



Family Resource Centers

VEHICLES FOR CHANGE, VOLUME II

THE EVOLVING FIELD

Preface

WELCOME to *Vehicles for Change, Volume II: "The Evolving Field."* This monograph emerged in response to widespread interest to tell the continuing story of family resource centers (FRC) in California as originally described in *Vehicles for Change, Volume I: Family Resource Centers* (2000). This includes what has influenced the development of FRCs and how they have responded to the growing body of research and best practices while remaining anchored in a deep and rich history invested in the well-being of children, families, and communities. The complexity of the landscape in which FRCs exist and the broad spectrum of programs, services, and activities delivered has led to a multitude of approaches, and at times, a blurring of the definition and parameters of the field. This monograph sets out to refresh the definition of the field based on the unique methods of FRC service delivery and community change efforts driven by relationships, reciprocity, and community development.

This volume builds upon the description of quality FRCs presented in the original monograph, describes what has shaped the field over the last two decades, and defines the elements of an evolving field. The focus on the "elements" or priorities of the field, rather than on the types of services delivered by distinct agencies serves to unite FRCs across the state as a field of practice, and illustrates the environment necessary for FRCs to

thrive. In the same way a family needs a strong community in which to thrive, so do FRCs need a healthy environment that ensures consistent practice, training, evaluation, funding, and policy development.

This monograph and the reprint of the original *Vehicles for Change* is made possible through a partnership between the S.H. Cowell Foundation and the California State Department of Social Services, Office of Child Abuse Prevention. Together, they provided an opportunity to pause, reflect, research, and renew the view of the field. They guided and supported the authors to capture the diverse perspectives of over 100 colleagues, our valued readers, parents, and community members who contributed to the content of the monograph through focus groups and interviews.

The authors express their gratitude to all who generously contributed their time, resources, and expertise (see Acknowledgements for a complete list). We hope that this monograph, which is a snapshot in time, will inform the future growth and development of the field. In the spirit of reciprocity, we look forward to many conversations and the exchange of ideas, opinions, and beliefs that lead to action generated by the pages that follow.



Judi Sherman & Associates

2017

Judi Sherman and Yvonne McQuaid
With contributions by Annette Marcus



Dear Colleagues,

It is with great joy and excitement that we welcome *Vehicles for Change, Volume II: The Evolving Field*. When the California Department of Social Services, Office of Child Abuse Prevention (OCAP) and the S.H. Cowell Foundation funded this monograph, the plan was to update the original *Vehicles for Change (2000)* to reflect how the field has evolved over the past two decades. Then we heard from over 100 practitioners and family resource center (FRC) experts across the state who convened to inform the writers of how our field has matured. They told us the original monograph is beloved and should be kept intact. We agreed and supported the authors to republish the original *Vehicles for Change* as *Volume I*. This monograph, *Volume II*, describes how the field has developed over almost two decades.

Like the original monograph, *Vehicles for Change, Vol. II*, is a stellar resource for FRCs, community leaders, policymakers, and foundations who care about building healthy communities where children and families thrive. It highlights the successes and challenges of a growing field and is a tool for continued development.

We hope this monograph inspires readers to rally in unity to proactively support FRCs as vital and necessary for families and communities throughout California.

We extend our deepest appreciation to all who contributed to this monograph. We dedicate it to all the leaders who have been tireless in their commitment to quality practice while growing our

field. Many leaders contributed their thinking and experience to this monograph and their names are listed in the Acknowledgments section. You are our heroes.

We also want to thank those who sustained FRCs throughout the painful challenges of the recent economic downturn, while never compromising the support provided to those most in need. You inspire us to do our best every day.

Finally, we want to acknowledge that this monograph and all it contains would not have happened without its authors, Judi Sherman and Yvonne McQuaid. Together, they thoughtfully compiled what they heard, obtained and considered feedback, and, through their artistry, created this succinct and meaningful document. Judi and Yvonne are long-time servant leaders who have our gratitude for their contributions in bettering all of us who contribute to our field.

Each of us plays a critical role in the health and well-being of California. Our hope is that this document will magnify our efforts to make an even greater impact in supporting healthy families and communities throughout the State. We stand with you.

