FROM THE FIELD

Family Care Curriculum: A Parenting Support Program for Families Experiencing Homelessness

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Abstract

Purpose In the United States, families with children characterize the fastest growing portion of the homeless population. Parenting for families experiencing homelessness presents unique challenges since families facing homelessness are disproportionately more likely to experience a myriad of interpersonal and contextual stressors that heighten the risk of parents engaging in suboptimal parenting approaches. This article describes the development and implementation of the Family Care Curriculum (FCC) train-the-trainer parenting support program specifically designed to support positive parenting in families experiencing homelessness. *Description* The FCC is a 6-week theory-based parenting intervention aimed to create positive shifts in parental attitudes to enhance sensitive and nurturing parenting and positive parent–child relationships. FCC assists parents in reflecting on how their own experiences contribute to some of their parenting beliefs, patterns, and behaviors. Parents are coached to imagine and understand the emotions, attachment, and developmental needs behind their children's behaviors so they can maintain empathic and nurturing parenting responses in the context of cumulative and chronic stress. Parents are supported through learning to engage in self-care. A unique and important feature of the FCC is the inclusion of a culturally sensitive approach that takes into consideration the effects of racism, classism, and oppression on parent–child relationships. *Conclusion* FCC was designed, implemented, and championed by expert providers in the fields of family therapy, social work, and pediatrics to support parents experiencing homelessness. FCC adds to the body of effective attachment-based, trauma-informed, and culturally sensitive parenting interventions for improving parent–child relations and family health amongst vulnerable populations.

Keywords Homelessness · Parenting program · Parental attitudes · Parent–child relationships · Attachment · Trauma-informed

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Significance

Parent training has been identified as a high priority for at-risk families experiencing socioeconomic disadvantage. To date, there are few parenting programs used in emergency and transitional housing agencies that are known to be effective, trauma-informed, culturally-sensitive, and well-received by parents. The development and implementation of the Family Care Curriculum (FCC) was seen as a necessary step towards creating a program for parents experiencing homelessness that would be well-received, effective, affordable, and sustainable. Sustained since its creation in 2009, it is now important to describe and disseminate to a wider audience.

Introduction

In the United States, families with children comprise the fastest growing portion of the homeless population (Bassuk et al. 2014). In 2016, families represented more than a third of the overall homeless population, sheltered and unsheltered (Henry et al. 2016). National experts approximate that 2.5 million, or 1 in 30, children experience a period of homelessness in the United States each year (Bassuk et al. 2014). Racial/ethnic minorities and households headed by single women aging out of child welfare are disproportionately affected by homelessness as a result of social marginalization, institutional racism, and gender-based discrimination (Bassuk et al. 2014; Thomas and Dettlaff 2011).

Families experiencing homelessness and near homelessness are more likely to be exposed to a myriad of interpersonal and contextual stressors, i.e., interpersonal and community violence; economic and housing distress; maternal depression and other psychiatric disorders; parental substance use; inadequate educational, social, and health resources that heighten the risk of parents engaging in suboptimal parenting approaches (e.g., reactive and harsh, inconsistent, and/or neglectful discipline); and engaging in parentification of children (i.e., the process of parent–child role reversal whereby children are expected to perform adult responsibilities or serve in a parental role to themselves, other siblings, or even their own parent) (Bassuk et al. 1996; Howard et al. 2009). Unresolved trauma and high levels of stress have been shown to impact parent–child attachment and directly influence parenting behavior and child outcomes (Berthelot et al. 2015). Likewise, homelessness is associated with increased vulnerability to poor mental health for parent and child and with developmental delays and adverse educational experiences for children (Howard et al. 2009; Perlman et al. 2012).

Research suggests positive parent–child relationships may mitigate the negative effects of childhood homelessness and other adverse childhood experiences by helping children to better manage their emotions, self-regulate, form positive relationships, and enhance their executive functioning (Perlman et al. 2012, 2014). Positive parent–child relationships are depicted by parents who have developmentally appropriate expectations and supervision; who engage in warm, encouraging, and responsive verbal exchanges with their child(ren); and who regard their child(ren) as a separate person. Although positive parenting program models exist, few specifically address parenting in the context of homelessness or near-homelessness (Haskett et al. 2016; Perlman et al. 2012).

