



Family Resource Centers

VEHICLES FOR CHANGE, VOLUME I

THE CALIFORNIA FAMILY RESOURCE CENTER LEARNING CIRCLE

Preface

In recent years many initiatives, funding sources and programs have used the term “family resource center” to describe what they do. The broad use of this term has at times created confusion on the part of program staff, administrators, funders, community members and consumers of service. The purpose of this document is to define the key characteristics and activities of quality family resource centers, describe how they function as a vehicle for change for families and communities, and help policymakers and funders “make the case” for the family resource center approach to providing family support services.

The document is the result of a year-long Learning Circle process, convened by the Foundation Consortium, which explored the experience of practitioners and the writing of experts. Learning Circles, ad hoc groups of individuals who come together to improve outcomes for children and families, are a flexible approach to collaborative learning. They are facilitated by a trained learning ally who guides the group in clarifying its learning objective, identifying resources needed to meet their goals and in generating a learning product.

The *California Family Resource Center Learning Circle* consisted of researchers, policymakers and funders, directors of family resource centers and technical experts from around the country. This diverse group reflected the knowledge and experience of family resource centers and communities across the state and the nation as well as the findings and publications of respected experts. —April 2000





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Connie Busse, *Executive Director*
Family Support California

Wendy Byrnes, *Strategies Project Coordinator*
Strategies Region II
Parents Helping Parents

Eileen Carroll, *Program Manager*
California Department of Social Services
Office of Child Abuse Prevention

Charlie Ferguson
UC Berkeley Child Welfare Research Center

Betsy Gowan, *Project Coordinator*
Strategies Region I
Parent Education Network

Larry Grandstaff, *Program Consultant*
California Department of Social Services
Office of Child Abuse Prevention

Anthony Guilleán, *Program Director*
Strategies Region IV and V
Children's Bureau of Southern California

Linda Hockman, *Program Consultant*
California Department of Social Services
Office of Child Abuse Prevention

Connie Johnson, *Project Coordinator*
Partners for Healthy Neighborhoods
Oceanside, California

James Johnson, *Executive Director*
Mutual Assistance Network of Del Paso Heights

Denise Land, *Family Cooperative Project Director*
Child Abuse Prevention Council of Placer County

Lise Einfeld Maisano, *Senior Program Officer*
S.H. Cowell Foundation

Sophie Arao-Nguyen, *Director*
Satellite Service Training & Technical Assistance
Strategies Region II
Parents Helping Parents

Pat Reynolds-Harris, *Program Officer*
Stuart Foundation

Tamsen Stevenson, *Project Coordinator*
Strategies Region III
Interface Children Family Services

Sonia Velazques, *Associate Executive Director*
Family Resource Coalition of America
Chicago, Illinois

Chantel Walker, *Community Infrastructure*
Division Director
National Economic Development and Law Center

Anthony Williams, *Director Strategic Planning*
and Special Projects
Family Resource Coalition of America
Chicago, Illinois

CONTRIBUTING EDITORS:

George Shaw, *Program Consultant*
California Department of Social Services
Office of Child Abuse Prevention

Terry Carrilio, *Director*
San Diego State University, Social Policy Institute

Family Resource Centers
are the
Heart
of the
Community



Table of Contents

FAMILY RESOURCE CENTERS: WHY ARE THEY VALUABLE IN OUR COMMUNITIES?	2
WHAT IS A FAMILY RESOURCE CENTER?	5
ORIGINS	5
TODAY'S FAMILY RESOURCE CENTER	6
DEFINING CHARACTERISTICS	7
<i>Center Environment</i>	7
<i>Approach to Services and Supports</i>	7
<i>Community Involvement and Shared Responsibility</i>	8
<i>Family Integrity and Functioning</i>	9
DEVELOPING A QUALITY FAMILY RESOURCE CENTER	10
APPROACH	10
<i>Based on Research</i>	10
<i>Core and Comprehensive Services</i>	10
<i>Community Building and Collaboration</i>	12
<i>Family Support Principles</i>	12
IMPLEMENTATION	13
<i>Leadership and Staffing</i>	13
<i>Articulation of Policies and Procedures</i>	14
<i>Facility</i>	14
<i>Funding Support</i>	14
EVALUATION	15
<i>Performance Measures</i>	16
<i>Outcomes and Results</i>	17
EXAMPLES OF EVALUATIONS	19
CONCLUSION	25
APPENDICES	29
APPENDIX 1 – PREMISES OF FAMILY SUPPORT	29
APPENDIX 2 – PRINCIPLES OF FAMILY SUPPORT	30
APPENDIX 3 – RESULTS OF EVALUATIONS OF FAMILY SUPPORT PROGRAMS	31



Family Resource Centers:

WHY ARE THEY VALUABLE IN OUR COMMUNITIES?

Today's family resource centers (FRCs) are a key prevention strategy for addressing many of the challenges that face families, whether they live in rural, suburban or urban areas. The goal of FRCs is healthy families in healthy communities. To improve outcomes for both families and communities, a family resource center brings together services and activities that educate, develop skills and promote moving in new directions for families. This increases the capacity of families to be healthy, involved members of dynamic communities. This unique approach of involving families in problem solving while at the same time developing skills, abilities and talents, works to create healthy and functioning families and communities.

Evolving research and evaluation indicate that family resource centers are promising strategies for addressing such issues as:

- *Child abuse and neglect*
- *Substance abuse*
- *Family violence*
- *Family instability*
- *Juvenile violence and crime*
- *Welfare to work/employment*
- *Community unity*
- *Family isolation*
- *Family and community health*
- *Educational outcomes*

James Garbarino in *Raising Children in a Socially Toxic Environment*¹, states that the social world of children – that is, the social context in which they grow up – has become poisonous to their development. Garbarino suggests that there are a number of factors that can contribute to successful coping and resilience thereby reducing the impact of their toxic environment. **Family resource centers are a natural vehicle for the community to employ to help family members develop the skills to overcome these destructive factors.**





THE FOLLOWING ARE THE KEY FACTORS OF RESILIENCY:

- **Children need early positive relationships, particularly with parents, to increase their resilience and coping abilities in life.** Quality family resource centers offer a safe and stimulating learning environment for parents and children alike, increasing their ability to cope successfully. Core services that focus on improving parenting skills, parent-child attachment, stress reduction and developing coping skills, contribute to building and strengthening these relationships.
- **Children who experience genuine instances of self-sufficiency internalize the belief that they are capable of succeeding each time they meet a challenge.** Family resource center activities offer opportunities for parents and children to experience success and efficacy in daily life. These experiences provide families with increased competency and self-sufficiency. As a community-gathering place, the center creates opportunity for caring adults and community members to provide support and nurturing for children.
- **Children who actively seek to master the challenges they experience do better than those who react passively to stress.** Quality

family resource centers provide skill-based services and activities that increase children's and parents' ability to manage life's stresses. This leads to proactive coping rather than a reactive stance to everyday situations.

