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An Innovative Collective Parent Engagement Model for Families and Neighborhoods in Arrival Cities

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Globalization is changing the face of cities, neighborhoods, and entire regions. Although globalization can be viewed narrowly as an economic phenomenon, on closer inspection it is a complex, multi-faceted process. It encompasses social, cultural, geographic, and political changes (H. Lawson, 2011).

Today's unprecedented migration of the world's people stands as a case in point. Arguably the largest such migration in human history, it involves all of globalization's changes, and it poses unique challenges for industrial age helping systems not designed to deal with its endemic complexity and diversity (Bell & Lee, 2011).

Two facets of this huge migration are noteworthy. First, it is both an intra-national and an international phenomenon. Second: Whether national or international, the current epic migration involves large numbers of vulnerable families transitioning from rural areas to urban centers (Ashton, 2004; Saunders, 2010).

Saunders (2010) calls these places "Arrival Cities". Arrival Cities are urban spaces that attract large numbers of vulnerable, immigrant families. Urban locales without sufficient economic resources and public sector infrastructure supports are prime examples (e.g., Bell & Lee, 2011; Johnson, 2012; Sampson, 2012). Not by accident, outcomes for schools, child welfare systems, mental health systems and health systems are typically in decline in these places because overworked professionals and overwhelmed agencies simply cannot "do it all, alone." They need help.

Representative, immigrant parents are able to provide such help. For example, they are able to design social and health service innovations when they are viewed and positioned as experts; and when helping professionals provide needed assistance, social supports, and resources. When these conditions are facilitated, new parent-to-parent and family-to-family intervention designs may be developed.

Easy to theorize, the place-specific and developmental nature of these interventions makes them fragile. They are fragile because relevant details regarding how they were designed and implemented are often not specified by program leaders and practitioners, and this makes them especially difficult to replicate and sustain. Moreover, even when the intervention is specified initially, relevant design and evaluation details tend to be lost because their lead designers often are not researchers, and many of them tend to move on, taking new jobs and tackling new priorities.

In brief, the need exists for intervention specification. A companion need is to provide the practical details about what it takes to implement, optimize, and sustain innovative parent and family interventions. For

example, who should take charge of facilitating them, and what kinds of preparation are needed for this work? What kinds of health and social service organizations are suitable for sponsoring them? When children are a priority, can local schools also serve as intervention sponsors?

This article is structured in response to these questions and needs. The focus is a collective parent engagement model, which can be viewed as a particular kind of parent and family intervention. This intervention (model) is especially suitable to the work needing to be done in Arrival City neighborhoods because it draws on resident parents' expertise and provides strategies for organizing and mobilizing them. Because vulnerable parents usually cannot organize and mobilize by themselves, this model requires facilitative leadership by a helping professional. This professional can be a social worker, a child welfare specialist with social work competence, a public health professional, or a community nurse. The model also requires a sponsoring health and social agency with special characteristics and organizational capacities.

This intervention's fit with the needs, problems, and challenges associated with Arrival City neighborhoods is especially important. Consequently, the analysis starts with these new urban places, the people who settle there, their manifest needs, and the opportunities to support them.

The Arrival City: The Social Geography for Immigrant Families

Saunders' (2010) analysis of Arrival Cities is international in scope and appropriately so because the current human migration—the largest in human history—affects nearly every nation. Although he observes that mass migration also involves highly educated, well-to-do people, Saunders describes the Arrival City as a unique social geography featuring new immigrants with special characteristics. They arrive vulnerable and poor, oftentimes settling into neighborhood communities characterized by elevated rates of school failure, crime, substance abuse, child-welfare involvement, social isolation, and social exclusion (Negi, 2013; Sharkey, 2009).

According to Saunders (2010), Arrival Cities can take various forms. For example, they “can be a single set of buildings...a tightly-knit network of people” (p. 21). Alternatively, an Arrival City may be a block, several blocks, an entire neighborhood, or several adjacent neighborhoods. In all such instances, it is the place where vulnerable immigrants arrive and settle.

Although Arrival City communities are typically regarded from the outside as “ghettos” or “urban slums,” Saunders' (2010) analysis highlights

a different perspective. He emphasizes the four ways in which Arrival Cities can support the social, economic, and political development of newly arriving, low-income, immigrant families (see also, Hernandez-Plaza, Alonso-Morillejo & Pozo-Munoz, 2006).

To begin with, the Arrival City can function as an *entry mechanism* for newly arriving parents and families. Functioning in this way, it provides support for a family's immediate transition to the neighborhood, at the same time setting the stage for others from the same family system or village to follow (and involving a process known as chain migration).

Additionally, Arrival Cities have the potential to create and maintain *vibrant networks* of newcomers. Important in their own right, these networks can be developed in ways that link network members to the larger city.

Third, the Arrival City can be developed to act as an *urban establishment platform*, one that enables new immigrants to gain informal and formal resources needed to access mainstream opportunities (e.g., loans) and gain assets (e.g., start a business; purchase a home). Fourth, Arrival Cities can provide a *social-mobility path* that facilitates employment as well as the accumulation of needed social, economic, and political capital.

