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Parenting Pioneers and Parenting Teams: Strengthening Extended Family Ties in Family Support Programs

Susan Whitelaw Downs

Starting with the premise that extended family members often have great influence on family functioning, this article describes social work practice techniques for helping families utilize resources available in the extended family network. Two key concepts are presented: "parenting pioneers," who, while attempting newly learned parenting skills, may struggle with resistance from extended family members; and "parenting teams," in which the focal family is giving to or receiving from extended family members substantial family support. The article presents these practice techniques in the context of family support services, which are characterized as voluntary, preventive, developmental, and based in the concept of empowerment and the ecological perspective.

As family preservation continues to be the preferred option of child welfare policy makers for children needing protection, it becomes increasingly clear that family support programs represent the "first line of defense" in the effort to preserve families and prevent the need to place children outside their family (Massinga, 1994). Recent federal legislation reinforces the importance of family support in the community's continuum of family and child services (Golden, 1994). To fulfill their mission, family support workers need to develop assessment and intervention skills not only with nuclear families, but also with the extended families which surround and support them.

Family support services have proliferated during the 1980s and 1990s, in response to social and economic trends that have negatively affected families. Increases in single parenthood, in family relocations in search of jobs, and in health epidemics such as substance abuse and AIDS have

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left many families socially isolated and vulnerable to social breakdown. They may be without the strong extended family and neighborhood supports which helped earlier generations of families to raise healthy children. Family support programs attempt to fill this gap by providing accessible, informal, user-friendly support services to families (Allen, Brown & Finlay, 1992; Golden, 1994; Kagan & Weissbourd, 1994; Downs, Costin & McFadden, 1996). As Norton (1994) has pointed out, a key challenge of the family support movement is the professional development of staff with skills needed to work effectively with families. She identifies a major area for worker knowledge and skill as the understanding of "the universal value of support" (p. 423). This paper is intended to help family support workers and child welfare workers recognize the potential of extended family systems to support families, and to suggest ways that worker, the family, and the kin network can collaborate to strengthen family functioning.

Extended family members often have a great deal of influence on the family, an influence which is likely to continue after the family support intervention has ended. Relatives are sanctioned by culture and custom as the primary source of advice, support, and supplementary resources for families. The best way to strengthen family functioning may be to strengthen the support network of family and friends which surrounds the family being served by the program (Thompson, 1995).

Adding to the importance of workers' acquiring skills in working with extended family members is the increasing emphasis in child welfare on placing children in need of out-of-home care with kin providers (Johnson, 1994; Downs, Costin & McFadden, 1996). For some troubled families, the family support worker and the extended family, working together, may provide sufficient support to prevent the need of out of home care for the children. In other situations, the prior work of the family support worker in strengthening the extended family system may open appropriate options for placing the children within the extended family if out of home care becomes necessary.

Family Support Practice Involving Extended Families

Family support services are very diverse. They may be located in welfare agencies, schools, health clinics, mental health centers, family service and other types of community-based agencies, or they may stand alone. The services may involve drop-in programs, support and parent education groups, or home-visiting, and may include a component of direct services to children. They may have a specific focus on families with infants, young children, teenagers, or children with developmental disabilities (Weiss & Halpern, 1990; Downs, 1994). Whatever the specific program components, family support programs are characterized by their dual goals, as identified by Weissbourd and Kagan (1989):

- **Promoting development:** to help families learn ways to encourage the optimal personal development of all family members; and
- **Preventing problems:** to help families prevent negative outcomes such as abuse and neglect, family violence, substance abuse, delinquency, and school failure.

These goals are supported by certain basic principles which guide family support work. The principles are presented below, along with a brief discussion of the implications of each principle for working with extended family systems (Weissbourd & Kagan, 1989; Norton, 1994).

Basic Principles of Family Support Services

- **Empowerment.** Family support services use an approach which emphasizes family empowerment. The family is considered to have the knowledge and strength to identify and find solutions to problems; the worker facilitates this process and provides information to the family to help it meet the goals that family members themselves have set. Extended family members may possess strengths and have knowledge which will help the family resolve identified problems (Cochran, 1993).
- **Ecological perspective.** Family support services have an ecological view of child development which holds that the family, to fulfill well its child rearing function, needs to be embedded in a supportive environment which may include extended family members, friends, faith communities, and adequate public services and resources. Effective interventions work to build a more adequate support network around the family (Bronfenbrenner, 1987). Family support approaches recognize the universal value of support, and build on the existing support network among family members in planning interventions (Weissbourd and Kagan, 1989; Norton, 1994).