FCC, developed by Sheller and Hudson (2009), is a 6-week theory-based positive parenting intervention created to address the gap in effective, affordable, and easy-to-implement parenting support programs for families living in emergency and transitional housing. FCC uses a train-the-trainer approach and synthesizes research and best practices from a variety of disciplines and frameworks, including social work, family therapy, attachment theory, social-learning theory, trauma-informed care, and self-care. This article describes the development of the FCC and presents an overview of the FCC model's theoretical underpinnings and structural components, implementation strategies, and future directions.

History of the Development of the Family Care Curriculum

Prior to the development of the FCC, Sandy Sheller, MA, an art and family therapist with expertise in attachment-related issues, and Dr. Karen Hudson, a pediatric social worker, had > 50 years of collective experience working with families experiencing homelessness in the Philadelphia area. Through their work, they learned that many parents residing in shelters were mandated to attend parenting classes. However, their experiences in these classes often left them feeling stigmatized and judged. Shelter staff also often expressed disappointment that the classes did not seem to resonate with parents or promote observable positive effects in families. Many of the existing parenting programs were heavily behavior-oriented, focused on skills (e.g., redirecting behavior), and seemed insufficient for parents facing intergenerational legacies of trauma, economic distress, and social marginalization (Haskett et al. 2016; Perlman et al. 2014). With the goal of addressing these concerns, Sheller and Hudson drew upon theory and practice-based experience to design FCC as a program centered around (1) building supportive, safe community spaces and relationships; (2) increasing parental understanding of attachment; and (3)

promoting deeper levels of parental self-awareness and positive identity to build family resilience and help parents cope with the tremendous stressors associated with homelessness.

Overview of the Theoretical and Pedagogical Underpinnings of Family Care Curriculum

Important to understanding FCC is an explanation of the core principles used in the curriculum, namely, attachment theory and the importance of building reflective capacities, cultural sensitivity, social-learning theory, trauma theory, and self-care. These theoretical underpinnings are woven throughout the content of the program and the process for how the model is designed to be implemented. It is the combination of these tenets as well as the pedagogical framework (see Table 1) that helps make FCC accessible and effective for this population.

The Influence of Attachment Theory and the Importance of Reflective Capacities

Parents with extensive trauma histories who face homelessness can find it difficult to consistently provide the optimal levels of parental sensitivity, empathy, warmth, and scaffolding of emotional regulation that characterize supportive and secure parent–child relationships (Berthelot et al. 2015; Perlman et al. 2012, 2014). Research substantiates the benefits of using attachment-oriented parenting programs to enhance parent–child relationships (Berlin et al. 2005; Bernard et al. 2012; Powell et al. 2014). The FCC model uses an attachment-oriented focus to help parents reflect on and gain understanding of how their own experiences (i.e., past and present attachment relationships, cultural contexts, and other traumatic experiences) contribute to some of their parenting beliefs, patterns, and behaviors (Ensink et al. 2016; Perlman et al. 2012). Through exercises and discussions aimed at building the capacity for reflection, parents are coached to imagine and understand the emotions, attachment, and developmental needs behind their children's behaviors so they can maintain empathic and nurturing parenting responses even while experiencing cumulative and chronic stress. FCC facilitators assist parents in identifying the times they have been triggered by, misread, or have not met their children's attachment-based and developmental needs. From these reflections and understanding, parents are encouraged to practice new responses with their children between training sessions and report back to the group to reinforce the learning.