Needs and Opportunities for Innovative Interventions in Arrival Cities

Although Saunders' analysis reveals the immense potential of Arrival Cities to support the advancement of mobile and vulnerable, immigrant families, his analysis gives short shrift to the ways that helping systems might assist families in developing the resources, opportunities, and helping mechanisms described above. In the same vein, his analysis does not provide details about how social workers, public health professionals, community nurses, and other health and human services professionals might meet the special strengths, needs, and challenges of families who have not received official approval from customs and immigration. Finally, Saunders does not address the roles that neighborhood-based organizations are able to play in supporting Arrival City families, easing parents' transitions and facilitating child well being.

Important seeds of opportunity reside in these gaps. The first centers on what helping professionals and their respective organizations can do to build on and strengthen parent and family assets and social capital (Johnson, 2012; Kretzmann & McKnight, 2005). The second involves new organizational designs for neighborhood organizations, especially designs developed in tandem with community-based systems of care.

Increasingly, this priority for new designs for local community and neighborhood organizations is described by a special name and manifest function. These special organizations are called “anchor institutions” (Netter Center for Community Partnerships, 2008). The metaphor is accurate: Just as a ship’s anchor provides stabilization and development, anchoring neighborhood-based organizations support and stabilize individual families while also creating the community conditions needed to support neighborhood safety, residential stability/permanency, and community well-being (e.g., Johnson, 2012; Seidman, 2012).

In fact, vibrant, place-based parent-to-parent and family-to-family networks, which result from the model described in this article, can be viewed as the prevention arm and an early intervention mechanism for child welfare, mental health, health, and other public service systems (Hernandez-Plaza et al., 2006; Valtonen, 2002; Warren, 2005; Warren et al., 2009). The main idea here stems from Sampson’s (2012) pioneering work. Strong networks build neighborhood collective efficacy for children. These networks do so by means of shared norms for healthy development and appropriate child rearing, strategic resource sharing, and important mutual assistance relationships because parents and children from diverse families know each other and interact positively.

A Collective Parent Engagement Intervention to Develop Neighborhood Collective Efficacy

Mindful of the enormous potential of these networks and the importance of neighborhood collective efficacy for children and entire families, an important question remains. For neighborhoods that need, but lack, this collective efficacy as well as the vibrant parent networks that account for it, how can they be developed? This question is especially salient to Arrival City neighborhoods. In these special places, families and professionals who might be viewed as strangers or outsiders need to be transformed into neighbors and friends offering assistance, social supports and resources.

The collective parent engagement (CPE) intervention described in this article represents an emergent approach for addressing these important priorities. Drawing on research on three pilot initiatives developed in Florida and California (Alameda, 1996; Alameda-Lawson, Lawson, & Lawson, 2010, Lawson & Alameda-Lawson, 2012), this intervention is offered as a formal model. This model builds on and develops family strengths (Saleeby, 2012), while also fostering the conditions needed to provide community-level anchoring supports for

newly arriving and vulnerable children, youth, and families (Case & Hunter, 2012).

Significantly, this model is not based on the assumption that newly arriving, vulnerable parents and families are able to self-organize and network independently. To the contrary, it depends on the practice supports provided and developed by a trained professional parent facilitator. It also relies on the initial support of a parent-friendly neighborhood organization or a community agency. Ideally, this agency enjoys close working relationships with schools, other neighborhood-based organizations, and local governmental service agencies.

Although prior research has documented some of the outcomes for this new model and the overall approach it entails (e.g., Alameda-Lawson, in press; Alameda-Lawson et al., 2010; Lawson & Alameda-Lawson, 2012), the intervention itself has not been described in detail. In the same vein, this new model's requirements for competent facilitation, organizational support, or organizational development have not been specified. As a result, helping professionals interested in the model have not been positioned to replicate it. The ensuing, practical description has been developed in response to this need—and with special interest in its relevance to social and health service design, delivery and access in Arrival Cities.

Framing and Describing Community-Based, Collective Parent Engagement

The CPE model described in this article proceeds beyond conventional, professionally-driven “parent involvement” strategies, especially those which recruit individual parents to become involved in their children's school. In this model, the aim is to recruit enough parents to form a working group. Working as a collective, parents are then positioned as the central target system *and* the main action system for school, community, and/or neighborhood improvement (Lawson & Alameda-Lawson, 2012; Shirley, 1997; Warren et al., 2009).

A trained Parent Facilitator (PF) recruits, organizes, mobilizes, and empowers parents to assume these key leadership roles. As the PF does this work for and with parents, they become networked. Once networked, parents begin to design, develop, and operate programs and services to serve other parents and families in the community. Over time, the number of parent-to-parent and family-to-family networks increases, improving neighborhood collective efficacy and resulting in stronger families in tandem with improved child well-being.

