

Where Is the Family in Comprehensive Community Initiatives for Children and Families?

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Where Is the Family in Comprehensive Community Initiatives for Children and Families?

Paper prepared
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Family Impact Seminar

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Where Is the Family in Comprehensive Community Initiatives for Children and Families?

Introduction	1
What Do I Mean by the Family Field?	4
Key Concepts from the Family Field	6
The functions of families	
The diversity of families	
Family strengths and resilience	
Ecological/systems framework	
Ecosystemic strategies	
The family/consumer perspective	
Promising Programs and Strategies for Families	13
Relevance of Promising Family Practices to CCIs	16
A Family Perspective on Community Interventions for Inner-City Youth	17
The Role of Families in Community Building: The Concept of Family Capital	20
Conclusion	22
Endnotes	23
References	24
Appendices	
I. Multi-level Strategies for Strengthening Families and Communities: Three Examples	29
II. Principles to Guide Family-Centered CCIs	35
III. Examples of Family Outcomes/Indicators	38
Diagram Relationship of Family Functions to Family, Social, and Community Capital	40

Where is the Family in Comprehensive Community Initiatives for Children and Families?

by *Theodora Ooms*

Introduction

In the course of preparing background papers for recent Family Impact Seminar (FIS)¹ meetings on community building, my colleague Elena Cohen and I were surprised by how little mention we found of families in the small but growing body of literature on comprehensive community initiatives (CCIs). Essentially, the family is missing. Since the prime motivation behind this new wave of initiatives lies in their promise to improve the lives of children and families in distressed, inner city neighborhoods, our conclusion may seem puzzling, if not downright preposterous.

Curious to learn how CCIs describe the patterns of family structure and relationships in these distressed neighborhoods, we found instead a CCI literature rich in descriptions of the community conditions in which families live but sparse in accounts of the families themselves. Among the important questions that were seldom addressed: How do families cope with these difficult environments and carry out their familial responsibilities? What have CCIs identified as families' assets and resources that they can build upon? What kinds of family behavior do CCIs target for change? What family outcomes do CCIs seek to achieve? How would CCIs define a strong inner city family? How do CCIs aim to build strong families? How are families' needs and outcomes assessed in community-building efforts? Which kinds of innovative, family-centered services have been incorporated into CCIs? How are families themselves involved in the needs assessment and planning activities?

The CCI literature is, indeed, replete with references to children and families, but the emphasis is always on individuals within families—children, youth, and, occasionally, parents—rather than on families as functioning, relational systems. Adults are viewed as community residents lacking certain attributes (shelter, income, education, skills) and needing services (housing, jobs, training). The implicit assumption is that many of these adults are parents and that meeting their concrete needs will indirectly (and automatically) lead to improvements in family behavior and family well-being, but the processes by which these desired outcomes are achieved are not identified. (Nor, for that matter, is the gender of the residents generally defined, which makes a difference when designing a program. If jobs creation strategies are designed for women, many of whom are mothers, child care must also be addressed. But if jobs creation is for men, many of whom are fathers, what are the implications for jobs programs of male participants taking their family responsibilities into

account?) The CCI literature seldom refers to the many factors that prevent some families from taking advantage of opportunities to improve their lives—such as substance abuse, domestic violence, and depression.

Several CCI research papers acknowledge that parents are key mediators of child and youth outcomes (see, for example, Aber et al., 1995, 1996; O’Connell & Aber, 1995), but while the list of measurable child outcomes may be extensive, the family outcomes are few. CCIs are described as operating simultaneously at the micro- and macro-levels—from the individual and community to the institutional and system levels (see Stone, 1996). However, the family level is not distinguished but is presumably subsumed under the concept of social capital—that is, “the relational networks and ties that link micro- and macro-level circumstances and change” (Stone, 1996, p. 6). Kubisch and her colleagues (1995) do refer to the family level in the introductory chapter to their report (p. 13), but none of the later chapters expand upon this concept.

The CCI literature on services and supports for families in inner cities is very uneven. A few reports emphasize the importance of CCIs supporting and expanding what Chapin Hall faculty have called “primary social services,” essential family supports needed to promote and enhance child development and family functioning that are too often missing in inner city neighborhoods (Wynn et al., 1994). The Chapin Hall report suggests some ways to link these primary social services with more specialized, problem-oriented services. However, even these reports fail to describe the nature of specialized services inner city families need, how effective and family-centered they are, and whether they should be the targets for change.

Stone, Dwyer, and Sethi (1996) write that “meeting basic human needs” in the community is an important part of the vision of community building, but we found little discussion about the basic human services (as distinct from primary social services) provided, usually under public auspices, to the majority of inner city families, such as education, health (e.g., prenatal care and maternal and child health clinics), and income maintenance programs (e.g., AFDC, food stamps, and SSI). The question of whether these basic human services can and should be reformed and better linked with primary social services seems not to be on the agenda of most CCIs. (However, one exception we noted was the comprehensive community initiatives in three neighborhoods in Sacramento, Oakland, and Richmond, California, being sponsored by the Center for Integrated Services for Families and Neighborhoods. There must certainly be others.)

We believe that several—perhaps many—CCIs are, in fact, attending more to families and family behavior and developing family-centered service strategies than the literature would suggest. Several representatives of community-building initiatives who attended the FIS April 30, 1996 roundtable, *Strong Families, Strong Communities*, indicated that they are taking a more deliberate family-centered focus by, among other things, linking with the health and child welfare sectors. The Comprehensive Community Revitalization Program (CCRP) is conducting holistic family needs assessments and hiring health care personnel to address the barriers to welfare mothers’ employability. And, in Washington, DC, the Marshall Heights Development has launched a Child Welfare Initiative to get children in the child protection system placed with neighborhood families rather than shipped off to foster care homes in suburban communities.

We believe that CCI theory, research, practice, and evaluation would be strengthened by paying more explicit attention to the role of the family and family-centered services in distressed communities. This paper will argue that (1) families are powerful systems that exist at the intermediary level between the societal/community and individual levels, (2) family capital is a critical component of social capital, and, therefore, (3) inner city families should be distinct units of research, analysis, service, and involvement.

I attempt to unpack the “black box” of family by first offering a brief introduction to the family field. I identify key theoretical concepts, research themes, and innovative practice ideas from the family field that I believe can be useful to CCIs. I make no pretensions of attempting a comprehensive review of the family field—a huge task—but I hope to provide a few illustrative examples of the best it has to offer. My goal is to encourage more in-depth conversations and perhaps joint activities between the CCI field and the growing number of family scholars and practitioners who are also interested in helping improve the lives of inner city families.

Why does the family field need any introduction at all? First, to my knowledge, few of the leading family scholars or practitioners have been directly involved with CCIs, at least on the national level (except a few family sociologists and anthropologists, such as Frank Furstenberg and Linda Burton, who conduct interesting research on family patterns in inner city neighborhoods.) This is as much a reflection of the family field’s own insularity as anything else.² Second, the breadth and scope of the family field is not well understood by those outside it, and its relevance to CCIs has not been explored. Consequently, the CCI research reviews, papers, and reports have not drawn upon important work in the family literature. Third, the best-known dimension of the family field seems to be the therapeutic arm, and many involved with CCIs and related programs tend to associate it with categorical, problem-oriented family services, which they consider anathema to community-building initiatives.

An extreme version of this latter view can be found in John McKnight’s *Careless Society: Community and Its Counterparts* (1995) in which he identifies professionals who deliver social services as members of “an increasingly inefficient, arrogant and iatrogenic class,” a class that is “beyond reform” (p. 21). In tarring all those who deliver health and human services with the same brush, Knight and those who share his view have “thrown out the baby with the bath water.” In their care to avoid pathologizing inner city communities and residents and falling into the trap of “blaming the victim,” these commentators appear reluctant to confront some of the serious dysfunctional family behaviors that families in inner cities experience—including substance abuse, teenage pregnancy, child abuse and neglect, family violence, juvenile delinquency, and HIV/AIDS infection.

What Do I Mean by the Family Field?