- **Children are more resilient and able to cope with life stressors when they are more active and sociable.** The family resource center approach enhances parent-child bonding and relationships, while improving parenting skills, problem solving and stress management. The benefit to children is that parents are more capable of providing a positive response environment, which increases positive temperament in children.

- **Children do best in an open supportive climate that encourages constructive coping with problems.** Children need affirmation and support from family and institutions such as schools, churches and other community organizations. Family resource centers offer an integrated approach to services and activities, linking the community to the family to provide support, encouragement and respect for children and families.



Along with focusing on positive outcomes for children and families, family resource centers identify and nurture strengths in communities. John Kretzmann and John McKnight, authors of *Building Communities from the Inside Out* (1993)², have studied successful community-building initiatives in hundreds of neighborhoods across the nation. Their work in teaching communities to value their strengths and identify their assets offers a model to apply resiliency concepts to entire communities. They state: “Creative neighborhood leaders across the country... are discovering that wherever there are effective community development efforts, those efforts are based upon an understanding, or map, of the

community’s assets, capacities and abilities. For it is clear that even the poorest neighborhood is a place where individuals and organizations represent resources upon which to rebuild.”

It is not enough to help a family develop resources and skills if the environment in which they function is “socially toxic.” Family resource centers work towards creating environments that help increase protective factors, such as developing community connections, improving access to resources, reducing social isolation, improving social skills and empowering families. The remainder of this document describes what a family resource center is and how this approach strengthens families and communities.

The Family Resource Coalition of America, a national leader in the family support movement, has aptly described the vital role of family support programs such as family resource centers as

“not just community-based...they are integral to their communities and contribute to the community-building process. Programs promote the well-being of the whole community, not just program participants. They engage in community-building activities...contribute to the social, cultural, and economic life of the community and serve as a showcase for community pride and ownership. One of the primary roles is to build strong relationships with other community resources and services.”

—How are we Doing (1998)³

What is a Family Resource Center?

FAMILY RESOURCE CENTERS AND FAMILY SUPPORT PROGRAMS ARE BRIDGES BETWEEN PROFESSIONAL SERVICE SYSTEMS AND VOLUNTARY SUPPORT NETWORKS...THESE CENTERS AND PROGRAMS BRIDGE FOR FAMILIES THE PUBLIC AND PRIVATE, THE THERAPEUTIC AND THE NORMATIVE, THE SPECIALIZED AND THE GENERAL, THE PROFESSIONAL AND THE VOLUNTARY...

- (Charles Bruener)⁴

ORIGINS

Family resource centers embody a rich history built on the experience of the Settlement Houses of the late 1800s. Settlement houses provided support to immigrants in the form of acculturation, skill building, and social advocacy as part of assisting them to understand and adapt to American culture. Settlement house workers lived in the community and were actively involved in important social reform efforts, which improved working and living conditions for families in the newly developing urban communities. The early settlement house movement also advocated strongly for the use of measurable data in the development of local, state and national policies, and played an important role in many of the social reforms of the Progressive Era of the early 1900s.

Family resource centers also incorporate many of the values and practices of the more recent self-help, parent education and family support movements that evolved from research and practice in the child development and child welfare fields.



The parent education movement is influenced by the establishment of the Parent Teacher Association (PTA) in the 1800s, Head Start in the 1960s, and the increased advocacy role of parents with special needs children in the 1970s. From this heritage, family resource centers focus on the parent-child relationship and a parent's understanding of child development. The self-help movement, which began in the 1960s, contributes the concepts of relying on self for help rather than professionals and the concept of participation as partners in decision-making at centers.

TODAY'S FAMILY RESOURCE CENTER

Today's family resource centers build from the experience of the past and help mobilize families to successfully respond to the challenges they face in the 21st Century while recognizing the importance of cultural and community identity. Family resource centers can be found in many types of neighborhoods and serve any family seeking support in child rearing or in connecting to their community.

Family resource centers are one of several community approaches in California focused on improving the well-being of children, youth, families and communities. Family resource centers, like many community building strategies, share the key principles of family support, resident involvement, public/private partnership, community building and shared accountability.

A family resource center is a place where programs and opportunities are available to families and communities. It is also the hub of a whole system that provides a safety net of programs and services in a community. A family resource center is located in a neighborhood where it is easily accessible. Some centers serve the broader community or neighborhood while others are designed to reach a specific population such as a school community, teen parents, a specific ethnic community, a faith community or families with special needs children. The actual facility comes in a variety of locations such as a part of a larger agency, within a shopping center, a converted house, on a school

site or a storefront building. Whatever its shape, when families and other community members enter they know that they are welcome and that this place belongs to them. Within the center, families are warmly greeted and provided a space to gather with their friends and neighbors. Services are designed to be comprehensive and integrated, serving the unique needs and strengths of the individual, the family and the surrounding community.

The activities and programs at a family resource center are developed in response to the stated vision and needs of participants. Programs incorporate building capacity across all members of the family and link individual families to the broader community and community goals. At family resource centers, the staff, volunteers and families create a mutually respectful partnership that honors the diversity and integrity of each.



DEFINING CHARACTERISTICS

There are diverse views about what defines a family resource center. Certainly, they come in all shapes and sizes. Each one is unique in its programmatic structures and array of services. However, a **quality family resource center** does have certain defining characteristics. These characteristics fall into four broad areas:

1. **CENTER ENVIRONMENT
(PLACE)**
2. **APPROACH TO SERVICES
AND SUPPORTS (PROGRAM)**
3. **COMMUNITY INVOLVEMENT
& SHARED RESPONSIBILITY
(PHILOSOPHY)**
4. **FAMILY INTEGRITY AND
FUNCTIONING (PHILOSOPHY)**

CENTER ENVIRONMENT

Welcome to our place! We are at ease here! We belong to this place and it belongs to us! Our ideas and opinions matter here! These phrases express the atmosphere of a family resource center. Centers create a safe environment for growing, learning and connecting. They are clean, well maintained, comfortable, and feel like home. Typically, refreshments such as water, juice, coffee, and tea are available for children and parents. As a community gathering place, they provide safe places for play and for confidential conversations.

APPROACH TO SERVICES AND SUPPORTS

A family resource center serves as the hub of community services designed to improve



family life, especially for overburdened families. An FRC works collaboratively with all community partners to bring together resources and activities into an integrated service system that is accessible and responsive.

In a family resource center, how things are done is as important as what is done. A quality family resource center offers a blend of services, supports, and opportunities. The strategy for developing this blend requires that family members and center staff work together in a mutually respectful partnership. Input and guidance from those being served influence program development and implementation. To be responsive to the community, center staff remain flexible in the programs they deliver and periodically adapt the services to the changing needs of the families and neighborhood where they are located.