To get started, several new design elements must be developed. Consistent with the Arrival City framework advanced by Saunders (2010), five design elements are essential. These are:

1. A welcoming or entry mechanism for families who are new to the neighborhood, city, and/or country;
2. A bonding mechanism that helps to foster vibrant social networks among new and established residents;
3. Bridging mechanisms that build social ties and networks between and among families and community-serving organizations and institutions;
4. Opportunity structures and pathways that create a social mobility path for families into the community and the city; and
5. Linking mechanisms to political authorities, enabling them to affect public policy change (Putnam, 2000).

These design elements are prioritized and addressed progressively via strength-based interventions and supports. These interventions and supports are described next under the banner of this CPE intervention's "design phases." These five phases are ordered to indicate a developmental progression at the beginning. Although they are linear at start-up, once this CPE model is fully implemented these design phases occur simultaneously. At this later developmental stage, these design elements co-occur and interact, resulting in a mutually beneficial relationship. For example, the predictable influx of new families in Arrival City neighborhoods means that the recruitment phase never ends.

First Phase: Developing a Welcoming Mechanism Through On-Going Outreach and Recruitment

Immigrant families are especially likely to experience housing and/or employment challenges. Oftentimes, these challenges require them to move from neighborhood to neighborhood, from city to city, or in some cases, from region to region (Sharkey, 2009). This residential instability can lead to a lack of familiarity with the supports and resources available in new communities. Left unchecked, the lack of awareness of community services and supports can contribute to perceptions of social exclusion, social isolation and withdrawal (Negi, 2013). When strangers live and interact with other strangers, collective efficacy is not present. Under these conditions rotten outcomes such as child abuse and neglect and school-related problems often result (Belsky, 1993; Rumberger & Rotermund,

2012). In order to mitigate these perceived family and community barriers, parent and family welcoming strategies are needed.

Door-to-door outreach represents one such welcoming strategy. Effective strategies connect newly arriving immigrant families to other families and also to community systems. These connections have the potential to support and strengthen arrival families, thereby contributing to children's safety, permanency, and well-being.

In this CPE model, outreach is conducted to recruit parents to attend school-based or agency-based meetings where they can work with other parents in the community to identify how community and institutional environments can be improved to support families. However, this initial engagement work is not easy or quick. It usually takes 5 or 6 in-person, home visits before parents develop the trust and/or courage to attend meetings with other parents. Trust and courage go hand-in-hand because many parents are undocumented immigrants who live under the constant threat and fear of deportation (Lawson & Alameda-Lawson, 2012).

During the first home visit, the PF introduces parents to the focus of the CPE effort. The PF emphasizes that the parents will design and implement all program activities. From there, the PF asks parents if they are available to talk about their ideas for improving the neighborhood in which they live. In most cases, parents are not ready to share their experiences with the PF at the time of the first home visit. This is why it is often necessary to provide weekly follow-up visits during the initial phase of outreach.

Once parents decide that they are sufficiently comfortable to share their experiences and histories with the PF, the PF makes a concerted effort to pay attention to parents' non-verbal messages and clues. Here, the key goal is to help parents understand that their experiences in the community (even when negative) reflect their own strength, resiliency, and expertise; they are not sources of weakness or deficiency. By the end of these initial meetings—which can last anywhere from 10 minutes to 2 hours—the PF asks the parent if they would be willing to share their ideas, experiences, and perspectives at a meeting with other parents in the community. Parents who are ready to engage in group work are asked to identify dates and times that work best for them. Parents who are not ready to engage in group work are asked if they would be willing to schedule another home visit. In both cases, the PF makes every effort to schedule parent meetings during dates and times that are the most accommodating to parents.

Three sets of skills and competencies are particularly useful for this first phase of the model. The first set of competencies involves

communication skills. Here, the PF must be able to communicate with parents in their native language, and they also must be able to maintain a warm, authentic, genuine, and “down-to-earth” demeanor throughout their meetings with parents—even when those meetings and interactions are accompanied by poor living conditions, multiple children and youth running around, and even domestic disturbances.

A second set of important PF competencies involves a working knowledge of the formal services and resources that are available to families in Arrival City neighborhoods. This working knowledge is important because it is common for parents to identify immediate needs for instrumental (e.g., food, clothing, housing, and financial) and clinical (e.g., health and mental health) assistance during initial home visits. Because a key goal of these meetings is to develop trust, PF who have working knowledge of the community’s resources are able to help parents secure these resources “on the spot.” This allows parents to more clearly imagine how services and supports can be delivered in ways that immediately respond to their most pressing issues and concerns.

The third set of PF competencies involves organizational skills, belief in family strengths (Saleeby, 2012), and persistence. Specifically, the PF has to be sufficiently organized to plan and/or monitor their outreach and engagement activity in ways that allow them to return to particular homes and dwellings at specified dates and times. These organizational competencies are critical in showing families that professionals can be trustworthy and dependable. In addition, the PF must believe that families have strengths that can be used to improve neighborhoods—even if families themselves struggle to see those virtues in themselves and others. Finally, the PF must persist in returning to family homes regularly and maintaining a calm, warm, and strength-based demeanor throughout multiple home visits. When they do, nearly half of the parents that they contact during outreach will participate in the second phase of the CPE model.