In partnership,

ANGELA PONIVAS

Bureau Chief, Office of Child Abuse Prevention

LISE MAISANO

Senior Advisor, S.H. Cowell Foundation

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FUNDERS AND ADVISORS

Angela Ponivas, *Bureau Chief, Office of Child Abuse Prevention*

Lise Maisano, *Senior Advisor, S.H. Cowell Foundation*

READERS AND CONTENT ADVISORS

John Sims, *First 5 Stanislaus*

Susan Kaplan, *Friends of the Family*

Laurel Kloomok, *First 5 San Francisco*

Karen Pautz, *First 5 Siskiyou*

Paul Buddenhagen, *City of Berkeley*

Jamie Allison-Hope, *S.H. Cowell Foundation*

Kyle Lafferty, *Office of Child Abuse Prevention*

Alexandria Michaud, *Office of Child Abuse Prevention*

INTERVIEWEES

ORGANIZATION | NAME | TOPIC

California Family Resource Association, **Fiona Lavelle**, State Network

Child Abuse Prevention Center, **Sheila Boxley**, Advocacy

Family Resource Center Network of CA, **Linda Landry**, Special Needs

First 5 San Francisco, **Laurel Kloomok**, First 5

First 5 Association, **Moiria Kenny**, First 5

On the Verge, **Leslie Medine**, Leadership

Placer County, **Richard Knecht**, System of Care

San Francisco Child Abuse Prevention Center, **Katie Albright**, **Larry Yip**, Strengthening Families/Evaluation

San Joaquin Valley Network, **Robina Asghar**, **Cindy Duenas**, Regional Network

Strategies 2.0, **Russell Brammer**, Capacity Building

Fiona Lavelle, Capacity Building

Strategies, **Kathleen Shenk**, Capacity Building

FOCUS GROUPS BY REGION

These agencies are listed here, not only to say “thank you” for participating in the focus groups, but as resources and examples of best and promising practice in family resource centers.

TRUE NORTH

DEL NORTE

First 5 Del Norte, **Patti Vernalson**

HUMBOLDT COUNTY

McKinleyville FRC, **Hillarie Beyer**

First 5 Humboldt, **Laura Power**

FRC Network, **Taffy Stockton**

Blue Lake FRC, **Kim Rios**

Mattole Valley Resource Center, **Julie Simpson**

MENDOCINO

Laytonville Healthy Start, **Jayma Spence**

SISKIYOU

*First 5 Siskiyou, Karen Pautz
Shasta Training, Jill Phillips*

URBAN NORTH

ALAMEDA

*Fremont Family Resource Center, Judy Schwartz
Brighter Beginnings, Barbara McCullough*

CONTRA COSTA

*AspiraNet, Odessa Caton
Family Service Center, Denise Carey*

NAPA

*On the Move, Alissa Gentile
Up Valley Family Centers, Jenny Ocon*

PLACER

*North Tahoe FRC, Amy Kelley
Community Collaborative of Tahoe-Truckee,
Allison Schwedner*

SACRAMENTO

Mutual Assistance Network, Richard Dana

SAN FRANCISCO

*First 5 San Francisco, Derik Aoki
San Francisco Child Abuse Prevention Center,
Katie Albright, Larry Yip
Good Samaritan FRC, Mario Paz*

SANTA CLARA

Somos Mayfair, Camille Llanes-Fontanilla

SANTA CRUZ

Community Bridges, Ray Cancino, Nancy Sherrod

SOLANO

Fighting Back Partnership, Dianna Sevilla

SONOMA

La Luz Center, Juan Hernandez, Angie Sanchez

YOLO

Yolo County Community Alliance, Jeneba LaHai

CENTRAL VALLEY

FRESNO

*Comprehensive Youth Services, Angelita
Echeveste-Duran*

KERN

Kern County Network for Children, Jamie Stuart

SAN JOAQUIN

*Community Partnership for Families San Joaquin
Robina Asghar, Savong Lam*

STANISLAUS

*First 5 Stanislaus, John Sims
Center for Human Services, Lori Schumacher, Paul Corona*

TULARE

*Cutler-Orosi USD Family Education Center, Cindy Garcia
Parenting Network, Mike Gibson, Timberly Romero
Lindsey Healthy Start FRC, Linda Ledesma
Woodlake FRC, Dolores Cercado, Irma Rangel*

SOUTHERN

LOS ANGELES

*Children's Bureau of Southern California (Magnolia Place
Initiative), Alex Morales
Friends of the Family, Susan Kaplan*