In this approach, family resource center staff help families identify and use their strengths and skills to problem-solve and create opportunities for success. This is a significant shift from the traditional approach where the expectation is



that staff will identify the problem and solve it for a family. Another departure from tradition is that services are designed to include and engage the whole family rather than an individual member. This holistic approach also takes all factors affecting the family into consideration rather than focusing on a single issue. Services build families' skills and capacities, strengthen the bond between parent and child, and link families with other families within the community. Working together, staff and family members honor both the principle role of parents or primary caregivers in child rearing and the expertise and knowledge of center staff. This way of working with families is respectful, shares power, supports growth, and develops skills towards self-sufficiency.

COMMUNITY INVOLVEMENT & SHARED RESPONSIBILITY

Family resource centers are in, of, by and for the community. Family resource centers are situated in the community with the purpose of providing improved access to services. Family resource centers are of the community where they provide desired services and are consequently well

received by the population served. Family resource centers are *by* and *for* the community in that the center staff and leadership recognize the importance of continual feedback from families in order to customize their array of services to meet the unique needs of the community. Parents and other primary caregivers are involved in creating and delivering programs as well as in providing support to their peers.

Program participants and community residents have a reciprocal relationship with the family resource center. There is a bond of both giving and receiving that occurs. Residents, families and volunteers are actively recruited and nurtured for involvement in all aspects of the family resource center. This reciprocal relationship between center participants and staff:

- *Ensures community engagement;*
- *Sustains family development;*
- *Promotes a sense of belonging and significance; and*
- *Builds on natural abilities thus strengthening families and community*

The community and families take responsibility for the center along with the staff. They also participate in its design and governance. Through this reciprocal and participatory process, families

build their own capacity to solve problems, address community issues, and create a connected community.

FAMILY INTEGRITY AND FUNCTIONING

“FAMILIES ARE BIG, SMALL, EXTENDED, NUCLEAR, MULTIGENERATIONAL, WITH ONE PARENT, TWO PARENTS, AND GRANDPARENTS. WE LIVE IN UNDER ONE ROOF, OR MANY. A FAMILY CAN BE AS TEMPORARY AS A FEW WEEKS, OR AS PERMANENT AS FOREVER. WE BECAME A PART OF A FAMILY BY BIRTH, ADOPTION, MARRIAGE, OR FROM A DESIRE FOR A MUTUAL SUPPORT...A FAMILY IS A CULTURE UNTO ITSELF WITH SOURCE OF OUR RICH CULTURAL HERITAGE AND SPIRITUAL DIVERSITY...OUR FAMILIES CREATE NEIGHBORHOODS, COMMUNITIES, STATES, AND NATIONS.”

– *Family Support Guidelines for Effective Practice (1999)*⁵

Respect for the beliefs, values, customs and cultures of families is a cornerstone of family resource centers. Through multiple visual cues and the designs and delivery of programs and services, family resource centers affirm the rich ethnic and cultural diversity that characterize their community. Honoring the structure of families, the programs and staff at family resource centers include all family members from children to grandparents. Family resource centers also sponsor activities and community events to promote the arts, culture, and history of those who reside in the area.

Healthy families and community are the goals of family resource centers. The services, supports and opportunities at the family resource center enhance and encourage stable, healthy relationships among family members. The one universal service is parenting education and support. While all centers address this area, quality programs address it from a perspective that

respects the culture, customs and beliefs of the families. Centers ensure that families receive the support and connections they need without intrusion. These characteristics of a family resource center create a healthy environment that promotes successful coping and increased resilience by parents and children during their day-to-day limitations.



Developing a Quality Family Resource Center

Whether a family resource center is neighborhood-focused or serves specific populations, for families to achieve positive outcomes, it is essential that quality be the “gold standard” for the center’s programs and services. To achieve quality programs, a family resource center must have a clearly identified model or approach that is built on the theoretical foundations of family support principles and represents the integration of research, practice and policy. The theoretical foundation of family support principles must also be clearly connected to center services and activities that are reflective of community-identified needs.

Chart 1

CONSIDERATIONS IN QUALITY FAMILY RESOURCE CENTER DEVELOPMENT

APPROACH

- *Based on Research*
- *Core Services*
- *Community Building & Collaboration*
- *Family Support Principle*

IMPLEMENTATION

- *Leadership and Staffing*
- *Articulation of Policies & Procedures*
- *Facility*
- *Funding Support: Public & Private Partnerships*

EVALUATIONS

- *Performance Measures*
- *Outcomes and Results*

APPROACH

BASED ON RESEARCH

Family resource centers are effective when based on research that demonstrates best practices in family support programs and family resource centers. The positive outcomes for families have been demonstrated in several studies across the nation and in California (some of these studies are described in the section on “Examples of Evaluations” and in Appendix 3).

CORE AND COMPREHENSIVE SERVICES

A family resource center provides an array of services and activities that are integrated, comprehensive, flexible and responsive to community identified needs. Core services that all family resource centers provide are listed in Chart 2.

Based on community identified needs, in addition to these core services, a more comprehensive family resource center offers integrated supports and opportunities such as those in Chart 3. In all instances, services and activities are delivered and adjusted as the participants and the community change in their interests, abilities and composition.



Chart 2

CORE SERVICES

PARENT EDUCATION

(such as classes, support groups, peer-to-peer)

CHILD DEVELOPMENT ACTIVITIES

(such as Play & Grow, Mommy & Me)

RESOURCE AND REFERRAL

(links to community resources and services)

DROP IN AVAILABILITY

(a comfortable place for confidential conversations, neighbor-to-neighbor meetings)

PEER TO PEER SUPPORTS

(such as support groups, mentoring)

LIFE SKILLS AND ADVOCACY

(such as anger management classes, communication skills, budgeting, cooking classes, etc.)

Chart 3

COMPREHENSIVE SERVICES

CASE MANAGEMENT

(integrated multidisciplinary team approach)

CHILD ABUSE / NEGLECT TREATMENT SERVICES

(family support home visiting, emergency resources, counseling)

FAMILY HEALTH & WELLNESS

(health & dental services, medical home, onsite outreach, mental health programs, Healthy Families & MediCal)

FAMILY ECONOMICS AND SELF SUFFICIENCY

(CalWORKS, job prep & search, community employment board)

FAMILY LITERACY AND EDUCATION SUPPORT

(ESL, tutoring, GED prep, technology center)

SUBSTANCE ABUSE TREATMENT

(counseling, self-help groups)

YOUTH DEVELOPMENT

(mentoring, after school activities, community service, family fun events)

COMMUNITY DEVELOPMENT ACTIVITIES

(advocacy, housing, employment, capacity building, community celebrations)



COMMUNITY BUILDING AND COLLABORATION

A family resource center is a natural vehicle for building a strong and healthy community. It is in the ideal position to develop collaborative partnerships with all facets of the community: residents, parents, businesses, civic groups, political leaders, grassroots groups, public and private leadership, faith-based organizations, and community institutions like schools, hospitals and law enforcement. Linking resources and advocating for and with families and community is a key role of a family resource center. To improve the outcomes for families and their community, a quality center works to kindle and support local efforts that engage all facets of the community in community building activities.



