

Evaluation outcomes in Family Support

A focus on benefits for children

by Rachel Berman

▼ Résumé

Comme la question de la responsabilisation continue d'être au cœur des préoccupations, les programmes de soutien à la famille subissent de plus en plus de pression de la part des bailleurs de fonds, des fonctionnaires et du public en général pour prouver que leurs activités ont une incidence positive dans la vie des enfants et des familles. Afin d'aider les praticiens à établir le bien-fondé de l'approche de soutien à la famille, cet article présente les résultats d'importantes études de sources canadienne et américaine sur l'évaluation dans le domaine du soutien à la famille, en accordant une attention particulière à l'amélioration des conditions de vie des enfants.

▼ Abstract

As the climate of accountability continues, family support programs face mounting pressure from funders, public officials and the general public to prove that what they do has a positive impact on children and families. In order to assist practitioners in making the case for family support, this article highlights findings from key studies in the Canadian and American literature on family support evaluation, with particular attention paid to children's outcomes.

“Does family support work?” Dunst (2002) asserts that we need to get beyond that question and start asking the more useful question “What are the characteristics of family support programs that matter most for good practice and for good parent and child outcomes?” (p.1). Although Dunst makes an excellent point for those researchers and evaluators whose goal it is to strengthen the field of family support, and ultimately its reputation outside the field, no doubt many of you reading this article have heard the question “Does family support work, do you have any **proof?**”

Public officials who question the usefulness of social programs are asking this question, as are funders whose demands for accountability are increasing, as are non-family support professionals who work with children and who are competing for scarce dollars (Brady & Coffman, 1997a; Manalo & Meezan, 2000). They want an answer to this question, or worse, they think they already know the answer (Kagan, 1998). In addition to these more skeptical audiences, family support practitioners themselves want to know if the work they are doing has an impact. It is the goal of this article to provide the reader with brief summaries of selected articles that look at both Canadian and American research on family support programs and children's outcomes in order to make the case for family support work.

Why only children's outcomes?

The focus on children in this article is not meant to imply that children are the only focus of family support programs. While Layzer and colleagues assert that “improved outcomes for children are, in a sense, the ultimate goal of all family support programs”, (2001, p. A5-1), the parent-child relationship is also considered by family support programs and this can have benefits for the adult involved as well as the child (Brady & Coffman,

1997b). Moreover, family support programs also provide services that benefit youth/adolescents, adults, families, agencies, and communities (Manalo & Meezan, 2000).

That being said, recent research findings from neurobiology, developmental psychology and longitudinal studies of children have found that early childhood experiences "...have a more powerful and long-lasting effect on subsequent health, well-being and competence than had been previously thought" (Hertzman, 2000, p.1). Because the thrust of policy in many places in this country is focusing more on young children, this review pays particular attention to children's outcomes. Please note that parent, family and community outcomes will be briefly addressed at the end of this article. There is also a literature on outcomes in special education and family support; however, a review of that literature is beyond the scope of this article (see Allen & Petr, 1996 for further discussion).

Family support evaluation research

American evaluation research on family support has been conducted for over thirty years (Brady & Coffman, 1997b). This literature generally includes looking at the impact of home visiting programs, parent education programs, and/or child and parent outcomes associated with participation in family resource centers. Family resource centres are a community based and "place-based" form of family support that generally include playgroups for children that promote school readiness, provide formal and informal parent support activities, serve as a hub for the flow of informational, emotional and instrumental resources, and have a particular orientation toward service that includes family-centred practice (e.g. see Brady & Coffman, 1997b and Dunst & Trivette, 2001).¹

In Canada, there is a growing body of family support evaluation literature, for example, the national and provincial evaluations of the *Community Action Program for Children/Canada Prenatal Nutrition Program (CAPC/CPNP)* projects (see below) and the on-going evaluation of *Better Beginnings Better Future* sites (see below). There is also the evaluation of Ontario's *Healthy Babies, Healthy children program* (visit www.toronto.ca/health/baby). Additionally, it is worth noting the *Understanding the Early Years* project, a

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Human Resource Social Development Canada's initiative, is looking at young children in 12 Canadian communities in order to assess their health, well-being, and school-readiness, and to map how close the children live to various child and family resources (visit www.hrdc-drhc.gc.ca/arb/nlscy-elnej/uey.shtml).

