

An Appreciative Inquiry:  
Reflections from  
Family Resource Centers  
in California 2008





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The opinions, questions and recommendations included in this paper are not necessarily shared by the California Department of Social Services, Office of Child Abuse Prevention.

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# An Appreciative Inquiry: Reflections from Family Resource Centers in California 2008



A world in which children are cherished,  
families are engaged in their communities and communities thrive

— STRATEGIES VISION STATEMENT





# Introduction



The California Department of Social Services, Office of Child Abuse Prevention established Strategies in 1997 in response to the need for training and technical support for the family resource centers (FRCs) emerging across the state. Strategies is a statewide alliance of three training and technical assistance teams that serve the Northern, Central and Southern Regions of California. Each team is housed within one of three nonprofit organizations: Youth for Change in Butte County, Interface Children Family Services in Ventura County and Children's Bureau in Los Angeles and Orange Counties. Staff from the three regional offices work closely together to provide a seamless array of services statewide and are informed by the lessons learned participating in the daily life of organizations that provide family strengthening services.

Strategies has undertaken this Appreciative Inquiry as a celebration of 10 years spent working with Family Resource Centers (FRCs) in California, and as a way of paying tribute to the extraordinary family strengthening work that is taking place across the State. As we listened to executive directors and program staff statewide who engage on a daily basis with children and families, we encouraged them to talk about their experiences and concerns, their issues and their aspirations for FRCs. Their thoughts and ideas, questions and recommendations are synthesized in this paper. Together they provide a view of how far the family strengthening field has come, and afford us a provocative and challenging window into what we might achieve together in the next ten years.

In the late nineties state agencies began to make an investment in family strengthening, most prominently the Healthy Start Initiative, to further goals in the education field. In 1998 the California Department of Health and Human Services specifically invested in building a system of Family Resource Centers (FRCs) throughout the state. In the past ten years scores of FRCs have emerged, and there is a small but growing body of literature documenting the work and outcomes of these resource centers as the new, complementary alternative within the human service delivery system. The philosophy, role, functioning and implementation of FRCs was articulated in the seminal document, *Family Resource Centers: Vehicles for Change*, published in 2000 by the State of California, Department of Social Services, Office of Child Abuse Prevention. In 2001, Strategies published a paper entitled "Promoting and Supporting Quality Family Resource Centers" for the California State Office of Child Abuse Prevention which described early lessons learned and made a series of recommendations. In contrast, this paper describes the depth and breadth of the family strengthening work developed across the state from the perspective of the staff in FRCs who engage and work with families and communities at the local level.

In the past three years the California Family Resource Association (CFRA) has published papers and articles dealing with policy development and change intended to move the family strengthening field forward. CFRA, founded in 2005, is a statewide membership association of organizations and individuals that serve children and families. The Association's purpose is

**The lead question was, "What do you think makes your FRC successful?"**



to advocate for programs, policies and resources that help families and communities thrive and succeed. Strategies endorses the description of family strengthening work articulated by CFRA (CFRA, 2008):

**Communities thrive when job opportunities are widely available, when health and mental health care are accessible to families, and when children come to school ready to learn. When communities thrive, families are more likely to succeed. And when families succeed, children tend to be safer, healthier and more secure.**

[www.californiafamilyresource.org](http://www.californiafamilyresource.org)

This brief overview of the literature familiar to most FRC staff includes Strategies quarterly newsletter entitled, *Working Strategies*. Distributed across the state to staff engaged in family strengthening and support work, the publication features special topics and information relevant to the field and highlights best practices.

This paper contributes a current California perspective to the body of literature on family strengthening by adding the voices of the people who have been doing the work in the field over the past decade. Appreciative

Inquiry was chosen as a method for gathering information because it takes a viewpoint that elevates community strengths and is focused on opportunities for change. Neil M. Boyd and David S. Bright, in their article, "Appreciative Inquiry" in the *Journal of Community Psychology*, Vol. 35, No 8 (2007), offer this description:

**Every inquiry is an intervention, which means that the image embedded within the very questions we ask have enormous potential for unlocking possible, actionable answers.**

Certainly the conversations we had in the field are suggestive of the truth in this statement. At a statewide meeting in 2007, Strategies staff identified 70 sites where best practice work in multiple domains was occurring. The sites where interviews were conducted were selected from this impressive list to provide geographic, programmatic and experiential representation. In early 2008 we conducted face-to-face, open-ended interviews with FRC staff. The lead question for staff was, "What do you think makes your FRC successful?" The themes and topics that emerged from these in-depth interviews have been organized in this paper in the following order:

1. Networking and Collaboration
2. Family Strengthening Leading to Community Strengthening
3. Family Perspective Allows us to See Old Issues Through New Lenses
4. Changes in Systems Thinking
5. Relationships as the Essence of the Work
6. Evaluation and Marketing
7. Funding Stability
8. Staffing FRCs
9. Emerging FRCs

The depth and quality of the work being carried out in California's FRCs is exciting and thought-provoking for family strengthening practitioners, trainers, funders, academics, and those whose decision-making authority affects the lives of children and families. These centers are beginning to make a substantial contribution to our understanding of and capacity to engage in successful family strengthening, as we strive to make families and communities safe places where children can grow and thrive.

For a map showing FRCs that participated in the Strategies 2008 Appreciative Inquiry see Appendix Item A. Appendix Item B contains the contact information for the FRCs that participated in this paper.

### **A tribute to Family Support America.**

In the 25 years of its existence (1981-2006), Family Support America played a leading role in a quiet revolution that continues to transform the way America works with families. The organization fostered an understanding of the importance of building trusting relationships and working in partnership with families to reach our

common goal of assuring the well-being of all children.

### **Family Support Is....**

- A set of beliefs and an approach to strengthening and empowering families and communities so that they can foster the optimal development of children, youth, and adult family members.
- A type of grassroots community-based program designed to prevent family problems by strengthening parent-child relationships and providing whatever parents need in order to be good nurturers and providers.
- A shift in human service delivery that encourages public and private agencies to work together and to become more preventive, responsive, flexible, family-focused, strengths based and holistic—thus more effective.
- A movement for social change that urges all of us – policymakers, program providers, parents, employers – to take responsibility for improving the lives of children and families. The family support movement strives to transform our society into caring communities of citizens that put children and families first and that ensure that all children and families get what they need to succeed. These programs have been proliferating across the country since the 1970s.

**Note:** Since these definitions were formulated by Family Support America during its years of operation, there has been a detectable shift in the nomenclature from “family support” to “family strengthening.” It is beyond the scope of this paper to trace the etymology



of these terms but the underlying shift in emphasis is significant for FRCs. The term strengthening implies building on a family's existing strengths, even in times of crisis and deficit. Ultimately, the goal of family strengthening processes is that a family is better able to cope and improve the quality of their individual and collective lives without professional support. Throughout this paper the term “family strengthening” will be used to reflect this shift in emphasis.

After a brief narrative on each of the themes that emerged from our conversations in the field, specific individual reflections are included. In some cases a synopsis of the interviewee's contribution is given. The reflections are followed by questions and recommendations posed by those interviewed and the authors of this paper because they have the “potential for unlocking possible, actionable answers”.