ORANGE

*Families and Communities Together (FaCT)
Joy Lardie, Rachel Levin*

SAN DIEGO

SAY San Diego, Lucia Acevedo

SAN LUIS OBISPO

*Center for Family Strengthening, Lisa Fraser
South County SAFE, Laurie Morgan*

SANTA BARBARA

*First 5 Santa Barbara, Teresa Rodriguez-Johnes
Isla Vista Youth Project, Luanne Miller
Family Service Agency, Ashleigh Irving*

STATEWIDE

Family Resource Center Network of CA, Linda Landry

PARENT/RESIDENT FOCUS GROUPS

PACOIMA/ALTADENA COALITION OF TRANSFORMATIVE LEADERS (PACTL)

Rosalind Alcaron • Pattie Lacey • Lorena Arrieta • Claudia
Hernandez • Sally Bagshaw • Miriam Mendez • Josefina
Morales • William Mendez • Modesta Mendez • Helena Ayala

AFRICAN AMERICAN FAMILY AND CULTURAL CENTER

Jamahl R. McMillon • Karl Goldberg • Frances Lee •
Dwayne Hall • Carey Greer

THE NATIONAL SCENE

ALABAMA

Alabama Family Resource Network, Robin Mackey

COLORADO

Family Resource Center Association, Mark Kling

PENNSYLVANIA

Allegheny County Family Support Network, Leslie Reicher

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Introduction

EXPANDING THE FOCUS: FROM FAMILY RESOURCE CENTER TO THE FIELD

Imagine, in a world where poor houses and debtors' prisons were the norm, what a radical concept the settlement houses of the 1800s embodied. Rather than punishing the poor or separating them from society, the settlement houses were places where people gathered, learned together, and advocated and organized for improved living conditions. Settlement houses, like Chicago's Hull House, were central to social and political activism, advocating for fair wages to combat poverty. In 1911, settlement house pioneers founded the National Federation of Settlements, later known as the United Neighborhood Centers of America, to work nationally for social legislation and to support local member agencies addressing social problems at the neighborhood level.

More than 100 years later, family resource centers (FRCs) across California are rooted in this heritage characterized by a set of support services *and* an approach that emphasizes the power of neighborhood leaders and organizations joining

By 1887, there were 74 settlements in the United States, and over 400 by 1890. Forty percent of settlement houses were in Boston, Chicago, and New York—the leading industrial centers—but most small cities had at least one settlement.

Like many FRCs, they offered social services to reduce poverty, activities for parents and youth, day care centers, public kitchens, and classes in art, literature, and history that created a gathering place for local residents.


[SETTLEMENT HOUSES: OLD IDEA IN A NEW FORM](#) 

( This symbol designates a website.)

together to address social ills and improve the well-being of families and communities.

Looking back to Toynbee Hall in London and Hull House, we find sites of social action that emerged in response to growing industrial poverty and immigration. Like FRCs today, settlement houses brought services to decrease the influence of poverty and to help heal the disenfranchised.





They provided a path to democratic participation in the affairs of local community and neighborhood life, and an outlet for positive youth involvement.

In the United States, the focus on immigrants facilitated closer relations with settlement workers which connected people across socio-economic class lines and challenged barriers and stereotypes. As the need for trained staff emerged, settlement houses nurtured the emergence of the field of social work, a phenomenon that closely reflects today's development of a trained and committed workforce in FRCs.

Much like FRCs, the optimism and sense of shared purpose demonstrated at settlement houses moved other organizations like schools and charities to integrate immigrant families into their social fabric, leading to employment opportunities, political alliances, and the development of resident-led neighborhood associations.

The modern family support movement emerged in the mid-1970s, advocating for a national commitment to a grassroots universal approach to support families. This movement was based on the belief that each person has something to contribute and everyone benefits from support and social connections. The publication of *Vehicles for Change, Vol. I*, together with the contributions of investors such as First 5, public agencies, and private donors and funders, promoted a significant change in supporting families and communities. FRCs have become established



as distinct *places*, much like settlement houses. Integrating service provision with activities and activism, FRCs maintain grassroots connections while acting as trusted intermediaries between residents and institutions like schools and child welfare agencies, and address the conditions that create barriers for individuals, neighborhoods, and communities to thrive.