These are but a few of the many projects investigating the impact of family support on children's outcomes.

In addition, there are a number of Canadian evaluation projects underway with a focus on family resource programs, for example, the Participants' Voices project being conducted by Ryerson University and the Metro (Toronto) Association of Family Resource Programmes, which is developing an evaluation tool based on what participants value, the Canadian Association of Family Resource Programs and the University of Calgary's development of evaluation indicators, the Evaluation/Benchmarking Task Group of the *Make Children First* Initiative of the Eastern Fraser Valley in British Columbia, that is focusing on tool development and evaluation, and the Metro (Toronto) Association of Family Resource Programs project that is seeking to develop a valued practices evaluation tool for their membership. Additionally, it is worth pointing out that the 40 Atlantic CAPC sites discussed in the evaluation report *Moving along, Growing Strong* are primarily family or parent resource centers (O'Hanlon & VanderPlaat, 1997, see below). For information on family support in an international context see Katz and Pinkerton (2003).

Caveats

Upon reviewing the outcomes literature presented in this article, the reader will quickly become aware that some of the research reviewed here provides overwhelming support for family support/family resource program work, while other research provides only moderate support. Further, there is research that asserts that the best outcomes for children occur when the programming is aimed directly at the child, not at the parents or family (e.g. Layzer, Goodson, Berstein, & Price, 2001, see below).

Given this state of affairs, is a focus on outcomes helpful? Spilka (2004) reminds us that "...we have not yet developed a thorough understanding of what constitute rea-

¹ McBride (1999) proposes that family-centred practice follows three over-arching principles 1. Establishing the family as the focus of services 2. Supporting and respecting family decision making 3. Providing flexible, responsive, and comprehensive services designed to strengthen child and family functioning.

sonable outcomes for these [community-based] initiatives, nor have we come to agree on the most effective ways to collect the data essential to sound evaluation. As a result, we still run the risk of making poor cases for the hard and passionate work of those struggling to improve communities” (p. 4).

Torjman (1999) warns “outcomes of community-building efforts are often an improved process—i.e. greater capacity to accomplish goals and a heightened sense of community... the apparent obsession with outcomes-based evaluation has detracted from the equal importance of process” (p. 19).

Therefore, the measures selected by an evaluator to capture family support program outcomes (and processes) must be carefully considered. Brady & Coffman (1997b) assert that the development and dissemination of a greater number of choices of measures is needed.

Additionally, evaluation efforts are made more complicated by the fact that services that are found to be effective in one community might not be so in another. For example, while a particular parenting program was found to be successful in one region, due to cultural differences in child rearing goals, that same program did not demonstrate the same success in another (Brady & Coffman, 1997b).

Indeed, the difficulty in evaluating family support programs has been well documented (e.g. see the publications by Department of Family Studies and Gerontology, Mount Saint Vincent University, 2003 and Gabor, 2003).

With these caveats in mind, this author hopes that the reader will find the “proof” in this article to help make the case for family support work.

Benefits for children who participate in community-based family programs: Some findings from the Canadian research literature

Pancer, S. M. Nelson, G., Dearing, B. Dearing, S. Hayward, K. & Peters, RdeV. (2003). Promoting wellness in children and families through community based-interventions: The Highfield Community Enrichment Project (Better Beginnings, Better Futures). In Kufeldt, K. & McKenzie, B. (Eds.) *Child Welfare: Connecting research, policy and practice*. Waterloo Ontario: Wilfrid Laurier University Press.