Second Phase: Collective Assessment

The second phase focuses on collective assessment. It involves the PF convening small parent groups of 4 to 15 parents to conduct a Nominal Group Technique (NGT) (Delbecq & Van de Ven, 1971). The NGT is a technique used to help families identify and prioritize family, school and community needs. It is a structured form of brainstorming, which results in the generation and prioritization for how the community can be improved through collective parental action, as well as enhanced agency support.

Alternatively, this second phase can be organized as an opportunity for empowerment-oriented, participatory action research (PAR) facilitated by the PF. Like the NGT, PAR engages parents in assessment work, but it also proceeds beyond analysis to recommended social action (Smith & Romero, 2010).

Once the PF helps parents identify a list of community needs and assets, the PF works with them to further divide prioritized needs into short-term and long-term goals. Collectively, participants group these goals into two categories. The first includes activities that parents can organize and conduct themselves. The second category involves activities and strategies that require the collaborative assistance of other helping professionals and their agencies.

Importantly, this second phase of the CPE model has the potential to facilitate timely service access and delivery involving multiple systems. Its potential for prevention and early intervention in child welfare, via differential response systems, is especially noteworthy even though this potential has not been realized. This same potential remains to be unleashed for mental health, domestic violence, health, and housing assistance systems.

Ultimately, the NGT helps to organize, connect, and mobilize parents at the same time that it facilitates group cohesion. For, as parents jointly identify barriers and challenges in the community, they generally feel less isolated and/or alone in the challenges and/or daily hassles that face them. At the same time, as parents interact around shared barriers or concerns, they begin to forge important social ties which can lead to vibrant, parental networks (Lawson & Alameda-Lawson, 2012; Warren et al., 2011). And, as parents use the NGT to identify community barriers with other parents, they gain a framework for putting their ideas and experiences into action.

For parents to show up, the PF must take stock of and respond to their schedules. The PF schedules NGT meetings at places and times that are the most convenient to families. Sites are selected based on locations that are in closest proximity to parents' homes as well as their overall comfort with particular settings, times, and locations. For instance, for some communities, community rooms at a local church or community center have represented prime locations, especially when parents need to convene during conventional non-work hours. In others, parents have identified schools and local libraries as safe and/or desired settings.

Depending on the size of the group, each NGT meeting lasts about two hours. In order to facilitate attendance at these meetings, transportation assistance is provided whenever necessary and/or

possible. This assistance can include providing direct transportation assistance (having staff and community partners transport parents). It can also include the provision of gasoline cards when walking is not feasible, as is often the case in rural settings.

In addition to transportation needs, child care represents a critical resource for the NGT. However, readers should know that NGT meetings have been conducted without special child care arrangements. In these instances, it is important for the PF to communicate to parents (both verbally and nonverbally) that their children are welcome. Especially when children are present, part of the development of the group and the project depends on the ability of all members (including the PF) to learn and re-learn how to work through periodic distractions and interruptions.

Another important barrier to the NFT involves supporting families with various degrees of formal literacy skills. Because families who live in Arrival City communities may not have had much access to formal education in their country of origin, keen awareness of difficulty with or delay in writing anything down on paper among the meeting participants is crucial. For this reason, it is often necessary for the PF to seek the support of other co-facilitators.

For example, graduate social work students (MSW interns) have served as excellent co-facilitators. As the project develops, parents can and do provide the same type of support and assistance. When groups are large and time is restricted, the process may be shortened by reducing the number of barriers parents are asked to identify (See Delbecq & Ven de Ven, 1971). By narrowing the discussion, the PF can better manage the length of the meeting while also providing a meeting structure that allows parents to remain active and focused throughout.

Third Phase: Parent Training and Community Capacity Building

Once the PF has convened three or four NGT sessions, the third phase of the CPE model involves inviting parents to participate in a specially designed outreach training course. Led by the PF, the course consumes 40-hours of work. These 40 hours involve 20 hours of didactic work in the classroom and 20 hours of experiential learning in the community. Much of this training is based on four standard modules (outreach; communication; family assessment, interviewing, and referral; and agency presentations), although the PF usually reserves four hours of course training for additional content relevant to a group needs or interests (e.g., information about child care, child health, parent-child interactions, child development).

The overall aim for this training is to build parental competence, confidence, and motivation for CPE leadership. At the same time, parents are networked and, as they are, they become welcoming and recruitment systems for other families. In other words, parents learn how to recruit other parents to the program at the same time that they implement their plans to welcome newcomers to their Arrival City neighborhood.