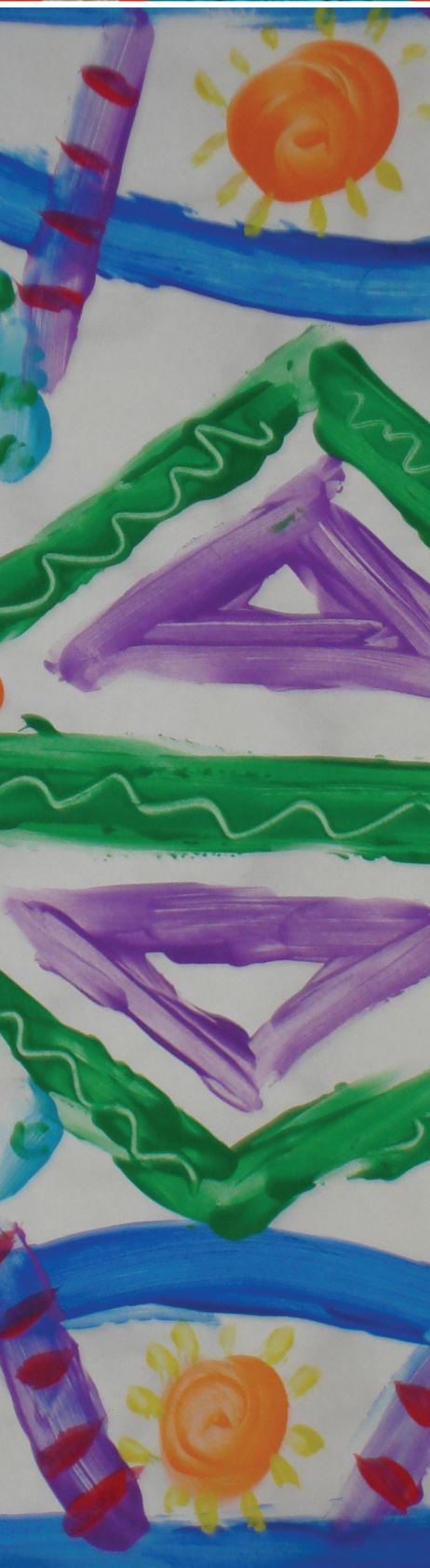


Family support is a set of beliefs and an approach to strengthening and empowering families and communities so that they can foster the optimal development of children, youth and adult family members.





# I. Networking and Collaboration



## **Networking is building the family strengthening field.**

Networking is having a unifying effect on the family strengthening field by increasing the capacity of individual agencies and clusters of agencies. Networking at local and regional meetings provides countless opportunities for the informal exchange of information and relationship building. Frequently these cross disciplinary contacts result in exchanges of resources, training, meeting space etc. and can be the prelude to more formal partnerships.

For the past twenty years, both funding sources and funding crises have variously required and inspired agencies to work together – formally and informally. Agencies have reached out to one another to enhance the quality of services through resource sharing, partnerships and funding applications. Family Preservation, Family Support, Healthy Start and more recently First 5 provide examples of funding sources that made participation in, or the formation of, a network or collaborative of service providers serving children and families a funding application requirement. Today, FRCs that are not part of supportive networks may be vulnerable in two ways: their lack of visibility may cause them to be overlooked by philanthropies, and they may miss opportunities to become partners with agencies receiving public funding, thus missing chances to become embedded in the social service system.

The outcome of the funding mandates from public and private funders, as well as economic slowdowns or recessions that periodically affect the national and California economies, can be surprisingly positive. In times of fiscal constraint, people tend to find ways to work together to stretch resources.



Networks and collaboratives in counties across the State are creating opportunities for service providers to meet informally, exchange information and develop relationships. The trend suggests that these networking relationships often lead to formalized arrangements involving joint funding applications, memoranda of understanding (MOUs) governing service delivery, development of professional standards, co-location, and cross training agreements, etc. Although participation in networks and collaboratives can be time consuming in terms of meetings, record keeping and more complex decision making processes, it is a necessary part of the connective and relational aspect of the work done by FRCs and can be critical to their long term sustainability. The Kern County Network for Children is just one example of a family strengthening

collaborative that has organized to help its member organizations to sustain through multiple shifts in funding and policy priorities.

Of note is the fact that networks and collaboratives that have retained a facilitator tended to remain functional and be more productive. The caveat to this note is that clear lines of reporting to the collaborative need to be established so that the agency employing the facilitator does not appear to be running the collaborative or network. It was also pointed out that the relationships necessary to the formation of networks and collaboratives exist and progress along a continuum, moving from networking to coordination, coordination to collaboration and coalition to High Performance Partnership. The Chula Vista Community Collaborative



cited below provides an example of the benefits of a paid facilitator.

Finally, the pursuit of joint funding sometimes causes collaboratives to begin to disintegrate, since not all partners are necessarily involved in the funding and the funding can become the focal point for the collaborative. Other times, the collaborative becomes the focal point for bringing resources to an area (particularly in rural areas) where numbers/statistics/etc. may not be high enough in individual centers or communities to interest funders.

## Reflections from the field

### Chula Vista Community Collaborative (CVCC)

**“There is no lack of resources here (south San Diego County). We just have to increase awareness of the resources and promote connections between providers. Our goal is to identify families’ needs and make appropriate service responses happen.”**

*Heather Nemour, Coordinator, CVCC*

CCVCC started as a Healthy Start program at Beacon School in 1993. It has grown incrementally over the years, largely by trial and error, to reach its current scope and level of success as

one of the largest and most influential collaboratives in the south county. The CVCC Coordinator acknowledges the California Department of Education’s foresight in requiring FRCs to form, or indicate their participation in a collaborative as part of their application for funding as a major factor for the development and success of FRC/Healthy Start networks and collaboratives (1991 Senate Bill 620, Healthy Start Support Services for Children Act). Malloy, J. and Harlick, D. (March 1999) “Healthy Start Works: A Statewide Profile of Healthy Start Sites,” Sacramento, CA: California Department of Education, p. 29).

CVCC currently includes representation from two school districts, six FRCs and covers 20 schools. The expanded network also includes National City and South San Diego Family Resource Centers. The Collaborative counts 125 service provider partners. The attendance at monthly collaborative meetings is approximately 70 agencies. The CVCC coordinator, a ten year veteran of the CVCC, stressed that this large collaborative is extremely complex in terms of relationships, agreements, interconnected programs, jurisdictions and regulations. However, it can claim success in helping to raise student attendance and test scores,

providing strengthening for diverse parent groups, and acting as a catalyst for community change through community forums and the formation of Neighborhood Action Groups.

Most recently CVCC has been instrumental in establishing a county wide Family Resource Network in San Diego.

### **Birth & Beyond Program, Sacramento County**

“UC Davis Medical Center is just across the road and one of our major collaborative partners. They could not get pregnant women and teens to go to the Center for prenatal care so we

offered to let them run a clinic here at River Oak. Now UC Davis is delivering prenatal care at all nine of our Birth and Beyond Sites”.

Tali Palmrose, Clinical Program Manager, River Oak Center for Children

### **Questions:**

Who are the non traditional partners that might be invited into existing partnerships or with whom new partnerships might be considered, e.g. Chambers of Commerce, City and County Planning Departments, Parks and Recreation Departments, health organizations, law enforcement, District Attorney, local industry and/or major employers, political representatives or their staff etc.?

Are too few people going to too many collaborative and network meetings?

### **Recommendations:**

Community strengthening work will be best served by expanding the landscape of opportunity to include every entity, organization and constituency that has a stake in making communities places where children can grow and thrive.

Be intentional about the vision, mission and goals for every collaborative. Sometimes in the interest of streamlining collaborative work, FRCs may need to explore the option of associating with and influencing existing county and local structures before creating a new entity.



To do this work well, collaboratives should look to investing the time to explore and develop the six elements of High Performance Partnerships in ways that work in their own communities: Trust, Shared Values and Organizational Culture, Joint Resource Development, Integrated Learning and Systems Structure and Accountability (Strategies developed these six elements for a High Performance Partnership model for Family Strengthening Partnerships. This work was inspired by

*Powering the Future: High Performance Partnerships*, National Academy of Public Administration, April 2003).

Evidence suggests that a budgeted facilitator or coordinator for the collaborative or network contributes to the productivity and longevity of such organizations.