The family field is interdisciplinary—a source of both its strength and weakness.³ The field's capacity to integrate knowledge from diverse perspectives leads to substantive relevance in an increasingly complex, interdependent world. However, its lack of a clearly defined and unified identity and professional base may account for its relative lack of power, resources, and influence in social policy.

Over the past twenty to thirty years, most major social science and human service professional disciplines have established subfields that focus on the family as the unit of study, analysis, and service. These include family psychology, family development (a specialty within human development), family law, family sociology, family history, family economics, family relations and family life education, family policy, family medicine, family psychiatry, family therapy, and family nursing. Most of these have their own refereed journals, professional associations, or divisions within larger associations.⁴ The theoretical roots, historical evolution, research methods, and practical applications of much—but by no means all—of the family field are well documented in the comprehensive *Sourcebook of Family Theory and Methods* (Boss et al., 1993).

In 1982, one of the leading family sociologists, Wesley Burr, published a controversial article proposing that the field had evolved to the point where it met all the criteria needed to be recognized as a separate discipline, which he proposed be called “famology” (Burr & Leigh, 1982). While his idea of establishing a formal discipline has not caught on, departments and centers devoted solely to the study of the family flourish, especially within the major state universities, under a variety of names including family science, human development and family studies, family and human ecology, child and family studies, and so forth. As far back as 1982, *A Guide to Graduate Family Programs* listed 51 universities where family-oriented departments offered a master's or Ph.D. program (Love, 1982).

The family field and child development. The family field's interest in family relationships spans the human life cycle and is not confined to families with children. In fact, some family scholars and practitioners have no special expertise or interest in children per se but focus on relationships between adult couples, and among adult children and their parents and elderly relatives. Nevertheless, because many family scholars and practitioners are primarily interested in families with children, a significant overlap exists between members of the family field and of the child development discipline; they are “two academic areas that, in terms of set theory, are partially overlapping sets” (Burr & Leigh, 1982, p. 5).

Despite their commonalities, their approaches to research and practice have been very different, according to Patricia Minuchin (1985). In a comparison of the theories and research methods of developmental psychology and family therapy, she points out that child development researchers are primarily interested in assessing child outcomes. Until recently, the only family relationship they studied was parent and child (generally the mother-child dyad). Their research is essentially linear, aiming to determine the “direction of effects” and to quantify the magnitude of effect. By contrast, family system researchers study systemic

interactions among triads, dyads, and generations—between the parenting couple and among parents, children and grandparents. They observe and record interactive patterns and processes—coalitions, boundaries, rules, and communication patterns—among the different elements and subsystems of the family system. Minuchin notes, however, that the two disciplines are increasingly influencing each other: the child developmentalists draw upon many ecological, systems ideas, and family systems practitioners are learning more about normal child and family development (see also Bretherton, 1993).

Differences like these in disciplinary perspective play out in the way community-based programs are designed to serve children and families. The focus, design, and activities differ between those service programs founded on child developmental theory and research—such as family resource and support programs—and those influenced by family systems theory and research, such as family-centered services provided under child welfare and mental health auspices. The federal Family Preservation and Support Services Program, created in 1992, encourages states and communities to bridge the differences between the two approaches and create a continuum of family support and preservation services. The often unacknowledged theoretical and disciplinary differences underlying these two approaches can make this a daunting task, however.

Key Concepts from the Family Field

A basic assumption of the family field is that individuals are bio-psycho-social organisms who must be understood in the context of the various systems in their environment. For nearly all individuals, the family, broadly defined, is their most important context or system.

What does the family field have to offer those working to improve inner city neighborhoods? In this section, I briefly highlight some of the key concepts of the research in the family field that shape contemporary family practice and programs. Drawing especially on the insights of recent family research and practice with inner city populations, I shall try to suggest some ways in which these key concepts can be useful to CCIs.

1. The Functions of Families

In the 1950s and 1960s, family sociologists, influenced by Talcott Parsons and others, described family life in terms of functions and roles. While the heyday of the functionalist approach has passed (see Pittman, 1993), family scholars have found it to be a helpful framework for two reasons: (1) functional analysis is relatively value-free and serves as a useful starting point for discussion and debate, and (2) it helps clarify the public interest in promoting strong families, since society benefits when families perform their functions well and incurs substantial costs when they falter or fail. Therefore, I believe it may be a useful organizing framework for comprehensive community initiatives to use, particularly in strategic planning, needs assessment activities, and ongoing evaluation (see Diagram I, “Relationship of Family Functions to Family, Social, and Community Capital,” p. 40).

In our work at FIS, we have identified four categories of family functions relevant to social policy and programs. Particular community-level interventions may strive to strengthen families’ capacity to fulfill any one or several of these functions.

- (i) **Membership.** Families provide individuals with their basic personal and social identities. For many individuals, family membership has a spiritual dimension, and, for most, it is the most important source of meaning and direction in their lives.
- (ii) **Economic Support.** Families are society’s primary economic unit and are responsible for providing economic support to meet their dependents’ basic needs for food, shelter, and clothing.
- (iii) **Childraising.** Families rear and nurture children to be productive and socially responsible members of society. To this end, they safeguard and promote the health, education, and safety of children as well as instill morals and social values in them.
- (iv) **Caring for the Vulnerable.** Families provide protective care and support for their disabled, frail, ill and vulnerable members of all ages who cannot care for themselves.

2. The Diversity of Families

The family field uses a variety of ways to describe and differentiate among families. Three categories are particularly relevant to the mission of community initiatives: structure, ethnicity, and family life cycle development.

- (i) **Family Structure.** The Census Bureau defines a family as two or more individuals related by blood, marriage or adoption *living in the same household*. Most research and popular use of the term narrow the definition to parents with dependent children. However, the family field defines families more broadly and flexibly, emphasizing the importance of family ties that transcend households, generations, and stages of the life cycle, including connections to aunts, uncles, and grandparents.

This broader approach is particularly relevant for work in inner cities. For example, Census data reveal that distressed urban neighborhoods have very high proportions of single-parent families. However, as numerous African American family scholars and practitioners have pointed out, many other family structures are, in fact, prevalent in African American inner city communities, and, indeed, the designation single-parent families masks a variety of family forms (Boyd-Franklin, 1995; MacAdoo, 1993). Research on African American and Latino families, in particular, emphasizes the importance of extended family and de facto kin, such as neighbors and friends who function as “aunts,” god/foster parents and so forth (see Boyd-Franklin, 1989; Hill, 1972). Mincy’s (1994) concept of the “fragile” family—and the noncustodial father or male partner who is more present in the lives of fragile families than is officially recognized—offers a new way to regard family structure when developing strategies to help inner city families. In addition, many so-called single-parent families in fact rely heavily on the help of grandmothers or other adults to share the duties of parenting (Morawetz & Walker, 1984).

Community development initiatives should be aware of the “stretch” of family ties and resources beyond nuclear family households and explore ways to nourish and support them. For example, public agencies and community organizations in inner cities should acknowledge, encourage, and reinforce the roles of nonresidential fathers and other men in young children’s lives and of many grandparents in caring for their grandchildren. In addition, “mapping” the patterns of family relationships and support within a community could help in modifying zoning requirements and housing designs to accommodate the extended families of immigrants, for example.

- (ii) **Family Cultural/Ethnic Background.** Cultural factors have important implications for the design of community-based programs and services. If these factors are ignored, the programs may be ineffective or actually destructive. A substantial body of literature in the family field documents the different values, attitudes, gender and family roles, health beliefs, and patterns of help-seeking among Anglo, African American, Latino, and Asian-American families (see Boyd-Franklin, 1989; McGoldrick, Pearce, & Giordano, 1982; Zambrana, 1995). Not well known outside

the family field, this literature, we believe, provides information that would be useful to community initiatives. While emphasizing intracultural heterogeneity and the dangers of stereotyping, it highlights issues that have many practical applications.