FAMILY SUPPORT PRINCIPLES

The Family Resource Coalition of America had developed a definition of best practices in family support programs published as *Guidelines for Family Support Practice*⁶. The *Guidelines* articulate quality practices in the field of family support. Chart 4 is a summary of this widely

accepted framework describing Family Support Practices that serve as the foundation of a quality family resource center.

Chart 4

PRINCIPLES OF FAMILY SUPPORT PRACTICE

- 1) Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.
- 2) Practitioners work with families to mobilize formal and informal resources to support family development.
- 3) Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- 4) Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
- 5) Staff and families work together in relationships based on equality and respect.
- 6) Programs are flexible and continually responsive to emerging family and community issues.
- 7) Families are resources to their own members, to other families, to programs, and to communities.
- 8) Programs are embedded in their communities and contribute to the community-building process.
- 9) Principles of family support are modeled in all program activities, including planning, governance, and administration.



IMPLEMENTATION

LEADERSHIP AND STAFFING

Leadership and staffing are critical to the success of a family resource center. The first and most essential support is staffing (paid and volunteer) which must be at an adequate level to sufficiently provide the array of services and activities offered. FRCs that are effective have, at a minimum, a full time coordinator responsible for program implementation and one administrative support person. These two positions are in addition to the staff that provides services and supports. Service providers can be a combination of center staff and outstationed public and private employees such as social workers, counselors, child development specialists, and public health nurses. Increasingly, strong centers also employ community residents in service provision or administrative support positions.

Both staff and administrators of family resource programs are responsible for implementation of quality programs. Administrators are accountable to staff for providing resources and policies and procedures that support their activities. Staff are responsible to administrators for performance, and to families for effectively carrying out program services. The most successful centers have a staff that reflects the demographics of the community in which the center is nestled.

The California Family Resource Center Learning Circle has identified ongoing training for management, service providers, and volunteers as an essential quality assurance measure. An important element of training is to link coaching and technical assistance that supports the implementation of the concepts and skills taught. Frequent training, coaching, and technical assistance linked to the operations and service provision of the center builds staff and community capacity and creates a learning environment that is translated into positive outcomes for families.

ARTICULATION OF POLICIES & PROCEDURES

Program policies and procedures of a family resource center reflect the theoretical foundation of family support principles with careful attention to implementation and evaluation. Significant and meaningful parent and community involvement are woven into all aspects of center operations. Diversity and its expression are also integral to all facets of the center and are articulated in the policies and procedures.

A family resource center has quality assurance procedures and outcome-oriented accountability that includes:

- *Clear expectations and support of staff and volunteers*
- *Ongoing training at all levels particularly of management and supervisory staff*
- *Clearly stated outcomes*
- *Feedback mechanisms so that identified concerns in program quality can be addressed*

FACILITY

It is essential that the family resource center facility is adequate in both size and design to meet the program goals. It is important that administrative support is in place to maintain it in good working condition. Well-designed facilities are in keeping with the surrounding community and reflect the welcome, homelike atmosphere that is key to community participation. In addition to



meeting space, drop-in areas, and workspace for staff and volunteers, a quality center will have a child development area that is well equipped and comfortable for infants, toddlers, and preschool age children.

FUNDING SUPPORT: PUBLIC / PRIVATE PARTNERSHIP & LONG-TERM SUSTAINABILITY

A family resource center will struggle to achieve quality programs and services if any aspect of the core services and basic infrastructure are diluted due to insufficient funding and community support. Policymakers and funders must be aware that it is essential to fund an adequate level of administrative structure in order for a family resource center to effectively deliver quality services. A family resource center must be proactive in establishing and maintaining links to local resources as well.

The key to long-term sustainability of family resource centers is a strong partnership between public and private funding sources. Both are vital to fully sustain the complete effort. Each brings unique contributions to the partnership. Public agencies (child welfare, social services, juvenile probation, education, mental and public health) provide services at family resource centers by outstationing staff and utilizing service contracts. Local nonprofits provide services at the center with funding from both public and private sources. A key to the long term sustainability of any family resource center is to ensure that the public and private partners continue to provide services and supports at the center, and share the funding responsibility for infrastructure, services and capacity building. This combination of funding streams will allow for flexibility of programming to meet the changing needs of families and communities.

EVALUATION

Evaluating the effects of family resource centers as an innovative service delivery model presents special challenges for researchers. The research

strategies of controlled experimentation and random assignment may not be effectively employed in many such settings. Additionally, the nature of family support programs and the difficulty in identifying a stable program structure and process do not lend family resource centers to easy evaluation.

Lizbeth Schorr, in her book *Within Our Reach*⁷, cautions researchers that judgements and decisions should be based on accumulation of wisdom. No single study, no single set of statistics should be the basis of decisions to fund or not to fund, to abandon or to replicate a project. Judgements about what works should be based on a thoughtful appraisal of the many kinds of evidence available. This emphasizes the importance of qualitative as well as quantitative information, not only in evaluations by “objective” outsiders but in the experiences of committed practitioners. Relying on common sense, prudence, and an understanding in interpreting evidence does not mean sacrificing rigor in assessing information. But applying human intelligence may bring us closer to policy-relevant conclusions than reliance on numbers.



Consistent with Family Resource Coalition of America recommendations, quality family resource centers have processes to review: 1) program information; 2) reporting systems that document service delivery; and 3) outcomes related to mission and contractual obligations.

PERFORMANCE MEASURES

Because it is often difficult to evaluate family support programs using social science methodology, it is important that programs adopt a carefully designed process of continuous self-monitoring

and self-correction. The results provide information for strategic planning and the redesigning of programs so that the program constantly learns and self-corrects thereby improving programs and practices.

Family Resource Coalition of America sets forth in their book “How Are We Doing?”⁸ the need for programs to have feedback mechanisms to help them gauge their success in:

- *Meeting identified community needs*
- *Appropriately implementing program components*
- *Serving target populations*
- *Assuring that services are utilized*
- *Keeping participants satisfied with the services*
- *Helping participants achieve their goals*
- *Upholding fiscal policies and accountability*
- *Achieving program purpose and outcomes*
- *Meeting funder requirements or contractual obligations*

A comprehensive approach to performance measures in evaluation includes team peer review and consumer feedback. The team peer review process, a combination of self and peer assessment, provides opportunity for paired family resource centers to share best practices, highlight program strengths and problem-solve, resulting in new strategies for improving the quality of services. Feedback from consumers on their satisfaction





with services and activities at the family resource center is regularly sought through surveys, discussions, focus groups and informal strategies such as suggestion boxes. Both mechanisms provide feedback that is incorporated into program modification and reflects a center's responsiveness to the community.