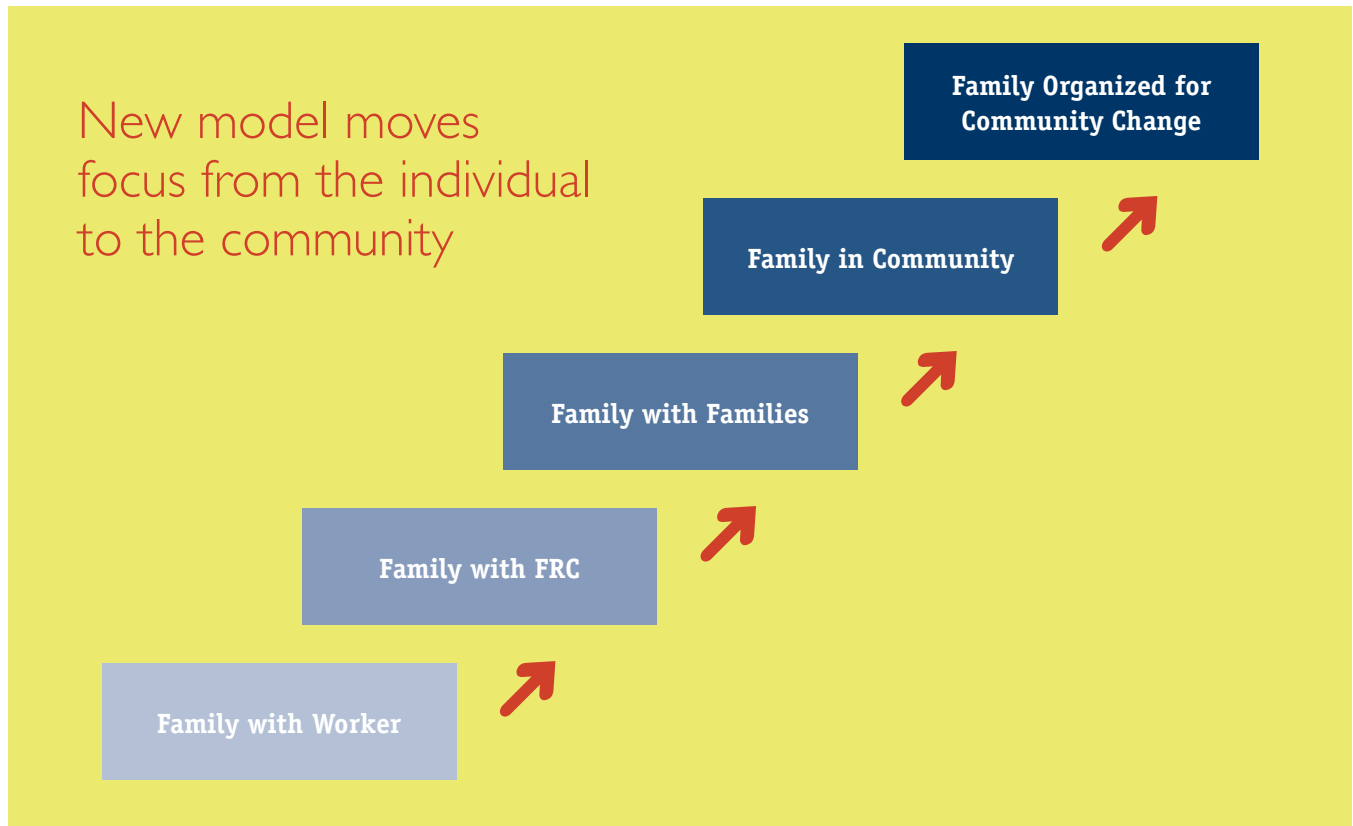




## 2. Family Strengthening Leading to Community Strengthening

**Family strengthening is beginning to result in community strengthening as FRCs become the portals for seeing and hearing where communities want and need to make environmental and social changes.**

Increasingly integrated processes of mutual information sharing and mutual learning are developing in FRCs resulting in family and community strengthening. For example, such processes might be initiated in an FRC by the staff trainings offered by Strategies. Designed in response to the needs expressed by the family strengthening field, Strategies trainings aim to build and increase the capacity of FRC professional and paraprofessional staff. Well trained FRC staff in turn transfer information and skills to families. In a number of cases, strengthened family members often assume leadership roles relative to local issues, and subsequently utilize what they have learned to strengthen their community. The following diagram illustrates this developmental process.



This learning cycle was initially focused on families with the intent of equipping and empowering them to move forward on their own to improve the quality of their lives and reduce the likelihood that their children would suffer from abuse. There is evidence, however, that FRCs are acting as incubators for talent and leadership in local communities.

Clients utilize the confidence, skills and knowledge they have gained through contact with their local FRC to attend school or job training and secure better paying jobs in the area. They are also, in growing numbers, engaging in neighborhood efforts to resolve local issues, thereby positively impacting not only the lives of their own families and children, but also the community at large.

In many cases FRCs are also demonstrating the capacity to respond to community needs by identifying and facilitating the coordination of community assets. This expanded role for staff is still being carefully defined at the local level in order to support and encourage resident leaders and constituencies and avoid the creation of community dependency. Through the networks to which they belong, FRCs are often able to persuade service providers and decision makers to focus on ways to meet specific needs in a community. The renovations to Killifer Park in Orange described below provide a good example. FRCs are helping local resident groups to articulate the need for change, encouraging them to organize and facilitating the process of advocacy for environmental, social and

policy change at the local and regional levels.

Foundations and other nongovernmental funding sources indicate the desire to invest in programs that have the potential to engender and support systemic changes that result in improved outcomes for families and children in need. The California Endowment, the S.H. Cowell Foundation and First 5 have all invested in FRCs in recognition of their potential as agents of systemic change. Recently, the California Endowment announced a new funding approach which will focus on place based community building and community change. Broadening the FRC focus on families to include the additional role of strengthening communities may be a challenge the field cannot afford to ignore.

### **Woodlake FRC (formerly a Healthy Start site) Tulare County**

**“Initially the moms won’t question or talk with authority figures.”**

“Until early 2000, mothers in Woodlake had to travel approximately 18 miles to Visalia to access a county clinic where Women Infants and Children’s (WIC) services were available. This was a real hardship for women who couldn’t drive or didn’t have access to a car during the day. The FRC staff realized the problem through the heavy demands on the FRC food pantry. Assisted by FRC staff, community activism and advocacy resulted ultimately in the opening of a WIC Clinic in Woodlake; it currently has 1400 families

enrolled in its nutrition, WIC vouchers and a well baby check-up program”.

**Diana Percy, former Executive Director, Woodlake Family Resource Center**

Nancy Marshall, Program Planner for Birth & Beyond, County of Sacramento, pointed out in a recent program report: “... twelve years of data highlights improvements in the neighborhoods served by Birth & Beyond program sites particularly in terms of infant and early childhood deaths (River Oak is one of the nine Birth & Beyond FRC sites where an interview for this paper was conducted). The number of infant and early childhood deaths in the six years before Birth & Beyond began as higher in most service areas than the number of deaths in

the six years since Birth and Beyond began.”

*Child Abuse and Neglect Community Indicator Data Report, LPC Consulting Associates, Inc. September 2007*

### **Friendly Center Orange, Orange County**

**“Our community wants to advocate for their kids and families. They are not into larger political issues: they are just surviving. The playground illustrates what I mean.”**

**Cathy Seelig, Executive Director**

Three and half years ago an organized group of Friendly Center participants and residents went to the City of Orange Park Commission and requested renovations to the dilapidated children’s playground outside the FRC, in Killefer Park. Following their presentation the park lighting was repaired, the playground sand was cleaned and play equipment was put on the ten year renovation plan. KaBoom, a non-profit organization that specialized in children’s playgrounds, heard about the park and formed a collaboration with the community including the City of Orange, Orange Unified School District, the Friendly Center and AMC Mortgage. Two months later, two hundred volunteers from the Friendly Center, City of Orange, AMC Mortgage and the community spent five hours on a Saturday working with staff from KaBoom installing the customized play equipment that members of the community had helped to design. The resulting playground is the pride of the community. It is not plagued by vandalism or graffiti and is a testimony to the fact

**There is evidence, however, that FRC’s are acting as incubators for talent and leadership in local communities.**





that strong families can build strong communities where children can grow and play safely.