The Highfield Community Enrichment Project, was one of eight community-based primary prevention projects funded

by the government of Ontario, with additional financial support from the Federal Government, under the *Better Beginnings, Better Futures* initiative. The focus of BBBF is on children at risk living in communities with multiple high risks for poor child development. The purpose of the project is to provide information on the effectiveness of primary prevention as a policy for children. Pancer and colleagues explain further that “The BBBF initiative was designed in the early 1990’s after extensive consultation and review of prevention programs across North America to achieve three objectives: 1. prevent serious social, emotional, behavioral, physical and cognitive problems in young children; 2. promote the development of children in all these areas; 3. enhance the family and community environments in which children are raised” (pp. 3, 4). They point out that one of the key features of BBBF is its strong emphasis on community development and resident participation. A family resource program was part of the Highfield BBBF project. Parents and teachers completed reports on children. The children in this project were found to have decreased emotional and behavioural problems, and improved prosocial behaviour (visit <http://bbbf.queensu.ca>).

Sylvestre, J., Ochocka, J., & Hyndman, B. (1999). Findings from the Ontario regional evaluation of the Community Action Program for Children. *The Canadian Journal of Program Evaluation*, 14 (2), 29-56,

Ochocka, J., McGeown, M, Hyndman, B. Sylvestre, J. (1998). *Ontario CAPC regional evaluation: Executive summary*.

The *Community Action Program for Children* (CAPC) is a federal government initiative that funds, through Health Canada, community groups to develop local projects with the goal of supporting the development of children at risk and the strengthening of families. About 35% of CAPC programs are family-focused and this is said to include family resource programs (as opposed to what is described as child, parent, or community focused programs). The two pieces listed above describe the evaluation findings of 30 CAPC projects in Ontario. Twenty-one projects reported outcomes in the category of improved health and well-being of children. These encompassed a wide range of indicators that assessed the physical, mental and emotional health of children based on parental reports. Increased school readiness, improvements in children’s social, emotional, and cogni-

tive well-being, as well as improvements in gross and fine motor skills were reported. Nineteen projects measured indicators of the reduction of risk factors associated with child abuse and neglect, and found that the risk for abuse and neglect was reduced.

O'Hanlon, A., & VanderPlaat, M. (1997, December). *Moving along, growing strong: The final report of the Atlantic Community Action Program for Children (CAPC) regional evaluation*. [On-line]. Available www.hc-sc.gc.ca/hppb/regions/atlantic/pdf/moving.pdf

As O'Hanlon and VanderPlaat (1997) explain, the overall research question driving the evaluation was whether there was improvement in the health and well-being of participating children (0 to 6 years of age) and their families in Atlantic Canada. O'Hanlon and VanderPlaat (1997) report that parents and staff found improvements in children's social skills, language/basic skills, and behaviour. Additionally, children demonstrated greater independence. They assert that the "initial evidence suggests that children who participate in CAPC programs do have enhanced 'school readiness' skills" (p. 150).

For more information about provincial CAPC/CPNP evaluations, and for information about the National CAPC evaluation, visit www.hc-sc.gc.ca/dca-dea/programs-mes/capc_main_e.html

Benefits for children: Some findings from the American research literature

Brady, A. & Coffman, J. (1997b). *Preparing the next generation: Recommendations for meeting accountability demands of family support and parenting programs*. Unpublished manuscript, Harvard University, Cambridge MA.

The Harvard Family Research Project database compiles information about family support programs that are preventative in nature, target an entire community or at-risk group in communities, and includes evaluations that were conducted using either experimental or quasi-experimental research designs. Brady and Coffman (1997b) conducted an in-depth analysis of 30 programs in the database. While their discussion focused mostly on parenting outcomes, they report that 20 of the programs showed positive child effects (e.g. in cognitive development, social-emotional development, language/verbal development). They note that 17 of

these programs started parentally or during the first year of life and they, therefore, recommend that programs start early in a child's life. They also assert that given findings in the literature on child development that later experience also matters, family support be maintained in one form as the child grows.

