), has been used broadly in the family support field to refer to an array of resources (such as emotional, physical, material, and instrumental) that provide parents the time, energy, knowledge, and skills to carry out parenting responsibilities in a competent manner (Bronfenbrenner, 1979; Cochran and Brassard, 1979). This broad definition has led a number of scholars (Kagan and Shelley, 1987; Weiss, 1987; Weissbourd and Kagan, 1989) to correctly note that diverse kinds of human services programs provide or mediate the provision of supports to equally diverse kinds of families. But can all or most human services programs that provide support to families be appropriately described as family support programs? The argument is made in this monograph that unless efforts to provide support to families meet the kinds of exacting criteria delineated here, the answer is probably no. Simply renaming what a traditional human services program has always done and calling it a family support program is an illusionary tactic.

The third consideration is the important but generally unmade distinction between a family support program and family supportive practices (Kagan and Weissbourd, 1994b). Close inspection of the now rich literature describing diverse kinds of family support initiatives finds that what is described as a program is merely a list of elements, features, and characteristics that are enumerated later as the premises, principles, and paradigms that collectively define family supportive practices. The label *family support program practices* (or, more simply, *family support practices*) may be more appropriate to describe efforts that differentiate between traditional human services programs and family support programs as well as encourage adoption of family supportive practices by more traditional human services programs (Kagan, 1994; Weissbourd, 1994).

A fourth consideration is the task of adequately capturing the commonalities of diverse kinds of efforts that legitimately may be defined as family support programs. Whereas the first three considerations deal with issues delimiting the universe, the fourth concerns strategies for conceptualizing programs in ways that identify those characteristics in which the programs *are similar*, both conceptually and procedurally. This goal is accomplished in this monograph by defining program characteristics in ways that can be applied to a variety of initiatives, regardless of the kinds of program activities that are implemented or the types of support that are provided to program participants.

The fifth consideration is the use of different terms to describe similar kinds of human services programs. This inconsistent terminology unfortunately clouds attempts to be more precise about the defining characteristics of family support programs and the key elements that make these programs unique. A cursory inspection of the published literature finds that the labels *family*

support and education programs (Weiss, 1987, 1989), *community-based family support and education programs* (Weiss and Halpern, 1991), *community-based early intervention programs* (Halpern, 1990), *family-centered early intervention programs* (Dunst, in press), *parent education programs* (Wandersman, 1987), and *family-centered support services programs* (Hutchinson and Nelson, 1985), to name a few, are often used interchangeably with the term *family support program*. Although this practice implies that programs using these labels are characterized by the same features, evidence indicates otherwise. In a recent analysis of the major kinds of family-oriented early intervention programs in the United States, Dunst (in press) found twelve different federal, state, and community-based initiatives that were all described in varying degrees as family support, but which differed considerably in terms of whether they were characterized by conceptual and programmatic elements that are now recognized as important elements of family support programs. Therefor family support program practices can best be described as falling along a continuum rather than in an either/or fashion, because different family support initiatives in general and individual family support programs more specifically vary according to the extent to which they meet exacting criteria for belonging to the universe of family support programs (Dunst, Trivette, Gordon, and Starnes, 1993).

Collectively, these five considerations raise a number of questions about how to delimit the kinds of initiatives that belong to the universe of family support programs. On the one hand, each indicates a need to consider previously neglected concerns about defining the label family support program. On the other hand, the considerations demand concise characterization of the key elements of family support programs and the extent to which such human services initiatives can be categorized as a family support program. The next chapter of the monograph deals specifically with the differences between family support and traditional human services programs. It also describes those characteristics that are common among diverse kinds of family support programs.

Major Parameters of Family Support Programs

Human services programs in general and family support programs specifically can be described in terms of a number of *program parameters*. The term *parameter* is used in this monograph to mean a set of interdependent program features or elements. Two separate but complementary program parameter frameworks seem especially useful for describing the key characteristics of family support programs. Weissbourd (1990) described family support programs in terms of three program parameters: premises, principles, and practices. Similarly, Dunst, Johanson, Rounds, et. al (1992) and Dunst, Trivette, Starnes et al. (1993) defined the parameters of human services programs, including family support programs, in terms of three broad program features: principles, paradigms, and practices. An integration of these two frameworks indicates that family support programs can be described in terms of three overlapping parameters: premises principles, and paradigms. These parameters define the kinds of program activities that legitimately may be considered *family support practices*. These parameters seem sufficient for differentiating family support from other kinds of human services programs. They also provide a framework for capturing the commonalities of diverse kinds of family support initiatives. Individually, each parameter provides a different lens through which to view the universe of family support program practices. Each parameter, in turn, provides a different vista for describing and discerning the distinctive features of the landscape of these programs.

Definition of Terms

The terms *premises*, *principles*, *paradigms*, and *practices* permit a more precise description of the key characteristic of family support programs. *Premises* are assertions and propositions about the conceptual and theoretical bases of human services practices (Bronfenbrenner and Neville, 1994). Premises almost always are framed as statements about the relationships between variables (such as constructs and elements) that are used to explain a phenomenon of interest (Reese and Overton, 1970). *Principles* are statements of beliefs and values about how services, supports, and resources ought to be made available to people participating in human services programs. These belief statements are generally philosophical in nature and morally defensible; they serve as benchmarks for guiding the translation of principles into practice. *Paradigms* are models that describe the key elements of "world views" (as well as the relationships among elements) necessary for defining problems and strategies for addressing them (Reese and Overton, 1970). Different models, or world views, are usually contrasted with other incompatible paradigms as a way of illustrating how each views both problems and solutions (Dixon and Lerner, 1992). *Practices* are particular ways of acting and behaving that derive from premises, principles, and paradigms and which are logically consistent with each. Practices encompass the activities of programs and practitioners used to achieve stated program intentions. For the purpose of understanding the key features of family support programs, practices may be thought of as the corollaries of each of the other program parameters.

Figure 3 shows at least one way of conceptualizing the relationship among the four program parameters. The premises, principles, and paradigms of family support programs are viewed as interdependent ways of describing the key features and characteristics of these particular kinds of human services initiatives. Collectively, the key elements of these three program parameters translate into practices that embody the assertions, beliefs, and models consistent with the aims of family support programs. What follows is a description and discussion of those features and characteristics that collectively "define" family support programs.

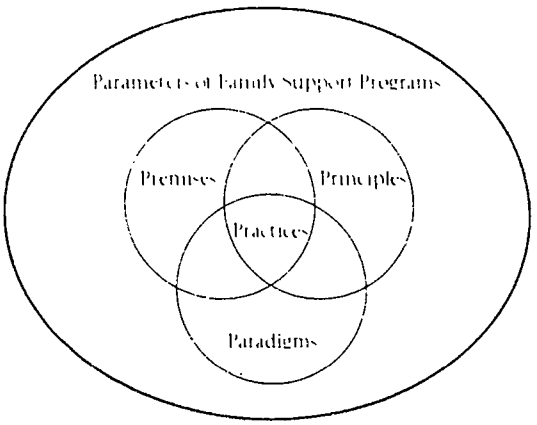

Figure 3 Four different parameters for defining and describing the key elements and characteristics of family support programs

Premises of Family Support Programs

A review of various discussions about family support programs finds a number of premises that are almost universally acknowledged as the underpinnings of these programs. These premises serve as a foundation for reorienting human services program policies and practices in ways consistent with the aims of family support programs described above. The particular premises of family support programs that are common to these kinds of human services initiatives are: (1) adoption of a social ecology approach for understanding human development and program foundations, (2) a community based focus and orientation, (3) the importance and value of different kinds of social support for strengthening family functioning, (4) a developmental perspective on parenting, and (5) the value of affirming, promoting, and strengthening cultural identity and diversity.

Ecological Orientation

The first and perhaps the most important premise of family support programs is the contention that forces within and outside the family shape the course of individual and family development. Such a contention is a basic feature of a social ecology perspective on human development (Garbarino and Abramowitz 1992).

More than any other event, Bronfenbrenner's ecological analysis of early intervention programs (1975) and his subsequent descriptions of the ecology of human development (1977, 1979) have shaped both the thinking of family support program scholars (Cochran, 1993; Kagan and Shelley, 1987; Powell, 1989; Zigler and Freedman, 1987; Zigler and Weiss, 1985) and the conceptualization and operationalization of family support programs (Weiss and Jacobs, 1988a). A social ecology framework views a developing child as enveloped within a family system, in which both the child and family are embedded within the context of broader-based social networks. This particular perspective of the social context of a child and family also includes the assertion that the people, organizations, agencies, and programs with which a family comes into contact, either directly or indirectly, can influence child, parent, and family functioning. For example, Bronfenbrenner (1979) noted:

> Whether parents can perform effectively in their child-rearing roles within the family depends on role demands, stresses, and supports emanating from other settings . . . Parents' evaluations of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of child care arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety. (p. 7)

As noted by Cochran and Brassard (1979), children's development is influenced by the "range and variety of persons with whom they have contact on a recurring basis, either with or without other family members present" (p. 602). Less obvious but no less powerful are indirect influences that bear upon a child's development. According to Bronfenbrenner (1979), "A person's development is affected profoundly by events in settings

in which a person is not even present" (p. 3). Besides contemporaneous influences, traditional sources of information and experiences from one's past can affect the development of a child (Datan, Greene, and Reese, 1986). Luscher and Fisch (1977; cited in Bronfenbrenner, 1979) found, for example, that traditional knowledge passed on from one generation to the next influenced the socialization processes used by parents with their young children.

The implications of a social ecology orientation for structuring human services practices has been discussed by a number of scholars. For example, Zigler and Freedman (1987) noted that an ecological approach "has changed the focus of many ... programs from a single individual toward the relations among family members and between the family as a whole and the community at large" (p. 57). Similarly, Weissbourd and Kagan (1989) pointed out that "family support programs mark an important move from a child-centered to a child/family/community–centered orientation to service delivery ... [inasmuch as] children are an integral component of their families, and families are an integral part of a community" (p. 22). The manner in which this reorientation has been manifested is illustrated throughout this monograph.

Community Context

A second premise of family support programs is the contention that the provision of resources and supports ought to be community-based, and that family support programs should enhance a sense of community among program participants and other community members (Garbarino and Kostelny, 1994). In their description of the meaning of community, Hobbs et al. (1984) stated:

> Community is an immediate social group that promotes human development. ... In community, individuals experience a sense of membership, influence members of the group and are themselves in turn influenced by others, have personal needs fulfilled, and share a psychologically and personally satisfying connection with other people. (p. 41)

In addition, Hobbs et al. (1984) asserted:

> We believe that the quality of the human community plays a major role in determining the strength of families and, in turn, the ability of families to raise their children well. We believe further that the *adequacy of community support* for families is especially important for the effective performance of child-rearing functions. (p. 30, emphasis added)

Taken together, these assertions form a conceptual framework for an ecological view of community. They also shed light on the relationship between community support and the strengthening of family functioning in general and parenting competence specifically.

Family support programs, as part of efforts to strengthen families, often focus on mobilizing community resources and building community supports as major program goals. These efforts are based upon the tenet that promoting the flow of resources to families can have positive effects on child and parent functioning (Garbarino, Galmbos et al., 1992).

Value of Social Support

A third premise of family support programs is the contention that various kinds of social support can have health-promoting and competency-enhancing effects on individual family members as well as the family unit. In its most global sense, "*social support* is defined as the resources provided by other persons ... potentially useful information or things" that influence behavior and development (Cohen and Syme, 1985, p. 4). More specifically, social support provided by family support programs may be defined as resources from informal and

formal community network members that give families the time and energy and the knowledge and skills to carry out parenting responsibilities and perform other family functions. Many studies have demonstrated that social support is related both *directly* and *indirectly* to a number of aspects of child, parent, and family functioning (Affleck et al., 1986; Colletta, 1981; Crnic et al., 1983, 1986; Crockenberg, 1981; Dunst and Trivette, 1986, 1988a, 1988b, 1992; Dunst, Trivette and Cross, 1986; Dunst, Leet, and Trivette, 1988; Garbarino and Kostelny, 1994; Kahn et al., 1987; McGuire and Gottlieb, 1979; Pascoe et al., 1981; Trivette and Dunst, 1987, 1992; Trivette, Dunst, and Hamby, in press; Wandersman et al., 1980; Weinraub and Wolf, 1983). On the one hand, this kind of evidence is consistent with predictions based on an ecological perspective of human development and the social ecology perspective of community described above; on the other hand, it provides a rationale for the provision and mediation of support by family support programs (Weissbourd and Kagan, 1989; Zigler and Black, 1989).

Distinguishing between the sources of support and the kinds of resources and supports that are provided by these sources is both conceptually and practically useful. Sources of support include the community people, organizations, groups, and programs that are potentially available to family support program participants. For example, Dunst, Trivette, and Deal (1994) enumerated some 75 potential support sources in four major community groups: *personal social network members* (e.g., spouse or partner, blood relatives, friends, and neighbors), *associational groups* (e.g., church groups, ethnic associations, and mutual support groups), *community programs* (e.g., schools, family resource programs, and libraries), and *specialized human services programs* (e.g., home health agencies, family preservation programs, and early intervention programs).