**Westside Family Resource and Empowerment Center, Culver City, Los Angeles County**

**“Support me to be strong. Don’t support me to be weak”.**

Westside Family Resource and Empowerment Center is strengthening and empowering parents to “push the envelop” in their efforts to shift the prevailing view of childhood disability as “a glass three quarters empty.” Through advocacy, their vision is to

change the prevailing deficit lens through which disability is viewed.

Current service eligibility criteria for children living with disabilities are based on what functions the child cannot perform. If a parent exaggerates their child’s dependence they are more likely to secure services, in spite of the fact that they struggle every day to equip their child to be independent. Who better to advocate for a strength-based view of disability, and changes to policy governing services for the disabled, than a community of strong parents raising children who are learning how to live with disability?

**Elizabeth Spencer, Center Coordinator**

The Westside Regional Center in Culver City operates Westside Family Resource and Empowerment Center, and has this guiding principle:

Building Power: Individuals with developmental disabilities and their families will be empowered to take control of, and responsibility for their lives; to make informed choices about where and how they live, where they go to school, and where they work; to become active and influential in their communities, and to become agents of change concerning their rights and wishes.

**Questions:**

How do we see families when they come through the doors of a resource center seeking information and services? Do we have a process for addressing the needs and strengths of individuals, families and the communities in which we work?

Should we be looking at community strengthening on two levels:

- a) Standard practice that provides the connectivity for pragmatic, issue and goal oriented community driven efforts to effect local change, and
- b) Development of capacity to link local issues to county, regional and state policy and initiatives, leveraging off the strengths of the connections at the local level?

**Recommendations:**

Further consideration by academics and practitioners of the relationship we have with families as one of mutual reciprocity is warranted. FRC staff often understand that they can learn as much (or more) from the families they work with as the families learn from the service providers. The organic two way processes inherent in strength-based work with families is worthy of inclusion in the evidence-based literature emerging from the field.

Encouraging research and data collection by sociology, social worker and psychology graduate students through a closer relationship with local universities could be of mutual benefit. Using quality data to underpin the case to be made about the value of time, and the

labor-intensive nature of family strengthening work, would be persuasive.

The authentic connections formed between FRC staff and families is a fundamental tenet of family strengthening work. Evidence-based practice describes the transformative value of the dyadic and family relationships between staff and community members seeking services and participating in programs. By extension, community strengthening suggests the need for a relationship between the local FRC and the community as a whole. FRCs are in a unique position to facilitate and support the work of residents advocating for positive changes in their neighborhood. Role clarification and staff training will be important to the success of this developmental trend.





### 3. Family Perspective Allows Us to See Old Issues Through New Lenses

**Viewing people and issues in the context of family is allowing for reframing old issues in new and helpful ways.**

The current family strengths approach taken by FRCs intentionally provides a platform that serves as a positive place to begin interventions. The gradual shift in focus over the past decade from morbidity and deficits to resilience, strengths and protective factors raises hope and expectations of positive outcomes for family members and the human service professionals with whom they interact. The seminal work by Judy Langford at the Center for the Study of Social Policy in Washington D.C. on protective factors formalizes this shift as it is disseminated to family strengthening organizations across the nation.

Research has identified five protective factors that reduce child abuse and neglect:	
<b>For adults:</b> 1. Parental resilience 2. Social connections 3. Knowledge of parenting and child development 4. Concrete support in times of need	<b>For children:</b> 5. Healthy social and emotional development  ( <i>Strengthening Families</i> , Center for the Study of Social Policy, 2007)

Successes based on the development of family strengths, however small initially, can be leveraged to produce further success. Single focus/issue providers who are part of FRC networks and collaboratives are becoming more willing to partner with alternative, multidisciplinary approaches that facilitate this demonstrable potential for family change.

The majority of FRCs are located in sites that have not traditionally been associated with the provision of social services. Schools, neighborhoods and main street storefront venues are visible and easily accessible to parents and caretakers. In almost every FRC a continuous effort is being made to create environments that are culturally and linguistically responsive to local resident profiles. The emphasis is on encouraging all family members regardless of age or gender to feel safe and comfortable. As a result of space allocation, furniture, décor, educational toys and books, FRCs indeed “feel like home” and often “serve as community gathering places” (*Vehicles for Change*, 2000).

It seems that the example of the reframed service environment that people enjoy and want to come back to is not lost in the rest of the service system. Efforts to humanize lobbies and waiting areas as places that invite active engagement rather than passive waiting are taking hold.

New terms such as “family economic success” are being coined. They also express the new perspective that family strengthening brings to the field. “Family economic success” assumes potential, and engenders hope; it does not carry the stigma or stasis evoked by the term “poverty”, a term that may convey a message of shame to families already struggling.

In some FRCs, the term “family success teams” rather than “multidisciplinary teams” or “case management teams” is used, implying a fundamental shift in relationships. Having multi-lingual staff, or in one creative FRC a different speaker for each of the primary languages on different days of the week, e.g., Monday – Spanish, Tuesday – Hindi, is another way of welcoming families who do not speak English as their primary language. It also allows families to schedule appointments on days when they know someone will be there who speaks their language.

As a result of looking at family services through a different lens, some FRCs are beginning to include “community strengthening” as a natural corollary to family strengthening. These FRCs are being invited and joining with other agencies in community capacity building and development. Engaging in work aimed at social change opens up many opportunities to contribute to processes that improve the quality of individual, family and community life.

It should be pointed out however, that such invitations also pose a set of challenges for both funders and staff working in the family strengthening field. For example, many FRC line staff have received training that has been focused almost exclusively on working with individuals and families. Understanding the connection between family strengthening and community strengthening may be a stretch for FRC staff and they may benefit from additional support. So along with training about resource and referral, home visiting and case management approaches etc. it may be time to begin training staff in community advocacy approaches such as those taught by COPA or the National Community Development Institute.

Additionally, the term ‘community strengthening’ rather than ‘community development’ or ‘social change’ may have more currency in conservative areas of the state, particularly smaller communities. The latter terms can be perceived as a threat or an affront in small rural and mountain communities where local traditions and approaches are proudly protected. The terms ‘family strengthening’ and ‘community strengthening’ are relatively neutral, more easily understood and perhaps more readily supported.

Differential Response by child welfare departments in California is a new comprehensive approach to meeting families’ needs by responding earlier and more meaningfully to reports of child abuse and neglect. Families are encouraged to participate voluntarily in community supports and services in order to reduce the risk of abuse that may lead to the removal of children from their home (*Strengthening California*

*Families Through Differential Response*, Foundation Consortium 2005). The growing number of county child welfare services departments in California that are utilizing FRCs as the platform for the delivery of local community services within the context of Differential Response is an encouraging

development. It recognizes and supports what has become visible/possible through the family strengthening lens.

There is some concern among practitioners that the apparently effective strength-based approaches to families now commonly used are

not yet fully integrated in the graduate training received by social workers and family therapy clinicians. There is ample evidence in the work being carried out in the field, especially in the community-based sector, to persuade academia that this change in perspective is worthy of inclusion in professional training courses.

## Reflections from the field

### **Madera Family Resource Center, Madera, Madera County**

#### **“My red couch draws people into my agency”**

Elizabeth Catanesi, FRC Manager

The lobby is spacious enough for two seating areas furnished with comfortable couches and arm chairs. Children are fascinated by the large fish tank against the wall, and frequently have to be pried away from the play equipment when parents are ready to leave. Many of the pictures on the walls in the building are reproductions of work by Mexican artists. It all adds up to a very different experience for families. It's

not like going to the typical county or government office for services.