Comer, E. W., & Fraser, M. W. (1998). Evaluation of six family-support programs: Are they effective? *Families in Society: The Journal of Contemporary Human Services*, 79 (2), 134

Comer and Fraser (1998) examined outcome research from six family-support programs that had been "rigorously evaluated" (p. 1). All six of these programs offered home visiting, child development screening, parent training, and social, emotional and educational support for parents. They note that other services such as educational programs for children, referral and advocacy information, and childcare were common across many of the programs. In keeping with family support principles, family members were viewed as colleagues in these programs. Upon reviewing the findings from the six evaluations, Comer and Fraser (1998) report increases in cognitive development (vocabulary, visual-motor skills, receptive language), in behavioral and social competence (attention span, rapport, self-confidence) and improvements in children's health status. They conclude their article by stating "Findings from these six studies provide systematically collected evidence that family support services—at least as defined in these six programs—can be effective in strengthening families and promoting the well-being of children" (p. 7).

Dunst, C. J. & Trivette (2001). *Benefits associated with Family Resource Centre Practices*. Ashville North Carolina: Winterberry Press.

Dunst and Trivette (2001) used a number of scales in their evaluation of a Family Resource Centre in North Carolina, the child focused scale they used was the Child Progress Scale. This scale measures the extent to which parents indicate that their children are able to express their needs and wants, independence, gross motor, social, fine motor and cognitive skills. They report that their "overall patterns of findings indicated that parent contact with staff members who used family-centred help giving practices was more likely to result in parent judgments about positive child outcomes" (p. 2). Family-centred help giving practices would be in keeping with the American (and Canadian)

principles of family support (see also Carl Dunst's article "TrAAveling the TransCanada Highway" in this publication).

Layzer, J. I., Goodson, B. D., Berstein, L., & Price, C. (2001). *National evaluation of family support programs: Volume A: The Meta-Analysis, Final Report*. Cambridge, MA: Abt Associates

In conjunction with the passage of the Family Preservation and Support Services Program in the United States, a national evaluation of family support was authorized for a five-year period, from 1996 to 2001. Layzer and colleagues (2001) found benefits, but their report is not a glowing endorsement. They report small positive effects for cognitive development (cognitive and language functioning), only if the services are provided directly to the children. They also report small positive effects for social and emotional development (which included measures of social skills, behavioural problems, emotional stability, school behaviour, and delinquency). The family support programs that focused on teenage mothers with very young children, families with a child with special needs, or families that have a child with behaviour problems all had strong positive effects on children (targeted programs). They report no meaningful effects on health and physical development, or safety (abuse and neglect).

McCroskey, J. & Meezan, W. (1998). Family centred services: Approaches and effectiveness. *The future of children, preventing children from abuse and neglect*. Vol. 8, No. 1

In this article, the authors summarize findings from the following: Gomby, Larner, Stevenson, and Behrman, (1995), Weiss (1998), and Barnes, Goodson, and Layzer, (1995). In contrast to what Layzer et al. (2001) reported, McCroskey and Meezan report the finding from one study that found preschool programs that include a family component appeared to yield higher cognitive gains for children than preschool programs that lacked services for families.

Reynolds, A. J. (2000). *Success in early intervention: The Chicago child-parent centers*. London: University of Nebraska Press.

The Chicago Longitudinal Study is an investigation of the effects of an early and extensive childhood intervention

called the *Child-Parent Center (CPC) Program*. The study traces the scholastic and social development of participating children in one of the 25 CPC programs and the contributions of family and school practices to children's behavior. The CPC program provides educational and family support services to children from preschool to grade three. Each program offers a structured early childhood educational program taught by qualified teachers. Parents volunteer weekly and are able to participate in health and nutrition education, and other parenting education activities that are chosen by the parents. Parents are assisted in a variety of ways to meet challenges in housing, health care, employment and social services. The parents can choose to enrol in a partnering GED program. Parents who have such supports are able to be their children's first teachers and to be involved in their children's school.

This study found that *compared to peers who attended other early-childhood programs without the family support and involvement component*, an adult who participated as a young child in a Chicago Child-Parent Center was 40% less likely to have been placed in a special education program, 40% less likely to have been held back a grade, 29% more likely to have graduated from high school, 33% less likely to have been arrested and 51% less likely to have been a victim of child maltreatment. Reynolds provides a cost-benefit analysis that demonstrates why prevention is sound fiscal policy (also see Strauss, 2002).