The kinds of resources and supports provided by these people, programs, and organizations include emotional and psychological support, reassurance, guidance and feedback, information, instrumental assistance, and material aid. Family resource program activities often include efforts that *directly* provide these kinds of supports to program participants (e.g., child care and instrumental support). Family support programs also *indirectly* mediate the provision of support to program participants from other social network members by linking families with needed community resources. According to Weissbourd (1987a), social support networks "provide for individual and family relationships that are nurturing, that build on the family's capacities to cope with daily living, and that help families to become involved in shaping the environment in which their future lies" (p. 49).

The social support premise of family support programs has four theses. First, an increasing number of family support program scholars have contended that a major function of family support programs is to build supportive *interdependencies* among community members in ways that promote the flow of resources to (and from) families. Second, different kinds of family support programs may provide only specific types of resources, but all family support programs assist families in becoming linked with needed sources of support and resources in their communities. Third, more traditional human services programs are viewed as important sources of specific kinds of support and resources, and family support programs can help these programs reorient policies and practices in ways consistent with the aims of family support programs (Kagan and Weissbourd, 1994a; Weiss, 1990, 1993). Fourth, family support scholars emphasize that the function of building and mobilizing community supports should not be limited to enhancing self-sufficiency but also should promote family competence and strengthen family functioning in ways that make people less dependent upon formal human services systems for meeting all or even most of their needs.

This health promoting and competency enhancing

view of social support was described by Weissbourd and Kagan (1989):

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

Developmental Perspective on Parenting

A fourth premise of family support programs is the contention that parenting is a developmental phenomenon (Galinsky, 1987) and "an ongoing process that coincides with the developmental tasks of children" (Garbarino and Benn, 1992, p. 153). A developmental perspective on parenting also emphasizes the "importance of the parent's role as nurturer, and the *capacity for parental growth and development*" (Weissbourd and Kagan, 1989, p. 22, emphasis added). This capacity, in part, is viewed as being determined by a family's personal social network (Cochran, 1993), neighborhood and community supports (Garbarino and Kostelny, 1993), and other sources of support and resources (Dunst and Trivette, 1986, 1988a), and therefore has its own ecological origins and determinants (Belsky, 1984; Luster and Okagaki, 1993).

The contention that parenting is a developmental phenomenon recognizes the fact that parenting capabilities and competencies fall along a continuum, with individual parents at different "starting points" at the juncture when they become involved in family support programs. Parenting viewed in this way "emphasizes the possibilities of adult change" (Weissbourd and Kagan, 1989, p. 23). Existing parenting knowledge and skills must be considered as the beginning point of efforts promoting competence and confidence in carrying out parenting responsibilities.

The assertion that parents, like their children, have the capacity for growth and development is underscored by the thesis that family support programs build upon this potential: all parents have strengths and the capacity to become more competent, given the proper kinds of supportive experiences (Weissbourd, 1994).

As parents become more capable and confident, these capabilities will have greater influences on child growth and development (Bronfenbrenner, 1979; Hobbs et al., 1984). Thus, parents who are supported in their parenting roles are in a better position to be supportive of their children's development.

Cultural Diversity

A fifth premise of family support programs is the contention that cultural diversity ought to be valued and affirmed, and that these programs should support and strengthen cultural competence[1]. Affirming cultural diversity demands recognition and acceptance of the diverse kinds of beliefs, values, and traditions held and practiced by equally diverse groups of people. It also demands that family support programs include experiences and employ practices that strengthen what culturally diverse people consider the necessary conditions for optimal family functioning. For example, strengthening cultural competence includes the adoption of program beliefs and practices that "enable members of one cultural, ethnic, or linguistic group to work effectively with members of another [group]" (Lynch and Hanson, 1992, p. 356). Similarly, Green (1982) asserted that supporting and strengthening cultural competence is most likely to occur when a practitioner is "able to conduct one's professional work in a way that is congruent with the behavior and expectations that members of a distinctive culture recognize as appropriate among themselves" (p. 52).

Ethnic and cultural diversity is now the rule rather than the exception in the United States. In their book *Developing Cross-Cultural Competence*, Lynch and Hanson

(1992) include descriptions of eight major groups of families in America, each having different cultural roots: Anglo-European, Native American, African American, Latino and Hispanic, Asian, Filipino, Native Hawaiian and Pacific Island, and Middle Eastern. These groups, of course, are major categories of culturally diverse people; many subcultures and ethnic or tribal variations exist within the groups. Diversity between and within groups is amplified by socioeconomic differences, geographic region, and a person's status as a recent immigrant or an American-born resident. When one considers the sheer number of factors that uniquely contribute to a particular group's cultural beliefs and values, the range of diversity is exponential.

The premise that family support programs ought to affirm cultural diversity and strengthen cultural competence is intimately linked to how the four other premises of family support programs are interpreted. Therein lies important guidance about the kinds of program policies and practices that are likely to be culturally sensitive. An understanding and appreciation of the ecologies of culturally diverse people, knowledge of the meaning of community among people who differ in their cultural backgrounds, awareness of who culturally diverse people look to as sources of support, and an understanding of a group's beliefs about child rearing and developmental expectations are all necessary (though not sufficient) conditions for engaging in practices that affirm and strengthen cultural competence (Green, 1982; Kavanaugh and Kennedy, 1992; Laosa, 1980; Lynch and Hanson, 1992).

An ecological framework is generally believed to be appropriate and useful for understanding the ecology of culturally diverse people (Garbarino and Kostelny, 1992; Harrison et al., 1990; Laosa, 1981; Williams, 1987; Willie, 1983). The nature of the relationships and ties among people, however, is likely to differ as a function of a family's cultural and ethnic group background (Chan, 1992a, 1992b; Joe and Malach, 1992; Mokuau and Tauili'ili, 1992; Willis, 1992). Knowledge of both the nature and function of these linkages is therefore fundamentally important as part of developing and providing family support, otherwise, well-intentioned efforts may backfire and produce negative effects. The contention that factors both inside and outside the family influence members both individually and as a group has been supported empirically in several studies of culturally diverse people (DeAnda, 1984; Lin and Fu, 1990; Mizio, 1974). However, the intrafamily and extrafamily forces that shape behavior and development have been found to vary considerably among and within cultural groups. For example, Laosa (1981) summarized results from several studies showing that the sources of sociocultural influences on parenting behavior were different among families from culturally diverse backgrounds. Knowledge of the origins of these influences would seem especially important as part of efforts aimed at affecting family behavior and development.

Community ties and relationships are an important part of most cultures, although the meaning of community among culturally diverse groups is likely to be quite varied. In some cultural groups, a sense of community is intimately linked to an immediate social group; in other cultures, it concerns extended relationships with larger numbers of people. Families with Filipino roots, for example, often consider a family's community as formally including *compadres* (godparents) and informally including 100 or more individuals as "relatives" (Chan, 1992a). The functions of a community are likely to vary as well. For instance, Wilkinson (1980) noted that among many Native American tribes, "people are interdependent; everyone has a function and everyone has a role to play, and that is what keeps the people together and forms a community" (p. 452). Wilkinson also commented upon conditions that interfere with a cultural group's sense of community: "When outsiders run things, suddenly no one has any function or role because everything is controlled by

outsiders" (p. 452). Certainly, then, as complete an understanding as possible of the meaning of community among culturally diverse people is necessary if family support program activities are to have positive effects.

The individuals or groups toward which families look as sources of support and resources often differ among different cultural groups. For example, McAdoo and Crawford (1991) noted that "churches in the African American community have traditionally played important supportive roles to families in many areas" (p. 193). Among some Native American tribes, members often look to medicine men or shamans as primary sources of help in healing illnesses (Hanson, 1992). In a similar way, many Hispanic and Latino families use personal social network members as important sources of information for effectively dealing with physical and mental health problems (Schensual and Schensual, 1982). In addition, culturally diverse people often depend upon equally diverse people and groups as sources of parenting and child-rearing information. Knowledge of these sources seems especially important if family support programs are to support and strengthen family functioning (Lynch and Hanson, 1992).

The particular behavior that constitutes appropriate parenting and the parameters of acceptable child behavior often differ considerably among different cultural groups (Lynch and Hanson, 1992). Laosa (1983) noted, for example, that "different groups value different patterns of family interaction. ... [T]hey also differ in their views of what constitutes desirable behavior on the part of children; they differ, moreover, in the conceptions of the attributes that define optimal development" (p. 337). Families with Asian roots, for instance, often consider ties between parent and child as more important than those between spouses, even to the extent that "parental roles and responsibilities supersede the marital relationship" (Chan, 1992b, p. 216). Likewise, Miller's comparative study of three cultural groups (cited in Joe and Malach, 1992) demonstrated considerable variability in parental expectations about when children should master similar developmental tasks.

SUMMARY

These five premises are most often cited as forming the conceptual underpinning of family support programs. Collectively, all are intimately intertwined, yet each offers a particular vantage point for reorienting human services program policies and practices. The premises serve as a foundation for specifying the key characteristics and elements of family support programs. The kinds of principles that either derive from or are logically consistent with the premises of family support programs are described next.

Principles of Family Support Programs

Family support program scholars generally agree that family support principles have provided a basis for reorienting policies and practices in ways that support and strengthen family functioning. According to Weissbourd (1994), "Family resource and support principles were initially formulated as a basis for program development, and they served as the binding force for a wide diversity of program forms" (p. 37). As previously noted, family support principles are statements of beliefs about how supports and resources ought to be provided to children and families. Taken together, a particular set or combination of principles represents a *philosophy and ideology* about families and effectively working with them.

Nearly two dozen sets of family support principles can now be found in the family support program literature (Dunst, 1990; Dunst and Trivette, 1994; Kinney et al., 1994). For example, the principles adopted by the Family Resource Coalition (Carter, 1992) include the following:

> The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.

Participants are a vital resource; programs facilitate parents' abilities to serve as resources to each other, to participate in program decisions and governance, and to advocate for themselves in the broader community.

Programs are community-based and culturally and socially relevant to the families they serve; programs are often a bridge between families and other services outside the scope of the program.

Parent education, information about human development, and skill-building for parents are essential elements of every program.

Programs are voluntary; seeking support and information is viewed as a sign of family strength rather than as an indication of difficulty.

Close inspection of these particular principles with the premises and aims of family support programs described earlier shows that they are internally consistent with formulations already presented.

An aggregation and categorization of the various collections of family support principles found in both published and unpublished sources finds that they can be conveniently organized into six major sets (Dunst, 1990). The six sets are:

Enhancing a Sense of Community

Mobilizing Resources and Supports

Shared Responsibility and Collaboration

Protecting Family Integrity

Strengthening Family Functioning

Adopting Proactive Program Practices

Table 2 lists the major characteristics and provides examples of the principles that are included in each set. The particular principles listed are most often cited as guiding beliefs of family support programs or are logically consistent with the aims of family support programs. In terms of evaluation, these principles provide one set of standards for assessing whether program policies or practices show a presumption toward "family-centeredness" (Dunst, Trivette, and Thompson, 1990; Dunst, Johanson, Trivette, and Hamby, 1991; Dunst, Trivette, Gordon, and Starnes, 1993) in ways likely to support and strengthen family functioning. Family support principles provide at least one way of reorienting policies and practices so that the efforts of human services programs are consistent with the aims of family support programs. The kinds of family support principles that most often are cited as conditions necessary for this reorientation are briefly described next.

Enhancing a Sense of Community

The principles for enhancing a sense of community emphasize efforts that "promote the coming together of people around shared values and the pursuit of common cause ... where people concern themselves with the well-being of all people and not just those who are most needy or hold some special status" (Hobbs et al., 1984, p. 46). Weiss and Jacobs (1988b), for example, noted that family support programs are community-based efforts that are sensitive to the local needs and resources of all people. Similarly, Weissbourd (1987a) stated that family support programs "recognize a need for interaction and support, and understand that the ability to relate to others" (p. 49) enhances interdependencies and mutually beneficial exchanges among community members. Family resource programs recognize that a strong community has both reciprocity and mutual support between members; family support programs aim to enhance a sense of community that reflects strong, interdependent ties among people (Moroney, 1987). Zigler (1989) noted, for example, that family support programs are "valuable in fostering communication exchanging information, and giving individuals a sense that they are

members of a caring unit" (p. 10). Strong communities, in turn, increase the availability of needed supports and resources and enrich the community environment for families and their members (Chavis and Wandersman, 1990).