This monograph, a sequel to its seminal predecessor, is an updated snapshot of California's FRCs. It tells the story of how they have evolved to address health and well-being in their neighborhoods through authentic engagement and the incorporation of research and best practice. It offers questions for reflection and learning. It communicates a clear need for a broad and cohesive approach that defines a common purpose, clearly articulated practice methods, a professional development pathway, and an association that promotes and advocates for its members. It culminates with a snapshot of key challenges that come with FRC growth and a call to action to those who support and benefit from FRCs to build on what has emerged over the last 20 years and to secure a common approach to FRCs as an integral part of the larger family support field.



What Is a Family Resource Center?

Family resource centers (FRCs) are welcoming places offering a range of services, activities, and opportunities that respond comprehensively to the needs and hopes of local residents and families. Partner agencies work closely together to align and integrate their efforts to ensure that families are able to get what they need to achieve their goals to raise healthy, thriving children and become catalysts for positive change in their neighborhoods. FRCs are community-based organizations that go far beyond a "one-stop" social service center. In FRCs, how things are done is as important as what is done. While their focuses may differ, quality FRCs have a vision for addressing community needs and system barriers. FRCs embrace the idea that everyone has something to contribute regardless of needs. FRCs build protective factors that lead to family and community health and well-being. At their best, FRCs collaborate broadly across systems, provide effective supports based on a deep understanding of the community served, elevate family and community voices, and are truly "vehicles for change."

WHAT DO FRCs DO?

WELL-BEING SERVICES

Resource and referral, crisis intervention, basic needs support, counseling

GROWTH & DEVELOPMENT

Parent/child playgroups, healthy living classes, job skills training

CIVIC ENGAGEMENT

Resident leadership, community health fairs, youth development, voter registration

COMMUNITY DEVELOPMENT

Economic improvements, affordable housing, political and social action

(See Appendix 2 for an expanded list of activities)

FIVE DEFINING CHARACTERISTICS OF A FAMILY RESOURCE CENTER

• **CENTER ENVIRONMENT** — Whether located in a busy urban shopping mall, adjacent to a school campus, in a health center or refurbished home, FRCs have a warm and welcoming feeling. Staff are often members of the community and the FRC is a safe environment for growing, learning, and connecting. Resource and referral information, art that reflects local cultures, child and family friendly spaces to relax or talk, and educational posters are all features of a typical FRC.

• **FAMILY CENTERED & FAMILY STRENGTHENING** — Families, individuals, and children are seen as integral to the functioning of FRCs. Children are cherished and families celebrated. All families are part of a web of support in

which concrete, social, and emotional needs are met in order to promote well-being and optimal development. Family and cultural perspectives are honored and drive goal setting at the individual, family, and center levels.

• **EMBEDDED IN COMMUNITY, CULTURALLY SENSITIVE, AND CROSS-SYSTEMS COLLABORATION** — FRCs emerge where there is local leadership, and a need and vision for improving local conditions. They embrace innovative approaches to improve family well-being and cross-systems collaboration. FRCs serve, and are responsible to, clearly defined communities that are often neighborhood-based, although sometimes defined by a common interest or challenge. While they may start in a

setting with a specific focus such as health or education, they require a willingness for residents, staff, public and private organizations, and funders to engage in creative work together. They reflect local culture and are nimble partners with changing communities.

• **COMMUNITY TRANSFORMATION, RECIPROCITY AND ASSET DEVELOPMENT** — FRCs go beyond traditional social service entities by taking on broad community change efforts. A core value of FRCs is reciprocity, meaning that all participants both receive from and contribute to the FRCs through participation and leadership. In an entrepreneurial spirit, FRCs embrace an asset development approach to community change,

honoring community strengths while addressing very real needs and/or social injustices through resident engagement.

• **IMPACT DRIVEN AND EVIDENCE-INFORMED** — Finally, FRCs make a difference. They bring evidence-based approaches to their communities, serve as incubators for innovation by developing new programs, and partner with researchers to ensure that the voices of their communities are represented in new practice methodologies. FRCs are committed to understanding the real impact of their work for individuals, families, and the broader community, as well as for planning and adjusting in response to this information.

Family Resource Centers:

INCUBATORS FOR INNOVATION

In January 1996, the Juvenile Crime Prevention Demonstration Project (JCPP) was launched through the California Department of Social Services, Office of Child Abuse Prevention, in 12 communities throughout California. Each site consisted of five innovative direct service components including a family resource center. An outside evaluation, noted in *Vehicles for Change, Vol. I*, found that families participating in services offered through FRCs experienced “significantly positive outcomes from intake

to case management” (The California Family Resource Center Learning Circle, 2000, p. 23). Since that time, FRCs have transformed the way organizations work with families by acting as incubators for innovative ideas and programs within their local communities. Reflecting on the past two decades reveals a rich history that now provides a powerful impetus to further unite and move FRCs forward as vehicles for strengthening and empowering families and communities.