OUTCOMES AND RESULTS

In addition to meeting the performance of a family resource center, it is equally, if not more important, to measure the outcome of those efforts. Evaluations provide indicators that demonstrate how quality family support programs have led to both short and long positive outcomes for children and families. Positive impacts into the following domains may be attained when integrated comprehensive family support programs are implemented.

Chart 5

SHORT-TERM EFFECTS

- ↑ *Improved academic skills and growth (parent and child)*
- ↑ *Improved parenting skills*
- ↑ *Improved social support for the family*
- ↑ *Increased positive attitudes toward school*
- ↑ *Increased school attendance*
- ↑ *Increased participation in community/school events*
- ↑ *Increased communication with schools and community*
- ↑ *Increased sensitivity to the needs of the family by community & schools*

LONG-TERM EFFECTS

- ↑ *Increased school achievement by the children*
- ↑ *Improved parenting skills*
- ↑ *Improved social support and self sufficiency*
- ↑ *Increased school graduation by the children*
- ↑ *Increased parent employment*
- ↓ *Reduced teen pregnancy*
- ↓ *Reduced school / community substance abuse*
- ↓ *Decreased school / community juvenile crime rate*
- ↑ *Increased child self esteem*



In the next section three evaluations are provided as examples of how strengthening and supporting families can lead to positive outcomes and illustrate some of the results that can be expected from family resource centers.

Family
Resource
Centers
are a
Resource
for
ALL



Examples of Evaluations

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, OFFICE OF CHILD ABUSE PREVENTION, JUVENILE CRIME PREVENTION PROGRAM'S FAMILY RESOURCE CENTERS


The Juvenile Crime Prevention Demonstration Project (JCPP), a Governor's Initiative which began in January 1996, is designed to demonstrate how a comprehensive array of effective programs can strengthen families, improve school performance, and reduce crime. Twelve rural, urban and suburban sites in California are funded under the JCPP. Each site has five direct service components including a Family Resource Center. Outreach workers identify isolated families with infants and young children and encourage their involvement in the FRC and other community activities. Annually, each program targets approximately 40 isolated families with children from birth to five years old to provide intensive services.

PROFILE OF CLIENTS SERVED

An independent evaluation determined that through June 1999, a total of 1,627 families have been enrolled by the 12 FRCs statewide. The families served fit the following high-risk profile at the time of intake:

- *Nearly two-thirds of the family have an income of income of \$900 or less a month and have no adult in the household employed full-time.*
- *More than three quarters of the families have a mother or father with less than a high school diploma.*
- *Three-fifths of the families are headed by a single mother.*
- *More than half of the families have been at their current address for a year or less.*
- *A quarter of parents were considered high risk regarding their ability to discipline their children consistently.*
- *More than half the families were rated as being "extreme" or "mid-ranged" in their poor family functioning, because the members of the families were*





disengaged or separated, and they were very rigid or structured in their ability to adapt to one another.

- *Many of the families were a high risk due to a lack of basic needs:*

—56% at risk in the area of employment

—36% at risk for lack of child care

—37% at risk due to a lack of reliable transportation

SERVICE DELIVERY

Between January and June 1999, the 805 intensively served families in the Family Resource Centers received an average of six hours of service (case management activities, basic needs, family functioning, and academic support). A quarter of the intensively served FRC families also received at least one referral between January and June 1999. The majority of these referrals were for basic needs, family functioning, academic and mental health services.

Additionally, during this six-month time period, 5,908 auxiliary services were also delivered by the 12 FRCs. Services are labeled “auxiliary” when they are provided to families who are not served regularly and more intensively by the program. The greatest numbers of hours of auxiliary services have been in the areas of mental health, basic needs and academic assistance.

FAMILY OUTCOMES

An assessment of families’ basic needs, parenting skills, family functioning, and other areas of risk is conducted at four different times during program participation: within 30 days of intake, after six months of program participation, and at case closure. These assessments are compared to measure change.



Assessments of families participating in the Family Resource Center support the following significantly positive outcomes from intake to case closure:

- *Significant improvements on all seven basic needs domains with 70% of the parents realizing some decrease in basic needs risk*
- *Significant improvements on all three parenting skills domains with scores improved for 55% of families*
- *Significant increases in the family functioning measures of*



cohesion for 36% of the families and of family adaptability for 37% of the families.

- *Significant decreases in families reporting citations or arrest. The percentage of families having members who had been cited or arrested in the last six months dropped from 14% at intake to 7% at case closure.*

- Susan Philliber and Associates (1999)

MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS, SACRAMENTO, CALIFORNIA

In 1993, the Neighborhood Services Agency (NSA) was created by the County of Sacramento to serve the low income neighborhood Del Paso Heights. The NSA works as a multidisciplinary team of social workers, welfare workers, a public health nurse, alcohol and drug counselors, children's mental health counselor, a juvenile

probation officer, and GAIN workers. The Mutual Assistance Network of Del Paso Heights (MAN) evolved in 1994 to serve as a self-help community development corporation to work in partnership with the NSA. MAN utilizes the skills and talents of neighborhood residents to carry out its mission of expanding economic opportunities for local residents. Evidence of MAN's neighborhood capacity-building philosophy is its board of directors, which is predominately comprised of community residents. MAN works to improve physical, educational, safety and social conditions in the neighborhood; stimulating and building self-help and mutual assistance programs that enable residents to work together; and promoting or offering programs, businesses, or other activities necessary to achieve these purposes.

In addition to working closely with the NSA, MAN is also collaborating closely with Sacramento Employment and Training Agency and the Grant Skills Center to provide general employment services, welfare to work services, and adult education and job training. Other programs include grandparent, parent and youth

support groups, community gardens, home visiting, counseling, youth leadership development, a school dropout prevention program, tutoring and afterschool programs.

MAN's Block Grandparent program uses paraprofessional home visitors to do in-home visitation, linking families with resources in the community at the NSA, local schools, Healthy Start and other community resources. In a three-year study of the effectiveness of the Block Grandparent program, 300 families were followed who had been served by Block Grandparents. Researchers found that:

- *Recidivism rates with Child Protective Services (CPS) for families served by MAN home visitors and followed for two years were reduced from 53% to 28%. Seventy-two percent had no further contact with CPS.*
- *Parent-child bonding increased to a statistically significant degree using pre and post program administrations of the HOME scale (Minicucci Associates, 1998).*

In addition to the efforts of MAN in providing family support, there is a community-wide effort in Del Paso Heights to improve health and well-being of residents. The Zellerbach Family Fund Study of Neighborhood Change Second Year Report by Minicucci Associates (November 1999) states that community members feel that the Del Paso Heights community is improving. Residents report that there is less crime, the community feels safer, graffiti and blight have been reduced, and conditions have improved at the high school. The Minicucci report goes on to review that data confirms the residents' impressions:



- *The high school graduation rate at Grant High School has increased from 48% in the Class of 1995 to 64% in the Class of 1998.*
- *School attendance has improved at the elementary schools from 89% to 93%. Suspensions have declined dramatically as well.*
- *Violent crime has dropped 47% between 1992 and 1998, compared to 22% in the county in which it is located (Sacramento County).*

Improvements in Del Paso Heights community outcomes are the results of the efforts of the City of Sacramento, the County of Sacramento, the Mutual Assistance Network, the University of California at Davis, Grant High School leaders and staff, several California foundations and community residents working together for community change. Both public and private investment is paying big dividends in this low-income neighborhood (Minicucci Associates, 1999).