The Triad: Focal Family, Extended Family, and Family Support Worker

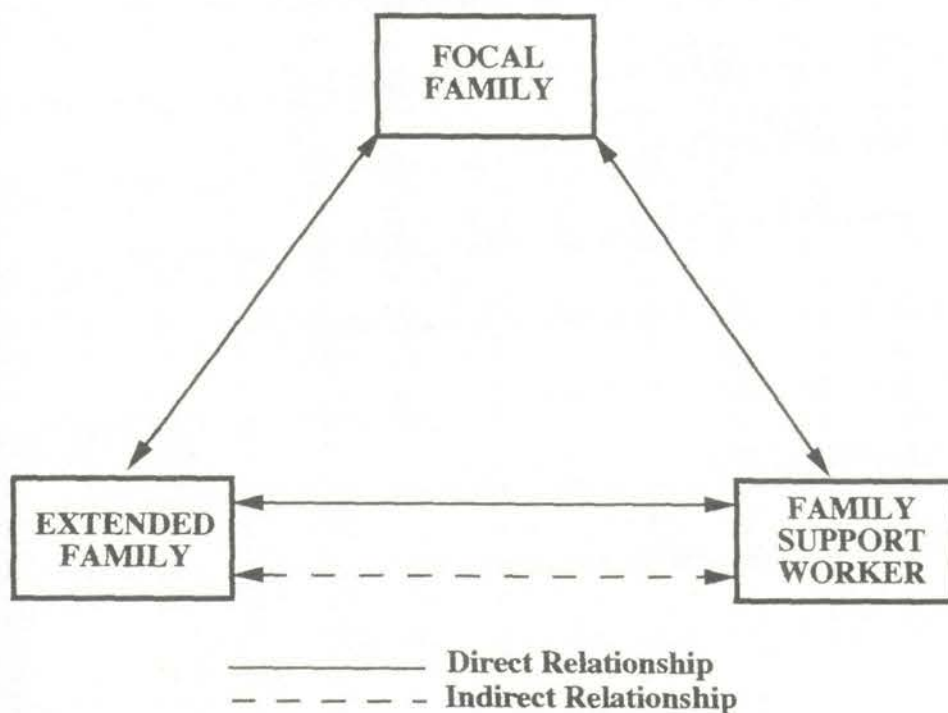
Family support workers typically offer a variety of services to families, including parenting education, individual supportive counseling, help with family needs for concrete resources, referrals to other community services, and guidance on adult education and employment. These services are offered through a voluntary, informal approach, with the overall goals of preventing family breakdown and promoting the optimal development of all family members. Family support services may be offered by broad-based ameliorative and preventive service programs, such as those offered by schools, health clinics, and neighborhood-based agencies. They may also be offered in a more intensive format by family preservation workers who operate from services organized specifically to help families who are at risk of having children placed outside the home.

In offering supportive services to families, workers may interact with two or possibly more interlocking family systems: the focal family and the larger extended family of which the focal family is a part. The extended family may also include close family friends or neighbors who have a commitment to the focal family and are willing to provide various kinds of support. The relationship of each member of the triad: focal family, extended family, and family support worker, to one another is illustrated in Figure One.

- The *focal family* consists of the parent who initially approaches the family support services worker, her/his children, and any members of the household whom he/she considers to be members of the immediate family. This is the family group with whom the family support worker is most closely involved.
- The *extended family* consists of people whom the focal parent identifies as being part of her/his extended family system. It is defined by the parent and not by the family support worker. Extended family may include parents, grandparents, aunts, uncles, cousins, nieces, nephews, in-laws, and other, non related persons who are considered to function as extended family members.
- The *family support worker* is a professional or paraprofessional employee of a human service agency who offers such services as counseling, parent education, and referrals to families on a voluntary basis using a flexible, individualized, approach, with the goal of helping the focal family strengthen its functioning in areas identified by the family.