- (iii) **Family Life Cycle Development.** Family life cycle development theory (also known as the life course perspective) describes families as systems that develop over time, adapting and reorganizing to master the predictable new tasks that are presented at each life cycle stage—including the birth of a child (within or outside of marriage), a child’s entry into school, a young adult leaving home, and the increasingly common transitions of divorce and remarriage. Indeed, family crises most often occur during times of major life cycle transition, when a family becomes overly stressed and developmentally “stuck,” and is unable to adapt to the new challenges (Carter & McGoldrick, 1989; Falicov, 1988). The life course development framework has been used to enrich the research of family demographers, ethnographers, economists, and others.

Family life cycle development theory may be a useful concept for CCIs for several reasons. First, it introduces a dynamic perspective into community needs assessment and planning for the future. Noting the life cycle stage of the families living in the community helps to predict their potential contributions and needs associated with particular life stages—for example, communities in which most families have young children require different programs and supports than communities with sizable elderly populations. Second, and perhaps most important, the theory helps “normalize” family and individual problems by viewing them as common, predictable responses of families coping with normal transitions rather than as evidence of deep-seated pathology. Third, by recognizing the adjustments all family members make at different life cycle stages, programs can avoid the pitfalls associated with focusing interventions solely on one member of the family.

3. Family Strengths and Resilience

For more than two decades, family scholars have conducted research to define family normality and to identify the attributes shared by effective, strong, well-functioning families (see Krysan, Moore, & Zill, 1990; Walsh, 1995; and Walsh, 1992). Although the concepts and measures of family functioning and strengths were originally constructed on samples representing a rather narrow band of the broad spectrum of family types, the database is gradually being extended to include a more ethnically diverse population, and the constructs and measures are being revised to take into account critiques by feminists and others (see Walsh, in press). Building on these studies, many family and other human service practitioners in child welfare, mental health, income support, and other arenas have created new community-based, solution-focused approaches that build on family strengths and resources rather than focus on deficits and blame.

One of the most reassuring lessons from this research is that strong families are not defined as those who have no problems. All families have problems at one time or another, but

strong families know how to cope with problems and can access the resources they need to help solve the problems. Other key characteristics of effective families, which are largely independent of race, class, and income, are effective communication, adaptability and flexibility, clear role definitions, commitment to one another, enjoyable time spent together, a shared belief system, and a religious or spiritual orientation.

A few family scholars have identified the particular strengths of African American families (see Hill, 1977; McAdoo & McAdoo, eds., 1985; Boyd-Franklin, 1989), including a strong sense of spirituality, whether in the form of regular religious expression or not. The common practice of informal adoption (of both children and the elderly) in the black community has also been cited as a strength by Robert Hill (1977). Many have noted the crucial role of African American and Latino extensive kinship networks and social support, which are particularly important for poor families coping with the dual stresses of poverty and racism. However, studies suggest that these networks can also be experienced as burdens when stressed families are called upon to share their already scarce financial and caregiving resources. For instance, clinical studies of single-parent, African American families have shown that while some extended support systems are highly functional, others result in too much responsibility being assumed by one central figure—typically a grandmother, mother, or aunt—who serves as a central switchboard for the entire family, which can be a prescription for burnout (Lindblad-Goldberg & Dukes, 1985; Aponte, 1976). These and other insights into the strengths, resources, and problems of African American and other families have many implications for the design and delivery of community initiatives.

Family researchers are also exploring how to promote family resilience, defined as the processes and resources families draw upon over time to confront the challenges of intermittent crises and daily struggles in living (Walsh, in press). Walsh suggests that the experience of multifamily psychoeducational and self-help groups are particularly useful in promoting family resilience. Through contact with other families dealing with similar challenges, family members gain information, learn about new resources and strategies, and can transform their despair into purpose and meaning.

Although knowledge about the attributes of successful families have been integrated into clinical practice in the family field, they are not well known to others. One of the key questions yet to be explored is whether measures of family strengths and family outcomes can be adapted for practical use in evaluation of CCIs.

4. Ecological/Systems Framework

In recent decades, social and human services policy has been shaped by a new theoretical paradigm in the social and behavioral sciences. The new paradigm—which integrates systems concepts with an approach based on Bronfenbrenner’s ecological theory of human development—views individuals in the various contexts in which they live and work and sees them as parts of whole, open systems. Individuals can be members of many different systems simultaneously, interacting with and affecting one another. As has been noted, the family is the most important context (system) for most individuals.

Contemporary thinking in the family field, especially in its service and clinical applications, is greatly influenced by systems theory. Systems thinking underlies some of the most creative ideas in the organizational development field and has been applied to understand a wide range of corporate, urban, regional, economic, political, ecological and physiological systems (Senge, 1990, p. 69). Senge defines systems thinking as “a conceptual framework, a body of knowledge and tools that has been developed over the past fifty years, to make the full patterns clearer, and to help us see how to change them effectively” (p. 7). The principal tenets have been outlined in many family texts (see, for example, Whitchurch & Constantine, 1993). I will mention here only a few ways in which a systems perspective might provide an overarching conceptual framework and elucidate appropriate theories of change for CCIs:

- Systems thinking is non-blaming. Linear thinking tends toward cause-and-effect, which, in turn, results in blame allocation. Policy discussions about poverty are too often stymied by both liberals and conservatives on issues of allocating blame and causation (Inclan, 1990). Systems thinking implies there are no villains or victims because it suggests multiple factors and multiple responsibilities—concepts that are indeed reflected in much of the CCI literature. A non-blaming stance does not mean absolving individuals, communities, or organizations from responsibility for their own behavior, however (Whitchurch & Constantine, 1993; Doherty, 1995).
- Because relationships are interactive and circular (rather than linear) in the ecological/systems model, resulting service interventions must be more complex, multilevel, holistic, and preventive. Complexity, however, can undermine confidence and responsibility and lead to paralysis and confusion. With limited resources, CCIs face the inevitable question: how comprehensive do we have to be and where do we begin? Senge suggests that “systems thinking is the antidote to this sense of helplessness that many feel as we enter the ‘age of interdependence’... (it) is a discipline for seeing the ‘structures’ that underlie complex situations and discerning high- from low-leverage change,” (1990, p. 69).
- Leveraging change. Systems thinking helps identifies entry points that offer leverage for change. Family practitioners, working with inner city families who are overwhelmed by the many problems they face inside and outside their homes, use systems theory to identify key leverage points within the family system. By helping family members change one or two patterns of behavior, they hope to create a ripple effect, enhancing the family’s ability to deal more effectively with the environment. (The systems term *morphogenesis* refers to feedback loops that result in the system moving towards, rather than resisting, change.) I found several examples of this leveraging effect reported in the CCI literature and in conversations with CCI staff.
- Resistance to change. “The more you push, the harder the system pushes back,” wrote Senge (1990, p. 58). Systems theory emphasizes the role of compensating feedback loops designed to stabilize the system, a concept which helps explain why some well-intentioned interventions create responses that offset the benefits of the intervention (in systems parlance, the principle of *homeostasis*). In family systems

thinking, behavioral problems often serve the function of maintaining balance within the family system, helping to explain resistance to change.

- Relationship between levels of intervention. *Isomorphism* is a systems concept that refers to the degree of congruence between phenomena at different levels of organization (Inclan & Ferran, 1990; Whitchurch & Constantine, 1993, p. 328). When family practitioners move beyond the individual and family level to other levels of intervention (higher in the hierarchy), they want to be sure that their goals and strategies are congruent at all levels, helping to reinforce each other. Similarly, to avoid fragmentation and inadvertent inefficiencies, CCIs—whether they engage in comprehensive strategic planning or proceed step-by-step—should develop an overarching conceptual framework of goals and strategies that assure congruence between the different levels of activity (micro and macro or individual, neighborhood, community, and institution).

Ecosystemic Strategies

While most family practice and family service programs focus narrowly on the family system, a small but influential group of practitioners are addressing the powerful influence of the larger systems that families are embedded in—using what is sometimes called an ecosystemic approach. They have left their private offices and clinics to work on improving the relationships between families and these larger systems—both at the individual level (helping to change the relationship patterns among individual families, children, and teachers, for example) and at the system level (consulting with schools, child welfare agencies, and corporations) to change the organizational structure, policies, and operations of the system/institutions themselves (see, for example, Imber-Black, 1988; Minuchin, 1967; Aponte, 1994).