Mobilizing Resources and Supports

The principles for mobilizing resources and supports describe conditions that build and mobilize social support networks in ways that enhance the flow of necessary resources so that families have the time, energy, knowledge, and skills to carry out family functions, particularly parenting responsibilities (Hobbs et al., 1984). These principles emphasize the building and strengthening of informal support networks and the provision of resources and supports in ways that are flexible, individualized, and responsive to the changing needs of families. Scholars and practitioners almost uniformly agree that building and strengthening informal support networks are at the heart of various

Table 2. Major Categories and Examples of Family Support Principles

Category/Characteristics	Examples of Principles
Enhancing a Sense of Community Promoting the coming together of people around shared values and common needs in ways that create mutually beneficial interdependencies	Program practices should focus on the building of interdependencies between members of the community and the family unit. Program practices should emphasize the common needs and supports of all people and base intervention actions on those commonalities.
Mobilizing Resources and Supports Building support systems that enhance the flow of resources in ways that assist families with parenting responsibilities	Program practices should focus on building and strengthening informal support networks for families rather than depend solely on professional support systems. Resources and supports should be made available to families in ways that are flexible, individualized, and responsive to the needs of the entire family unit.
Shared Responsibility and Collaboration Sharing of ideas and skills by parents and professionals in ways that build and strengthen collaborative arrangements	Programs should employ partnerships between parents and professionals as a primary mechanism for supporting and strengthening family functioning. Resources and support mobilization interactions between families and service providers should be based upon mutual respect and sharing of unbiased information.
Protecting Family Integrity Respecting the family's beliefs and values and protecting the family from intrusion upon its beliefs by outsiders	Resources and supports should be provided to families in ways that encourage, develop, and maintain healthy, stable relationships among all family members. Program practices should be conducted in ways that accept, value, and protect a family's personal and cultural values and beliefs.
Strengthening Family Functioning Promoting the capabilities and competencies of families to mobilize resources and perform parenting responsibilities in ways that have empowering consequences	Program practices should build upon family strengths rather than correct weaknesses or deficits as primary ways to support and strengthen family functioning. Resources and supports should be made available to families in ways that maximize the family's control over the decision-making power regarding the services they receive.
Adopting Proactive Program Practices Adoption of consumer driven services delivery models and practices that support and strengthen family functioning	Human services programs should employ promotion rather than treatment approaches as the framework for strengthening family functioning. Resource and support mobilization should be consumer-driven rather than service provider-driven or professionally prescribed.

family support program movements (Center on Human Policy, 1986; Smith, 1987; Weissbourd, 1987a; Zigler and Black, 1989). Those who endorse this tenet recognize the wealth of resources that already exist within a family's personal social network. Mobilizing and utilizing community support networks as resources also decreases the likelihood of dependency on professional and formal human services programs for all or even most of a family's resources. As noted by Weissbourd and Kagan (1989), "Such [informal] support increases a family's ability to cope and fosters independence and mutual interdependence in contrast to dependence" (p. 23).

Shared Responsibility and Collaboration

The principles for sharing responsibility and collaboration emphasize the sharing of ideas, knowledge, and skills between families and family support program staff in ways that encourage partnerships and collaboration for resource mobilization and community building. A call for changes in traditional role relationships between service providers and community people has been noted (Dunst and Paget, 1991; Rappaport, 1987; Weissbourd and Kagan, 1989), especially in terms of parent-professional helping relationships, which place major emphasis on co-equal participation in mobilizing resources for meeting child and family needs (Musick and Weissbourd, 1988). According to Musick and Weissbourd (1988), service providers who "view themselves as partners with parents ... reduce dependence on professionals and reemphasize the capability of individuals and the power of peer support, mutual aid, and social networks" (p. 5). The use of mutually agreed-upon roles in pursuit of common goals creates not only the types of collaborative relationships between parents and practitioners that are the essence of partnership arrangements but also the conditions that will likely have mutually empowering consequences in both partners (Dunst and Paget, 1991). As noted by Oster (1984), "It behooves all of us ... to develop a forum where parents and professionals can share the valuable and hard-won knowledge that each possesses" (p. 32).

Protecting Family Integrity

The principles for protecting family integrity emphasize efforts that buffer the family unit from: (a) intrusion upon the family's personal and cultural values and beliefs by "outsiders," and (b) abuse and neglect of individual family members and the family unit by the provision of supports and resources that reduce the likelihood of risk factors functioning as precipitators of maltreatment (Hobbs et al., 1984). This two-pronged emphasis acknowledges and values a family's personal and cultural belief systems but also recognizes the need for supports and resources necessary for enhancing healthy family functioning. As noted by Ooms and Preister (1988), program practices that are sensitive to the family's personal and cultural values and beliefs demand that:

> Policies and programs [should] recognize the diversity of family life. ... The diversities that need to be taken into account include different types of family structure; different stages of the family life cycle; different ethnic, cultural, racial and religious backgrounds; socioeconomic differences; and differing community contexts. (p. 11)

Similarly, Hobbs et al. (1984) stated, "Policies are valued that recognize the importance of parental rights to the maintenance of the family unit but that stop short of allowing these rights to work to the significant detriment of individual family members" (p. 52). Many family support scholars note that adherence to the principles of protecting family integrity increases the likelihood that program practices foster healthy, stable relationships among family members (Hobbs et al., 1984; Musick and Weissbourd, 1988).

Strengthening Family Functioning

The principles for strengthening family functioning emphasize opportunities and experiences that encourage the family and its members to become capable of mastering a wide range of developmental tasks and functions. Family support scholars and practitioners universally advocate that family support programs should identify and build on family strengths rather than correct weaknesses or cure deficiencies (Family Resource Coalition, 1987; Musick and Weissbourd, 1988; Weissbourd, 1987a; Zigler, 1986; Zigler and Black, 1989). This approach attempts to reverse previous human services practices, which often were based upon deficit and "cultural difference" approaches to human concerns. Enhancement of family competencies and capabilities is considered the primary way to support and strengthen family functioning (Dunst, Trivette, and Thompson, 1990; Weissbourd and Kagan, 1989). Hobbs et al. (1984) explained the importance of policies and practices:

> [Policies and practices are] values that create conditions or provide services enhancing parental competency especially in relation to intrafamily and extrafamily factors that influence child rearing. Such policies [and practices] improve the knowledge, skill and decision-making capacity of parents in dealing with family developmental issues, such as pregnancy and childbirth, children's growth and developmental tasks, children's health and nutrition, family needs for child-care provision because of parental work responsibilities, and children's entry into school. (p. 49)

The foci of principles that emphasize the strengthening of family functioning are considered by many the cornerstone of family support programs. Enabling experiences and empowering consequences are seen, respectively, as the processes and outcomes that derive from the operationalization of principles that aim to support and strengthen family functioning (Dunst, Trivette, and LaPointe, 1992; Hobbs et al., 1984; Zigler and Berman, 1983).

Adopting Proactive Program Practices

The principles for adopting proactive program practices suggest the kinds of program models and practices that are most likely to produce outcomes consistent with the aims of family support programs. By far, most scholars and practitioners have called for the use of prevention and promotion models rather than treatment models for guiding human services practices (Dunst, Trivette, and Thompson, 1990; Family Resource Coalition, 1987; Musick and Weissbourd, 1988; Weiss and Jacobs, 1988b; Weissbourd, 1987a; Weissbourd and Kagan, 1989; Zigler, 1986; Zigler and Black, 1989). Preventive interventions deter or hinder the occurrence of problems; they are utilized before the onset of negative functioning in order to reduce the incidence or prevalence of poor outcomes (Cowen, 1994; Dunst, Trivette, and Thompson, 1990; Hoke, 1968; Zautra and Sandler, 1983). Promotive interventions enhance and optimize the development of positive functioning; they focus on the acquisition of competencies and capabilities that strengthen functioning and adaptive capacities (Cowen 1994; Dunst, Trivette, and Thompson, 1990; Hoke, 1968; Rappaport, 1981, 1987; Zautra and Sandler, 1983). In addition, Weissbourd and Kagan (1989) stated that adoption of consumer-driven or family-directed approaches are ways of ensuring "the empowerment of parents, an ability to control their lives and to become involved in shaping their environments ... a frequent outcome for those participating in [family] support programs" (p. 23). This goal not only necessitates but demands adoption of holistic practices that clearly emphasize an ecological, social systems perspective of human development (Bronfenbrenner, 1979).

Summary

Collectively, the principles in each of the six categories represent the *essential elements* of family support programs considered necessary for human service policies and practices to have family-strengthening influences. Dunst (1990), for example, developed six checklists that can be used to ascertain whether human services interventions are consistent with the aims of family support programs. (See the Family Support Program Assessment in the Appendix.) Each checklist includes five principles, stated as a series of questions, that can be used by policy makers, program builders, and practitioners to stimulate discussion and dialogue about the ways in which policies and practices influence various aspects of family functioning. The principles and their associated questions can therefore serve as criteria against which policies and practices may be judged. Affirmative answers to the majority of questions may be taken as evidence that a policy or program show a *presumption toward* the aims of family support programs.

Paradigmatic Bases of Family Support Programs

Taken together, the premises and principles of family support programs form the basis for a different world view about the best ways to achieve the aims of family support programs. Different paradigms and their associated elements and corollaries provide a contrasting lens for defining problems and determining strategies for solving them. In many respects, the underpinnings of family support programs demand not a single paradigm shift but rather a number of paradigm shifts with regard to the ways one thinks about, conceptualizes, operationalizes, and implements human services practices. The particular paradigmatic frameworks that are conceptually and procedurally consistent with the aims of family support programs and that differentiate these kinds of efforts from other human services program models are described in this section of the monograph.

Promotion vs. Prevention Models

The interest in family support programs as the context for supporting and strengthening family functioning has included the assertion that family support programs employ preventive rather than treatment or crisis-intervention models for structuring program practices. Indeed, the prevention orientation of family support programs has been viewed as a major paradigmatic feature that distinguishes these efforts from the treatment focus of most traditional human services programs. However, as Dunst, Trivette, and Thompson (1990) and Cowen (1994) noted, the use of prevention models for guiding the development and implementation of family support program practices seems inconsistent with the aim of supporting and strengthening family functioning. This contention is based upon both theoretical and empirical evidence indicating that the prevention of problems does not necessarily equate with the development or optimization of individual or family competence, or other positive aspects of family functioning (e.g., well-being). For example, in a study conducted by Dunst and Trivette (1992), the absence of risk factors was not found to be related to optimal family functioning (e.g., child mental development and maternal well-being). Rather, optimal functioning was associated with the presence of different kinds of opportunity factors (Garbarino and Abramowitz, 1992), especially those that family support programs attempt to influence as part of efforts to support and strengthen family functioning.

Theoretical and conceptual discussions of the differences between prevention and promotion models, and their implications for practices, have occurred for more than twenty-five years (e.g., Cowen, 1985; Hoke, 1968; Stanley and Maddux, 1986; Surgeon General, 1979). The majority of these discussions have focused on the faulty reasoning behind the argument that the absence of problems is the same thing as the presence of positive health and functioning. For example, Bond (1982) made

the following observations about the limited nature of models that focus on the prevention of negative outcomes: "Prevention presumes that disaster is impending in our lives and that efforts should be focused on its diversion. ... Protecting ourselves from negative influences is, at most, a narrow perspective on the course of growth and well-being" (p. 5).

Calls for adoption of promotion and competency-enhancement practices by human services programs in general (Bond, 1982; Cowen, 1994; Danish and D'Augelli, 1980; Dunst, 1985; Rappaport, 1981, 1987; Seeman, 1989; Stanley and Maddux, 1986; Zautra and Sandler, 1983) and family support programs specifically (Weissbourd, 1994) have been increasingly voiced during the past decade. This viewpoint has grown, to a large degree, because promotion models are operationally distinct from both treatment models and prevention models. Promotion models are frameworks for structuring efforts aimed at strengthening human functioning. The major characteristics of these three kinds of human services program models are shown in Table 3. As described by Dunst, Trivette, and Thompson, (1990) as well as others (Cowen, 1985, 1994; Zautra and Sandler, 1983), treatment models and prevention models are considered more alike than different (they both are concerned with negative influences and negative outcomes), whereas promotion and prevention models are viewed as more different than alike. Examination of the characteristics of the three models shown in the table indicates that the features of promotion models are most consistent with the aims, premises, and principles of family support programs. Each model is briefly described next to illustrate their similarities and differences, as well as their differential implications for practice.

Table 3: Major Characteristics of Treatment, Prevention, and Promotion Models

	Model		
	Treatment	**Prevention**	**Promotion**
Definition	Manage and provide care following the onset of a disorder, disease, disability, or problem	Deter, hinder, or forestall the occurrence of problems or negative functioning	Enhance, bring about, and optimize positive growth and functioning
Focus of Intervention	Remediate or ameliorate a disorder or disease or the consequences of associated problems	Avoid or reduce the prevalence or incidence of negative outcomes	Facilitate competence by enhancing capabilities that strengthen functioning
Differential Features	Oriented toward correction Seeks to reduce negative effects Counteractive Deficit-based "Fragility" appraisals	Oriented toward protection Seeks to deter negative outcomes Reactive Weakness-based "Life-threatening" appraisals	Orientated toward mastery Seeks to develop adaptive capabilities and competencies Proactive Strengths-based "Self-efficacy" appraisals
Examples of Outcomes	Psychological stress reduced Dysfunctional behavior eliminated Disability complications minimized	Psychological stress prevented Maladaptive functioning avoided Disease averted	Psychological well-being enhanced Adaptive functioning enhanced Capabilities strengthened

Treatment is defined as the management and provision of care (e.g., assistance, help) in order to eliminate or minimize the negative effects of a disorder, problem, or disease. Program practices focus on the remediation or amelioration of an aberration or its consequences. Primary emphasis typically is placed on the reduction of negative effects associated with an identifiable problem or disability. *Prevention* is defined as the deterrence or hindrance of a problem, disorder, or disease. Preventive interventions occur prior to the onset of negative functioning in order to reduce the incidence or prevalence of poor outcomes. The primary orientation of the prevention model is protection against either actual or perceived events that are likely to result in negative reactions or outcomes. Major emphasis is placed on the deterrence or forestalling of otherwise negative consequences (Cowen, 1985).