### **Westside Family Resource & Empowerment Center, Culver City, Los Angeles County**

#### **“You’ve got a child, not a diagnosis. When was the last time you sat and read a story to your child?”**

Elizabeth Spencer, Center Coordinator

Parents struggling to adjust to the reality of raising a child with special needs frequently see their child and their world as a glass three quarters empty. In the belief and hope that they can compensate by making their

child whole, or the glass full, they fight for their child to be involved in every service available. Some children come to the FRC already engaged in 40-50 hours of programming per week, an imbalance that negatively impacts every member of the family.

At Westside FRC the emphasis is on strategies that ensure the health and functioning of every family member. Parents are encouraged to see disability as normal, and define their child's issue simply in terms of severity. Their disabled child is counted not as 50% but 150% at Westside. The challenge for the family and new parents of a disabled child is not about the end of life but the beginning of a new life.

### **Questions:**

How would the human service field be different if family strengthening was the commonly adopted approach taken by all social and community services aimed at family growth and change?

What kind of impact would this have on the people who access and receive human services?

As FRCs increasingly are integrated into county systems designed to serve people with chronic mental illnesses, serious child abuse and/or substance abuse issues, what strengths and challenges does the family strengthening

approach add to the current array of treatment options?

### **Recommendations:**

Articulate the family-strengthening approach at community, program and network planning meetings. Make efforts to ensure that staff understand that they have a role as catalysts for reframing alternative responses to the issues affecting the lives of children and families.

FRCs individually and collectively join the larger debate in order to contribute family perspectives that help to reframe recalcitrant issues and open up

new ways of moving forward, e.g., how many times is child abuse a reflection of multi-generational family and environmental issues such as poverty, family violence, educational neglect, and lack of access to health care?

As suggested by Frameworks research, cross sector consideration is needed to reframe child abuse prevention with a new and thoughtful paradigm that will lead to effective community action and support for children and families rather than a blame game. (See Framework for the Prevention of Child Maltreatment, Children's Bureau, US Department of Health and Human Services, 2007).





## 4. Changes in Systems Thinking

**The FRC place-based work with families is continuing to develop and articulate the philosophy for the delivery of family services posited in *Vehicles for Change* (California, HHSA 2000).**

Over the past ten years, the work accomplished by FRCs in California has evolved as a movement to strengthen families and is being increasingly recognized in other areas of the human services. Most notably, local county mental health and child welfare departments are now contracting with FRCs to take advantage of the success of this approach with families to improving the quality of their lives.

*Vehicles for Change* promoted the premises and principles of family support that have acted as the guidelines for FRCs across the state (see “Principles of Family Support Practice” in the Appendices). There is ample evidence that the place-based, family-focused, community-supported and strength-based approaches outlined in *Vehicles for Change* are having a positive impact not only on families, but also on the wider human services system. These shifts in our view of families are changing the ways in which services are presented, our expectations of families, and ultimately the outcomes of the services families receive.



The chart below shows in simple terms some of the broad changes in service delivery that are taking place as the FRC family strengthening model is practiced increasingly in FRCs and beyond..

Family Support	Traditional Services	
<ul style="list-style-type: none"> <li>• Prevent crises by meeting needs early</li> <li>• Help meet basic needs, and provide special services and referrals</li> <li>• Respond flexibly to family and community needs</li> <li>• Focus on families</li> <li>• Strength-based</li> <li>• Offer drop-in services</li> <li>• Respond quickly to needs</li> <li>• Offer services in home or in home-like centers</li> <li>• Focus is on family and community solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Intervene after crises occur and needs intensify</li> <li>• Offer only specific services or treatments</li> <li>• Program and funding source dictate services</li> <li>• Focus on individuals</li> <li>• Emphasize family deficits</li> <li>• Strict eligibility requirements</li> <li>• Rigid office hours</li> <li>• Waiting lists</li> <li>• Services are office-based</li> <li>• Focus on individual solutions</li> </ul>	

## Reflections from the field

### Youth for Change, Paradise, Butte County

**“Be the best I can be for me and my family” is the client mantra that is replacing the institutional edict of the past, “Do your best for me”.**

“The assumption of the personal capacity for responsibility and self control rather than the anonymity and social control implied by being designated a number”.

“The goal for parents of conscious, disciplined responses in their relation-

ships with children and adults, rather than reactive, out of control patterns of behavior that lead to crises and abuse”.

“Single focus providers (like me) are thankfully being drawn into work with multidisciplinary teams”.

“Caring, client-focused interactions are replacing fear- and anxiety-based relationships that were controlled by the service provider”.

**Jean Lawrence, School Counseling Clinician**

### Chula Vista Community Collaborative (CVCC), Chula Vista, San Diego County.

**“School is more than a place for (academic) learning”.**

**Heather Nemour, CVCC Coordinator**

The isolation in which schools have struggled to deal with the many issues that act as barriers to children learning has been reduced in some school districts by the measurable results of the work carried out by Healthy Starts over the past 15 years. The notion of the whole child is beginning to be

recognized by schools at a pragmatic level. It includes and encourages attempts by Healthy Starts and their service partners to resolve family and local community issues that educators in schools are not equipped to address by themselves.

### **Youth for Change, Paradise, Butte County**

**“The daily work in FRCs demonstrates clearly that the dichotomy between intervention and prevention is largely false”.**

Ted Klemm, Community Based Program Administrator

Accurately targeted, coordinated and consensual interventions with families are prevention work. At its best, such work results in the resolution of crisis and the reduction or prevention of similar crises in the future. The continuum of assessments carried out by FRCs frequently identifies multiple service needs beyond the request described initially by the family member asking for help. Following the assessment, any part of the network of relationships that the FRC maintains with other providers can be activated and made available as a series of connections to the family in need.

The capacity to avert crisis and prevent related issues from escalating to the point of crisis is increasingly recognized as an effective way to reduce human, social and economic hardship. The evidence from the family strengthening field might be useful in the determination of funding by policy makers who struggle with decisions to allocate funds for intervention or prevention.



#### **Questions:**

Are we able to present adequate data and make the case for change to local and state legislators by indicating the human, social and fiscal benefits of the systems changes resulting from the work being done by FRCs and their partners?

How, as embedded partners within human service delivery systems, can we maintain our role as advocates for change?

#### **Recommendations:**

Engage local and state academic institutions to further the research on the impact of family strengthening work in California.

Support statewide systems change by encouraging work outside government and institutional silos and supporting cross sector policy making. A success-

ful example of what becomes possible was provided by the 2008 conference, “Discover the Connections! Bridging Strategies to Prevent Child Injury and Maltreatment” co-sponsored by the California Department of Public Health, Epidemiology & Prevention for Injury Branch, and the California Department of Social Services, Office of Child Abuse Prevention.

As a result of this conference there is increased intra-departmental communication and a deeper understanding of how respective fields of work intersect, giving rise to opportunities to work together and leverage resources.



## 5. Relationships as the Essence of the Work

**Transformative human relationships are fundamental to the way that FRCs work with individuals, families, service providers and communities.**

Along the continuum from the well-established to newly emerging FRCs, the value and critical importance of authentic human relationships to family strengthening work is evidenced by the investment of time and energy in relationship building by agency staff at all levels. The demands on staff of this highly interactive work is not without risks. These include high staff attrition rates, frequently due to stress and burnout. Valuing, strengthening and caring for staff contributes to the maintenance of their healthy functioning. Developing and training parents as advocates and peer group leaders and using graduate level interns are strategies for reducing some of the pressure on staff.

One tool that reflects the role of the relationships family have with FRC staff is the Family Development Matrix. The FDM is a strength-based assessment tool that measures family progress on mutually agreed upon goals. It reflects the role of the relationships families have with staff in the FRC. Apart from the issues that brought the family to the resource center, FDM measures of well-being are generally high. As relationships between the family and the FRC staff person grow stronger and more trusting, the revelation of other deeper, underlying issues occurs. At this point the family's sense and measure of well-being diminishes, only to rise again over time as issues start to get resolved. There is also a body of

evidence that indicates that a family's connection to an FRC over time and the stability that it affords increases the likelihood of the family achieving self-sufficiency.