As Figure One illustrates, the key point in the triad is the focal family, whose members have relationships with both the family support worker and the extended family system. The family support worker, in an initial assessment, helps the focal family consider the extent to which extended family members may be a resource in helping them reach their identified goals. Depending on the situation, the focal family may wish the family support worker to meet directly with the extended family.

Figure one:
The Triad: Focal Family, Extended Family,
and Family Support Worker



Understanding Extended Family Relationships

As most family support workers know from their own experiences, family relationships are complex. Relatives may have complicated interactions with one another which are not well characterized by such labels as "positive" or "negative." Rather, relationships among family members who know one another well and have a long common history together tend to be multi-layered, with elements that may soothe, comfort, stimulate, and also irritate or frustrate those involved in them. In the face of these complexities, it is the task of the family support worker to assess the elements of extended family relationships, and to work with the family toward understanding the complexities and strengthening those elements which will promote better family functioning and the positive development of individuals in the family (Uehara, 1990; Norton, 1994).

Family relationships are not easily categorized. The two types of relationships described below are not intended to be exhaustive of all possible relationships, but rather have been selected because they are frequently encountered by family support workers. In each, both negative and positive elements are present. In the case examples used to illustrate these relationships, the family support workers assessed these elements, and developed intervention strategies to strengthen them.

- ***Parenting pioneers*** refers to focal families who have learned and begun to practice new child rearing strategies. Extended family members with traditional child rearing attitudes may find these new ways confusing or challenging. The focal family may seek help from the family support worker on how to negotiate the undermining comments and concerns of extended family members while maintaining positive family relationships.

- ***Extended family parenting teams*** refers to focal families who are giving to or receiving from extended family members substantial family support. The focal family may request help from the family support worker on how to strengthen the team, and how to access outside resources needed to maintain an adequate level of functioning. Extended family members may seek guidance on how to be supportive while maintaining appropriate boundaries with their needy relatives.

Parenting Pioneers

"Parenting pioneers" are parents who have learned and are committed to using the content typically taught in parent education classes, including:

- knowledge of child development and reasonable expectations of children at different ages and stages;
- understanding the meaning of children's behavior from a developmental perspective;

- child behavior management techniques other than physical punishment; and
- a view of the parent's role that encompasses "parent as child's first teacher" and resource broker for the child, as well as the traditional role of providing support, love, and physical care.

Parents who learn these techniques from family support workers may encounter resistance from extended family members concerned that these new methods seem counter to the traditional verities with which they raised children. For example, if a young mother, on doctor's or parent educator's advice, is feeding the infant on demand, her mother, who used a feeding schedule when her children were young, may believe that her grandchild will become "spoiled." The challenge in working with this category of family is to retain and build on the existing strength of the family system by reinforcing the parenting pioneer's efforts to try new approaches while retaining a genuinely inclusive and respectful attitude toward those who may be questioning these methods.

Examples of stress points between a parenting pioneer and extended family members on child rearing techniques include the following:

- **Discipline.** Differences of opinion on discipline techniques appropriate for children, such as alternatives to spanking and other physical punishment often cause conflict among family members. New techniques of child behavior management, such as time-outs, distracting, and ignoring, are strategies for reducing unwanted behaviors. Reinforcing good behavior involves praise and other rewards. These strategies may not be well understood by those unfamiliar with them. Parenting pioneers may hear such comments as, "You're bribing him for doing what he is supposed to do," "You can't go by the book," or "I spanked you and you turned out fine."
- **Spoiling.** Picking up babies when they cry, or frequent and prolonged holding and cuddling of the infant, may be seen as "spoiling."
- **Cultural Issues.** Parents who use new techniques learned outside the home may be accused of betraying their roots or culture. As one parent, who was trying to use alternatives to physical punishment, said, "They think that what I am doing is something that's white, or bourgeois middle class." This parent was able to deal with the issue by pointing out to family members that most white people also hit their kids.