In contrast to treatment and prevention models that are both problem-oriented, *promotion* is defined as the enhancement and optimization of positive functioning. Promotion-oriented practices focus on the acquisition of competencies and capabilities that strengthen functioning and adaptive capacities. The promotion model is best characterized as having a mastery and optimization orientation. Major emphasis is placed on the development, enhancement, and elaboration of a person's competencies and capabilities (Bond, 1982), particularly those that increase a sense of control over important aspects of one's life (Rappaport, 1981). Cowen (1985) called this approach *proactive* because it assumes all people have existing strengths as well as the capacity to become competent (Rappaport, 1981). Moreover, by building on strengths rather than rectifying deficits, people are more likely to become adaptive in dealing with difficult life events, setting growth-oriented goals, and achieving personal aspirations.

To place these contentions in proper perspective, three additional considerations should be mentioned. First, although the enhancement practices of the promotion model are most likely to result in efforts that support and strengthen family functioning, by no means are prevention (or even treatment) models considered to have no place in family support programs. Preventive and treatment strategies are important but may not be fully adequate in terms of the kinds of program activities that might be used to achieve the aims of family support programs. Second, close inspection of programs that are purportedly guided by prevention models finds that many program practices are in fact promotive, rather than preventive, in their focus (Cowen, 1994). This finding suggests that perhaps what is being done in the name of "prevention" is mislabeled. Because people tend to respond more favorably to interventions that focus on the enhancement of positive aspects of behavior than to interventions that aim to prevent poor outcomes, careful examination and correct labeling of program practices is both conceptually and pragmatically useful. Third, the call for adoption of promotion models directly addresses a long-standing controversy waged between human services practitioners, who claim that people with problems ought to take priority in receiving program services, and prevention enthusiasts who argue that resources are best directed at deterring the onset of problems as disorders. This controversy can be resolved by recognizing the fact that all people can benefit from efforts to enhance and promote their competencies and capabilities, and that by doing so, human functioning can be optimally supported and strengthened.

Empowerment vs. Paternalistic Models

Enhancing and promoting parent and family empowerment is a cornerstone of almost every family support program that adheres to the principles described earlier. Empowerment models often are contrasted with paternalistic or expertise based human services practices (Swift, 1984) and are viewed as an alternative framework for conceptualizing the causes of problems and possible

solutions (Rappaport, 1981, 1987).

The characteristics and consequences of a paternalistic stance were described in the following way by Swift (1984):

> Paternalism has shaped both our government's attempts to provide assistance to other countries and our efforts to help those in need within our own borders. The process has been to seek "expert" opinion about the needs of target populations, to back this expert opinion with an infusion of funds administered by a bureaucracy of experts, and to wonder at the resistance of indigenous populations to our efforts to improve their lives. (p. xi)

Similarly, Rappaport (1981) noted:

> [Paternalism is underscored] by the pervasive belief that experts should solve the ... problems [of people] which has created a social and cultural iatrogenices that extends the sense of alienation and loss of ability to control [one's] life. ... This is a path that the social as well as the physical health experts have been on, and we need to reverse this trend. (p. 17)

Family support programs avoid these conditions by employing empowerment models for guiding the provision and mobilization of resources to families.

The "idea" of empowerment (Rappaport, 1984) and the implications of the construct for policy and practice have become a major force challenging entrenched thinking about the capabilities of people, the role people should play as part of their involvement in helping processes, and the ways in which helpgivers and helpgiving agencies' view their roles and responsibilities in interactions with people they serve (Berger and Neuhaus, 1977; Biegel, 1984; Clark, 1989; Cochran and Woolever, 1983; Cornell Empowerment Group, 1989; Fox 1989; Lord and Farlow, 1990; Rappaport, 1984; Whitmore and Kearns, 1988; Zimmerman, 1990a, 1990b). The value of empowerment models for family support programs has been reinforced by a recent issue of the *Family Science Review* dedicated entirely to family empowerment (Martin and Everts, 1992).

Empowerment increasingly has been used as a framework for guiding both theory and practice by a host of behavioral and social theorists and practitioners (Dunst, Trivette, and LaPointe, 1992; Rappaport, Swift, and Hess, 1984; Simon, 1990; Swift and Levin, 1987). In a recent review and synthesis of the empowerment literature, Dunst, Trivette, and LaPointe (1992) found that the term has been used in a number of diverse but conceptually coherent ways. An integration of available evidence indicates that the empowerment construct is underscored by an ideology about the existing capabilities of people and their capacity to become more competent (Katz, 1984; Rappaport, 1981, 1987), participatory experiences (enabling opportunities) that strengthen existing capabilities and promote acquisition of new competencies (Conger and Kanungo, 1988; Prestby et al., 1990; Whitmore, 1991; Whitmore and Kearns, 1988), and the broad range of attributive and behavioral outcomes that result from enabling opportunities (Bandura, 1977; Thomas and Velthouse, 1990; Zimmerman and Rappaport, 1988; Zimmerman et al., 1992). Although the controversy continues about whether the empowerment construct is comprised of separate but interrelated components (Dunst, Trivette, and LaPointe, 1992) or is an undifferentiated multidimensional process (Cochran, 1992), the construct is generally agreed to hold significant promise as a unifying theme for altering the goals and activities of human services programs in general and family support programs specifically (Rappaport, 1987; Weiss and Greene, 1992).

Strengths-Based vs. Deficit-Based Models

Family support program builders have been intentional and forceful in their assertions that these kinds of human services programs ought to acknowledge family strengths, build upon them as a focus of program practices, and promote the use of strengths as a way of supporting family functioning and parenting capabilities (Dunst, Trivette, and Mott, 1994; Weissbourd, 1987a, 1990; Weissbourd and Kagan, 1989; Zigler, 1986; Zigler and Berman, 1983; Zigler and Black, 1989). The emphasis placed on family strengths as a focus of family support program practices is in marked contrast to models that attempt to correct weaknesses or cure deficiencies. Zigler and Black (1989) note:

> In past decades, most social action programs were based on the deficit model. This model, espousing terms such as "cultural deprivation" or "cultural disadvantage" implied that the culture of lower-class or minority people was inferior to that of middle-class or white people. Social services programs were therefore designed to make up for this inferiority. (p. 10)

Family support programs attempt to reverse this way of thinking about families by remaining cognizant of the fact that accepting and valuing differences and building on family strengths cannot but be a more productive model for structuring human services practices (Stoneman, 1985; Zigler and Berman, 1983). According to Kagan and Shelley (1987), this assertion is especially important in working with culturally diverse families because ethnic and cultural differences are often identified as competencies by members of these groups.

Strengths-based human services practices represent a significant departure from the ways in which human services practitioners typically have viewed and intervened with families. A family-strengths approach to working with families aims to support and strengthen family functioning. This goal, however, will become a reality only if a major shift occurs in the ways in which practitioners view families, and family functioning, and the aims of human services practices. Such a paradigmatic shift has not yet occurred on a broad scale, but the transformation has been put into motion (Dunst, 1985; Weiss, 1989; Weiss and Jacobs, 1988a; Weissbourd and Kagan, 1989; Zigler and Black, 1989). A synthesis of current thinking in the family-strengths field indicates that at least five considerations need to be taken into account as part of making human services practices strengths-oriented.

First, practitioners must recognize that all families have strengths. These strengths are unique and depend upon the family's beliefs, cultural background, ethnicity, and socioeconomic status. As noted by Stoneman (1985), "Every family has strengths, and if the emphasis is on supporting strengths rather than rectifying weaknesses, chances for making a difference in the lives of children and families are vastly increased" (p. 462).

Second, the failure of a family or individual family member to display competence must be viewed not as a deficit within the family system or family member but rather as the failure of social systems and institutions (e.g., human services programs) to create opportunities for competencies to be displayed or learned. This statement is the cornerstone of an empowerment philosophy that aims to strengthen functioning by enhancing competencies and a sense of control over important aspects of one's life (Rappaport, 1981, 1987).

Third, work with families must be approached in ways that focus and build on the positive aspects of functioning rather than ways that perceive families as being "broken" and "needing to be fixed." This approach requires not only the acceptance but also the valuing of individual differences (Dokecki, 1983; Hobbs et al., 1984). According to Zigler and Berman (1983), this orientation "encourages a more productive approach to intervention in which we do not try to change children [and their families] but instead try to build on strengths" (p. 895).

Fourth, a shift must be made away from the use of treatment and prevention models as the primary frameworks for structuring intervention practices; instead, the adoption of promotion and enhancement models are more consistent with the aim of strengthening family functioning (Dunst, Trivette, and Thompson, 1990; Edelman and Mandle, 1986; Stanley and Maddux, 1986; Zautra and Sandler, 1983). The enhancement of human development is a preferable goal to prevention or treatment of pathology because development is measured in terms of self-efficacy, self-reliance, positive mental health, competence, and mastery (Zautra and Sandler, 1983), all of which are outcomes that reflect the strengthening of family functioning.

Fifth, the goal of intervention must be viewed not as "doing for people" but rather as strengthening the functioning of families to help them become less dependent upon professionals for help (Dunst, 1987; Maple, 1977; Skinner, 1978). This consideration requires a shift away from the belief that experts should solve all of a family's problems and toward one in which the family is empowered to become capable of mastering important aspects of their lives.

Collectively, these five considerations suggest an alternative to the deficit- and weakness-based approaches that have dominated traditional program practices in most human services fields. A family-strengths approach does not merely suggest but instead demands a positive, proactive approach toward the family and the purposes and goals of intervention. Family support programs that demonstrate a presumption toward adoption of the key features of strengths-based practices would no doubt be heralded by families as being truly supportive.

Resource-Based vs. Service-Based Models

An evolving paradigmatic shift has been stimulated, in part, by recent changes in the operational bases of family support programs. Family support programs began primarily as community-based, grassroots initiatives, but their funding was almost always on shaky ground. During the past decade and most recently with the enactment of the Family Preservation and Support Services Act of 1993 federal and state governments have increasingly become "major players" in the family support field. This involvement, however, may be a double-edged sword. On the one hand, governmental involvement is resulting in an infusion of funds necessary to begin new programs and to continue or expand many existing family support programs. On the other hand, governmental involvement (at all levels) carries with it the potential of redirecting and even redefining the meaning of family support in ways inconsistent with all that has been described thus far.

Government funding for human services programs usually has been tied to specific kinds of services provided to specific populations of people (and generally by specifically defined "certified" professionals). Even in those cases in which discretion has been allowed in determining how funding might be used to address social problems, states and human services programs and agencies assigned responsibility for addressing these problems almost always define solutions in terms of professional services (Sarason et al., 1977). Conceptualizing solutions in terms of such services may be to the detriment of family support programs and families served by these programs if the practices are defined solely or even primarily in terms of the services or expertise of individual professionals or helpgiving agencies. This situation frequently occurs in instances where helpgivers and helpgiving agencies approach work with families from therapeutic and disease perspectives (Dunst, Trivette, Boyd, and Brookfield, 1994).

To a large degree, traditional human services practices have been conceptualized primarily in terms of service-based solutions to meeting child and family needs. A service is defined as a specific or particular activity

employed by a program or professional agency for rendering help or assistance to an individual or group. Programs that work with children and their parents generally define relationships with families in terms of the particular services offered by the program, and sometimes the services provided by other human services programs (e.g., interagency coordination). This manner of conceptualizing human services practices is both limited and limiting. It seems inconsistent with the premises and principles of family support programs, especially those that place major emphasis on the importance of informal community supports.

Both theoretical and empirical evidence points to the existence of an alternative paradigm, in which solutions to meeting people's problems are defined in terms not of services, but of the resources (i.e., strengths) of people, organizations, and programs (Kretzmann and McKnight, 1993). Dunst, Trivette, and Deal (1994; Trivette, Dunst, and Deal, in press) call this paradigm a resource-based model because it views people and communities as potentially rich in human, physical, instrumental, and other kinds of support, including but not limited to professional services. Resources are operationally defined as the full range of possible types of community supports, capabilities, and experiences that might be mobilized and used to meet the needs of an individual or group. A resource-based approach to meeting child and family needs is both expansive and expanding, because it encompasses potentially all community members and focuses on mobilization of a broad range of community supports. In addition, and perhaps more important, a resource-based approach does not rely on a single type of (professional or program) capability and experience, but rather promotes the mobilization and utilization of multiple sources of informal and formal community support for meeting family needs.