Some thought and advocacy might be prudent regarding the critical part that relationship development and maintenance plays in the success of FRCs. Strategies to cover this labor-intensive aspect of FRCs' functioning need to be developed in ways that are recognized and acceptable to all types of funding sources. This relates to the point to be made in the following section of this paper, "Evaluation and Marketing." There is a need to "tell the story" concerning the intangible, qualitative aspects of the work done in FRCs to facilitate the

processes of family development and change.

Relational work with other professionals and practitioners comes with its own set of demands for FRC staff. Building and maintaining relationships in a multi-disciplinary environment requires skill and adaptability. Issues of terminology, regulation, institutional culture and differing disciplinary perspectives and values can act as barriers to relationships that "get things done." Staff working in FRCs who take the time to develop positive relationships with receptionists, line staff and professionals in other agencies are often able to act as the bridge builders and service brokers in the local service delivery system.

## Reflections from the field

**Youth for Change, Paradise, Butte County**

**"FRCs are really resorting to an old way of doing things. They give us the opportunity to take back caring for ourselves."**

**"Building understanding, respect and trust ... connecting on the basis of shared values, generating hope and supporting progress towards change happens best in caring human relationships. Building and**

**maintaining such working relationships takes time."**

**Ted Klemm, Community Based Program Administrator.**

**Woodlake FRC (formerly a Healthy Start site) Tulare County**

"I was in the donut and coffee shop in Woodlake around seven o'clock one morning and overheard a group of local farmers I knew talking about school buses. When I asked them what their concern was, several agreed that

the buses didn't pass by their farms anymore and were missed. Back at the school I checked on the bus routes to find that they had indeed been discontinued in the area where the farmers in the coffee shop farmed. A little further investigation revealed the fact that school attendance among students from that area had dropped considerably. You find out what you know from the people who you know..."

**Diana Percy, former Executive Director**

**Questions:**

Recognizing that well-trained and compassionate people are the "technology of choice" for effective delivery of family strengthening

practice, do we need to renew the emphasis on self-care, worksite wellness, renewal, personal and professional growth to ensure that we are thriving personally and professionally?

How and where do we draw the line between working with families in a clinical or quasi-clinical role and joining them as partners and constituents in advocacy work?



How do we cover the cost of staff time spent in initiating, building and maintaining the relationships that are the essence of family and community strengthening?

#### Recommendations:

Build relationship development time at all levels into budgets as a necessary component to success in family and community strengthening work, including worksite wellness and professional development.

Structure time for ongoing discussion about the dynamics of the organic and transformative work going on between individuals, families and the staff in an FRC, with special attention to changing roles, cultural norms and landscapes.

**Building and maintaining relationships in a multi-disciplinary environment requires skill and adaptability. Issues of terminology, regulation, institutional culture and differing disciplinary perspectives and values can act as barriers to relationships that “get things done”.**

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Build the emotional intelligence skills in leadership, staff and the families and children of FRCs that are critical to the success of all parties.

*The Organizational Vital Signs Survey* (Six Seconds, 1997-2008) is recommended. It measures the climate of the FRCs, focusing on five factors: accountability and responsibility, collaboration and problem solving, perception of leadership, alignment to the mission and adaptability to change. Action plans

for family success teams to further develop their skills and improve the climate can be developed on the basis of the *Vital Signs Survey*. Six Seconds, Inc., also has a curriculum on “EQ for Families Family Education Workshops on Emotional Intelligence” with a four-part series of two-hour workshops that FRCs can use with families: “Emotional Literacy,” “Accountability and Choices,” “Optimism and Resilience,” and “Empathy and Acceptance.”





## 6. Evaluation and Marketing

**FRCs are not yet adequately telling the story of their contributions and successes as one of the new vehicles in the service delivery system.**

In most FRCs there is an abundance of quantitative and qualitative data collected by the staff and the other service partners with whom they work. At most established FRCs an array of interconnected services are available to clients whose many issues require the multidisciplinary approach that has become the hallmark of FRCs. As required, FRCs and their partners collect data that is reported separately to various private and public program funding sources. Most of the data is therefore scattered across different program records and reports. It is not easily aggregated or presented in a simple report that highlights the role of the FRC in the outcomes achieved by families. Accessing, analyzing and presenting this data is still beyond the capacity of many community-based FRCs.

However the sustainability of FRCs in a market place that is demanding increased accountability and imposes cyclical fiscal constraints is dependent on evidence of improvements in the well-being of families and children's safety. Aggregating the quantitative data resulting from the work with families, and developing narratives around the qualitative changes families are able to make in their lives are priorities that the family strengthening field can no longer avoid.





Recently a research-based tool that meets higher standards for data collection and analysis for measuring changes in family functioning and well-being has been developed. The Family Development Matrix (FDM) referred to above was originally developed in 1996 as part of the Clinton era Outcomes and Responsibility Act. Over the past five years the California Department of Social Services Office of Child Abuse Prevention (OCAP) has funded a partnership between The Institute for Community Collaborative Studies (ICCS), California State University Monterey Bay, and Strategies statewide training and technical assistance centers to develop a process to make possible the use of the FDM by FRCs in California. Since 2004, sixty FRCs in 13 counties have partnered with their respective county child welfare (CWS)

department to use the FDM as part of the implementation of Differential Response. A research team is currently working with ICCS and Strategies to further refine the tool and strengthen its ability to relate impact to intervention.

The FDM is a strength-based, family driven, on line tool that fits with the relationship based, family strengthening work that takes place in FRCs. Families and FRC staff are able to track a family's progress using multiple indicators that are consensual measures of the work in which they are engaged. Measurements of performance are being used to empower families and establish results-based accountability. The measured outcomes of success delivered by the FDM can be persuasive inclusions in funding applications.

More recently, OCAP has embraced the work of Lisbeth Schorr and Vicky Marchand, which is documented in *Pathways to the Prevention of Child Abuse and Neglect* (Harvard University Press, 2007). The Pathways Mapping Initiative, which is based on Schorr and Marchand's work, articulates six sets of actions including goals, family targets and outcomes, is likely to become a critical way of thinking and organizing the work of FRCs and measuring outcomes.

The consensus in the field is that improving the story we have to tell about the work taking place in FRCs and communities will make it easier to influence policy for family and community strengthening, and enhance the marketing of FRCs to potential non-governmental funding sources.

## Reflections from the field

### **Alisal Community Healthy Start, Salinas, Monterey County**

**"I am tracking 15 budgets. We get funding from 15 different sources. For each one I am collecting specific data and writing reports. Frankly it's a lot of work and that's why I have an analyst on my staff now..."**

But all that data we collect does not really help us to describe the impact of our work. As an organization we are starting to look at long-term outcomes. What for example are literacy skills, gained after completing our two-year literacy program, doing for the quality of life in the client's family? By doing

follow up surveys, and making phone calls to our graduates, we are collecting information about college attendance, job skill training, job placement and income. Ironically this information is only available after services have been completed and data collection required by the funding source is over."

**Annabelle Rodriguez,  
Alisal Unified School District  
Healthy Start Manager**

### **Youth for Change, Paradise, Butte County**

**"For years we have studied morbidity, not resiliency. We have addressed our work from the deficit model perspective.**

What are the effects of prevention? We are not measuring the outcomes of inoculation against risk factors or the development of protective factors. What for instance are the long-term benefits if mom learns self advocacy as a result of involvement in FRC based or referred programs? Do her kids grow up knowing how to take care of themselves, to take control and responsibility in their own lives?"

**Ted Klemm, Community Based  
Programs Administrator**

**Questions:**

Why aren't we effectively telling the valuable story of FRCs and family strengthening work?