Family Support Strategies

Those counseling parents who encounter resistance at home when trying out new parenting methods, can be effective if they avoid taking sides and focus on helping the parents develop skills in negotiating differences of opinion with family members. Parenting pioneers are usually well functioning individuals who probably received good parenting from their family of origin. Families of parenting pioneers usually have many strengths and are important resources for their children and grandchildren. It is important to try for an inclusive approach in helping the parent

resolve conflicts with extended family and not to get into a tug of war with extended family members for the allegiance of the parent, as the overall goal is to strengthen the parent's support system, and not alienate her from it.

- ***Include extended family in the program.*** Urge parents to invite the extended family member to come to parenting class or counseling session. Treat their contributions to the class respectfully. If you do not agree with what they are saying, it is often the best strategy to simply not comment on it, but to continue to emphasize the developmental needs of children of various ages. The logical implications of this child development information for parenting are often obvious. Another possibility is to arrange for the older adult to contribute their knowledge in some area, such as cooking, to the group.

Sometimes the mothers come with the pregnant teenagers to parenting classes. They are apt to sit in the back and say, 'I just drove my daughter; I didn't sign up for the class.' At first they are suspicious. They say, 'This isn't how I did it.' If they keep coming, they become willing to learn new ways. They share knowledge on how they raised their kids. It is better if grandma comes to class; she can reinforce at home what I taught in class. (A family support worker for pregnant women at a health clinic)

Provide handouts, videos and other material that the parents can take home and share with extended family members and friends.

- ***Continually encourage the parents.*** Reinforce and support the parents in their efforts to try new methods of child rearing in spite of discounting messages they may hear from relatives. Let them know that they are on-track, so that they don't get discouraged.

- ***Role play responses to extended family members.*** Role play with parents ways which they might use to respond to negative comments and concerns from extended family members. Help them find strategies that they are comfortable with.

I was counseling Annabelle on ways of helping her five year old son adjust to the demands of kindergarten. An only child, Mike was well behaved with adults but had difficulty relating to other children. The school rewarded the child with a star each day that his social behavior conformed to expectations. Annabelle then gave the child a reward, such as stopping at the store for a toy on the way home from school. Annabelle told me that her mother said, 'You should spank more often, you're bribing him.' Annabelle was frustrated and wanted support;

she needed to hear that she was doing the right thing. I met with her four or five times in individual counseling. We agreed that daily rewards were becoming excessive, and to change it to once a week - Annabelle would do something special on weekends if Mike had had a good week at school. This seemed to work.

To help Annabelle with her mother, I asked her, 'Do you feel comfortable spanking?' Annabelle said she did not and said that she had been spanked rarely as a child. Annabelle and I role played how she could explain her child rearing approach to her mother: 'I love you, but I want to try this new way. It is not bribing. It is encouraging Mike to learn a different kind of behavior.' (A family support worker in a neighborhood-based center)

- **Find allies in the extended family system.** Suggest that the parent seek out allies in the extended family network. One parent, who was receiving negative comments about her wish to breastfeed, discovered that her grandmother had breastfed her children, and was eager to coach and support her granddaughter in this effort.

Parenting pioneers are often leaders who have the potential to influence change in parenting among extended family systems and in communities. It is, therefore, particularly important to help these pioneers learn how to deflect resistance and work to change attitudes in their families without confronting or blaming family members for their parenting beliefs. As one parenting pioneer observed: "My mother does many things right and I have a lot to learn from her. I just need help in explaining to her why I want to try some new ways of doing things."

Extended Family Parenting Teams

The category of "parenting teams" is a broad one which encompasses many different specific situations. The unifying concept of this category is that the parent is living with the child and functioning adequately, but gives to or receives from the extended family system substantial support and help in child rearing.

As long as extended family members are successfully providing support adequate to one another's needs, outside family support may not be requested by the family. However, if the situation deteriorates due to some precipitating event, the family may call on outside help from a family support worker.

Assessment of Needs

The challenge of the family support worker is to adequately assess the situation and then creatively find resources in the community to keep the family support system intact so the children can remain safely with their parents, without the need for out-of-home care. Commonly encountered situations which may cause the family to seek outside assistance from a family support worker include the following:

- ***Problems of the support provider.*** Illness, marital problems, unemployment, or a housing crisis may hamper the ability of a family member to continue to offer needed support to another.
- ***Problems of the support receiver.*** A family member who was receiving significant support from the family may experience a deterioration in ability to function, and her/his neediness overwhelms the ability of other family members to provide adequate help.