Table 1 Family Care Curriculum pedagogical framework: enhancing parent participation and reflective capacities

Locus of control	Voluntary participation; parent seen as expert on own child; focus on parent well-being not on redirecting parenting behavior; group choses elements of program content most relevant to them
Environment	Warm, informal setting including sharing of food; group closed after week 2 for safety and cohesion; creation of "village-like" milieu in the agency
Flow	Program builds from general, theoretical, non-threatening to personal and reflective as cohesion and trust in group builds
Social learning	Group itself is agent of change; sense of belonging/identifying with others; receive feedback from group; model after others; experimenting with new behaviors; confidence builds as altruism develops
Modeling	Facilitators take empathic stance with parent and provide secure base/safe haven for parent as parent is asked to do with child; ethnically diverse co-facilitators model healthy banter back and forth, allowing parents to feel free to openly discuss difficult aspects of parenting and child rearing
Experiential and discovery learning	Parents experiment with different attitudes/responses towards children between training sessions and report back; parents experience directly what is being taught and discover/watch changes in relationship with child and in child's behavior
Repetition and feedback	Basic principles are repeated and expanded upon each week; parents make connections between how they parent their children and their children's emotions and behaviors; as shifts in parents' behaviors result in changes in children's responses, this feedback incentivizes parents to continue to change
Coaching/scaffolding/positive reinforcement	Facilitators notice changes in parents/praise parents for efforts; notice parent/child interactions/relate what child is doing and needing to attachment-based material; scaffolds reflective functioning process
Reframing	Parent given trauma-informed, attachment-based, cultural lens to re-examine children's behaviors and needs and their own responses
Self-care	Parents are encouraged to engage in healthy self-care; agency works with parents to identify ways the agency can further support and empower parents

Cultural Sensitivity

Recognizing that families in shelters are disproportionately African American requires exploring how racial and intergenerational trauma may influence parenting behaviors (Johnson 2010). The FCC provides focused discussions of how racism, classism, oppression, and other past life circumstances can make it difficult to satisfy the natural tendency to love one's children and act on that love in consistent and nurturing ways. Remnants of slavery likely contribute to unconscious parenting behaviors including corporal punishment as a method of controlling children and keeping them safe (Kelch-Oliver and Smith 2015; Thomas and Dettlaff 2011). FCC facilitators engage parents in open discussions about their use of physical discipline for the intended safety and protection of their children in an often harsh and racist society (Kelch-Oliver and Smith 2015; Thomas and Dettlaff 2011). Other discipline techniques are discussed and shared to empower parents to choose developmentally appropriate options that stem from a nurturing stance; these options include praise, use of time-outs and time-ins (i.e., an alternative to a time-out).

Influence of Social Learning Theory and Trauma-Informed Principles of Care

The FCC is designed to use social-learning theory, which allows learning and problem-solving to be maximized in groups. Learning happens through observation even in the absence of direct reinforcement (Bandura 1977). Participant engagement is prioritized through the FCC's pedagogical framework, using the approaches described in Table 1. Incorporated into the FCC is the recognition that group participants have consistently experienced trauma, powerlessness, and oppression and may be overwhelmed by stress. To address these issues, the FCC is delivered in a manner consistent with a trauma-informed approach that emphasizes promoting safety, choice, strengths-based empowerment and growth, avoiding blame, and the understanding that healing happens in relationships (Bloom and Farragher 2013; Guarino 2014).

FCC group facilitators attempt to meet the parents' own developmental and emotional needs as they provide respect and show through role modelling the nurturing and positive behaviors that they are encouraging parents to provide to their children. In a compassionate manner, facilitators focus on supporting changes in parental attitudes and what parents are thinking, feeling, and needing and not on pointing out or redirecting parental behaviors. This approach allows parents to have a locus of control and feel empowered. Through focusing on the concern for the experience of the parent, parental shame is diminished and the opportunity for new learning, sharing, and adopting new beliefs and behaviors is enhanced. The belief is that parental behaviors will change and that changes will be more enduring with shifts in beliefs and attitudes.

Parents are encouraged to support each other between training sessions and after the completion of the program. Peer support decreases social isolation and the sense of being stigmatized, provides validation of their experiences, and renews hope in their power to improve their children's life trajectories (Kelch-Oliver and Smith 2015). All staff within the shelter or agency are encouraged to be trained in the FCC to facilitate a "village-friendly" attachment-based nurturing environment, which can be a cultural paradigm shift for some organizations.

The Role of Self-Care

FCC incorporates self-care principles that encourage parents to care for themselves so they can better take care of their children. To help reduce parental stress, parents are given permission to think of ways to care for their own needs of healthy respite and self-enhancement through activities such as journaling, creating art, or reading. The program ends with empowering parents to ask for and create the kind of environment that would best assist their parenting skills and their children's developmental needs and build or continue to provide the social capital necessary for optimal parenting and child outcomes (Holtrop et al. 2015).