Since the 1960s, family system practitioners working in community-based mental health agencies and other neighborhood-based organizations in inner cities have worked with community representatives to effect positive changes at the community level—creating many of the kinds of primary support services that are prevalent in CCIs today. This ecosystemic approach for inner city families has been clearly articulated by several family clinicians. For example, Boyd-Franklin’s multi-systems model for providing more effective services to African American families delineates a framework for taking into account seven possible levels of intervention (including extended family, non-blood kin and friends, church and community resources, and social service agencies) and deciding what levels to be involve depending on a family’s particular situation (1989).

Aponte (1994) explains how the community must be part of interventions with multiproblem, inner city families since community conditions may both contribute to family problems and also be a potential resource in solving them. He urges community agencies to adopt an ecosystemic service model that encourages coordinated and integrated work at the individual, family, and community levels. Besides mobilizing community resources to help individual families, the model requires agencies to make efforts to solve community problems and enhance neighborhood resources to strengthen the social foundation of family life (1994,

p. 76-80). Consonant with Aponte's model, a survey of Family Service America member agencies found that they were supplementing their traditional client-centered clinical approaches with initiatives designed to improve the availability of basic and primary social services in the community (Sviridoff & Ryan, 1995).

The Family/Consumer Perspective

Fairly recently the family field has begun emphasizing a consumer perspective. All families have experienced moments of frustrating powerlessness when dealing with health care professionals, bureaucrats, children's teachers, or school administrators. For poor, multi-problem families, these feelings are far more pervasive and intense.

A strength of the family systems literature is its documentation of the experiences of poor, inner city families seeking services from private social agencies and public bureaucracies, an experience that Salvador Minuchin has dubbed "institutional violence" (Minuchin & Elizur, 1994). Family clinicians have also provided evidence of the cumulative and pernicious effect of racism and classism embedded in too many service agencies, and how they contribute to the under-organization, powerlessness, and despair of so many poor, inner city families (Aponte, 1994, Minuchin et al., p. 196). Such "institutional violence" teaches children that their parents have little power because so many important decisions for their families are made by agency workers. Patricia Minuchin (1995) points out that in the growing literature on family-based services for the poor, empowerment is the most important goal at the family and the community levels, the program and policy levels. CCI's commitment to community empowerment can only be enhanced by a sense of families as consumers.

Promising Programs and Strategies for Families

Several particularly innovative program models have been designed in the past two decades to respond more effectively to the needs of families, especially low-income families. Many share common practices and strategies that may be useful to comprehensive community initiatives.

Family Support and Resource Programs

Family support and resource programs and their conceptual underpinning are perhaps the most widely known of all ideas from the family field; they have been incorporated into several community initiatives, such as the multi-year, multi-site Children, Youth, and Families Initiative funded by the Chicago Community Trust.

Family support programs are limited, however, in their capacity to ameliorate many of the more severe problems fragile, inner city families face including conflict between mothers, fathers, adolescents and extended family members; parents' own developmental issues, depression, problems with employment, alcoholism and drug abuse; child and spousal abuse; and teenage sexual activity—although they often serve as an entry point for referral to other more specialized services. Therefore, while family support concepts and principles can clearly make an important contribution to the community initiative field, CCIs need to turn to other more specialized service strategies from the family field to build strong families.

Throughout this paper, I use the term “family-centered services” to refer to the new child and family services strategy that has been developed over the last two decades which, although applicable to broad range of populations, is especially useful for inner city neighborhoods. Since the late 1960s, health and human service professionals have struggled to find more efficient, effective, and respectful ways to provide services to poor families and other families with exceptional needs, those so highly dependent on public sources of help. Lee Schorr (1988) focused national attention by vividly describing apparently successful community-based programs and delineating the shared characteristics that seemed to account for their success.

In addition to these community-based demonstration programs, several national initiatives and some state-based initiatives have launched service reforms designed to change how public health, child welfare, education, mental health, and other sectors respond to families (Ooms & Owen, 1991, 1992; Kahn & Kamerman, 1992) The reforms include family-focused initiatives in Head Start, family-centered programs for children with special health care needs, family preservation and home-based services for families whose children are at risk for being placed outside the home, and the Child and Adolescent Service System Program (CASSP) for seriously emotionally disturbed children. Designed to respond to different categories of need, they share a number of underlying principles, including being accessible, comprehensive, flexible, coordinated, outcome-driven, and family-centered.

While it would be premature to report that these reforms have transformed basic public child and family service systems, it is certainly true that the system reform movement's underlying philosophy, assumptions, and principles have become broadly accepted by leaders in these

fields, by many policymakers and human service administrators, and, by consumer and parent organizations. These new service approaches are gradually being implemented in dozens—if not hundreds—of communities in every state. A growing body of knowledge accumulates about effective implementation models, promising evaluation results, and available technical assistance and training networks.

Another family-centered trend, particularly in education and human services, that deserves attention is the consensus forming that involving family members in services provided to individual children and adults is important. Studies have emphasized the efficacy of involving parents in their child's education (see Ooms & Hara, 1992); family members in substance abuse and mental health prevention and treatment; parents in prevention and treatment of juvenile delinquency (Tolan & McKay, 1996); spouses and other family members in the provision of health services, (Hendershot & LeClere, 1993) and so forth.

I want to highlight several service strategies being used in these reform initiatives that seem particularly suited to inner city community initiatives: they do not rely upon highly professionalized interventions but draw upon communities' strengths and resources to help develop solutions to family problems. Many of these strategies originated in experimental or demonstration efforts in the 1950s and 1960s but were never widely studied or implemented, although there is some documentation of them in the literature. In addition, self-help and mutual support groups—such as Alcoholics Anonymous—have been helping families for decades, even if professionals have only recently recognized their contributions.

- Involving networks of extended kin, neighbors, and community as natural helpers in mental health and substance abuse crises, cases of chronic health needs, and, most recently, situations of child abuse and neglect to prevent threatened out-of-home placement (known as family group conferences).
- Using the home/community as the context for service delivery.
- Working with natural helpers and hiring paraprofessionals from the community to deliver agency-provided services.
- Family-to-family mutual-support networks and groups—for example, Toughlove. Often initiated around a common experience—such as the violent death of a child or coping with serious disability—these groups sometimes evolve into community change and improvement initiatives.
- Religious/spiritually-based programs. Many community-based programs responding to pathological behaviors in inner cities are drawing upon a spiritual or religious base (Alcoholics Anonymous is the oldest and best known of these). More recently, Charles Ballard's Institute for Responsible Fatherhood and Family Revitalization program, which started in Cleveland but is now being replicated in five cities, strives to motivate responsible fathering behavior by tapping into spiritual values of commitment and caring.

- Empowerment. Parent and consumer groups for children with special health care needs and mental health disorders have established especially strong records of successful empowerment. Across the country, they have served in a variety of advisory, consultant, and policy roles to provide consumer feedback on issues of needs assessment, strategic planning, program design, and evaluation activities. Their experience offers some useful lessons about how to overcome barriers to empowering low-income and minority families.

Relevance of Promising Family Practices to CCIs

Why do I believe this information about family-centered services and parent/family involvement is relevant to the work of CCIs? First, many families in inner city distressed communities are already consumers of specialized and basic family services, and it is appropriate for CCIs to help ensure that these services are delivered effectively and humanely. Thus, CCIs should be able to critically assess current services by knowing what the best practices are and what strategies and resources are available to institute them. For example, the Comer school experience and other family/school initiatives have taught valuable lessons about how inner city schools can work in partnership with families. Similarly, to the extent that CCIs expand into health, child welfare, or other specialized services in their communities, they will want to know what best practices and models exist rather than reinventing the wheel themselves.

Second, CCIs can shape and improve the effectiveness of the family-centered services delivered by other institutions. Even though the principles of family-centered services emphasize responsiveness to the community/consumer and cultural competence, these new service strategies are designed and implemented primarily by professionals and consumers who do not reside in inner city communities. Input on program planning and design from community leaders and residents from CCIs will enhance the relevance of these services to inner city populations.