Other research worth noting

Willms, J. D. (2002). *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton: The University of Alberta Press.

The National Longitudinal Survey of Children and Youth (NLSCY) is a Canadian research study that includes over 14,000 children (visit www.hrhc-drhc.gc.ca/nlscy-elnej). Data is being collected over a number of years in order to examine the effects of family, neighbourhood and community variables on children's outcomes. Outcome measures used for children in this study include motor and social development, Peabody picture and vocabulary test, mathematics computation test, children's temperament, pro-social behaviour, behaviour problems. This study also used FAD-family functioning scale, a Depression scale, amongst others. Willms' (2002) publication for the first time, identifies children by poor outcomes, rather than by risk factors, and

will undoubtedly prove very helpful for the family support field's work with families. Willms (2002), who spoke at the FRP Canada biennial conference in the fall of 2002, writes:

The primary message of this research is that the nature of children's environments within the family, their schools, neighbourhoods and communities has a very strong effect on children's cognitive and behavioural development and the prevalence of childhood vulnerability. This finding requires us to shift our thinking from childhood vulnerability as a problem stemming from poverty and single parenting to vulnerability as a problem arising from the environment in which children are raised. It requires us to focus less on ameliorating risk factors and more on *creating environments to support children's development*. (p. 366)

As Willms (2003) points out elsewhere "the important factors are parenting skills, the cohesiveness of the family unit, the mental health of the parents, and the extent to which parents engage with their children. These factors affect, and are affected by, the neighbourhood, the school and the wider community." He calls for a renewal of social policy.

Hertzman, C. & Kohen, D. (2003). Neighbourhoods Matter for Child Development. *Transitions Magazine*, Vol 33 (no. 3) pp. 3-5.

Hertzman and Kohen also draw on data from the NLSCY in order to show how neighbourhood characteristics influence preschoolers' behavioural and language development. Specifically, they report that a high level of neighbourhood cohesion indirectly improves children's language development through its positive effects on parental emotional distress, social support, and health. They write "from a policy perspective this means that improving child development is not simply a matter of fulfilling service mandates to targeted client populations, but of improving the environments where children grow up, live, and learn. The challenge is one of adopting an environmental perspective when agencies have traditionally understood their role to be limited to providing one-on-one client services. For example, our work supports recommendations for policies that

...improving child development is not simply a matter of fulfilling service mandates to targeted client populations, but of improving the environments where children grow up, live, and learn.

encourage socio-economically diverse neighbourhoods and that increase community cohesion, trust, and a sense of belonging" (p. 5). Family resource programs *are* sites where parents from diverse socio-economic classes interact and the work that family resource programs do has been found to build cohesion, trust and a sense of belonging (Silver, Wilson, Berman, Carrero, Soklaridis & Karim, 2004).

Coulton, C. J. (1995). Using community-level indicators of children's well-being in comprehensive community initiatives. Editors: J. P. Connell, Anne C. Kubisch, L. B. Schorr & C. H. Weiss. In *New approaches to evaluating community initiatives: Concepts, methods and contexts* (Vol.1) N.Y. The Aspen Institute. [On-line]. Available: www.aspenroundtable.org/vol1/coulton.htm

Coulton (1995) discusses community-level indicators of children's well-being in the context of family support programs in Cleveland Ohio. The indicators that reflect an outcome orientation include social, health, and developmental outcomes for the population living in the local area (for example, *health and safety* includes the infant death rate, low-birth weight rate, child maltreatment report rate, child suicide rate *cognitive development and achievement* is measured through high school graduation rate, performance in math and reading etc.). Contextual indicators include measures of community structure and process that are believed to affect children and family life (for example, *socioeconomic status, or ses, composition* is measured via the

poverty rate, percentage of middle class neighbours, *environmental stress* through vacant and boarded houses, drug arrests). She discusses the complex and difficult to detect relationships outcome and contextual indicators have with one another. In her work, there is involvement of local residents and leaders.