CALIFORNIA DEPARTMENT OF EDUCATION, HEALTHY START PROGRAM

The Healthy Start Support Services for Children Act was established by the Legislature in 1991 (Education Code Sections 8800 et. seq.). Under Healthy Start, the Superintendent of Public Instruction awards planning and operational grants to local educational agencies and their collaborative partners who coordinate and integrate services at or near the school site to promote the health, education, and social development of children. The initiative is based on the recognition that educational success, physical health, emotional support, and family strength are inseparable. During the first three years of the Healthy Start initiative, grantees participated in a statewide evaluation conducted by SRI, International. Results from this study, released in 1996, found that:

- *Healthy Start reached those it is intended to benefit and provided a large number and variety of services.*
- *Student behavior, performance, and school climate improved in Healthy Start schools.*
- *Families' unmet needs for basic goods and services were cut in half.*
- *Healthy Start is changing how children and families are being served.*

There was also strong statistical data, which demonstrated the effectiveness of this program. Here are some of the findings:

1) There were significant reductions in the percentage of families requiring help meeting some basic needs, such as:



- *Food: from 32% to 20%*
- *Clothing: from 30% to 22%*
- *Emergency fund: from 27% to 16%*
- *Transportation: from 30% to 15%*
- *Child care: from 22% to 12%*

2) There were significant differences in employment rates:

- *Those not employed: from 68% to 54%*
- *Those employed part-time: from 14% to 30%*





3) There were significant differences in percentage of individuals who:

- *Had seen a doctor due to illness or injury: from 36% to 29%*
- *Needed help finding medical care: from 41% to 29%*
- *Needed help finding dental care: from 55% to 41%*

4) There were significant differences in the proportion of individuals:

- *Who were depressed at the time of intake: from 28% to 22%*
- *For whom depression was a serious problem: from 32% to 23%*
- *Who had considered suicide: from 7% to 3%*
- *For whom hostility anger was a problem: from 23% to 19%*
- *For whom hostility anger was a major problem: from 36% to 19%*

5) There was a significant difference in the proportion of youth:

- *Who were involved in gangs: from 7% to 2%*
- *Who were sexually active: from 77% to 54%*

Lessons learned from grantees participating in that evaluation were used to design the Healthy Start Evaluation Guidebook that served as the guide for a new evaluation based on data collected by the Healthy Start collaboratives in 1997. The Guidebook simplified the reporting requirements and gave each grantee the flexibility to collect and report data that are most relevant to their local activities. The findings from this evaluation show, among other things, that:

- *Academic results for students most in need increased appreciably. Students' health issues, especially preventive care, are being addressed where they had been ignored before.*

- Across the areas of housing, food and clothing, transportation, finances, and employment, families are eliminating major impediments to supporting their children's academic achievements and overall development.
- Students receiving Healthy Start services are decreasing their drug use, improving their self-esteem and increasing their perception of support from parents, classmates, teachers, and friends.
- Family violence is decreasing and parents have greater awareness of the different stages of a child's development and the different needs that correspond to these stages.
- Healthy Start grantees are serving students and their families across rural and urban communities in all geographic areas of the state. Services are provided across all ethnic groups and ages including preschool children and adults.

— California Department of Education,
Healthy Start (1999)

Conclusion

PREVENTION WORKS

It is widely accepted that the financial cost of crisis intervention and treatment services to communities through the juvenile justice, child

protective services, health, mental health, and education system is enormous, yet the cost to families is even greater. The most significant opportunity we have to impact these costs are family support programs that emphasize





prevention. The family resource center is a prime approach and key strategy in preventing poor child and family outcomes especially for families of children of children birth to five. “...Investments in prevention, particularly as they apply to investments in families with young children are likely to have ‘payback curves’ that extend over a long period of time, with much of the savings occurring when the child reaches a healthy, productive, and non-violent adulthood.”

(Bruner and Scott, 1994)⁹

FAMILY RESOURCE CENTERS ARE A VEHICLE FOR POSITIVE CHANGE FOR FAMILIES

Research and evaluation have demonstrated that there are positive short term and long term outcomes for children and families who participate in family support and family resource center services and activities. By capitalizing on family strengths and increasing protective factors, the family resource center creates an environment, which encourages families to utilize and maintain

their skills within the community and become contributing members. The areas where family resource centers have short-term effects are in parenting, school relationships and attitudes, and academic growth. The areas of long-term effect include the same areas as in short-term but also add employment, high school graduation, reduced substance abuse and reduced juvenile crime rate.

FAMILY RESOURCE CENTERS HELP FAMILIES AND COMMUNITIES

Evolving from the roots of Settlement Houses, parent education and the self-help movement, family resource centers play a vital role in the lives of thousands of families throughout California. The centers operate from the strong theoretical models of family support and the community-based approach. The hallmark of this strength-based strategy is *universal access, respect for diversity and culture, and family centered approaches, which provide a solid foundation for creating change in individuals, families and communities.*

FUND & DEVELOP THE FAMILY RESOURCE CENTER APPROACH – IT WORKS

Family resource centers are a proven and effective prevention strategy for addressing many of the challenges that face California families and communities. It is critical that sustainable funding streams be developed to support emerging and existing family resource centers. A two-pronged approach of public and private partnerships will offer the greatest advantage for: 1) building on the significant investments that public and private entities and communities have made; and 2) developing and sustaining quality programs. To ensure the base for quality of programs and services, funding for infrastructure, core services and training (including opportunities for parent and community participation) is needed.