Table 4 shows four major characteristics that operationally differentiate resource-based practices from service-based practices. These characteristics to a large degree are derived from the work of Dunst, Trivette, and Deal (1988, 1994), Katz (1984), Kretzmann and McKnight (1993), McKnight (1987, 1989), McKnight and Kretzmann

Table 4. Differential Features of Service-Based and Resource-Based Models for Mobilizing Community Supports

Service-Based		Resource-Based	
Characteristic	**Features**	**Characteristic**	**Features**
Professionally Centered	Practices are defined in terms of centralized professional expertise or interdisciplinary professional expertise	Community-Centered	Practices are defined in terms of a broad range of resources available from a wide array of community people and organizations
Scarcity Paradigm	Professional services are seen as scarce and made available to people using means-tested eligibility criteria	Synergistic Paradigm	Community resources are seen as varied, rich, expandable, and renewable
Formal Support Emphasis	Efforts to meet child and family needs focus on what professionals and professional programs and agencies do best	Informal and Formal Support Emphasis	Efforts to meet child and family needs focus on mobilization of both informal and formal community social network members
Outside-In Solutions	Solutions tend to be prescribed by "outsiders" as an infusion of expertise	Inside-Out Solutions	"Outside" resources are used in ways that are responsive to local agenda building

(1984), Rappaport (1981, 1987), Sarason and Lorentz (1979), and Sarason et al. (1977). Collectively, the efforts of these individuals have focused on alternative ways of conceptualizing and identifying supports and resources for meeting needs and procedures and goals for mobilizing resources. For example, McKnight (1989) contended:

> The goal is not to create independence—except from [professionalized] systems. Rather, we are recognizing that every life in community is, by definition, one that is interdependent. It is filled with trusting relationships. It is empowered by the collective wisdom of citizens in discourse. (p. 20)

The paradigmatic elements listed in Table 4 differentiate resource-based from service-based approaches and suggest contrasting ways of conceptualizing the best ways to meet child and family needs. First, service-based practices tend to be limited and constricted because they are defined primarily in terms of what professionals do (hence professionally centered). Services generally are made available only to certain people under certain conditions dictated by the "expertise" of professionals. In contrast, resource-based practices view a wide array of community people and organizations as sources of support. Resources are viewed as potentially unlimited and broadly available in communities; they generally are ready to be used at almost any time by community members. Second, service-based practices are based on a "scarcity paradigm" in which help and assistance are assumed to be limited; therefore aid is distributed or given only to those people whom the professionals determine to be in need of the help (Katz, 1984). In contrast, resource-based practices are derived from a "synergy paradigm," in which help and assistance are assumed to be expandable and renewable. According to Katz (1984), "A synergistic pattern brings phenomena together; interrelating them; creating an often unexpected, new and greater whole from the disparate, seemingly conflicting parts" (p.202). Third, service-based practices are typically described as formal supports because professionals and professionally oriented organizations and human services programs provide help and assistance. In contrast, resource-based practices are defined in terms of both the informal and formal supports that community network members give to persons needing help or assistance. Fourth, service-based practices tend to define solutions to problems from an "outside-in" perspective; this approach typically involves an infusion of outside expertise, in which professionals define people's problems and solutions. In contrast, resource-based practices define solutions from an "inside-out" perspective; this approach involves community people setting their own agenda, and professional helpers and agencies are asked how they can contribute resources (and services) to realize this agenda (Kretzmann and McKnight, 1993). Collectively, the defining characteristics of resource-based practices are more consistent with the aims, premises, and principles of family support programs. The possibility of employing resource-based models for conceptualizing family support program practices deserves further attention and discussion.

In addition to these differences, defining human services practices in terms of service-based solutions is problematic for at least two other reasons. First, if solutions were defined solely or primarily in terms of professional supports, the enormous cost of those services would not be provided by public funds. Instead of service-based approaches, resource-based programs would likely have the greatest impact in meeting the largest number of needs among the largest number of families. Second, even if enough financial resources were available to purchase all the professional services needed by families, the likelihood of securing enough trained professionals to deliver these services would be remote. Sarason (Sarason, 1989; Sarason and Lorentz, 1979; Sarason

et al., 1977) articulated this problem in several volumes, illustrating that solutions to problems linked with the availability of a cadre of professionals is doomed to failure. This suggestion is valid, in part, because training programs—both formal and informal—are not adequately equipped to "graduate" the number of professionals deemed necessary to provide the services deemed needed.

The empirical bases for the contention that resource-based practices produce better outcomes than service-based practices are beginning to be amassed from both quantitative and qualitative and from experimental and descriptive investigations. For example, Trivette, Dunst, and Deal (in press) summarized the results from three studies that produced evidence indicating the positive outcomes associated with human services practices were maximized in those cases in which human services practitioners used resource-based practices instead of service-based practices for meeting needs. In fact, implicit or explicit adoption of models that defined solutions primarily in terms of professional services was negatively related with family assessments of the benefits of such practices, whereas the opposite was the case in terms of efforts that explicitly aimed to mobilize informal community resources for meeting family needs. In one of these studies, for instance, a resource-based approach to mobilizing child-care resources resulted in increased numbers of people caring for young children, more frequent provision of child care, greater parental control appraisals of child-care experiences, and greater overall satisfaction with child care compared to a service-based approach to meeting child-care needs.

Family-Centered vs. Professionally Centered Models

An increasing number of family support program enthusiasts have called for a shift in emphasis from solely child-centered toward family-oriented human services practices (Dunst, Johanson, Trivette, and Hamby, 1991; Johnson, 1990; Shelton and Stepanek, 1994; Shelton, Jeppson, and Johnson, 1987; Thurman, 1993; Weissbourd and Kagan, 1989; Zigler and Berman, 1983). Not all family-oriented human services practices, however, are necessarily consistent with the aims of family support programs, nor are they premised on the same kinds of assumptions and assertions described throughout this monograph. Human services programs that do adopt and adhere to family support principles as guiding beliefs, and which are premised on the tenets set forth earlier, are increasingly described as constituting "family-centered" models (Dunst, Johanson, Trivette, and Hamby, 1991). The differences between four kinds of family-oriented paradigms are described next to illustrate that the characteristics of family-centered models mirror the key elements of family support as described thus far.

Dunst, Johanson, Trivette, and Hamby (1991) differentiated between four classes of human services models. All models focus on the family as the unit of intervention but differ in terms of their world view with respect to the conceptualization and focus of program practices, including the assumptions and attributions made about families. The four models are labeled professionally centered, family-allied, family-focused, and family-centered.

Professionally centered models are characterized by professionals as experts who determine the needs of families from their own perspective instead of a family's perspective. Families typically are seen as deficit or pathological, requiring the expertise of professionals to function in a more healthy manner. Interventions are either implemented directly by professionals or under professional surveillance, because families are seen as incapable of solving their own problems without the use of prescriptive practices.

Family-allied models are characterized by families as agents of professionals. In such models, families are enlisted to implement activities that professionals deem necessary for the benefit of the family. Families are seen as minimally capable of independently effecting changes in

their lives and can do so only under the tutelage of professionals. For example, according to Powell (1993) programs that "view child rearing as a complicated enterprise that is best aided by providing expert knowledge and guidance to parents" (p. 27) would constitute a family-allied perspective of working with children and their parents.

Family-focused models are characterized as responsive enterprises that provide families considerable latitude in voicing their concerns and desires but which generally consider professional services as the major sources of family support. Proponents of these kinds of models generally consider such services as necessary conditions for strengthening family functioning. Programs that employ family-focused models often offer families a "menu" of services from which they can choose.

Family-centered models are characterized by elements that consider professionals to be agents and instruments of families as part of obtaining resources, supports, and services in an individualized, flexible, and responsive manner. Practices are consumer-driven; that is, families' needs and desires determine all aspects of program activities and resource provision. Professionals who employ family-centered practices provide families with the necessary information to make informed decisions and choices, create opportunities that strengthen family functioning as well as enhance acquisition of new competencies, and work with families in ways that are culturally sensitive and socially relevant. These kinds of program practices are almost entirely strengths- and competency-based, because the provision of resources and supports aims primarily to strengthen a family's capacity to build both an informal and formal network of resources to meet needs in ways that are competency-enhancing.

Close examination of the four human services models clearly indicates that family-centered models have characteristics that are most consistent with the aims, premises, and principles of family support programs. The other models seem to "fall short" in terms of structuring program practices that will have optimal effects. Family-centered models, however, best reflect the key characteristics and elements of family support programs. Indeed, programs that show a presumption toward all that has been discussed thus far can appropriately be called family-centered program practices.

SUMMARY

Although examined separately, the five paradigms—promotion, empowerment, strengths-based, resource-based, and family-centered—described in this section as most consistent with the aims of family support programs in fact overlap considerably.

Collectively, these paradigms could be integrated and assimilated to construct a new model or world view (Reese and Overton, 1970). They were presented separately to illustrate in which ways they differed from models more aligned with traditional human services practices. Their separate treatment also permitted a better assessment of their unique contributions to defining the meaning of family support programs. Taken together, they form a "new paradigm" for guiding the translation of the premises and principles of family support programs into family support practices.

Family Support Program Practices

Family support program practices encompass a variety of activities used to achieve the aims of these programs. They may be thought of as the corollaries of the other program parameters. Many of the practices that derive from these parameters were mentioned or "hinted at" in earlier discussions. The kinds of practices that are most consistent with the premises, principles, and paradigms of family support programs are described in this section of the monograph.

A number of family support program scholars and

program builders have enumerated lists of these practices (Weiss and Halpern, 1991; Weissbourd and Kagan, 1989). The particular "practice indicators" described next are ones that have been identified previously as key family support program practices, or are those that derive from the characteristics enumerated above, or both. The practices, if institutionalized as part of what family support programs accomplish, would put into motion the kind of reorientation described throughout this monograph.

Flexible and Responsive Program Practices

Zigler and Black (1989) noted that family support programs are "flexible in their programming, location, and goals" (p. 10). Similarly, Williams (1987) maintained that family support programs, especially ones working with families from culturally diverse backgrounds, must remain flexible and be "responsive to families in terms of both scheduling and the types of [supports] provided" (p. 302). According to Powell (1987), "Many family support programs individualize services offered in an effort to meet each family's particular needs" (p. 312). Flexibility, responsiveness, and individualization are defining characteristics of family-centered practices; these traits permeate all other aspects of what family support programs do to achieve the goals of supporting and strengthening family functioning.

The ability to be flexible is related to tailoring program practices and staff roles to the special circumstances of participants and the communities in which they reside. For example, in a community where there are large numbers of mothers working different shifts, a focus of program activities might involve assistance in identifying safe, quality child-care arrangements. Similarly, a family support program might have "extended operating hours" to accommodate the desires of grandparents or older siblings who might be available only in the evenings or on weekends to participate in, say, "family gatherings." According to Weissbourd and Kagan (1989), "The point is that family support programs can be—and are—flexible, accommodating the differing personal needs of parents and families. Such flexibility, while conceptually sound, is difficult to implement and necessitates a revised professional role coupled with different and variegated staffing patterns" (p. 25).

Practitioner Helpgiving Practices

According to a number of scholars, the aims of family support programs not only suggest but also demand major changes in the ways practitioners interact with families. Moroney (1987) contended that efforts to support and strengthen families will require a "reorientation of professional attitudes if ... professionals are to interact positively with families" (p. 34). According to Kagan and Shelley (1987), "The potential of a nondeficit approach to [human] services cannot be fully realized ... until our ideas about the roles of professionals are revamped" (p. 11). Rappaport (1981), in discussing the implications of an empowerment philosophy and paradigm for altering human services practices, noted that the ability to strengthen people in ways that make them more capable and competent will "require a breakdown of the typical role relationships between professional and community people" (p. 19). The essence of this shift perhaps was best stated by Maple (1977) when he said that in traditional helping relationships, "rescuers become the star. It is my ... view that your goal as helpers is not to learn to become a star, but rather to help people become the 'star' in some aspects of their lives" (p. 7).

The kinds of helpgiving practices that are most consistent with the contentions set forth earlier in this monograph have been a primary focus of a line of work by Dunst and his colleagues (Dunst, 1987; Dunst and Trivette, 1988c; Dunst, Trivette, Davis, and Cornwall, 1988; Dunst, Trivette, Gordon, and Starnes, 1993; Dunst, Trivette, Starnes et. al, 1993). This work has included (a) a review and synthesis of the published literature with an

eve toward identifying those helpgiving practices most associated with positive helpseeker outcomes (e.g., Brickman et al., 1982); (b) the study of the relationship between different kinds of human services program models and helpgiving practices (e.g., Rappaport, 1981), and (c) investigations of the association between helpgiving practices and empowerment outcomes (e.g., Trivette et al., in preparation).

A recently completed investigation of the helpgiving beliefs, attitudes, and behaviors associated with competency-enhancing and family-strengthening influences (Dunst, Trivette, and Hamby, in press) found that effective helpgiving is comprised of two interdependent sets of behavioral characteristics: helpgiver/helpseeker attributions typically associated with "good" clinical practice (e.g., active listening, empathy, sincere caring), and participatory involvement efforts that emphasize the strengthening of existing capabilities and the enhancement of new competencies using shared decision-making techniques (Maple, 1977; Rappaport, 1981, 1987). The results of several other studies examining the relationships between human services program models and practitioner helpgiving attitudes and behaviors found that adoption of family-centered and empowerment models were associated with a greater percentage of parents rating program staff as effective helpers (Dunst, Trivette, Boyd, and Brookfield, 1994). In these same studies, families who participated in human services programs where staff were deemed highly effective helpgivers reported the greatest degree of control in obtaining needed supports and resources from helpgivers.

Helpgiving practices that are effective and competency-enhancing have certain features that differentiate them from other kinds of help. Effective helpgiving practices de-emphasize helpseeker responsibility for causing problems, and instead emphasize helpseeker acquisition of competencies necessary to solve problems, meet needs, realize personal aspirations, and otherwise attain desired goals. These practices also assume that helpseekers are competent or capable of being competent, and when provided with opportunities (i.e., enabling experiences) requiring competency, they will be able to deal effectively with problems as well as attain desired aspirations.