The Family Care Curriculum Model: Pragmatics and Logistics

Pragmatics

To reduce barriers to participation by decreasing the stigma of a mandated parenting intervention, the developers carefully chose the title, *Family Care Curriculum*. It reflects the supportive and strength-based nature of the group intervention. Developed as a cost-effective parenting intervention, manualized, train-the-trainer model that could be implemented by lay shelter staff, FCC is designed to be delivered in 6–8 weeks. Given the transient nature of homelessness, the shortened program length allows parents to participate in all sessions.

To enhance group cohesion and build a safe and trusting environment, FCC group facilitators are advised to close group membership after Session 2. A strength of the FCC is its applicability to parents with children of all ages. It is recommended that agencies implementing FCC arrange childcare so participating parents can focus during the sessions and build the necessary trust in the group for deep sharing. Yet, in keeping with a trauma-informed approach, parents

who are uncomfortable with separating from younger children (0–2 years) can bring them to the weekly sessions.

The Train-the-Trainer Model

To broaden the capacity for dissemination of the FCC, a train-the-trainer model was used. Participating community-based agencies and shelters identify lay professionals within their organizations to attend an all-day FCC training and receive a training manual, instructions, and the necessary materials to successfully implement the program. FCC groups are led by two trained facilitators, preferably at least one of whom is of the same racial/ethnic background as most of the participants. This approach allows for the co-facilitators to disseminate information, infusing their backgrounds and experiences into the dialogue, while simultaneously encouraging group process. Facilitators meet with a group of 8–12 parents weekly for 1½ to 2 h for 6 weeks.

Content Overview of Sessions

The FCC comprises six scaffolding sessions. Key content includes focusing on the importance of attachment for child development (Session 1), helping parents to recognize and understand developmentally appropriate expectations of their children's behaviors (Session 2), supporting parents as they reflect on past experiences and re-examine their own parenting (Session 3), creating safety and openness for deep reflection and awareness (Session 4), empowering parents to try out new parenting strategies (Session 5), and accentuating positive changes and supporting parents to advocate for the kind of support they need (Session 6). Table 2 provides more details.

Identifying Implementation Strategies of the Family Care Curriculum

A variety of implementation strategies were used to implement the FCC. Many conversations took place over the years with FCC trainers, shelter staff, and parents in multiple agencies to get feedback before, during, and after implementing FCC. Assessing interest and readiness for such a program, developing an implementation timeline, and conducting a pilot training program occurred before scaling up implementation with stakeholder agencies. Awareness of the challenges of insufficient shelter funds for program development and capacity building was important. Table 3 aligns FCC's implementation strategies with those laid out in the Expert Recommendations for Implementing Change (ERIC) model (Waltz et al. 2015).

Through the years, barriers to implementing FCC that were identified by shelter staff included challenges to have two staff consistently available as facilitators, providing childcare during the training, and time release for staff to serve as facilitators. Additionally, training challenges were encountered among some of the lay staff who had no prior group experience. To address these challenges, Sheller and Hudson helped develop stronger relationships between shelter stakeholders because they believed that opportunities for networking might result in sharing resources and building capacity. Flexibility to adapt and tailor the training and the manual to the context and population was at times needed. For example, in shelters that had shorter stays, the FCC program was provided twice a week for 3 weeks instead of once a week for 6 weeks.

Discussion and Future Directions

The FCC was developed and championed by expert providers from the field to address the gap in parenting programs specifically tailored to families experiencing homelessness. Since 2009, with endorsement from the City of Philadelphia Deputy Mayor of Children's Health and the Director of the Office of Supportive Housing, FCC has been successfully implemented. Over 200 staff including lay professionals, social workers, and shelter directors representing over 53 provider agencies serving approximately 700 families annually have been trained in the model. 17 of these agencies attended anywhere from three to ten trainings.