How do we support innovative evaluation of the transformational relationships that are fundamental to the success of family strengthening work?

Do we need an entity to collect and collate data and narratives and publish it on behalf of the family strengthening field in the same way that child welfare services have used UC Berkeley's Child Trends data collection capacity?

How can we attract research dollars to look into the short and long term impacts of family strengthening work?

**Recommendations:**

Develop strategies to make the capture and measurement of impacts that occur not only during families' engagement with services but beyond, to begin to make the case for long-term impact.

Strategically build, nurture and maintain relationships with allies, champions and supporters.

Challenge the evaluation and research fields to help develop methods

accounting for results and outcomes that occurred outside the parameters of a logic model or scope of work document. Suggest partnering with anthropologists and sociologists to take advantage of ethnographic reporting techniques including photos, parent testimonies, photo-voice, photo novella, murals and art projects etc.

Be vigilant that evaluation requirements do not drive projects. In the case of new evidence-based programs, ensure that there is funding for adequate evaluation in the implementation phase. The expenses for the initial evaluation protocols are rarely extended beyond the developmental stage.

Consider the value of an in-house or contracted analyst to collate data and assist with the compilation of reports for funders, policy makers, politicians and the media.



**There is a need to “tell the story” concerning the intangible, qualitative aspects of the work done in FRCs to facilitate the processes of family development and change.**





## 7. Funding Stability

**Multiple funding sources are being accessed as FRCs become embedded in local service delivery systems.**

The philosophical and pragmatic case for FRCs is now better articulated than it was a decade ago. Making the case for the effectiveness of family strengthening through the work of FRCs is resulting not only in the continued co-location with service partners in FRCs, but is also engendering contracts that provide income. Multiple, renewable contracts with continuously funded agencies, e.g. county mental health and child welfare departments, are now providing sources of relatively stable funding that are contributing to the continuity of programming. Through networking, collaboration and partnering, FRCs are increasingly recognized as an indispensable part of the educational, child welfare and human services systems. By virtue of programmatic and fiscal contracting, they become embedded in the service system.

This development has positive implications for the sustainability of FRCs and their ability to leverage other sources of funding. It also suggests recognition of the value placed on family strengthening work by other service disciplines. Working in integrated partnerships with government funded human service programs, FRCs can complement the work being done with families, taking it to a level and depth that is beyond the scope of large public agencies and programs.

Charles Watson, (former executive director of Interface Children Family Services, the home of Strategies, Region 2) in a publication entitled *Beyond the Rhetoric* (July 2006), lays out ways in which the challenges of such public, private and non-profit partnerships can be met.

There is evidence that the structuring of FRCs can be more or less effective in the procurement and sustainability of FRC funding. First 5 funding, with its requirement that a child under the age of six years must be part of the service

unit, limits the concept of holistic family services. Likewise, the narrow interpretation of the value of FRCs by school administrators and school boards may have limited the possibilities represented by the Healthy Start “seed monies.” Some schools bought in initially to the concept of Healthy Starts while funding was available, but failed to see their potential as an adjunct school service. Strategies for programmatic and fiscal sustainability beyond the three years of California Department of Education funding were not developed. This resulted in the closure of many Healthy

Start sites that were often located in communities where family strengthening services were most needed.

As newly established FRCs build structural and programmatic capacity and become better integrated with local institutions and systems there are more complex and demanding sources of funding that might be considered. These funding sources include charges that can be made to third party payers for Early Periodic Screening and Diagnostic Testing (EPSDT), and Medical Administrative Activities (MAA).

## Reflections from the field



**Kings Partnership for Children,  
Hanford, Kings County**

**“We have contracts with the County, United Way, Adventist Health and State Farm, and we go after grants when I can find the time to write them. We are**

**also looking at donations and entrepreneurial opportunities like a thrift store or undertaking outreach for a new clinic that the hospital is going to open”.**

**Dr. Kim Wildey, Executive Director  
Hand in Hand FRC**

**Questions:**

- Is there a need to further expand FRCs ability to manage complex funding and larger sustainability issues through efforts like the Strategies Sustainability Project?
- Can we develop marketing tools for FRCs based on broad indicators of success?
- Could FRCs be partnering with corporate and business entities on entrepreneurial efforts to generate discretionary funds for their programs?
- Is the health delivery system another potential major partner for increasing access to services (particularly prevention) at the local level?

**Recommendations:**

- Consider developing materials to assist FRCs to market themselves to foundations and diverse governmental agencies.
- Assist all FRCs to have in place at least a three year fund development plan that ties to their strategic plan and includes grant funds, county contracts, private funding through donations, fees where possible and social entrepreneurial endeavors.
- Explore and publish information about compatible, creative and proven entrepreneurial endeavors that have the potential to produce sources of discretionary income for FRCs.

- Make available advice, boiler plate contracts and MOU documents to assist FRCs negotiate partnerships with government, private and other non profit service providers.
- Assess the extent to which FRCs are currently working with local public health, area clinics and hospitals to deliver services, and explore the opportunities for FRCs to become embedded in the health care delivery system.





## 8. Staffing FRC's

**Recruiting local paraprofessionals with passion and a desire to improve their community results in a dedicated, culturally appropriate and familiar work force that connects with families but raises some issues.**

Acknowledgement and thanks are due to the countless individuals who signed on as entry level employees in the new wave of FRCs as they emerged across California in the 1990s. Many of these hard working staff stayed the course to become the skilled and experienced cadre of leaders without whose efforts the field would not be where it is today.

The paraprofessional work force in FRCs may include AmeriCorps members, individuals gaining work experience through economic development agencies, and/or Welfare to Work trainees. The affordability of staff from these programs makes them attractive in terms of personnel cost savings. The work experience gained in these temporary placements is invaluable to the individuals recruited. However, the gains are offset by the necessary investment of training and support that such staff require. AmeriCorps members, for example, receive a core training outside the FRC but require approximately 20% of FRC staff supervisors' time for custom training, support and supervision. Staff retention rates, the continuity of relationships, and services for families are also factors that have to be weighed against the work experience gains for short term workers. Stretching scarce FRC dollars and increasing individual and community capacity are gains that have to be analyzed in terms of the cost to long-term staff and agency programs.



The fact that paraprofessionals are employed in most FRCs also raises complex issues around quality assurance and standards for family strengthening practice. Santa Cruz County, Kern County and San Francisco have developed voluntary standards of practice for FRCs in their jurisdictions. Cornell University offers a Family Development Credential, now available in California through the Los Angeles County Office of Education in a partnership with some community colleges, suited to frontline workers in FRCs.

Some consideration of the development of county and/or California statewide standards, training to meet such standards, and possible credential-

ing that recognizes a paraprofessional who has met the prescribed standards could have multiple benefits. A measure of competence in the practices used by paraprofessional working with families would be assured. The field would receive additional recognition for the use of credentialed staff by other human service providers and funding agencies. Credentialing for the individual paraprofessional may serve as a stepping stone to further education and a better paying job. One drawback to setting a preference on credentialing for paraprofessional workers is the hardship this may cause in rural and/or more remote areas of the state, where qualified staff at any level can be hard to recruit.



## Reflections from the field

### **Friendly Center Family and Community Resource Center, Orange, Orange County**

**"As the Program Director, I receive both calls and notes of appreciation from clients commending our staff. Many of our front line staff are former clients or 'could have been' clients. They are empathic, understanding and supportive.**

**They know. They have been there. That's why they are so good at their job".**

Cynthia Drury, Program Director

### **Madera Family Resource Center, Madera, Madera County**

**" I would be severely limited in the services that I can offer on site if local AmeriCorps members were not available. Together**

**with parent involvement they make many of the programs and events we have possible and culturally relevant... We proposed a pie baking contest a while back and it was local community members who suggested to me that a salsa contest might be more appropriate!"**

Elizabeth Catanesi, FRC Manager

### **Questions:**

To safeguard families, improve practices and increase the credibility of the family strengthening field, should we be developing minimum standards for FRC line staff (case managers, family advocates etc.)?