Ennis, F. & Samson, Y. (2002) *At the Heart of our Work*, Halifax NS: Health Canada.

This recent document outlines the theoretical framework and core elements of a reporting and evaluation system for

CAPC/CPNP in Atlantic Canada. A companion evaluation resource kit will be available for distribution soon.

Diehl, D. (2002) *Issues in family support evaluation: Report from a meeting of national thought leaders*. Chicago: Family Support America.

See Diehl's work for a discussion of "promotional indicators," as a way of tracking the success of family support work (as opposed to a focus on deficit-based indicators).

Outcomes for children who participate in high quality Early Childhood Education and Care programs

Although not the focus of this article, there is a large and growing research literature on the benefits for children who participate in high quality early childhood education and care. This is American data (some have a family support component, others do not):

High/Scope Educational Research Foundation (2000). *Significant benefits: The High/Scope Perry Preschool Project* [On-line]. Available: <http://www.highscope.org>.

Frank Porter Graham Child Development Center (1999). *Early learning, later success: The Abecedarian Study* [On-line]. Available: <http://www.fpg.unc.edu>

Barnett, W. S. (2002) The battle over Head Start: What the research shows. National Institute for Early Education Research [On-line] Available: <http://nieer.org/docs/index.php?DocID=43>

Child Trends www.childtrends.org

Parenting, family, and community outcomes

As stated previously, there is research on parenting, family, and community outcomes. For example, some parent outcomes that have been considered include parent attitudes and knowledge, parenting behaviour, parent mental health and health risk behaviours (Layzer et al., 2001). Layzer et al. include family functioning and family economic self-sufficiency under their list of parent outcomes, but they could have been included in a family outcomes category. Other parent outcomes that have been examined include increased knowledge of child development, child-rearing practices,

educational achievement (Brady & Coffman, 1997b; Comer & Fraser, 1998), consistent parenting, satisfaction with the parenting role (Pancer et al., 2003), a parent's social support (Hoen, Thelander, & Worsley, 1999), parenting knowledge and skills (Brady & Coffman, 1997b) and parent collaboration in decision making (O'Hanlon & VanderPlaat, 1997). Changes in the parent-child relationship/interactions, including both mother-child and father-child relationship/interactions, have also been documented (Brady & Coffman, 1997b; O'Hanlon & VanderPlaat, 1997). Brady & Coffman (1997b) assert that generally programs seek to improve child development through parenting programs and call for the need to look at the relation between parent and child outcomes, something that is not commonly done.

Some family level outcomes that have been investigated include family life interaction, home environment, and family functioning (Brady & Coffman, 1997b). Additionally, a qualitative study of Kentucky's family support initiative identified family outcomes that included family accomplishments, and involvement with the school (Kalafat & Illback, 1998).

Some community level outcomes that have been measured include the use of community resources by the family, family involvement in community life (Brady & Coffman, 1997b; Comer & Fraser, 1998), and sense of community cohesion (Pancer et al., 2003).

In addition to parent, family and community outcomes, there are also outcomes that may be seen as benefits to the adult. Sullivan's (1999) qualitative study published by FRP Canada *Discovering our Capacities* touches on these benefits, as does O'Hanlon's and VanderPlaat's (1997) Atlantic CAPC evaluation report, as do some of the studies summarized by Brady and Coffman (1997b), as does the Participants' Voices research (Silver et al., 2004).

In conclusion, it seems quite reasonable to say that there are benefits to be gained through participation in Family Support Programs on many levels.

Authors Note: This paper originated as e-mail that was sent out to the National Advisory Panel of the "Participants' Voices" project. Panel members who attended a presentation in the fall of 2003 expressed an interest in the references that I referred to in a brief talk on the preliminary findings regarding parents' and caregivers' perceptions of benefits for children participating in FRPs. For more information on this project and for an extensive bibliography please visit www.ryerson.ca/voices.

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