END NOTES

¹ Garbarino, James; *Raising Children in a Socially Toxic Environment*; San Francisco, CA; (1995) Jossey-Bass Publishers

² Kretzmann, John P. and John L. McKnight; *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*; Chicago, IL; (1993) (3rd ed.) ACTA Publications

³ Ahsan, Nilofer and Lina Cramer; *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*; Chicago, IL; (1998) Family Resource Coalition of America

⁴ Bruener, C. and C. Dunst; *Key Characteristics and Features of Family Support Practice*; Chicago, IL; (1995) Family Resource Coalition of America

⁵ California Early Start Program; *Family Support Guidelines for Effective Practice*; Sacramento, CA; (1999) (3rd Printing) California Early Start

⁶ *Guidelines for Family Support Practices*; Chicago, IL; (1996) Family Resource Coalition of America

⁷ Schorr, Lisbeth B.; *Within our Reach: Breaking the Cycle of Disadvantage*; New York, NY; (1998) Anchor Books, Doubleday

⁸ *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*; Chicago, IL; (1998) Family Resource Coalition of America

⁹ Bruner, C. and S. Scott; *Investment-Based Budgeting – The Principles in Converting From a Remediation Response to A Prevention / Investment Budget, Occasional Paper #11*; Des Moines, IA; (1994) Child and Family Policy Center

For More Information

ON FAMILY SUPPORT PROGRAMS & FRCs

Bruener, C.; *Thinking Collaboratively: Ten Questions to Help Policy Makers Improve Children's Services*; Washington D.C.; (1991) Education and Human Services Consortium

Bruener, C. and M. Chavez; *Getting to the Grassroots: Neighborhood Organizing and Mobilization*, A Matter of Commitment Community Collaboration Guidebook Series; Des Moines, IA; (1997) National Center for Services Integration

Guidelines for Family Support Practices; Chicago, IL; (1996) Family Resource Coalition of America

Jeppson, E.S. and J. Thomas; *Essential Allies: Families as Advisors*; Bethesda, MD; (1995) Institute for Family Centered Care

Family Support Guidelines for Effective Practice in the Early Intervention Service System for Families of Infants and Toddlers with Disabilities or At Risk; Sacramento, CA; (1999) (3rd printing) California's Early Start Program

Kagan, Sharon L. and Bernice Weissbourd; *Putting Families First: America's Family Support Movement and the Challenge of Change*; San Francisco, CA; (1994) (1st ed.) Jossey-Bass Publishers

Kretmann, John P. and John L. McKnight; *Building Communities From The Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*; Chicago, IL; (1993) (3rd ed.) ACTA Publications

Schorr, Lisbeth B.; *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*; New York, NY; (1997) Anchor Books, Doubleday

Schorr, Lisbeth B.; *Within Our Reach: Breaking the Cycle of Disadvantage*; New York, NY; (1988) Anchor Books, Doubleday

Family Support California: (510) 588-1200

ONLINE:

Children's Defense Fund at www.tmn.com/cdf

Children Now at www.childrennow.org

Strategies at www.strategiesca.org

Family Resource Coalition of America at

www.frca@frca.org

California Department of Social Services, Children's and Family Services Division at www.childsworld.org



APPENDIX 1



PREMISES OF FAMILY SUPPORT

1. Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children. The systems and institutions upon which families rely must effectively respond to their needs if families are to establish and maintain environments that promote growth and development. Achieving this requires a society that is committed to making the well-being of children and families a priority and to supporting that commitment by allocating and providing necessary resources.

2. Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services. A national commitment to promoting the healthy development of families acknowledges that every family, regardless of race, ethnic background, or economic status, needs and deserves a support system. Since no family can be self-sufficient, the concept of reaching families before problems arise is not realized unless all families are reached. To do so requires public mandate to make family support accessible and available, on a voluntary basis, to all.

3. Children and families exist as part of an ecological system. An ecological approach assumes that child and family development is embedded within broader aspects of the environment, including a community with cultural, ethnic, and socio-economic characteristics that are affected by the values and policies of the larger society. This perspective assumes that children and families are influenced by interactions with people, programs and agencies as well as by values and policies that may help or hinder families to promote their members' growth and development. The ecological context in which families operate is a critical consideration in a program's efforts to support families.

4. Child-rearing patterns are influenced by parents' understanding of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores. There are multiple determinants of parents' child-rearing beliefs and practices and each influence is connected to other influences. For example, a parent's view of her or his child's disposition is related to the parent's cultural background and knowledge of child development and to characteristics of the child. Since the early years set a foundation for the child's development, patterns of parent-child interaction are significant from the start. The unique history of the parent-child relationship is important to consider in a program's efforts.

5. Enabling families to build on their own strengths and capacities promotes the healthy development of children. Family support programs promote the development of competencies and capacities that enable families and their members to have control over important aspects of their lives and to relate to their children more effectively. By building on strengths, rather than treating deficits, programs assist parents in dealing with difficult life circumstances as well as in achieving their goals, and in doing so, enhance parents' capacity to promote their children's healthy development.

6. The development processes that make up parenthood and family life create needs that are unique at each stage in the life span. Parents grow and change in response to changing circumstances and to the challenges of nurturing a child's development. The tasks of parenthood and family life are ongoing and complex, requiring physical, emotional, and intellectual resources. Many tasks of parenting are unique to the needs of a child's developmental stage, while others are unique to the parent's point in her or his life cycle. Parents have been influenced by their own childhood experiences and their own particular psychological characteristics, and are affected by their past and present family interactions.

7. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities. Equitable access to resources in the community — including up-to-date information and high-quality services that address health, educational, and other basic needs — enables families to develop and foster optimal environments for all members. Meaningful experiences participating in programs and influencing policies strengthen existing capabilities and promote the development of new competencies in families, including the ability to advocate on their own behalf.

From Family Resource Coalition of America; *Guidelines for Family Support Practice* (1996). For more information or to obtain a copy of *Guidelines for Family Support Practice* contact the Family Resource Coalition, (312) 338-0900

APPENDIX 2

PRINCIPLES OF FAMILY SUPPORT PRACTICE



1. STAFF AND FAMILIES WORK TOGETHER IN RELATIONSHIPS BASED ON EQUALITY AND RESPECT.
2. STAFF ENHANCES FAMILIES' CAPACITY TO SUPPORT THE GROWTH AND DEVELOPMENT OF ALL FAMILY MEMBERS — ADULTS, YOUTH, AND CHILDREN.
3. FAMILIES ARE RESOURCES TO THEIR OWN MEMBERS, TO OTHER FAMILIES, TO PROGRAMS, AND TO COMMUNITIES.
4. PROGRAMS AFFIRM AND STRENGTHEN FAMILIES' CULTURAL, RACIAL, AND LINGUISTIC IDENTITIES AND ENHANCE THEIR ABILITY TO FUNCTION IN A MULTICULTURAL SOCIETY.

5. PROGRAMS ARE EMBEDDED IN THEIR COMMUNITIES AND CONTRIBUTE TO THE COMMUNITY-BUILDING PROCESS.
6. PROGRAMS ADVOCATE WITH FAMILIES FOR SERVICES AND SYSTEMS THAT ARE FAIR, RESPONSIVE, AND ACCOUNTABLE TO THE FAMILIES SERVED.
7. PRACTITIONERS WORK WITH FAMILIES TO MOBILIZE FORMAL AND INFORMAL RESOURCES TO SUPPORT FAMILY DEVELOPMENT.
8. PROGRAMS ARE FLEXIBLE AND CONTINUALLY RESPONSIVE TO EMERGING FAMILY AND COMMUNITY ISSUES.
9. PRINCIPLES OF FAMILY SUPPORT ARE MODELED IN ALL PROGRAM ACTIVITIES, INCLUDING PLANNING, GOVERNANCE, AND ADMINISTRATION.