All such activities depend on the development of competencies which need to be learned and then practiced throughout the training. So, for example, parents learn how to conduct outreach in the community; how to assess family strengths, needs, and challenges; and how to make a referral to community health and social service agencies. Importantly, just as professionals are paid for their work, these parents are remunerated for their engagement. Parents who successfully complete the Outreach Training course are given a \$40 stipend or gift card. This payment serves to recognize the value of parents' time.

More than this, for some parents this training is like the first rung on a job and income ladder. In other words, this CPE training and subsequent supports may be the beginning of a *social and economic mobility path*.

The Outreach Training course typically is delivered over five days of class work in four hour increments. That said, it can be held over longer periods of time based on parents' schedules and their readiness or availability to be in a classroom setting for an extended period of time. Ideally, an outreach training course is held with 8 to 12 parents.

A practical reminder about the vulnerability of these parents is of paramount importance. Because there is generally about a 10-20% attrition rate during the course, conducting a training that results in 8 to 12 fully prepared parents ordinarily requires that 12 to 14 parents start the course. To help reduce the amount of attrition, every effort is made to incentivize parents' completion of the training. This includes providing snacks and refreshments as well as a set of professional materials, including pens, handouts, brochures, folders, and a clipboard. It also might include using budgeted funds for parent stipends and gift cards to pay community parents and/or volunteers for child care services they provide during the training.

In addition to these basic training resources, there is an additional incentive and accountability structure in this phase of the CPE intervention. This structure also dovetails with what most jobs and careers require. In order to successfully complete the Outreach Training course and receive the \$40 stipend, each trainee is required to make 25 contacts in the community. As a consequence of this requirement, a typical course of 10 trainees would yield 250 contacts in the community. The fit with the

Arrival City framework is important to emphasize: The Outreach Training course serves as a key mechanism for connecting new families to others in the community, fitting Saunders' (2010) conceptions of a formal Arrival City *entry mechanism*.

The Outreach Training course culminates with presentations by local community health and social service providers. Providers present their services and emphasize how best to access them, including relevant eligibility requirements. These presentations are arranged by the PF according to the needs identified by families during the NGT.

These presentations are important for parents as well as professionals: Professionals are able to market their services and programs to the community, and parents are provided with the opportunity to learn more about agency services, including how to make appropriate referrals and their eligibility criteria.

In sum, these presentations represent a key step toward developing both bonding and bridging social capital between families and the professional community charged with serving them (e.g., Putnam, 2000; Woolcock, 2001). They also represent a key component for developing Saunders' view of *urban establishment platform*, one which enables new immigrants to gain informal and formal access to mainstream opportunities and resources. Over time, these new bonding and bridging relationships have the potential to result in linking social capital whereby networked parents and the community health and social service providers serving them are able to influence and change public policy (Putnam, 2000).

Fourth Phase: Design and Implementation (The Parent-Run Empowerment Phase)

After family and community needs have been determined and prioritized, the next phase of the CPE model is to engage parents in the design and implementation of program services and supports. In this phase, the same PF who has been involved in outreach, collective assessment, and training helps parents develop both *program and policy responses* to the needs and challenges they identified during outreach and NGT meetings. Here, *program responses* refer to the efforts parents operate themselves to better the lives of children and families living in the neighborhood. *Policy responses* refer to community challenges that are beyond the scope of what parents can provide to others by themselves. These "policy response items" become a focal part of the development of the community collaborative/consortium (described in the next section).

Typically, parent-run programs are implemented according to the number of parents trained and the amount of fiscal resources available to support CPE activities. In the CPE model described here, parents are paid a small stipend (\$40 a week) for their on-going participation in the program. This stipend not only facilitates parents' initial engagement, it also helps them fund important family events and functions, such as the purchase of supplies, gifts, and birthday parties which parents may not otherwise provide to their children and families.

When a CPE program is just starting, the initial cadres of graduates from the Outreach Training course brainstorm solutions to the family, school and community barriers they identified in the NGT. In many regards, this process mirrors a strategic planning session in a professional organization. Here, parents identify opportunities for neighborhood improvement and development at the same time they evaluate existing barriers, resource constraints, and threats.

However, as the project develops, and as new members join the group, processes must be developed to integrate new trainees into the already established parent collective and existing programs. For this reason, a key task for the PF after the completion of each outreach training course is to convene current and former program graduates together so they can get acquainted with one another. From there, the PF leads a discussion that allows the (expanded) group to identify the resources and strategies needed to further enhance the program and its development.

Assuming that an agency secures an adequate budget for parent stipends and incentives (\$24,000 a year generally supports the participation of 12 to 15 parents over 50 weeks), parents usually develop two to three new programs each fiscal year. Although these programs are developed strictly according to parents' own strengths, needs, and assessments, parents' efforts have been remarkably similar across settings.

Examples of the types of programs developed by parents signal their importance and considerable potential. These examples include:

- *Referral and Information Network*: The parent-run Referral and Information Network was designed to refer parents to community agencies as well as help them with completing paperwork and enrollment applications for local, state, and federal assistance programs. Following one year of implementation, these parent-run information/family resource centers served at least 700 families at each of the three pilot sites.