Effective helpgiving also focuses on promotion of growth-producing behaviors rather than treatment of problems or prevention of negative outcomes. Emphasis is placed on enhancing and strengthening individual and family functioning by fostering the acquisition of prosocial, self-sustaining, self-efficacious, and other adaptive behaviors. Helpseekers are encouraged to play a major role in deciding what is important to them, what options they will choose to achieve goals, and what actions they will take in carrying out intervention plans. Effective helpgiving also views helpseekers as the essential agents of change; the helpgiver's roles are to support, encourage, and create opportunities for helpseekers to become competent. Helpgivers do not mobilize resources on behalf of helpseekers; instead they create opportunities for helpseekers to acquire competencies for mobilizing resources and supports necessary to cope, adapt, and grow in response to life's many challenges. Furthermore, effective helpgivers are positive toward the people they help, see the strengths of helpseekers, and assist helpseekers to see their potential and capabilities. These interactions take place in a cooperative, partnership approach that emphasizes joint responsibility between the helpseeker and helpgiver. The goal of effective helpgiving is to make helpseekers better able to deal effectively with future problems, needs, and aspirations—not to make them problem- or trouble-free.

Collaboration and Partnerships

Family support program scholars generally agree that the relationships between practitioners and parents

should be characterized by collaboration and shared decision-making (Kagan and Shelley, 1987; Weiss, 1990). Collaborative relationships or interchangeable partnerships explicitly aim to alter the traditional balance of power in practitioner–parent/family relations (Dunst, Trivette, Hamby, and Johanson, 1994). As noted by Powell (1989), "A review of the [human services] program literature suggests a trend toward collaboration, equal relations between parents and program staff wherein the flow of influences is reciprocal" (p. 91). The importance of partnerships as part of family support program activities was stated in the following way by Weissbourd (1987b):

> The carefully designed partnership that emerges among staff members as well as between staff and participants in family support programs represents a complete restructuring of staff roles and relationships with participants. The intentional overlapping of staff and participant roles and the emphasis on cooperative relationships among staff make the resulting team far greater than the sum of the parts. (p. 259)

In a study recently completed by Dunst, Johanson, Rounds, Trivette, and Hamby (1992), a remarkable degree of congruence was found in terms of what parents and professionals identified as the key characteristics of collaboration and partnerships. These characteristics included trust, respect, open communication, honesty, active listening, flexibility, caring, information sharing, and support. What appeared to operationally differentiate these characteristics from other kinds of relationships were the operatives mutual and reciprocity. In the largest majority of cases, study participants emphasized the fact that mutual trust, mutual respect, and other mutual attributes transformed interpersonal transactions into partnerships, and that reciprocity between parents and professionals was a condition that promoted collaboration in ways that were mutually empowering.

Family-Directed Practices

According to Weissbourd (1990), family support program activities "are designed [in collaboration] with parents to meet their expressed needs" for supports and resources (p. 73). Programs that base practices on family-identified needs and desires are described as family-directed (or consumer-driven) program practices (Dunst, Trivette, and Thompson, 1990). These kinds of practices assume that families, given the necessary information, guidance, and advice can and do make informed, intelligent choices. Focusing on family-identified instead of professionally identified needs in program practices recognizes each family's rightful role in deciding what is most important and in the best interest of the family unit and its members (Hobbs et al., 1984). According to Hobbs (1975), "The foresighted [practitioner] knows that it is the parent who truly bears the responsibility for the child, and that the parent cannot be replaced by episodic professional service" (pp. 228-229).

One aspect of family-directed practices that deserves special comment is the fact that such practices are responsive to the broad-based needs and desires of program participants. In some cases, this directive means that family support programs provide supports and resources directly to families; in other instances, it means linking families with supports and resources in their communities. Advocates of family-directed practices do not assert, as some critics have contended, that such practices mean "being everything to everybody." They do assert that practitioners never dismiss what families voice as their concerns and aspirations. Dismissing what families consider important is inconsistent with effective helpgiving practices.

Family Governance

Family involvement at all levels of program operations constitutes a practice that places families in pivotal roles as part of their participation in family support programs. This kind of parent participation has

been referred to as *family governance*. In the broadest sense, it means efforts to influence the policies and practices of family support programs.

Although governance is generally limited to activities involving participation on governing boards, the term is applicable to a variety of activities that provide families with opportunities to influence the scope, direction, and focus of program practices. Figure 4 shows one way of operationalizing family governance practices based upon the number or percentage of families engaged in different kinds of governance activities. At the bottom of the pyramid is family-directed practices, which involve nearly all families participating in a family support program. As such, family-directed practices may be considered a special case of family governance. At the top of the pyramid is a much smaller percentage of families who are members of a family support program's governing board. In between, there are any number of governance-related activities (e.g., advisory boards and peer support groups) that involve differing percentages of program participants. In general, as governance activities involve a smaller percentage of families, these particular participants assume increased responsibility for representing the "collective voice" of all families involved in the family support program.

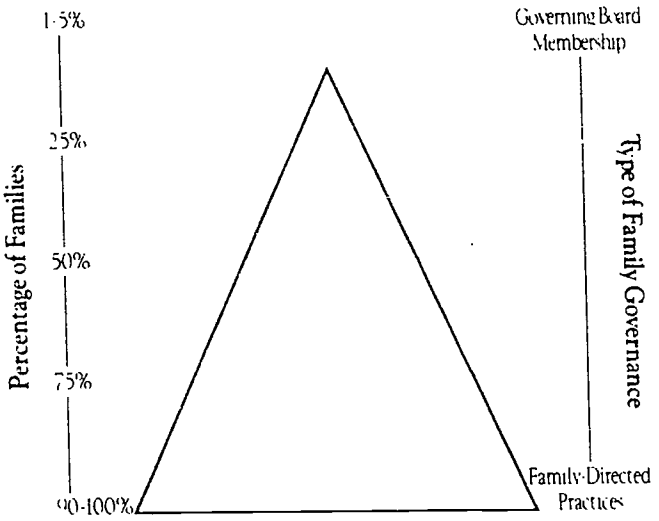

Figure 4

Framework for depicting different types and degrees of family governance in family support programs.

Resource-Based Practices

A basic premise of family support programs is that program participants benefit from an array of community supports and resources. This premise translates into practices that involve the provision and mobilization of a broad range of informal and formal community resources as a primary focus of family support program activities. As noted by Weiss and Jacobs (1988b), family support programs "develop innovative and multilateral [as opposed to exclusively professional] approaches to service delivery through such means as peer support, creative use of volunteers and paraprofessionals, and the promotion of informal networks" (p. xxi).

A resource-based approach to meeting family needs employs practices that "look toward" a broad range of community people, groups, organizations, and programs as sources of support. These sources include but are not limited to family members, relatives, friends, neighbors, day-care centers, neighborhood and community organizations, churches and synagogues, recreation centers and YMCAs, family support programs, hospitals and community health centers, public health and social services departments, and early intervention and human services programs. In resource-based approaches to human services delivery, any and all potential sources of community support are seen as viable options for meeting child and family needs. In addition, resource-based practices recognize the value of the different kinds of supports (and services) that these various people and groups might provide to community members, including participants of family support programs. These support and services include but are not limited to emotional and psychological support for parenting issues and concerns, guidance and feedback about finding a job or finishing school, information on

pregnancy care, reassurance about "doing a good job" as a parent, instrumental assistance (such as child care), and material aid (such as loaning a high chair to a family). Resource-based program practices are best reflected by activities that view solutions to problems and efforts at meeting family-identified needs in terms of the talents and capabilities of a wide variety of community people and organizations.

Peer Support

The value of peer support and the importance of creating opportunities—both formal and informal—for program participants to interact with each other constitute an important practice of many family support programs. Peer support is viewed by some scholars as a resource so important to some families that it deserves to be considered a separate "best practice" feature of family support programs (Weissbourd, 1987a, 1990).

Peer support "entails providing situations in which families can share common concerns, either on an informal basis or in discussion groups" (Kagan and Shelley, 1987). Such support recognizes and acknowledges that program participants have "valued" personal resources and that these strengths can be of benefit to other families. Thus, program activities that create opportunities for exchanges between and interactions among program participants (when appropriate and desired) can serve the important function of promoting the flow of resources to and from families. According to Weiss (1987), "Analysis of the experience of [peer support] groups suggests that flexibility—opportunities for parents to shape the agenda and to deal with problems in individual and unstructured ways ... contributes to the popularity and perhaps effectiveness of these groups" (p. 148). Powell and Eisenstadt (1988) found, for example, that "informal kitchen talk," which occurred during breaks from more formal group discussion time, proved valuable as a mechanism for exchange of ideas, information, and advice.

Peer support is described as having both informal and formal elements, and it has taken on different forms in different programs. Its formal manifestations include but are not limited to the activities of self-help groups (Weissbourd, 1987a), parent-to-parent support groups (Pizzo, 1987), and parent discussion groups (Wandersman, 1987). Activities and efforts that provide informal opportunities for program participants to intermingle and provide or receive support constitute the kinds of participatory experiences that were described earlier as conditions that contributed to empowering consequences. The promotion of peer support, therefore, would seem a goal worthy of attention by family support programs.

Building Community Capacity

Weiss (1987), in describing the relationship between family support programs, program participants, and the community at large, noted:

> In addition to working with the family, [family support] programs now increasingly emphasize the importance of creating and reinforcing links between families and external sources of support, both formal (e.g., local social and health services) and informal (e.g., opportunities to meet neighbors and utilization of natural helpers in programs). (p. 139)

This assertion is consistent with program practices that emphasize identification of family needs, location of informal and formal community resources for meeting those needs, and assistance in helping families use existing capabilities as well as learn new skills necessary for mobilizing and procuring community resources (Dunst, Trivette, and Deal, 1988, 1994; Hobbs et al., 1984). Hobbs et al. (1984) described these connections as the linkage function of efforts to support and strengthen family functioning. Building linkages between families

and other community resources is an important "best practice" of family support programs.

In addition to program practices that strengthen linkage functions, a number of family support program scholars have recently contended that these programs must improve liaison functions between the community and the family support programs (Weiss, 1987; Weissbourd, 1990). This contention entails efforts that recognize and build on the strengths of community people and groups (Kretzmann and McKnight, 1993). It also includes program development activities and practices that result in family support programs being viewed as vital resources to the community in general and families in particular. Family support programs therefore employ practices that intentionally lead to programs being assimilated into the "community life" of the families served by these programs (Weissbourd, 1990).

More recently, Weissbourd (1994) called for increased use of community building strategies by family support programs for mobilizing existing community resources and creating new resources. Accordingly, "the intent is to extend well beyond the initial goal of establishing linkages and to work instead to build a comprehensive community of support for parents" (Weissbourd, 1994, p. 40).

Strengths-Based Practices

Family support program practices that build upon family strengths rather than focus on weaknesses and that promote and enhance individual and family strengths as the major emphasis of all program activities represent a preeminent "best practice" (Weissbourd, 1990; Weissbourd and Kagan, 1989; Zigler, 1986; Zigler and Berman, 1983; Zigler and Black, 1989). Because family support program scholars and builders herald strengths-based practices as one of the most important characteristics of those programs, this topic deserves to be listed separately even though it has been described as part of a number of other best practice indicators.

Strengths-based practices have a number of key features and elements. First, they include explicit recognition "that every parent has strengths ranging from interpersonal skills to cognitive or physical capability" (Zigler and Black, 1989, pp. 10-11). Second, strengths-based practices place primary emphasis on acknowledging these strengths, especially in terms of how family units and individual family members utilize knowledge and skills in an adaptive manner. Third, and perhaps most critical, family support program practices are concerned with the development and utilization of enabling experiences that create opportunities for families to use and strengthen existing capabilities, as well as learn new skills in ways that support and strengthen family functioning. Weissbourd and Kagan (1989) described the strengths-based approach:

> [This] approach has both heuristic and ideological appeal, primarily because it counters so many of the assumptions that have characterized services to low-income children and families. Family support challenges the myth that lack of income is synonymous with lack of family integrity or strength. It contests the notion that "healthy" families do not need support, while "sick" families unable to care for themselves are dependent upon support. Building on optimalism, which is a well-family model, family support encourages all to seek and give support. In so doing, it has dispelled the belief that support is only for those at high risk and has opened the door for many Americans to solicit and give assistance without fear of judgment or stigmatization. (p. 26)

Culturally Sensitive Practices

The use of culturally sensitive and relevant practices as part of all family support program activities is now recognized as a necessary condition for effectively working with families from diverse ethnic, racial, and religious backgrounds. As noted by Weissbourd (1990),

family support program activities should be "planned to assure their relevance and sensitivity to the culture and values of the families served" (p. 73). This suggestion poses a number of challenges to family support program builders and practitioners because the "existing research literature contains little information about appropriate methods of parent education and support for cultural and linguistic minority populations" (Powell, 1989, p. 17). Recently, however, there has been a surge in the number of descriptions that constitute culturally sensitive and relevant practices for working with families having different cultural roots (Lynch and Hanson, 1992).

Family support program practices that are culturally relevant (Weissbourd, 1990) include but are not limited to efforts that are sensitive and responsive to the beliefs, values, and traditions of people from diverse backgrounds; the inclusion of activities that affirm children's and families' roots; and the strengthening of culturally competent aspects of diversity. Culturally sensitive practices are ones that are conducted in the context of a family's personal and community value and belief systems; they involve practices that match how members of a family's "community" would ordinarily address concerns and desires. More practically, "positive program practices that contribute to cultural sensitivity ...[include such elements as]... use of paraprofessionals from the community, bilingual staffing, and parental participation in policy and decision making" (Williams, 1987, p. 295). Above all, culturally sensitive practices treat all families with dignity and respect in nonjudgmental ways.