Does knowledge and understanding of the family strengthening field need to be part of the professional education

for social workers, school and family counselors, and teachers?

### **Recommendations:**

Make an ongoing investment in staff acknowledgement and training at all levels.

Form a representative work group tasked with the development of a Family Strengthening Credential to be offered at the community college level. The Ameri-

Corps and licensed childcare providers courses may initially provide examples.

Increase content about FRCs, as a vital part of the human services delivery system, in the training received by graduate students in education, social work and marriage and family therapy. Encourage the use of FRCs as sites for student internships.



## 9. Emerging FRC's

**FRCs funded by First 5 and other non-governmental sources have experienced some resistance in their attempts to join and integrate with local services providers and systems, and are vulnerable due to precarious funding.**

Unquestionably, First 5 funding has provided a platform for the expansion of FRCs both in terms of numbers and geographic reach across the state. The exciting addition of new FRCs is heightened by the inclusion of innovative youth-focused agencies and special needs-focused agencies for instance, as well as agencies based in rural and mountain areas that may not be incorporated.

Emerging FRCs often find themselves in a unique position. On the one hand, as a result of their relationship with a community based organization, they have opportunities to be creative in ways that an institutional association often does not permit. On the other hand, the funding for emerging FRCs is precarious until they are recognized by – and embedded in – the local service delivery system, leaving them vulnerable to closure.

The initial resistance from established human, health and educational services experienced by some new FRCs seems to have been predicated on a lack of understanding about the importance of early childhood development. Education, patience and persistence on the part of the FRCs staff have been rewarded by their gradual acceptance in most cases. However, it remains the case that fitting into and moving between collaboratives and networks requires time-consuming learning, adjustment and accommodation on

the part of the existing group and new agencies and programs.

The service parameters imposed by First 5 funding, i.e. a child 0-5 years must reside with the family, present a dilemma for some FRC boards and executive directors who have to choose between the development of expertise in serving families with very young children, versus seeking funding to serve clients across the life span. This may also be a dilemma faced by FRCs seeking other sources of categorical funding.

The field as a whole faces the challenge of making the case with policy makers and funders that the investment in work with families, according to the data we have, seems to be the best way to improving outcomes for children. The need to shift the culture at all levels in favor of family strengthening is clearly demonstrated in counties where the majority of child abuse prevention funding is invested in programs for individual children. Funding allocations that favor services for children reduce the resources and opportunities for working with families.

Reflections from the field

Kings Partnership for Children (KPC), Hanford, Kings County

“I think the saying goes, “Don’t put all your eggs in one basket” but I am going to carry as many eggs as I can in this basket.”

“Kings Partnership is always looking to increase and grow its partnerships with government, non-profit agencies, institutions and programs as well as

businesses. We serve everyone in the family and we need to diversify funding so that we can more fully do that.”

Dr. Kim Wildey, Executive Director, Hand in Hand FRC

Madera Family Resource Center, Madera, Madera County

“We have chosen so far to stick to the knitting...

We are still being asked the ‘so what’ question. Until I can sell the current program with its focused funding, I don’t think we should diversify”

Elizabeth Catanesi, FRC Manager

Questions:

Is the sharing of experience and ideas through the Working Strategies [newsletter] sufficient for new FRCs to

benefit from established FRCs? What kind of support would be needed for established FRCs to mentor emerging FRCs?

Recommendations:

Advocate for longer funding periods for FRCs in recognition of the time needed to develop the multiple relationships within the local professional and lay community necessary for family strengthening work.

Invest in sustainability planning that is informed about the nature of family strengthening work.



FRC staff members are thinking about how to improve the field, ranging from the need for staff credentialing, consistent self care and training, stable funding and effective organizing for change.



# 10. Conclusion

Family Resource Centers have proven themselves to be prudent, vital and creative partners within the human service delivery system in most California counties. Their increasing integration with governmental, private and non-profit agencies is testimony to the value and respect they have earned for the work they do with families and the outcomes they achieve. Family Strengthening is now recognized as a powerful theoretical and practical approach to facilitating and supporting families who need and want to make changes that allow their children to grow, learn and thrive in safe, nurturing environments.

While recognizing the work of the numerous FRCs that have been developed in the past fifteen years, we would be remiss if we did not recognize the contribution made by the older established centers, some of which have been operational for decades. The generosity with which they have shared their knowledge and experience has been, and continues to be, an inspiration to the Family Strengthening field. There have also been outstanding individual contributions that have been crucial to the development of the field, including Lisbeth Schorr's comprehensive overview *Within Our Reach*, her more recent work with Vicki Marchand on the Pathways Project, Charles Breuner's work on evaluation, the *Strengthening Families* work published by the Center for the Study of Social Policy, D.C.,

and the footprint made by Family Support America.

In their article, "Appreciative Inquiry", Neil Boyd and David Bright (*Community Psychology*, Vol. 35, 2007) suggest, "The image embedded within the very questions we ask have enormous potential for unlocking possible actionable answers." The rich responses to the simple question we asked, "What makes your FRC successful?" are condensed in this paper. They are intended as a tribute to a field where dedicated, hard working people engage with families every day to help them make changes in their lives and the lives of their children.

Indeed, the question we asked as we set out to gather information from the field for this paper did unlock many possible "actionable" answers.

As staff reflected back, on how far individual centers have come, they often made projections about the future. Provocative questions were asked and thoughtful suggestions made. Agencies recognized the potential expanded roles they might explore in neighborhoods, in partnership with local residents. Staff articulated a vision for increasing the depth and scope of partnerships with agencies and institutions whose work bears on the lives of children and families. This work was regarded as necessary and advantageous to all stakeholders. Harnessing collective grass roots and agency strengths were suggested as

approaches to influence family and child related policy on a wider scale and across multiple disciplines.

FRC staff members are thinking about how to improve the field, ranging from the need for staff credentialing, consistent self care and training, stable funding and effective organizing for change. It is well understood that healthy, well-trained and energized staff are best able to engage with families in the kind of transformational relationships that ultimately benefit children.

In conclusion, it is perhaps true to say that the vision laid out in *Family Resource Centers: Vehicles for Change* (State of California, HHSA, 2000), which promoted a flexible model for the development of quality family resource centers across the state, has been realized by so many people in so many ways. The FRCs that were called "vehicles for change" in families' lives can now be seen as leading an expanded movement for change. From the platform for service delivery created by FRCs in many communities, the field is in a position to take on the challenges outlined in this paper. As we look into the future, Family Resource Centers and their numerous partners offer the potential to change lives, families, communities and systems in ways that will ensure the greater safety and success of all of our children and the families to which they belong.



# Appendix A

## Appreciative Inquiry Interviews Sites

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# Appendix B

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## Appreciative Inquiry Interviews Sites

Alisal Community Healthy Start	1441 Del Monte Avenue, Salinas, CA 93905
Chula Vista Community Collaborative	511 G Street, Chula Vista, CA 91911
Friendly Center	147 West Rose Ave. Orange, CA 92856
Madera Family Resource Center	525 East Yosemite Ave. Madera, CA 93638
River Oak Center for Children Birth and Beyond	4322 4th Avenue, Sacramento, CA 95817
Westside Family Resource & Empowerment Center	5901 Green Valley Circle, Suite 320, Culver City, CA 90230
Woodlake Family Resource Center	168 North Valencia Blvd. Woodlake CA 93286
Youth for Change	6249 Skyway, Paradise, CA 95969

# Appendix C

## Principles of Family Support Practice

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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.
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 multiracial 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. Email: [frca@frca.org](mailto:frca@frca.org)  
Web: <http://www.familysupportamerica.org>

# References

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Strengthening Organizations

# Strategies

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