- *Home Visitation/Lice Busters.* All of the CPE efforts have included a home visitation program. At the initial pilot site, a lice problem threatened to shut down the community's elementary school. Parents, by virtue of their experience with getting rid of lice and the financial difficulties posed by it, visited the homes of families, helped to vacuum the apartment of families, brought detergent and helped families complete laundry, and so forth. These efforts helped the elementary school move from worst to first in attendance in the school's feeder pattern in six months.
- *A Community Store:* "La Tiendita", or The Little Store, was an informal dollar store run by parents that sold convenience items, health items, and (limited) fresh fruits and vegetables for one dollar per item at the projects' Family Resource Center (Called an "Opportunity Center.") This program was developed because families were spending \$5 or more for basic hygiene items, requiring them to choose between needed health and hygiene items (e.g., buying dishwashing soap instead of toothpaste). One site moved nearly 1000 items in and out of the store monthly over a period of one year. Less than \$20 of project money remained unaccounted for in spite of over \$1,000 in cash transactions.
- *Temper Tamers:* The Temper Tamers was a classroom-based intervention strategy designed by parents to combat a school suspension rate that was highest in the school district. When children experienced behavioral difficulty in the classroom, teachers would telephone project parents working in the school's family resource center. The parents would remove children from the classroom and then walk and talk with them until such time that they calmed down sufficiently to return to the classroom and complete the school day. School-wide suspensions dropped by 75% one year after the program was implemented.
- *Assets Exchange Program:* The assets exchange program, called "Talentos", or Talents, by parents, represented a weekly educational class provided among parents in the community. In each class, one parent would provide a training or skills workshop in a particular area of personal, and at times familial, competence. Examples of the skills classes provided by parents included workshops on how to cook nutritious, culturally appropriate foods (on a limited budget); baking, sewing, haircutting, and cosmetology services; as well as more recreation-focused trainings such as dance classes and fitness training. In several cases, the trainings provided by parents resulted in micro-enterprise development,

including a hair cutting business at the program's Family Resource Center, a food cart at a nearby business complex, as well as informal childcare and home cleaning businesses for families in the community. This program represented one way that parents helped to forge *urban establishment platforms* and *social mobility paths* for themselves and others in the community.

Fifth Phase: Formal Bonding, Bridging, and Linking through Project Operations

Once parents' design and initially implement their programs, the PF spends the next several months (and potentially years) helping parents learn how to manage the day-to-day operations of their programs and services. This managerial facilitation of sorts includes helping parents develop time schedules, personnel management and self-governance policies, as well as other "barrier busting" strategies that arise during program development.

Here, the leadership of the PF is particularly important. While some managerial practices can be "heavy handed" or "top-down", the role of the PF at this stage of the program is to try to systematically "phase themselves out" of the day-to-day operations of parents' programs. This withdrawal process shifts responsibilities for day-to-day program management to parents ready, willing, and able to take charge.

Two primary objectives are accomplished by this "phasing out" process. First, it helps generate parent empowerment and shared ownership of the CPE program (e.g., Cattaneo & Chapman, 2010; Christens, 2012). Second, it enables the PF to "hand off" key aspects of the program in order to focus on developing additional anchoring supports in the community, including new linkages and working relationships among helping institutions.

Generally, the PF structures the "phasing out" process using a combination of group and individual activity. Typically, support for organizational and program development is conducted in group contexts as parents take turns facilitating and co-facilitating meetings of the entire group. In other cases, parents are provided with individualized training and support depending on their prior knowledge, interests, and experience. For instance, some parents want to learn how to facilitate the outreach training course, while others wish to learn more about program/agency budgeting or program evaluation. In each instance, the PF either provides these trainings to parents themselves or they broker community resources to help parents secure the resources they need to support day-to-day program operations.

Building a (Parent-Led) Community Collaborative or Consortium

Although some Arrival City communities have an abundance of formal, institutional resources to draw from, it is not unusual for those resources to be provided at places or times that are not accommodating to families (e.g., Keith, 1996). What's more, even in cases where Arrival City communities have an adequate supply of formal services (e.g. drug and alcohol services), the current array of services may not fit family views of what is needed to improve the health, safety, and well-being of children, families, and community. In both cases, parent-led community collaboratives can be a useful mechanism for aligning family- and community-identified needs for support and assistance with existing institutional resources (e.g. Alameda-Lawson & Lawson, 2002).

When effectively implemented, parent-led community collaboratives can facilitate a significant shift in service design and delivery, one that enables professionals and organizations to improve the responsiveness of their services. One such shift is social service professionals' transition from a strict expert, solo service provider role to a more flexible, bottom-up, and collaborative approach that builds on family strengths and leverages parent guidance and leadership. When professionals engage with parents around their assessments about how services and resources can be re-arranged or re-allocated, important policy (and practice) changes and developments have been documented in the communities in which the CPE effort has been implemented. Examples of these developments have included the creation and ratification of a Client Bill of Rights for the treatment of low-income families in county agencies, the installation of traffic lights and crosswalks in the community that were dangerous for children, the provision of educational (English, Early Education), social (alcohol and drug), and health services at locations and times that were convenient for the community (often at the school), as well as the creation of a parent-run not-for-profit agency and childcare center (e.g., Alameda, 1996; Lawson & Alameda-Lawson, 2012).