Program practices that affirm cultural diversity include but are not limited to efforts that honor and celebrate ethnic holidays and traditions, acknowledge the contributions of cultural traditions to society in general and the community more specifically, and otherwise reinforce cultural competence. In a study of cultural diversity in early child care and education programs, Chang and Sakai (1993) found that programs affirming the cultural roots of children not only included culturally diverse learning activities as part of curricular experiences for the children but also provided "children, parents, and caregivers an invaluable chance to learn about and benefit from the strengths of each other's cultures and language" (p. 65).

Cultural competence is strengthened by family support programs when practices promote and enhance behaviors and beliefs that are considered important by the culture of the families being served. This, of course, means that the strengths of families will differ culture by culture, and it necessitates that culturally diverse people themselves define what constitutes culturally competent behavior. Therefore, family support program staff must take the time to understand how competence is defined by culturally diverse people. The success of family support programs is based in part on whether program practices have strengthened cultural competence.

Summary

Collectively, the ten "best practices" described in this section constitute the day-to-day actions and program activities that contribute to the attainment of the aims of family support programs. The particular program characteristics enumerated are not necessarily the only kinds of practices that are consistent with the key features of the other three program parameters, but they are ones most often found in descriptions of family support programs. The manner in which these practices become particularized will and should differ in relation to the family, community, and program factors and considerations, which are described next.

Toward a Framework for Categorizing Family Support Programs

The focus of the discussions and descriptions in the preceding chapters of this monograph was on the commonalities of family support programs; such common features include the characteristics that operationally define the key elements of these programs and the manner in which they differ from the characteristics of traditional human services programs. Yet a number of scholars have noted that considerable diversity exists in the kinds of efforts that legitimately belong to the universe of family support programs. This diversity is described next.

As noted by both Powell (1993) and Weiss (1987), human services programs in general and family support programs in particular vary according to a number of key dimensions, including but not limited to program goals, funding sources and amounts, host agency, program duration and intensity, staffing patterns, staff characteristics, number and types of "services," program mechanisms for delivery or mobilization of supports and resources, and program setting. The particular dimensions along which family support programs differ are briefly described next to capture the nature of the diversity of these programs. Following this description, a framework that combines these characteristics with those that are common to family support programs is offered as one way of furthering the understanding of the universe and meaning of family support programs.

Dimensions of Diversity

Weiss (1987; Weiss and Jacobs, 1988b) has provided the most complete list of dimensions along which family support programs differ (see also Powell, 1993; Weissbourd and Kagan, 1989). According to Weiss (1987), "Diversity is one of the chief characteristics of these programs" (p. 141). She also noted, "One of the principle 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 ... program" (Weiss and Jacobs, 1988b, pp. xxiii-xxiv). More than a dozen dimensions or characteristics contribute to the diversity of these programs.

Program Types

Kagan and Shelley (1987) proposed eight major types of family support programs as an "initial categorization scheme that might help solidify our understanding of family support" (p. 15). The program types include prenatal and infant; child abuse and neglect prevention; early childhood intervention; parent education and support; home-school linkage; early intervention and support programs for children with disabilities and their families; family-oriented day care; and neighborhood-based, mutual-help, and informal support. Levine (1988) described ten program types that encompass diverse kinds of programs: parent resource and education; neighborhood/community-based family support; prenatal, infant, and toddler; home-based; school-based; child care and early childhood; workplace programs; child abuse and neglect prevention; advocacy and support; and programs for families with special needs. Both of these lists illustrate that the types of programs belonging to the universe of family support programs vary considerably. Diversity is amplified by the fact that some programs include multiple types of services and activities.

Program Auspices

Family support programs also differ considerably in terms of their auspices. Some programs are operated by federal programs while others are operated by state and local governments. Some are found under the aegis of United Way and other community agencies while others are operated as freestanding, not-for-profit enterprises. A considerable number of programs have multiple

program sponsorship, and in recent years, an increasing number of programs have operated under the aegis of private-public partnerships.

Funding Sources and Amounts

Family support programs often differ in terms of their funding sources and amounts, which are closely linked to program auspices. Funding for programs or components of programs may come from any of the following sources separately or in combination: federal government, state government, local governments, community chests (e.g., United Way), foundations, donations, and fund-raising.

Host Programs and Agencies

The particular kinds of programs that assume or are assigned responsibility for operating family support programs differ considerably by community. Family support programs are now found in schools, Head Start programs, churches, hospitals, early intervention programs, community action programs, and YMCAs and YWCAs, as well as other community programs. They are increasingly found as part of mental health programs, child welfare associations, and other publicly operated agencies.

Program Goals

Although all family support programs aim to support and strengthen family functioning, program-specific goals often differ considerably. Some programs place primary emphasis on child outcomes, whereas other programs have goals that are directed at family outcomes as well, and some on family outcomes in their own right. This difference in goals in turn often leads to different kinds of activities for achieving stated intentions.

Program Content and Focus

The content and focus of family support programs vary considerably by program and are generally linked to differences in program goals and philosophy. Programs that focus primarily on child outcomes often have a program content that is limited to activities that emphasize child learning or parent-child relationships, whereas programs that have broader based family and community goals often include activities that attend to the broader ecology of family functioning.

Program Activities

The program activities crafted by family support programs usually include diverse kinds of supports and resources. Weissbourd and Kagan (1989) noted:

> [Family support programs] usually include one or more of the following: (a) parent education and support groups; (b) parent-child joint activities that focus on child development and promote healthy family relationships; (c) a drop-in center, which offers unstructured time for families to be with other families and with program staff on an informal basis; (d) child care while parents are engaged in other activities offered by the family resource program; (e) information and referral to other services in the community, including child care, health care, nutrition programs, and counseling; (f) home visits, generally designed to introduce hard-to-reach families to family support programs; and (g) health and nutrition education for parents, and developmental checks or health screening for infants and children. (p. 21)

Many programs are comprehensive and include multiple kinds of activities, while others provide specific forms of assistance (e.g., information and referral).

Program Setting

The provision or mobilization of resources to family support program participants occurs in many different kinds of settings. These settings include but are not

limited to the homes of program participants, program centers, schools, recreation centers, community centers, prisons, and churches or synagogues.

Program Duration and Intensity

The various kinds of activities that are offered by family support programs vary in terms of their duration and intensity. This variance includes but is not limited to length of particular "parenting sessions," frequency of occurrence of activities, length of program, duration of activities, and intensity of the provision of program resources.

Program Size

Family support programs vary on a continuum from those that operate in a single site or location to those that are multi-site programs. Some programs serve small numbers of families, while others might have enrollments exceeding 200 or more program participants.

Staff Characteristics

Family support programs often differ in terms of staff characteristics and staffing patterns. Some programs are run by professionals, others by program participants themselves, and still others by volunteers or paraprofessionals. Many use a combination of professionals, paraprofessionals, volunteers, and program participants for operating the program as a whole or selected components of it.

Participant Characteristics

Many family support programs, although available to all or most families in the communities in which they are located, often "target" particular populations or groups of families. These target groups include but are not limited to pregnant teenagers and teen moms, older pregnant women, incarcerated parents, substance-abusing parents, families from poor backgrounds, migrant families, divorced parents, and parents of children with disabilities or special health-care needs. In addition, program participants often differ in terms of socioeconomic status, cultural and ethnic diversity, marital status, and other background characteristics.

Blending Program Commonalities and Diversity

The strengths of family support programs derive from both their common and diverse dimensions. The common characteristics of these programs, on the one hand, constitute those elements that define the meaning of family support; on the other hand, these characteristics are the features that distinguish these endeavors from other kinds of human services programs. The differences among programs, in principle, define the variations that are possible with regard to how the goals of family support programs might be stated and achieved. Table 5 enumerates both the common and the diverse dimensions of family support programs. This way of cataloging similarities and differences suggests an expanded framework for categorizing family support programs.

Most descriptions of the key characteristics of family support programs have tended to focus separately on either similarities or differences in these programs but have not generally considered both simultaneously (see Powell, 1993, for an exception). Moreover, attempts to categorize family support programs have focused almost entirely on dimensions of diversity, under the assumption that the common characteristics of these programs are equally present in different kinds of programs.

Although family support programs are linked and bonded by similar premises, principles, paradigms, and practices, no two programs would be expected to be equally characterized by precisely the "same degree" of adoption and adherence to the elements of these program parameters. For example, family support programs most likely would differ in terms of the

Table 5. Major Dimensions of Family Support Programs

Common Dimensions

I. Premises
   1. Ecological Orientation
   2. Community Context
   3. Value of Social Support
   4. Developmental Perspective of Parenting
   5. Affirmation of Cultural Diversity and Promotion of Cultural Competence

II. Principles
   1. Enhancing a Sense of Community
   2. Mobilizing Resources and Supports
   3. Shared Responsibility and Collaboration
   4. Protecting Family Integrity
   5. Strengthening Family Functioning
   6. Adopting Proactive Program Practices

III. Paradigms
   1. Promotion
   2. Empowerment
   3. Strengths-Based
   4. Resource-Based
   5. Family-Centered

IV. Practices
   1. Flexible, Responsive, and Individualized Practices
   2. Competency-Enhancing Helpgiving Practices
   3. Parent-Practitioner Collaboration
   4. Family-Directed Practices
   5. Family Governance
   6. Resource-Based Practices
   7. Peer Support
   8. Building Community Capacity
   9. Strengths-Based Practices
   10. Culturally Sensitive Practices

Diverse Dimensions

I. Program Types (e.g., prenatal vs. early childhood)

II. Program Auspices (e.g., public vs. private)

III. Funding Sources and Amounts (e.g., state government vs. foundation)

IV. Host Programs and Agencies (e.g., community action program vs. public school)

V. Program Goals (e.g., child vs. family)

VI. Program Content and Focus (e.g., parent-child relationships vs. community mobilization)

VII. Program Activities (e.g., child vs. parenting groups)

VIII. Program Setting (e.g., home- vs. center-based)

IX. Program Duration and Intensity (e.g., weekly vs. monthly parent contacts)

X. Program Size (e.g., single site vs. multiple sites)

XI. Staff Characteristics (e.g., paid professional staff vs. volunteers)

XII. Participant Characteristics (e.g., teenage moms vs. migrant families)

particular family support principles adopted as guiding beliefs. Consequently, family support programs would be expected to differ along dimensions of commonality, in addition to differing in terms of dimensions of diversity.

These conditions suggest a need to consider both common and diverse dimensions as part of developing a way of categorizing family support programs that is as complete as possible. Therefore, just as one would like a "comprehensive source of information that indicates the distribution of programs along dimensions" of diversity (Weiss, 1987, p. 141), one would also like as complete a description of the particular program parameter features upon which programs seem to differ as well. Moreover, one would like information on the combination of both sets of features enumerated in Table 5. Blending common and diverse dimensions as part of categorizing family support programs would paint a more complete picture of the landscape of these programs. The values and potential yield of this kind of blending were recently demonstrated by Powell (1993) in a review and analysis of home visiting programs.

Implications for Program Evaluation

The implications of the blended dimensions framework may be taken one step further and briefly discussed in terms of efforts to evaluate family support programs. Descriptions of family support programs with regard to variations in common and diverse dimensions "lead to the obvious question of whether some [combination] of approaches are more effective than others in achieving positive results" (Powell, 1993, p. 36). These kinds of questions are a central feature of second-generation research (Guralnick, 1991, 1993, in preparation)

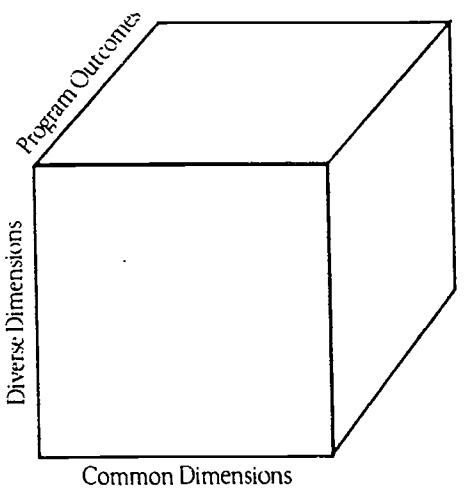

Figure 5. Framework for examining the relationships between and effects of common and diverse dimensions of family support programs and child, family, and community outcomes.

that aims to identify the child characteristics, family characteristics, and program features that interact to optimize child, parent, and family outcomes.

Figure 5 shows a simple scheme for displaying how one might proceed with asking and answering questions about efficacy and differential effectiveness. Do promotion models produce like or unlike results among families differing in the settings in which they are served? Do programs that differ in terms of guiding beliefs and program activities produce similar or dissimilar results? Are programs that differ in terms of culturally sensitive practices likely to have differential impacts depending upon the focus of program activities? The framework for blending common and diverse features provides at least some guidance in structuring efforts to answer these kinds of questions. Its use for evaluative purposes would therefore seem highly indicated.