A Family Perspective on Community Interventions for Inner City Youth

To illustrate how the family field can offer a fresh perspective to the work of CCIs, I offer a reading—through the family lens—of a recent text on community-level initiatives for inner city youth. A thoughtful chapter by Jim Connell, Larry Aber, and Gary Walker (1995) in *New Approaches to Evaluating Community Initiatives* presents an elegant review of sociological and developmental studies identifying the range of community dimensions and social mediators that affect youth development outcomes. (They define youth as being from early to late adolescence.) The authors identify three key developmental processes youth must master—learning to be productive, to connect with family, friends and others, and to navigate the world—in order to achieve such desired outcomes as economic self-sufficiency, healthy family and social relationships, and good citizenship practices. They propose an intervention strategy to strengthen particular community dimensions and social mediators that the studies suggest are linked with the desired outcomes. Their strategy has two components: (1) building networks of competent adults to meet the needs of young adolescents, and (2) strengthening the community economic and physical conditions and social capital needed to facilitate strong adult networks.

Noting that the research documents the important role parents and family play as mediators of youth outcomes, the authors include “primary caregivers and other adults living with youth” as one of three sets of adults who must be part of the competent adult network. They also propose a comprehensive set of responsibilities towards youth that these adults need to fulfill. I was especially impressed with the authors’ list of activities to encourage parents to form more mutually supportive networks with other parents and adults—to help them provide better support for youth.

What would a family perspective add to this chapter? As I read it, I felt a certain lack of grounding in the intense family issues of adolescence—the anxieties, struggles, triumphs, and pitfalls of this critical stage of the family life cycle—that are so familiar to family researchers and practitioners (see Baumrind, 1987; Steinberg, 1990; Dryfoos, 1990; Snyder & Ooms, eds., 1992; Youniss and Smollar, 1985). While adolescent and family experts no longer think of the adolescent years as a time of inevitable “*sturm und drang*,” confusion and conflict between teens and their parents over the transition to adulthood is nearly always present. Teenagers must negotiate greater degrees of independence and autonomy while still staying connected to their parents. Parents, in turn, must learn to gradually “let go” while continuing to provide guidance, support, and love. Adolescence stirs up unresolved issues for many parents about their own aging and disappointments. Families must learn to cope with teens’ almost inevitable experimentation with high-risk behaviors, which—as parents are well aware but teens typically deny—can be damaging, if not fatal.

These issues confront teenagers and their parents in every community in America, but for inner city communities the challenges of adolescence are more intense, the risks higher, and the consequences often more serious. Fragile, single-parent households, typically lacking

the presence of steady, positive male figures, have an especially difficult time exercising appropriate and effective supervision, guidance, and control of adolescent boys and girls. For immigrant families, parents' values and expectations for their teens, which derive from their country of origin, may clash dramatically with the prevailing behavioral norms adopted by their Americanized teenagers (see, for example, Karrer, 1992).

If these normal tensions between parents and teens are not taken into account by other adults in the community, the support strategy outlined in the Connell chapter may prove quite ineffective. Family practitioners have observed that many adult youth workers naturally ally with teens when they complain about their families—which, of course, all teens do at one time or another. However, the workers' reaction may further alienate teens from the support of their families. In addition, parent/family organizations have often noted how agency staff attitudes and program policies and practices also drive a wedge between teenagers and their parents (see Ooms & Owen, 1990).

The status of parents in relation to teens is quite different from that of other types of adults. Parents have ongoing legal, moral, and social responsibility for their teenagers and will remain part of a teen's life long after he or she has lost contact with teachers and youth workers. Other adults have short-term—and largely voluntary—relationships with youth. The dilemma for those who work with youth is how to respect teens' privacy and confidentiality while still acknowledging parental rights and authority. Community initiatives designed for urban youth—such as the one outlined in the Connell chapter—should be wary of inadvertently exacerbating the conflicts between youth and their parents.

CCIs do often work with parents in designing youth-focused activities, and parents clearly welcome community efforts to provide recreational and other activities for their teenagers. But parents also need information, tools, and experiences to help them effectively meet the challenges of raising adolescents; CCIs could address their needs for basic parent education and support. (Traditional family support programs do not usually work with families of adolescents—and may not be the appropriate venue for doing so anyway.) The family field can provide CCIs with suggestions for helping parents deal with problem behaviors among youth (see, for example, Bogenschneider, 1996; Small, 1990; Snyder & Ooms, 1992; Steinberg, 1994).

For example, the Institute for Juvenile Research at the University of Illinois in Chicago has conducted a 22-week family intervention program specifically designed to prevent antisocial behavior in urban minority children, ages 7-13 (Tolan & McKay, 1996). Because certain family factors have been consistently identified in studies as powerful predictors of aggressive behavior, the program, taking a family systems perspective, incorporates many previously tested programmatic components designed to strengthen critical family processes—such as parental management skills (supervision and discipline) and general relationship skills (listening skills, accenting the positive, etc.). Their approach, which includes multifamily groups and individual family meetings, provides practical information, teaches parents and children interactive problem-solving skills, and assigns homework tasks.

Whenever possible, the Institute's program leaders and staff were matched by race and ethnic background with the families; all were given intensive training on understanding families' experiences with racism and living in a distressed urban environment. An especially innovative aspect was the intense outreach efforts (from one to 20 contacts) made to overcome the practical and attitudinal barriers that typically prevent engagement of inner city families in prevention efforts. Participating families were chosen by random assignment from four inner city schools; 235 high-risk children and their families completed the program (72% of those who agreed to participate). An evaluation of the program, which includes a variety of process measures, is underway.

The Role of Families in Community Building: The Concept of Family Capital

In conclusion, as a way of encapsulating the contribution the family field can make to CCIs, I would like to propose the introduction of a new term to the community-building lexicon, namely, family capital. Family capital is the resources that a family develops to adequately meet its social functions and responsibilities.⁵ An important component of social capital, family capital helps establish the links between human capital (the resources of individuals) and the social resources of the community. Investment in family capital pays off in improvements in individual economic and social productivity, in more stable and well-functioning families, and in increased individual satisfaction and well-being.

Several scholars have recently explored the role of family in the development of social capital, as originally defined by James Coleman (1988). Furstenberg and Hughes (1995), for example, have studied how social capital within the family—in the forms of communication, trust, and a sense of shared responsibility—is related to families' access to available resources within the community and how this, in turn, is related to indicators of success in adulthood. Dollahite and Rommel (1993) distinguish between investment in individual capital (i.e., human capital), which can be made by the family itself or by persons or institutions in a family's environment, and relationship capital (i.e., social capital), which includes marital and familial capital. These authors point out that, if inadequate investments in individual, marital, and familial capital are made at one stage of the family life cycle, families may have inadequate social and economic productivity at future stages.

In our use of the term family capital, we at the Family Impact Seminar mean both the resources and capacities families use inside the family and those it exercises in its social relations with others. To meet the needs of individual family members and fulfill the family's social functions—thereby creating strong families—family members must (a) acknowledge their family responsibilities; (b) possess certain attitudes, knowledge, skills, and resources; and (c) be able to take advantage of the necessary supports and services available in the community and elsewhere. Families in distressed communities who lack sufficient family capital are at high risk: the very characteristics of these communities—physical danger, economic instability, poor social networks, fragmented or nonexistent services—make the task of developing family capital all the more difficult.

The social capital literature focuses on counting the number of activities and quantity of time spent with family members (particularly parents with their children), but does not address the quality of these interactions. On the other hand, the family field literature reminds us there is a dark, shadowy side of family life: while interactions among family members can promote growth, development, and personal satisfaction, they may also lead to stress, neglect, depression, violence, and despair. Similarly, the social capital literature describes how a family's interaction with its social network and community supports fosters success for its members but largely ignores the fact that these networks and supports can also exacerbate stress and dysfunctional family relationships.