Important in their own right, when these policy-oriented and -directed efforts are combined with the informal supports and linkage mechanisms provided by parents, anchor institutions and supports are created in the community. As noted earlier, the development of such anchoring organizations and supports can help create bonding social capital and collective efficacy in the community (Warren et al, 2011). This social capital development includes vertical, bridging and linking relationships between families and institutions (e.g. Putnam, 2000; Woolcock, 2001), as well as horizontal relationships between and among

helping professionals working in different service agencies (e.g., Mental Health and Drug and Alcohol) and/or sectors (e.g., Social Service and Education).

Co-Requisites for this Collective Parent Engagement Model

What does it take to maximize the probability that the considerable potential of this CPE intervention is maximized, ensuring that all of its desirable outcomes are achieved? Mindful that the characteristics of the targeted family populations matter, in tandem with the local professional organizational ecologies of Arrival City neighborhoods, two co-requisites accompany the model and its successful implementation. To reiterate, one is a specially prepared parent/family facilitator with cultural competence. The other is a neighborhood organization that provides a conducive, social setting. A few salient details about each follow.

The Parent Facilitator

Vulnerable parents who arrive in foreign territory with insufficient supports and resources live daily with fear, anxiety, and insecurities. All in all, they cannot be expected to self-organize and then mobilize for collective action. They need the facilitative leadership of a specially prepared helping professional. Although social workers typically perform this role, other suitably prepared and supported professionals can do the same. Examples include public health professionals, community nurses, and community organizers.

Clearly, the PF must know how to welcome, organize, mobilize, network, and sustain the collective engagement of vulnerable, diverse parents and families in Arrival City neighborhoods. Cultural competence, including language competence, is essential, and so is the ability to serve as a cultural broker (Delgado-Gaitan, 2001), i.e., a boundary crosser and linkage agent (Abbott, 1995). Another, as mentioned earlier, involves strong organizational skills. These skills are needed to support and manage the multiple phases of the model.

At the beginning of the effort, the PF concentrates the vast majority of her/his time (28-30 hours a week) conducting outreach in the community. Once the first few cadres of parents are trained, the distribution of work shifts to include program development support for parents (50%), outreach (35%), and program administration (5%). By the time that multiple training groups have graduated, the PF's work load changes again to include outreach (20%), program development support for parents (30%), engagement with community service providers and the collaborative (40%), and program administration (5%).

To accommodate these multiple roles, the PF must be able to assume clinical, group, and administrative roles for project parents and families. In the social work profession, these levels are known as micro, mezzo, and macro. Micro refers to the clinical and direct practice orientation with individual parents and families. Mezzo refers to the professional and organizational ecologies for targeted families. Macro refers to the public policy and social institutional levels for this CPE model. The preceding discussion has highlighted the importance of, and interactions among, these three levels of practice. In social work, the descriptor “the advanced generalist” often is employed to describe this three-tiered approach.

Regardless of the label, the constituent skills and abilities are learned practice competencies, and they can and should be emphasized in specialized pre-service education. In addition to conventional, specialized pre-service education, inter-professional education and training programs can prioritize this kind of PF role and its competencies (H. Lawson, 1996). An understanding of structural barriers that oppress vulnerable populations is especially important (e.g., Valtonen, 2002; Wyers, 1991).

Significantly, the PF must be knowledgeable about, and competent with, *social capital development* (e.g., Putnam, 2000; Woolcock, 2001)—specifically the development of linking social capital between parents, families, community-based agencies, and policy leaders who control and have access to needed community resources (e.g., Putnam, 2000). As described previously, the PF’s facilitation of the community collaborative helps to create the conditions needed for policy change and development, while also helping develop new anchoring supports and hubs in the community. This policy practice for social capital development invites pre-service professional preparation programs to devote special attention toward network theory and network development—theories and strategies which may be given short shrift in many professional education programs, at least in the United States.

A third and final pillar for PF practice with Arrival City parents and families involves principles and strategies of transformational leadership (e.g., Manning, 2003). In the human services literature, transformational leadership—leadership that emphasizes empowerment, power sharing, and social and economic justice—is typically framed within the context of practice with organizations (Bass, 1985). The CPE model described here utilizes these principles of organizational leadership but integrates them into direct practice work with individuals, families, and communities.