Summary and Conclusions

The major purpose of this monograph was to enumerate the key features and characteristics of family support programs using a program parameters framework (Dunst, Johanson, Trivette, and Hamby, 1991; Dunst, Trivette, Starnes et al, 1993; Weissbourd, 1990) that describes human services programs in general and family support programs more specifically in terms of their premises, principles, paradigms, and practices. The program parameters that are considered the key elements of family support were found to be internally consistent, yet they differed considerably from those parameters typically found in traditional human services programs. More specifically,the review and integration of the literature about the aims of family support programs and the defining characteristics of these programs indicated that ten kinds of family support practices can be derived from a number of interrelated propositions, beliefs, and models increasingly recognized as the underpinnings of family support.

Weissbourd (1994) recently asked whether family support is a program with specific characteristics, a set of principles applicable to different kinds of human services programs, a particular approach to working with families, or all three. In the introduction to this monograph, a number of definitional considerations were raised about the meaning of family support, and the differentiation between the terms *support*, *program*, and *practices*. The failure to adequately define these terms has contributed to confusion about the defining characteristics of family support and the inability to answer the kinds of questions posed by Weissbourd (1994). In addition, problems arise when one poses the inevitable question: How many premises, principles, paradigms, and practices must be adopted before one can buy membership into the family support program club?

Confusion is amplified by the fact that family support is a term now used to describe a wide range of initiatives in a number of human services fields and arenas, including but not limited to the Family Resource Coalition (Weissbourd, 1987a), state governments (Harvard Family Research Project, 1992a, 1992b; Weiss, 1989), health care (Brewer et al., 1989), early intervention (McGonigel, 1991), developmental disabilities (Center on Human Policy, 1986; Knoll et al., 1990; Taylor et al., 1989), mental health (Federation of Families for Children's Mental Health, 1992; Stroul and Friedman, 1986), child welfare (Child Welfare League, 1989), social services (Hutchinson and Nelson, 1985), and education (Bowman, 1994). Each of these fields as well as other "family support movements" (Dunst and Trivette, 1994; Dunst, Trivette, Starnes, et al. 1993; Kinney et al., 1994) pose additional questions about whether certain program elements and features are sufficient but not necessary or are necessary conditions before a particular human services initiative is generally agreed to be "in the club."

The resolution and answers to the various problems and questions are partly achieved by the contents of this monograph. The author concludes that it is both more appropriate and productive to focus on family support practices and not a family support program as the unit of analysis in determining whether the policies, procedures, and activities of any kind of human services initiative are family-supportive. Thus, regardless of the type of human services agency, the legislative bases or history, and the funding sources of a program, all efforts to develop new programs or reorient existing programs in ways consistent with the various themes described in this monograph must be grounded in practice, not theory. Indeed, the family support practices described in this monograph, as well as their underpinnings (i.e., premises, principles, and paradigms), can and should be used as benchmarks for judging whether policies and program activities are truly family-supportive. Using the monograph in this way should prove valuable as a means for improving the quality of family support initiatives.

Kagan (1994) recently enumerated a set of guidelines for defining "quality" in family support. Four of those guidelines mirror the ideas presented in this monograph:

> Any definition of quality in family support must be firmly grounded in the principles developed by the field and must be sufficiently flexible to accommodate changes in them.
>
> The definition of quality in family support will resemble and build upon definitions from other fields but will of necessity be unique to family support.
>
> The definition of quality in family support must be rooted in the field, reflecting its best practices; and simultaneously, it must be ahead of the field, anticipating next-stage vistas and possibilities for family support.
>
> The definition of quality in family support must be conceptualized to be theoretically (but not necessarily empirically) grounded, as well as sufficiently practical to guide field-based quality-enhancement efforts. (pp. 378-383)

Although these assertions parallel the major themes constituting the content of this monograph, they "push" the field one step further by explicitly considering the meaning of *quality*; they not only suggest but also demand an operational definition of quality. However, as cautioned by Kagan (1994), "Given the diversity of opinion on what constitutes quality, any attempt by a single individual to define quality in family support is both dangerous and premature" (p. 378). Whether the contents of this monograph deserve to be judged in this way will be left to the discernment of the reader. An assertion strongly held by this author, however, is that quality must to a large degree be defined and measured in terms of whether family support practices produce better outcomes compared to other types of human services initiatives, and under what conditions positive outcomes are maximized. According to Powell (1994), "The development and expansion of family support programs have far outpaced the availability of research information on program implementation and effectiveness" (p. 441). Without empirical evidence demonstrating effectiveness, family support runs the risk of becoming another fad that loses favor (and political and financial support) as some other human services' "innovation" or "promising lead" appears over the horizon. At this time, the empirical base demonstrating the effectiveness and efficiency of *contemporary* family support programs is meager at best, and the time has come to conduct the kinds of studies necessary to support or refute the contentions that family support programs and practices can deliver on their promise (see Powell, 1987, 1994, for accounts of the current status of evaluative efforts in family support).

The need for outcome data is heightened by the fact that as more and more "players" enter the family support arena, quality is likely to become watered down and the probability of delivering on the promise will diminish considerably (Kagan and Shelley, 1987). As innovations are infused into general practice, "treatment fidelity" is often compromised; this compromise in turn is likely to produce less dramatic effects or gains (Caffarella et al., 1982; Chatman, 1986; Cuban, 1990; Hall and Loucks, 1977; Hauser, 1982; Link and Tassey, 1988; Wolery, 1994). Such conditions can turn enthusiasm into discouragement. Moreover, when innovations are first introduced, in accordance with the Family Preservation and Support Services Program Act of 1993 and many state initiatives, practitioner responses varying from "we have always done it that way" to "this won't work with the kinds of families we serve" can hinder efforts to reorient policy and reconfigure practices; in the worse-case scenario, such responses can result in a considerable amount of resistance to a "new way of doing business." Thus, even if

ample evidence were available documenting the effectiveness and efficiency of family support, this evidence is no guarantee that large-scale attempts to reorient and reconfigure policy and practice will be done at the same degree of precision or with the same degree of conviction that is often found among family support pioneers.

In conclusion, transforming human services policies and practices in ways described in this monograph is often a difficult task. Part of this difficulty has been the lack of better descriptions of the operational characteristics of family support program practices. Operational definitions are a necessary though insufficient condition for establishing policy and translating this policy into practice that is consistent with the aims of family support programs. The contents of this monograph and the thoughts and perspectives described hopefully will assist others interested in building family support programs and crafting practices in ways to "put-into-motion" the types of policy reorientation described by Kagan and Shelley (1987). As noted by Hobbs et al. (1984), reorienting program policies and practices is in the best interest of the present and future generations of children and families to the extent that these efforts support and strengthen families. The contents of this monograph provide one particular metaframework for structuring efforts to achieve this goal.

Endnotes

The terms *human services initiatives* and *human services programs* are used interchangeably and broadly throughout this monograph to refer to public and private social service, educational, health, and other kinds of programs and organizations working with families and their children.

The term *traditional* is used in a comparative sense to refer to the particular kinds of human services programs and practices that are increasingly criticized as weakening families and family functioning, and which family support program advocates argue ought to be replaced by family support practices.

The term *cultural competence* is used in this monograph in two different but related ways to refer to the knowledge, skills, customs, values, beliefs, and practices that culturally diverse people consider their strengths, and the acknowledgement and affirmation of these competencies by practitioners.

Although the terms *helpgiver* and *helpseeker* seem inconsistent with terminology ordinarily found in the family support program literature, the terms are nonetheless retained here because they differentiate practitioners from the people with whom they have helpgiving relationships.

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From Dunst, 1990

Checklists for Assessing Family Support Program Policies and Practices

Checklist for Enhancing a Sense of Community

Policies and practices are valued when they encourage productive interactions between the family and other community members, especially when they enhance interdependencies and mutually beneficial social exchanges between the family and community members. Policies and practices also are valued when they promote a sense of belonging, and establish the types of social ties that bring people together based upon their commonalities rather than individual differences.

- ❑ Does the policy or practice encourage the integration of the family and its members into the mainstream of all aspects of the community?
- ❑ Does the policy or practice emphasize the common needs of all people rather than base interventional actions only on individual differences?
- ❑ Does the policy or practice encourage the development of interdependencies between the members of the community and the family unit?
- ❑ Does the policy or practice promote community coherence and solidarity based upon shared values, common needs, and agreed-upon goals?
- ❑ Does the policy or practice improve the community liaison and linkage capacities of families as part of their efforts to procure needed resources?

If checked, can you provide recent examples?

Checklist for Mobilizing Resources and Supports

Policies and practices are valued when they build and strengthen the social support networks of families in ways that allow families to have the time, energy, knowledge, and resources to carry out family functions, particularly parenting responsibilities. Policies and practices also are valued when they strengthen informal support networks as primary sources for meeting family needs, and when they promote the flow of resources in ways that are flexible and responsive to the changing needs of families.

- ❑ Is the policy or practice responsive to the broadly-based needs of both the family as a whole and the individual family members?

- ❑ Does the policy or practice promote the flow of resources to the family as the unit of intervention?

- ❑ Does the policy or practice encourage the flow of resources to the family in ways that are flexible, individualized, and responsive to the changing needs of the family?

- ❑ Does the policy or practice promote a healthy balance between the use of informal and formal supports and resources for meeting family needs?

- ❑ Does the policy or practice place primary emphasis upon strengthening informal family and community support systems as a way of promoting the flow of resources to meet family needs?

If checked, can you provide recent examples?

Checklist for Promoting Shared Responsibility and Collaboration

Policies and practices are valued when they encourage partnerships and collaboration between families and both policymakers and practitioners. Especially helpful are those policies and practices that involve full disclosure of all pertinent information to families so that family members can make informed decisions. Policies and practices also are valued when they encourage families to be treated as equals in all aspects of needs identification and resource mobilization.

- ❑ Does the policy or practice presume that the family and individual family members are competent, as well as have the capacity to become more competent, in mastering a broad range of functions and tasks for meeting needs and mobilizing resources?

- ❑ Does the policy or practice encourage professionals to assume a variety of nontraditional roles and functions that enhance increased collaboration between families and professionals?

- ❑ Does the policy or practice promote the use of partnerships between families and professionals as the primary context for identifying needs, mobilizing resources, and strengthening family functioning?

- ❑ Does the policy or practice encourage give-and-take (reciprocity) between families and professionals with regard to the exchange of information, skills, and ideas for meeting needs and mobilizing resources?

- ❑ Does the policy or practice promote mutual trust, honesty, respect, and open communication between the family and professionals as part of collaborative endeavors?

If checked, can you provide recent examples?

Checklist for Protecting Family Integrity

Policies and practices are valued when they are culturally sensitive, acknowledge and value cultural diversity, accept and value the personal beliefs and desires of families, and protect the family and its members from harm and intrusion. Policies and practices also are valued when they promote the flow of resources in ways that enhance and maintain stable, healthy relationships among family members, and when they lessen the likelihood of abuse and neglect of individual family members.

- ❑ Does the policy or practice support and encourage the development and maintenance of healthy, stable relationships among family members?

- ❑ Does the policy or practice encourage acceptance, valuing, and protection of a family's personal and cultural values and beliefs?

- ❑ Does the policy or practice minimize intrusion upon the family and its members by "holders" of external resources needed by the family?

- ❑ Does the policy or practice prevent the possibility of abuse or neglect by enhancing the flow of resources and by promoting the acquisition of behavior that is incompatible with maltreatment?

- ❑ In cases where a family member must be removed from the home, does the policy or practice specify efforts to mobilize the resources necessary for reunification?

If checked, can you provide recent examples?

CHECKLIST FOR STRENGTHENING FAMILY FUNCTIONING

Policies and practices are valued when they operate according to enabling and empowering principles, especially when they promote and enhance the capabilities of the family unit and individual family members. Policies and practices also are valued when they build upon family strengths as ways of promoting and enhancing family knowledge and skills necessary to mobilize resources to meet needs.

- ❑ Does the policy or practice create opportunities for the family and its members to acquire the knowledge, skills, and capacities necessary for them to become more capable and competent?

- ❑ Does the policy or practice identify and build on family strengths rather than correct weaknesses as the primary way of supporting family functioning?

- ❑ Does the policy or practice promote the capabilities of families in ways that permit them to establish the types of interdependencies with personal social network members that promote the flow of resources to meet needs?

- ❑ Does the policy or practice maximize the family's control over the amount, timing, and methods of provision of support, resources, or services?

- ❑ Does the policy or practice encourage informed decision-making on the part of the family through provision of information about options and their consequences?

If checked, can you provide recent examples?

CHECKLIST FOR PROACTIVE PROGRAM PRACTICES

Policies and practices are valued when they encourage adoption of human service practices that are family-centered and consumer-driven, especially those that move beyond treatment and prevention models toward promotive approaches to intervention. Policies and practices also are valued when they are holistic and promote the flow of resources to the entire family unit.

- ❑ Does the policy or practice encourage adoption of resource-based rather than service-based intervention models and practices?

- ❑ Does the policy or practice encourage adoption of a holistic family and community orientation rather than adoption of a limited child-centered model?

- ❑ Does the policy or practice encourage a consumer-driven rather than a professional-driven approach to needs identification and resource mobilization?

- ❑ Does the policy or practice encourage adoption of promotion and enhancement models over either prevention or treatment models as the primary basis for supporting and strengthening family functioning?

- ❑ Is the provision of resources and support community-based rather than delivered at locations and in ways that remove the family and its members from the mainstream of society?

If checked, can you provide recent examples?