Strategies for revitalizing depressed inner city neighborhoods are most effective when they recognize the interconnections between community, social, and family capital (community capital is our short-hand term for a community’s physical, economic, and service infrastructure)—as the circles in Diagram I, “Relationship of Family Functions to Family, Social, and Community Capital;” (p. 40) represent (human capital is not illustrated here because it is an attribute of individuals, not relationships). The circles are divided into quartiles, according to the four major family functions (see page 6). Within each quartile are examples of the resources and processes at each level directly related to the fulfillment of that particular family function.

Interventions at each level must be explicitly related to those at other levels—so that they support and reinforce each other. In Appendix I, I illustrate this principle of interdependent interventions by considering three specific examples of how partnerships between the community-building and family service approaches can respond to problems endemic in many inner city neighborhoods:

- Problem 1. Men disconnected from the labor force and their families.
- Problem 2. Parents at risk of neglecting and abusing their children.
- Problem 3. Children who fail to learn and adolescents who drop out of school.

Conclusion

This paper has shown how family theory, research, and program experience contribute to a richer understanding of the relationship among individuals, families, and the supports and helping systems in inner cities. With this knowledge, the family field has developed new, more effective ways to deliver child and family services to inner city families, which can be adapted to strengthen the needs assessment, strategic planning, and program/service design of comprehensive community initiatives. For example, Appendix II offers a set of principles, based on family studies and practice, that could be used to guide CCIs' services strategies.

There are several potentially relevant aspects of the family field I have not discussed in this paper. For example, family practitioners have developed practical tools to conduct family assessments that have been used successfully with inner city families. These could be usefully adapted to staff development and inservice training in CCIs. In fact, I believe that the Aspen Roundtable would be the right institution to delve into the body of family research on family strengths, processes, and functioning to construct new measures and/or adapt existing instruments for use in CCI evaluation (see, for example, Appendix III for a suggested list of family outcomes/indicators that FIS compiled for the implementation of the Family Preservation and Support Services Program).

Comprehensive community initiatives must look to families as important—if largely untapped—resources. Using lessons from the family field, CCIs may more actively involve families as partners in assessing family and community needs and the quality and effectiveness of existing services. Families are also valuable resources to each other; they can be mobilized for myriad community improvement and service reform activities.

However, for the family field's contribution to CCIs to be realized, I believe that collaborative endeavors between family scholars and practitioners and CCIs must continue to be developed at both the national and community levels. That way, the interplay of general theory and actual practice will bolster the work of both fields.

Endnotes

1. Founded in 1976, the Family Impact Seminar is an independent, nonpartisan public policy institute in Washington, DC. Best known for its well-regarded series of Capitol Hill family policy seminars and their accompanying briefing reports, the Family Impact Seminar provides balanced policy analysis from a family-centered perspective to federal, state, and local policymakers.
2. Many of the authors whose work I cite in this paper have written predominantly for an audience of therapists, which accounts, in part, for the lack of a broad dissemination I believe their ideas deserve.
3. As an example of the multidisciplinary nature of the family field, when FIS was first established in 1976, our 24-member advisory group included representatives from a wide range of family-related academic disciplines including Urie Bronfenbrenner (child development); Mary Jo Bane, Robert Hill, and Rosabeth Kanter (family sociology); Beverly Crabtree (home economics); Salvador Minuchin (family systems therapy); Nicholas Hobbs and Luis Laosa (educational child psychology); Robert Mnookin (family law); John Demos (family history); Isabel Sawhill (labor economist). Over the course of two years of FIS meetings, this diverse group developed a common set of values and a conceptual framework that has guided the work of the staff ever since.
4. Key organizations in the family field include the American Family Therapy Association (AFTA), the American Association for Marriage and Family Therapy (AAMFT), Family Service America (FSA), the Family Resource Coalition (FRC), the National Association for Family-Based Services (NAFBS), and the National Council on Family Relations (NCFR). In addition, several national professional associations have family divisions, including the American Psychiatric Association (APA), the American Psychological Association (APA), and the American Bar Association (ABA). Key journals include *Family Process*, *Family Systems Medicine: The Journal of Collaborative Health Care*, *Families in Society*, *Journal of Family History*, *Journal of Marriage and the Family*, *Journal of Marital and Family Therapy*, *Journal of Family Psychology*, *Family Relations: The Journal of Applied Family and Child Studies*.
5. This term was first used by my colleague Elena Cohen in our background briefing report, *Comprehensive Community Initiatives: A Strategy for Building Family Capital*, prepared for a December 1995 Capitol Hill family policy seminar.

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Appendix I Multi-level Strategies for Strengthening Families and Communities: Three Examples

Consider these examples of how partnerships between the community-building and family services approaches could develop multi-level strategies to respond to three problems endemic in many inner city neighborhoods.

Problem 1. Men disconnected from the labor force and from their families

A high rate of minority male unemployment, one of the key community indicators of economic and social distress, has serious negative effects on community, individual, and family well-being. The traditional approach to this problem focuses on building community capital through job creation and employment and training programs and, perhaps, on developing transportation to take the men to workplaces in the suburbs. Sometimes, however, the men being served are not motivated to take low-paying jobs or they have problems, like substance abuse, that interfere with their ability to work.

Men's inability to provide economic support to their families has been correlated with the low marriage rates, high rates of out-of-wedlock births, and low rates of paternity establishment and child support prevalent in inner city neighborhoods. Too many inner city fathers are disconnected from their children's daily lives, and studies document that their absence substantially impairs their children's well-being. Therefore, if one uses the family lens to see unemployed men in terms of their roles as fathers, new strategies emerge to build social and family capital, which, in turn, may provide the requisite motivation for men to succeed in the labor force.

In recent years, a growing number of fatherhood programs in inner city neighborhoods have worked to reconnect men to their children. Early lessons from these projects suggest that when men acknowledge their fatherhood and become involved (or reinvolved) with their children they often develop the motivation to overcome barriers to successful entry into the labor market. They may, for example, first need to improve their literacy levels or confront their substance abuse. An approach designed to build family capital will strengthen and reinforce CCIs' traditional human and community capital approaches.

Thus, a partnership between community building initiatives and family services—acknowledging the connections between men's roles in the labor force and in their families—might design a multi-level strategy that included some or all of the following components:

Building community capital:

- creating jobs by establishing micro-level enterprises;
- offering job search and job referral services, including transportation to jobs in suburban markets;

- helping administrators and staff in Head Start, child care, and other programs serving mothers and their children to reach out to fathers;
- working with local child support and welfare agencies, court officials, and training and employment programs to remove disincentives and create incentives for paternity establishment and payment of child support; and
- revitalizing or creating adult basic education, skills training, and on-the-job training programs.

Building social capital:

- creating community-wide adult education programs promoting responsible fatherhood sponsored by religious, fraternal and recreational organizations, and advertised with local radio public service announcements; and
- organizing responsible fatherhood education efforts—in schools, recreation facilities, and court-related juvenile programs—targeted to young men and women, involving coaches, peers, and community adults.

Building family capital:

- working with community-based prenatal care clinics and maternity hospitals to educate expectant mothers and their partners about the importance of paternity establishment and father involvement in children’s lives; and
- establishing programs to provide information, education, and support services for fathers, which may include services that help mediate disputes between fathers and mothers.

Any one or two of these strategies by themselves is not likely to make much difference in the levels of male unemployment. But if a community partnership set out to develop strategies at these multiple levels that included promoting responsible fatherhood, it is likely that more men will be motivated to seek jobs or get help for their problems that prevent them from working. An additional benefit is that reconnecting fathers to their children will contribute in tangible and intangible ways to the development and well-being of both.

Problem 2. Parents at risk of neglecting and abusing their children

Child abuse and neglect is a particular concern in distressed, urban neighborhoods where negative economic, social, and family trends—such as unemployment, inadequate housing, and rising rates of substance abuse—place overwhelming pressures on parents. While children are the primary victims of the increasing rates of parental abuse and neglect, nonabused siblings, parents, and other family members are also hurt.