From Family Resource Coalition of America; *Guidelines for Family Support Practice* (1996). For more information or to obtain a copy of *Guidelines for Family Support Practice* contact the Family Resource Coalition, (312) 338-0900





APPENDIX 3



RESULTS OF EVALUATIONS OF FAMILY SUPPORT PROGRAMS

AVANCE

The Avance program provides home visits by trained staff members (many of whom are former participants); presents weekly classes on child growth and development; and disseminates information about community services, English classes, and high school and employment preparation courses. It serves approximately 2,000 predominantly Mexican-American, low-income families with young children in Houston, San Antonio, and the Rio Grande Valley each year.

At the end of the first year of participation, mothers:

- *Were providing a more educationally stimulating and emotionally encouraging environment for their children;*
- *Had more knowledge of community resources available to their families.*
- *Had developed less strict attitudes about child rearing, and*
- *Had developed more positive attitudes toward their role as teachers of their young children.*

At the end of the second year of participation, mothers:

- *Were more likely to be enrolled in or have completed courses to prepare for the General Equivalency Diploma (GED), or to be taking classes in English as a Second Language (ESL).*

—Johnson and Walker, 1991

PARENTS AS TEACHERS

The Parents as Teachers (PAT) program in Missouri offers regular home visits by parent educators, coordinates group meetings among parents, and conducts screenings of children's development and links families to other needed community services. It serves new parents and their children from the time of childbirth through the child's fourth birthday.

- *Parent knowledge of child development increased significantly for all types of families during their three years of program participation.*
- *For one-third of the families who were deemed at risk of negative outcomes for their children, observed risks were resolved by the families' completion of the program.*

—Pfannestral, et al 1991

EARLY CHILDHOOD AND FAMILY EDUCATION PROGRAM

The Early Childhood and Family Education program in Minnesota is open to all families with children from birth to kindergarten. It offers child development information and services to enhance parenting techniques and to promote positive parental attitudes. Parent participants reported increases in:

- *Feelings of support from others*
- *Their sense of confidence and self-esteem as parents; and*
- *Knowledge, awareness, and understanding of children, child development, and the parental role.*

—Cooke, 1992



YALE CHILD WELFARE PROJECT

The Yale Child Welfare Project provided medical care, parent counseling, job counseling, and home visits to low-income mothers and their children from birth to age two and one-half.

Compared to families in a control group who had not participated in the program:

- *Thirteen of 15 participating families left welfare (compared to eight of 15 control-group families);*
- *Participating families delayed birth of a second child an average of nine years (compared to five years for control group);*
- *Boys in participating families were rated by their teachers as showing less aggression and disobedience, and lying and cheating less; and*
- *Boys in participating families required less special education.*

—Seitz, et al, 1985

HOUSTON PARENT CHILD DEVELOPMENT PROGRAM

The Houston Parent Child Development Program used home visits, group sessions for parents, and educational day care to support low-income Mexican-American families with children aged one to three.

Compared to families who did not participate in the program:

- *Participating mothers were more affectionate and responsive and less punitive;*
- *Participating children score higher on cognitive tests during a one-year follow-up and*
- *Participating children were rated by teachers as*

less disruptive, restless, and aggressive during a five-to-eight year follow-up.

—Johnson and Walker, 1987

SYRACUSE UNIVERSITY FAMILY DEVELOPMENT RESEARCH PROJECT

Syracuse University Family Development Research Project provided home visiting, parent training and education, and day care to families headed by low-income mothers who had less than a high school education.

- *Families as a participant group, evaluated after three years in the program, received higher cognitive and social emotional ratings than those in the control group of non-program participants.*
- *A 10-year follow-up study showed that six percent of youth in the participant group had records with the juvenile justice system, versus 22 percent of youth in the control group. One out of four youths in the participant group experienced chronic delinquency but no serious offenses, whereas five out of the 12 youths in the control group experienced chronic delinquency, and all of their cases of delinquency involved serious crimes.*

—Lally, et al, 1988

HIGH/SCOPE PERRY PRESCHOOL PROJECT

The High/Scope Perry Preschool Project in Ypsilanti, Michigan, is a very comprehensive program that combines a high quality early childhood program with home visits and support for parents.

- *A 14-year follow-up study showed that compared to a control group of non-program participants, 20 percent fewer program participants dropped*



out of school, half as many became pregnant during their teen years, and twice as many were employed.

—Schweinhart, et al, 1993

ADDISON COUNTY PARENT-CHILD CENTER

The Addison County Parent-Child Center in Vermont provides a combination of home-based services, center-based education, therapeutic childcare, family therapy, and other services to families predominantly headed by adolescents.

Among families served at the center between 1983 and 1987:

- *Welfare dependency dropped from 40 percent to 17 percent*
- *Incidents of child abuse declined from 21 percent to 2 percent*

- *Employment (including part-time) increased from 10 percent to 70 percent, and*
- *The percentage of parents who had received high school diplomas increased from 30 to 71 percent.*

In addition, from the center's inception through 1987:

- *The rate of adolescent pregnancy in the county dropped from 70 per 1000 to 45.2 per 1000, which was the lowest rate in the state*
- *Only 13 percent of the adolescents served by the Center became pregnant more than once*
- *Ninety percent of adolescent participants received prenatal care, compared to 49 percent in the rest of the state; and*
- *The infant mortality rate in Addison County dropped to 5.6 percent, compared to 8.9 percent in the rest of the state.*

—Meyers, 1991



COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

The Comprehensive Child Development Program (CCDP) funds the 24 centers nationwide to provide intensive, comprehensive integrated and continuous support services to children from low-income families from birth until their entrance into elementary school.

Compared to members of a randomly selected control group:

- *CCDP mothers are more likely to be enrolled in academic classes or job training;*
- *CCDP families make more use of community resources;*
- *CCDP mothers interact more positively with and have higher expectations of their children, and exhibit fewer attitudes associated with child abuse and neglect, and*
- *CCDP children score higher on a standard developmental scale, exhibit more prosocial behavior (for example, they are more cooperative and more likely to follow rules), and suffer fewer injuries that require them to be hospitalized*

—US Department of Health and Human Services, 1994

HAWAII HEALTHY START

The Healthy Start program in Hawaii, upon the birth of children in hospitals, systemically screens the infants' families for various factors that often lead to child abuse and neglect. Families identified as at-risk are invited to accept comprehensive home visiting services for the first five years of the child's life.

Evaluation after the program's first three years showed that:

- *No cases of abuse of target children were reported among participating families*
- *Only four cases of neglect were reported by project staff to child protection services; and*
- *In 99.5 percent of all families who had been identified by the initial hospital screening as not at risk, no abuse occurred.*

Data collection in 1992 indicated that expansion of the original pilot program has not reduced its effectiveness; no abuse or neglect was found in over 99 percent of the families.

—Goetz and Peck, 1994

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