In assessing these situations, the family support worker needs to consider:

- ***Earlier functioning:*** how well the mutual support system functioned before the precipitating event;
- ***Needs of the support provider:*** what services the extended family needs in order to provide increased support to the needy family member; and
- ***Needs of the support receiver:*** what services the lower functioning family member needs in order to improve functioning to supplement the ongoing support from extended family.

Family Support Strategies

The overall goal of the family support worker in working with parenting teams is to help stabilize and strengthen the family network so it can continue to function after the worker's involvement is reduced or ended. The family support worker enters the family system in order to work collaboratively with the family in deciding what needs to be done for the family to regain equilibrium and then helps them to achieve their goals. It is important for the family support worker to work with the family, and not to replace the family as an "expert" or be "better than" the family.

The following examples show two very different types of families. In one, two sisters are normally able to help one another, but a crisis for one sister, involving a sudden housing problem coupled with health issues of the children, temporarily derails the system of mutual help. The family support worker, by carefully assessing the strengths of the team, was able to offer practical help in a timely fashion while leaving the team stronger than it had been before the intervention.

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Case example: Reciprocity among two sisters. I interviewed an 18 year old woman, Shirelle, who was home from college and was applying for ADC for herself and her one year old daughter. She also needed housing, because her sister, Marcelle, with whom she usually stayed when not at school, had lost her apartment and was in a shelter. We opened an ADC case for the sister and her three children, got Early On services for one child with special needs, and helped the family find housing. We also got a visiting nurse to help with one child's chronic kidney problems. The sisters are now living together in a decent apartment. This was a complicated case because the sisters were a support for one another, and to help one we had to help the other. (Family support worker in a public welfare setting.)

In this family, Shirelle depended on Marcelle for a home-base and for baby-sitting during summer vacations from college, while she worked. When Marcelle became overwhelmed with health and housing problems, Shirelle was concerned for her sister and also worried that she would not be able to return to college, but should stay home and help her sister. The family support worker respected the commitment these two sisters had for one another, and added more resources in the form of housing referrals and help with the developmental problems of Marcelle's children. Marcelle was then able to continue to support Shirelle in her efforts to obtain a college education.

The second case is an example of how family support workers can help extremely distressed families, whose needs have exceeded the capacity of concerned extended family members to help. By offering substantial help while remaining respectful of the extended family's previous efforts to intervene, the family support worker is able to stabilize the family so the children do not need to be placed out of home.

Case example: A mentally ill parent overburdens an extended family system. "Ms. Roberts came to me for help because the neighbors complained that her kids were molesting their children, and she was afraid that her kids would be taken away from her. She was on medication for a mental illness, bi-polar disorder. I thought she was functioning very well considering her illness. She regularly took her kids to school, went to day treatment, and then picked her kids up after school. Very soon after I met her, she was evicted from her house due to pressure on the landlord from the neighbors, and she moved to a shelter. I was able to help her find housing. The boys are now in treatment for sex abuse; they were acting out sexual abuse that they themselves had received earlier from a relative. She also goes to sex abuse therapy for herself, as she was abused by her husband. She is receiving parenting classes and in-home services to help her manage her time and keep a structured day.

I have also got permission from Mrs. Roberts to have contact with her mother and a cousin. The grandma had been heavily involved with this family but finally got overwhelmed and backed off. That's when I got the case. I was able to help grandma establish a role in the family that she is comfortable with. She provides back up day care if one of the boys is sick and can't go to school, and cooks dinner for the family once a week. She cares very much for

this family and wants to contribute, but she needs to know that we are also involved, and that she doesn't bear the whole responsibility. A male cousin who had been involved at an earlier time agreed to take the boys for an outing once a month, to provide them with a model of a positive male adult and to give them experiences which would expand their world. A close family friend, called Aunt Trina by Mrs. Roberts, volunteered to help the family get established in her church. This family needs ongoing agency involvement, but with the cooperation of professionals and the extended family, there is a good chance that the children will be able to remain with their mother. (A prevention worker in a child welfare agency).