Child maltreatment is a complex problem; underlying causes differ from case to case. However, common factors that contribute to child maltreatment are parental lack of knowledge about child development and child rearing, social isolation, poverty, unemployment, substance abuse, and overcrowded and inadequate housing. The child protection system is in crisis—overstressed, underfunded, and unable to cope with increasing reports of child abuse and neglect. With both overreporting and underreporting endemic, some families experience excessive professional intervention and others professional neglect. Thousands of children and families do not obtain appropriate services or only receive them after children have been seriously harmed.

The traditional approach to this issue focuses on building family capital by providing information, training, and specialized services to families. However, several new public and private efforts are asking communities to share the responsibility for protecting children from harm with formal child welfare authorities. These new initiatives work in partnership with individuals to use existing community resources to develop more creative and flexible ways of helping families who have difficulty parenting.

In the following example, a partnership between a community-building initiative and a child welfare agency could design a multilevel strategy to prevent child abuse and neglect with some of the following components:

Building community capital:

- using geographically specific data to determine the census blocks or housing units with high rates of child abuse reports and assessing the particular community conditions (housing, isolation, etc.) that may be contributing factors;
- developing additional housing units suitable for families with children;
- creating a range of family supports for young families, including child care, playgrounds, and recreational areas;
- inviting community residents to review the family assessment tools that child welfare agencies use in their investigations of child abuse reports to determine how culturally appropriate they are; and
- training community residents to serve as foster family homes for neighborhood children to avoid out-of-area placement and to facilitate the maintenance of parental ties.

Building social capital:

- developing community-wide education efforts about the individual, family, and community factors that contribute to child abuse and neglect;
- creating a mechanism for obtaining consensus among community leaders concerning what should be considered evidence of families at risk of neglect and abuse;

- developing appropriate preventive responses at the community level to avoid lengthy, intrusive investigations; and
- establishing peer support and information programs for new parents and child caregivers (including mothers, their male partners, and family babysitters) sponsored by churches or other religious and social organizations.

Building family capital:

- establishing home visiting programs, such as Healthy Families America, for those new parents deemed by health providers or community leaders to be at risk of neglect and abuse;
- creating a voluntary network of families willing to offer temporary respite care to overburdened and stressed parents; and
- forming partnerships between community leaders and the child welfare system to enlist the help of relatives, neighbors, and friends to offer at risk families ways in which they can help support the parents and ensure the children’s safety.

Again, any one of these strategies is not likely to be successful when employed by itself. But when efforts are simultaneously mounted at different levels, the resulting synergy may make a difference.

Problem 3. Children who fail to learn and adolescents who drop out of school

Myriad factors contribute to school failure and school dropout, and many reforms are underway at state, county, and community levels to change the financing, organization, and curricula of schools. Many comprehensive community initiatives have worked with schools to establish child care and youth recreational programs or sites for the co-location of other services. Schools have also involved community leaders and businesses in strengthening school programs through tutoring and mentorship programs and the donation of computers and other supplies.

In addition, educators acknowledge that schools can only succeed when they have the active collaboration and support of parents and the community. Too often, however, educators discount the possibility of obtaining the support of stressed and overburdened single parents in the inner cities whom they may label as unconcerned or “hard to reach.” In doing so, they ignore evidence from numerous demonstration projects that have successfully created family-school partnerships in distressed urban communities.

A solid body of knowledge exists about how schools can involve low-income, minority parents and other family members in a variety of ways—in governance/advisory roles, in strengthening the school curricula and classroom programs, and in working closely with the teachers of their children on a daily basis. Successful approaches to building better family school partnerships in inner city schools require educators to change their attitudes, policies, and practices.

Community builders could work with educators to plan a comprehensive school reform initiative that combined these different strategies to build community, social, and family capital. Some of the strategies a community-building initiative could choose to adopt are:

Building community capital:

- negotiating with the district school board to increase the discretionary budget available to school principals and to obtain community input in the hiring of new school principals;
- establishing multi-service centers for youth in middle and high schools, providing health, recreation, and social services for them and their families;
- getting local businesses to adopt schools, donate needed equipment, and give employees released time to provide volunteer tutoring in the schools;
- redesigning school buildings or establishing other neighborhood facilities to serve as information and support centers for parents and other relatives, especially for those for whom English is a second language; and
- opening up the school to serve as a community center offering education and recreation programs for residents of all ages.

Building social capital:

- empowering community leaders and parents on school advisory and governance councils to plan solutions to problems of school safety, transportation, and discipline;
- changing school policies and administrative practices to encourage better communication with families and to offer a range of opportunities for parent involvement;
- creating a network of designated “safe” homes in each block that children can turn to if they are hurt or get in trouble on their way to or from school; and
- establishing a volunteer roster of employed parents who agree to “mentor” high school students (whose families may have no connections with the job market) and provide them with information, advice, and contacts about obtaining jobs.

Building family capital:

- giving kindergarten and first-grade teachers time to participate in community/ church meetings and to make home visits;
- having regular parent or family/teacher conferences at convenient times—for example, Saturday mornings;
- sending weekly work folders home with elementary students, including forms for parents to return to indicate if they have any questions or information to share with the teacher; and

- sponsoring school/community meetings for high school parents to discuss how to support their teenagers' school work and to establish clear expectations for school attendance.

Such a multilevel strategy will have many indirect benefits. For example, parents who discover that they can make a positive difference in their children's learning feel better about themselves—which may give them the confidence needed to enroll in a family literacy program or become involved in working with others to improve the school program or community.

Appendix II Principles to Guide Family-Centered CCIs

The principles, which come from decades of family-centered programs and practice, seem especially relevant to community-building initiatives.

1. The best way to help children and youth is to strengthen their parents' abilities to fulfill their responsibilities.

Services should support and supplement family functioning and only seek substitute and replace families' roles as a last resort. This is not an easy principle to implement—the typical bias of many helpers, whether voluntary or professional, is to supplant parents.

2. Whether designed for children or adults, services should focus on the family as a unit and on the interrelated responsibilities of family members.

Co-locating services—as a number of community-building initiatives are doing—is an important step towards this goal but is not sufficient by itself. Too often, a family service agency or neighborhood settlement house claims to serve the entire family, when, in fact, it provides uncoordinated services to different individuals within the family. A family-centered approach would design intake and management procedures, staff training programs, and ongoing staff communication patterns to ensure that the family is seen as a whole unit and that the services provided are working toward interrelated goals.

3. Effective family-centered services are built on family strengths and competencies.

In contrast to a deficit or needs-based approach, a strengths-based approach requires program staff to address a family's problems by working with them to identify and validate their strengths and competencies as well as the untapped family and community resources that can be mobilized to help them cope better.

4. Programs must recognize the strength and persistence of family ties and the influence of family members upon one another across households and generations.

When providing a service to meet the needs of a particular child, adolescent, or adult, service providers should involve other important members of the family who are often a part of the problem, are always affected by it, and must be a part of the solution.

5. A family-centered approach requires professional service providers to work with informal sources of support within the community.

Relatives, friends, churches, and voluntary associations can be mobilized to help support and reinforce parental responsibilities and to work together to prevent child abuse and family breakdown through self-help and mutual assistance activities.

6. Parents and other family members must be empowered in their interactions with service providers, be kept fully informed, and be offered all available choices.

Informal and professional helpers, whether in voluntary or involuntary settings, must treat parents and other family members with respect, regard them as experts, and work with them in partnership to determine service goals and strategies for the child and family.

Just as the community development field has insisted on returning power to the community residents, many in the family and human services field have reexamined the nature of the power relationship between families and service providers and professionals. The traditional service model—still too often the dominant one—makes the service provider the expert who has all the required knowledge needed to determine the nature of the service or prescribe the remedy. The family-centered service model rests on the concept of partnership and emphasize that customers (typically parents) must be seen as having their own expertise and resources. In this approach, professionals—such as doctors, teachers, and social workers—are partners collaborating with families to assure that education, social services, or health care is provided in a way that respects the control of the family/parent (Moroney, 1980; Henderson et al., 1986).

7. Communities must involve families in planning, policy development, and program evaluation if community improvement efforts and services are to be truly responsive to their needs and wishes.