Such transformational leadership approaches are central to work with Arrival City families and communities. Even though parents may emigrate to Arrival City communities to pursue social and economic opportunities, they often find themselves in communities defined by blocked opportunity pathways even as they confront social and educational service delivery systems which were not designed to serve them (Delgado-Gaitan, 2004; Saunders, 2010). For these reasons alone, the short and long-term engagement and well-being of Arrival City families and communities often depends on creating new leadership and opportunity pathways, especially those which foster social, cultural, occupational, and economic development (Ashton, 2004; Saunders, 2010).

A Supportive Anchor Organization

In the work described here, the PF employs policy practice strategies routinely as a means of helping parents transform what could be viewed as oppressive neighborhood and institutional environments (e.g., Schutz, 2006). Significantly, the PF cannot do this work alone. One or more organizational homes are needed. Each organizational home must provide conducive, supportive, and welcoming social settings (Seidman, 2012). Only then are these organizations likely to function as anchor institutions that support the strength, stability and development of Arrival City families and neighborhoods.

Organizational readiness and capacity vary in Arrival City neighborhoods, and one of the main challenges of program leaders and policy makers is to determine, in close collaboration with parents and agency-school leaders, which organizations are best suited for this work; and over the long haul. Congruence with organizational missions and goals matters, and so does stability of the organization's leadership.

A second priority has to do with parents' comfort in particular organizational settings. For example, vulnerable parents with limited schooling and adverse experiences with schools are not likely to view schools, even those with parent and family resource centers, as an optimal place to organize and convene. What's more, schools are among the most public places, which may threaten instead of welcoming parents who must learn to trust and develop courage.

A third priority is to develop the readiness and capacity of helping professionals in community agencies, neighborhood organizations, and schools. Because professionals and their organizations have their respective cultures, this work, like work with families, involves cultural brokering. More than this, this work involves boundary crossing leadership

(Williams, 2012). The ability to cross professional and organizational boundaries is part of a concerted effort to develop common purposes and to help other professionals appreciate the expertise of diverse, vulnerable parents, many of whom are first generation immigrants who settle initially in Arrival Cities.

Ultimately, the goal is to optimize an organizational ecology in Arrival Cities, especially residential spaces and places in which once separate, specialized organizations are connected. So for example, schools need to be connected to neighborhood organizations, and then both need to be connected to community health and social services agencies. Such is the work of developing comprehensive, community-based systems of care, and it is especially critical in Arrival City neighborhoods. Parents and families, suitably prepared, supported, and resourced, can facilitate these connections.

Fortunately, there are frameworks for this organizational development. For example, a CPE model housed in a school is called a school-based service—and with the assumption that it is connected to community agencies and neighborhood organizations (e.g. Alameda-Lawson et al., 2010).

On the other hand, a community-based CPE model is called school-linked (e.g., Lawson & Alameda-Lawson, 2012). Because of the centrality of schools in the lives of children and families, this school-linked model emphasizes the importance of parent and family networks as connective mechanisms between schools and community organizations, and helping to account for the success stories of vulnerable immigrant children (see also, Warren et al., 2009).

Significantly, parent leaders bridge connections between communities and schools, positioning these organizations as anchor institutions that foster neighborhood collective efficacy. Such is the plan for rebuilding and strengthening Arrival City neighborhoods in support of children, parents, and families. This plan also supports the helping professionals charged with serving and supporting them.

Conclusion

The community-based, CPE model described in this article is a complex intervention designed for complex, novel problems and needs. It has special import for families and community organizations (e.g., faith-based organizations, community social service agencies, schools) in Arrival Cities. Like all manner of interventions, it is not a panacea. Its efficacy and effectiveness hinge on its goodness of fit with surrounding social-

institutional contexts, needs, interests, and mandates (Flaspohler, Meehan, Maras, & Keller, 2012).

Notwithstanding these limitations, this CPE model's assumptions, central purposes, and core structure and processes differentiate it from other parent and family interventions. Arguably, most of these interventions are controlled by professionals—from start to finish. Although this CPE model starts with professional leadership and guidance and depends fundamentally on a PF who provides outreach, assistance, timely supports, and helps acquire resources, it principally is a family-centered model. It merits this descriptor because it is co-designed and ultimately led by groups of parents.

This CPE model's novelty and complexity can be appreciated by what parent collectives are expected and helped to accomplish. As parent collectives design, lead, and provide services with and for other parents, parents may develop sufficient capacity to improve outcomes. In the research conducted on this model to date, these outcome improvements have included enhanced parental social capital networks, academic achievement gains for low-income children, as well as other indicators of social, economic, educational and occupational advancement (Alameda-Lawson, in press; Alameda-Lawson et al., 2010; Lawson & Alameda-Lawson, 2012).

When outcomes like these are achieved, another one follows. Genuine parent empowerment is in evidence, and it has a special character. It is relational empowerment (Christens, 2012), named as such because, in addition to individual parent's critical consciousness and access to resources, groups of parents benefit. As they do, child well-being improves, families are stronger and more stable, and, neighborhood communities are safer and more vibrant. Such is one strategy for building on the strengths of Arrival Cities and making them more welcoming and supportive points of entry and residence for vulnerable, immigrant families.

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