The family support worker capably identified the strengths in this family system. Mrs. Roberts was a caring parent who was able to get her children to school and herself to treatment. She had relatives who were willing to offer support, but needed the worker's help in structuring their involvement so that they would not feel overwhelmed. The worker saw that these strengths, combined with outside resources, could help the family remain intact, in spite of Mrs. Roberts's serious mental illness and the acting out behavior of the children. She was able to provide resources without displacing or discounting the help provided by these relatives. With appropriate therapy and home support for the focal family, the relatives were able to fill the roles of supplemental parenting figures for the children. The work of the grandmother, the close friend, and the cousin contributed substantially to family stability and to the enhanced development of the children.

Summary and Conclusions

Family support workers are presented with many opportunities to work creatively with extended family members. Some examples of these opportunities have been presented here. The worker may be able to help "parenting pioneers" integrate new ways of child rearing into traditional family forms. If the grandmother is expected to have a major child rearing role, as is often the case with pregnant teenagers, then the family support worker may be able to teach her new techniques of infant care which will benefit the child. In situations involving "parenting teams," where extended family members help one another substantially, the family support worker may provide additional resources to the family needed for the extended family system to continue to function.

Whatever the situation, the family support worker is mindful of the following guidelines for working with extended family systems:

- Recognize that there is an extended family system with power to influence the service intervention, and that its role and potential must be assessed.

- Aim for an inclusive approach. Develop strategies for including the extended family in the intervention. These strategies may lead to direct involvement with the extended family or to indirect involvement, through the focal family. An important aspect of working inclusively is to help family members establish boundaries in their involvement in each other's lives that are understood and accepted by all.
- Establish your role as consultant and collaborator with the family, particularly in the area of finding and using appropriate outside resources and in facilitating family communication. It is counterproductive to insist upon one's expertise, which may embroil you in power struggles with family members who hold authority. Do not displace or compete with the existing family support system.
- Be prepared to help family members learn how to negotiate differences. Family support workers need communication and negotiation skills and should know how to teach these skills to families.

Family support programs have the potential to be important allies to community family preservation programs as the "first line of defense" in child protection. Important to the fulfillment of this potential is the development of practice skills among family support workers which will enable them to assess and intervene effectively in extended family systems.

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Conceptual Bases of the Planning Process in Family Preservation/Family Support State Plans

June Lloyd

Congress and the Department of Health and Human Services (DHHS) intend for the Family Preservation and Support Act of 1993 (P.L. 103-66) to catalyze major reforms in state human services systems. DHHS and numerous other institutions developed conceptual and procedural guidance for the states' planning processes. Review of the planning dimensions of participation and expertise reveals that major emphases on stakeholder participation and technical planning processes obscure the need for expertise in family preservation and family support.

The adequacy of the public child welfare system in many states has experienced increasing scrutiny during the past two decades. Initially, "foster care drift" was targeted. During the late 1970's, almost 500,000 children were living in foster care. Child advocates and Congressional investigation targeted patterns of organizational and institutional neglect of these children. The response to these revelations was the development of a set of practice and procedural innovations called Permanency Planning. This movement focused the attention of child welfare systems on providing parents of children in foster care with clear choices and time frames in which to act to be unified with their children. As a result, foster care placement rates declined. Subsequently, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) established states' obligation to "make reasonable efforts" to maintain at-risk children in their own homes and required judicial determination that the efforts had been made (McGowan, 1988, pp. 69-89).

By 1986, the brief decline was over and placements began to rise anew. As we moved into the next decade, three-fourths of the states continued to experience growth in the number of children in foster care by 5-10% per year (Tatara, 1993). An associated dilemma was the sheer volume of child abuse and neglect reports. "In the context of rising caseloads and declining resources, 'business as usual' is no longer possible and agencies are turning to family preservation and family support to address increasingly complex needs" (Nelson & Allen, 1995, p. 109).

Since the 1970's, there has been an accelerating interplay between practice innovation and federal and state attempts to improve services in the child and family arenas. At the federal level, this process culminated in the passage of the Family Preservation and Support provisions of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). The Act makes available to states one billion dollars over five years (Lloyd & Sallee, 1994, p. 4). One of the significant features of the Act is that it has initiated a broad-based experiment in near textbook social planning.