Parents and other family members are experts with informed views whose wishes must be respected in the planning and evaluation of community-based services. The CCI literature contains frequent references to community, citizen, and, occasionally, family empowerment, but it is not always clear whether it refers to the individual service level or the governance/advocacy level. Community residents are typically asked to participate in community planning and advisory bodies. At the governance level, many community initiatives appear to be wrestling with how to obtain more active participation from “ordinary” residents (see Wynn et al., 1995).

However, most families who receive services—especially young, poor, troubled and vulnerable families—do not have the time or interest to get involved, leaving a few community activists to represent their views and needs. Families’ views about their experience with services may be obtained through other outreach efforts, including phone surveys or focus group discussions held in homes, churches, or community associations. Some experts also recommend that families should band together to form organizations to advocate for their own empowerment (Kordesh, 1995).

At the local service delivery level, community development initiatives could redesign existing public and private services so that they give more choice and control to the individual families who come for service. Many community initiatives have fought to place parents on school advisory boards or community councils, but few have emphasized the need for schools to develop policies and practices for teachers to learn to work collaboratively with the individual parents around the education of their children—even though this has been shown to be the most effective way of improving children’s school achievement (Henderson, et al., 1986).

8. Professionals must learn to identify and respect cultural and ethnic differences among families they serve.

Policymakers should work with representatives of communities to modify service design, policies, and procedures to take cultural and ethnic differences into account.

Appendix III Examples of Family Outcomes/Indicators

Examples of Family Outcomes/Indicators

Marital stability

- reduced rates of divorce
- reduced out-of-wedlock births
- reduced rates of teen pregnancy
- reduced rates of family violence (spouse/partner and children)
- increased labor force participation (maternal/paternal employment)
- increased family incomes reduction in number of families on public assistance
- increase numbers of homeless families who obtain stable housing

Family functioning

- increased parenting competencies
- increased warmth and responsiveness of parents
- decreased reports of substantiated abuse and neglect
- reduced proportion of parents showing high level of depression and/or isolation
- reduced frequency and severity of verbal/physical violence between family members
- decreased rates of parental substance abuse

Family preservation

- reduced rates of parental incarceration, hospitalization for substance abuse, psychiatric illness
- increased rates of reunification, adoption
- reduced expenditures in out-of-home placement
- increased rates of permanency outcomes for children

Family environment

- improved literacy environment (books and educational materials in the home, time spent reading regulation of television viewing)
- decreased number of parenting stressors

Parental responsibility

- increased rates of paternity establishment
- increased rates of child support payments
- increased involvement of residential/nonresidential fathers in children's daily lives

Family empowerment

- increased family participation in design, implementation, evaluation of programs
- increased rates of parental involvement in child's education
- increased rates of family participation in policy planning and evaluation

Source: Prepared by Family Impact Seminar, Washington, DC, 1994. (Figure XIII)

Appendix III *Continued*

Examples of Family-Focused System Outcomes/Indicators

Family level of information

policies about providing information and approaches
parents reports on information/choices provided

Family involvement

strategies/opportunities to involve families in planning
strategies/opportunities to involve families implementation of program
strategies/opportunities to involve parents evaluation of the program
increased family involvement in program, schools, community activities

Professional-partnership collaborations

partnership philosophy explicit in the mission
strategies for developing/sustaining partnership
inservice training for family-professional partnerships
strategies to opportunities for partnerships with fathers, extended family members, noncustodial parents
family surveys

Cultural competence

underlying cultural values/principles acknowledged in the mission
policies incorporate cultural competence into practice and policymaking
racial, cultural, linguistic composition of staffing patterns
adaptation of services to fit diverse family values
language, reading level, cultural appropriateness of informational materials
inservice training of staff, families, other stakeholders
community/professional minority ongoing consultation for structural, procedural, policy adaptations

Capacity to track family progress across systems

management information systems linking capacity
establishment of confidentiality safeguards

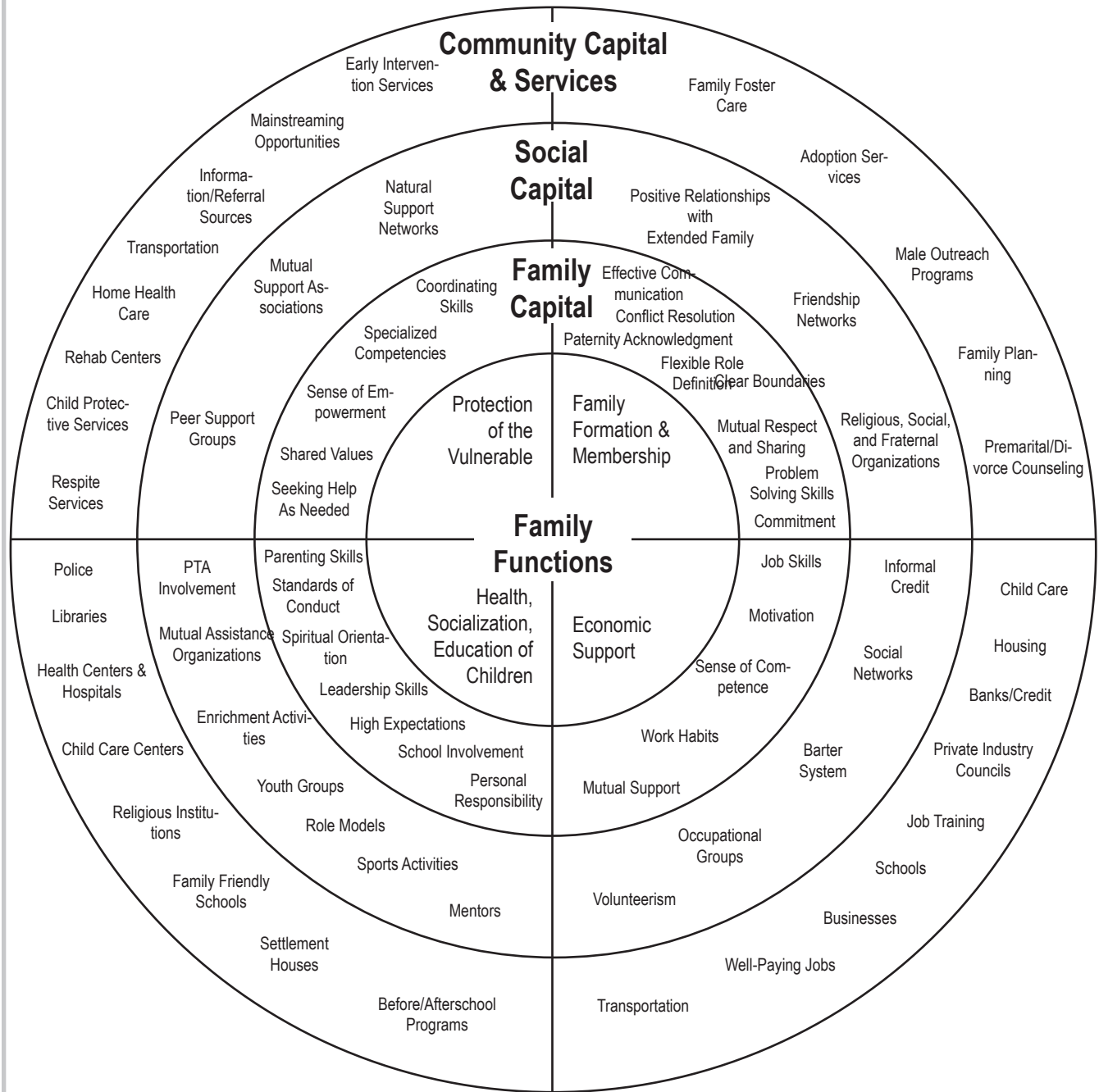
Access/satisfaction

proportion of eligible families being served in the community
levels of satisfaction of families, youth, and staff

Source: Prepared by Family Impact Seminar, Washington, DC, 1994. (Figure XIV)

From Cohen, E., & Ooms, T. (1994). *From "good enough" to "best possible": An assessment tool for the child and family services plan*. Washington, DC: Family Impact Seminar.

Diagram I Relationship of Family Functions to Family, Social, and Community Capital



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