The National Report Card for Child Homelessness (2014) stated, "Although implementing evidence-based parenting interventions and creating parent-centered organizational practices are not currently the norm in homeless and housing programs, they represent a cost-effective approach to supporting homeless families and children" (p. 91). This report cited the FCC as one of three promising parenting models for child homelessness.

To date, there are few parenting programs developed specifically for this vulnerable population and even fewer programs that are achieving any reasonable level of evidence-based success. In order to respond effectively to the demand for spreading FCC within the homeless shelter community, program evaluation is needed. In addition, there is a need for program fidelity measures. Furthermore, research that assesses the short- and long-term impact of the program on the lives of these families could provide valuable guidance about parenting support programs.

Table 2 Family Care Curriculum: shifting parental attitudes to build parental capacity

Week	Curriculum purpose and topic	Goals
Week 1	Creating the theoretical framework for Family Care Curriculum: the importance of attachment and early nurture for children's development; the effects of trauma and culture on parenting	Engage parents and create a positive supportive experience where parents can absorb new information and will want to return to the group
Week 2	Discussing child development stages and milestones while encapsulating an attachment and cultural perspective	Help parents understand developmentally appropriate parent roles and expectations of children's behavior
		Help shift parents' thinking about difficult child behaviors and stages
Week 3	Reframing children's difficult-to-understand behaviors using an attachment and trauma-informed lens; reflection on parents' past experiences and the effect of present stressors on parenting beliefs	Increase capacity for sensitive responses to children's attachment needs
		Create warm trusting environment for parents to discuss emotionally charged past and historical experiences and their effects
Week 4	Joining of the group in the common effort to understanding the effects of one's own personal history on current caregiving behaviors in order to motivate positive changes in attitude and behaviors	Elicit parents' motivations to change, including adopting more empathic responses for their children and themselves
		Allow group members to support and learn from one another
Week 5	Making the paradigm shift; practicing new parental attitudes and behaviors from attachment and trauma focus; choosing new options even when under stress	Empower parents to practice new skills
		Invite communication on changes in parent-child relationships and perceptions of their parenting
		Encourage self-care and the use of the group for support
Week 6	Putting it all together; celebrating positive parental changes; creating a new parenting plan	Accentuate positive changes
		Help parents advocate for the kind of support they need to sustain the changes and continue to grow

Table 3 Implementation strategies used with the Family Care Curriculum

Implementation strategy domains[a]	Actions taken to implement the Family Care Curriculum
Evaluative and iterative strategies	Assessed for interest and readiness for training lay staff
	Conducted local needs assessment for parenting training
	Piloted FCC to test feasibility with population
	Developed training implementation blueprint and timeline
	Staged implementation scale-up in stakeholder agencies
	Examined implementation fidelity within those agencies
	Examined training feasibility with lay staff
	Obtained parent and staff feedback for quality improvement
	Identified barriers to implementation
Providing interactive assistance	Provided technical support to agencies and trainers
	Provided training supervision feedback
	Provided written summaries of intervention assessments and shelter staff feedback after each 6-week series
Adapting and tailoring to context and population	Tailored training to shelters with shorter lengths of stay
	Tailored teaching strategies to diverse groups such as those comprising fathers or victims of domestic violence
	Promoted adaptability and flexibility without compromising the integrity of the program
Developing stakeholder interrelationships	Convened workgroup of experts in the field to identify best practice principles used in the development of FCC
	Obtained formal commitment and signed memorandum of understanding with local government agency for funding to train large group of providers quarterly the first year of implementation
	Provided summaries of those trainings to the local government agency as partner
	Helped agencies recruit trainers for leadership within their organizations
	Identified early champion agencies and promoted networking
	Invited champion trainers to trainings with new agencies
	Informed local leaders and presented at stakeholder meetings
	Built a coalition including academic and research partners
Training and educating stakeholders	Conducted ongoing trainings, including refresher trainings
	Provided ongoing consultation and supervision
	Presented at local and national conferences
	Developed a training and implementation manual
	Used a train-the-trainer strategy
	Strengthened and enhanced implementation through use of co-facilitation model
	Worked with educational institutions to expand training outside the homeless provider network

[a]The terms used in this table to identify the implementation strategy domains are the terms used in the ERIC model (Waltz et al. 2015)

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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