COMMON LANGUAGE

The recognition and adoption of a common language has established a greater understanding of the value of family support throughout the field itself and beyond. Across California, practice models that enhance and fortify the well-being of families and their communities have become keystone conceptual frameworks in the FRC world. They have been proven especially useful in developing shared understanding and partnerships in cross-system/discipline work, and

in finding ways to develop meaningful outcomes and aggregate relevant data.

Vehicles for Change, Vol. I highlighted the Family Support Principles as fundamental truths upon which family strengthening work is built. These deeply held beliefs were meant to guide and influence the actions of staff and organizations as they interacted with and served individuals and families. Although the Principles are less prominent in the field today, they are still appreciated

THE 5 PROTECTIVE FACTORS

1. SOCIAL CONNECTIONS
2. KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT
3. SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN
4. CONCRETE SUPPORT IN TIMES OF NEED
5. PARENTAL RESILIENCE [THE PROTECTIVE FACTORS FRAMEWORK](#)



COMMUNITY WORK AND THE PROTECTIVE FACTORS

The Communicare Advocacy Initiative, under the direction of Friends of the Family in North Hills (San Fernando Valley), engaged a critical mass of local residents to become advocates for child welfare system change. Project activities were designed to increase protective factors among the participants, with emphasis on resilience and social connections, which then contributed to resident capacity to connect to institutions of power and become effective advocates for social change. This sort of resident engagement is considered a hallmark of healthy, capable communities.

Friends of the Family, 2016


[FRIENDS OF THE FAMILY](#)

for inspiring a framework in which *staff and families work together in relationships based on equality and respect* (Appendix 1, Principles of Family Support).

Building on the Principles, the *Standards of Quality for Family Strengthening and Support* were developed (California Network of Family Strengthening Networks, 2016). These Standards provide a platform for quality improvement and monitoring within FRCs, thereby helping centers quantify and measure organizational elements that result in more effective practices.

The Standards are organized around the five key practice areas of Family Centeredness, Family Strengthening, Embracing Diversity, Community Building, and Evaluation. They integrate and operationalize the Principles of Family Support Practice and the Strengthening Families Protective Factors Framework. Within each key area are standards, indicators, and examples designed to encourage and strengthen quality practice in FRCs. Both the Principles and the Standards remain readily accessible resources for today's FRCs.

The *Strengthening Family™ Framework* and its *Five Protective Factors* provide a common



language widely adopted across organizations, networks, systems, and communities. Serving as a powerful bridge between service providers and families, the Framework and its Factors offer practical tools that are readily integrated into programs, services, and systems. The Center for the Study of Social Policy (CSSP) conducted significant evidence-based research on the Framework and the Protective Factors, providing a vigorous foundation that has notably contributed to the growing legitimacy of the family strengthening field.

FRCs have always been sensitive and responsive to the immense challenges faced by those they serve. In recent years, their ability to respond to families in the most meaningful and helpful manner has prompted FRCs to integrate a *trauma-informed approach* throughout their organizations. Understanding *Adverse Childhood Experiences* (ACEs) has provided FRCs with additional trauma-informed language and tools.



FRCs are finding meaningful ways to mitigate the impact of ACEs through the use of the Protective Factors. Using the results of ACE screening tools, staff help families identify which Protective Factors are currently in place and which ones can be actively strengthened. The Factors provide concrete tools and approaches that serve to reassure individuals that proactive steps can be taken to relieve the troublesome effects of ACEs and support the achievement of desired family goals.

ACEs:

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs have been linked to:

- **Risky Health Behaviors**
- **Chronic Health Conditions**
- **Low Life Potential**
- **Early Death**

As the number of ACEs increases, so does the risk for these outcomes. The wide-ranging health and social consequences of ACEs underscore the importance of preventing them before they happen.

[ABOUT ADVERSE CHILDHOOD EXPERIENCES](#) 



Beyond the work with individual families, ACEs help FRCs frame the issue of prevention and early intervention more powerfully for the purposes of systems and community education. FRCs report growing partnerships with schools, social services, public health, and medical providers as the ACEs / trauma-informed approach bridges work in mutually supportive ways. Numerous FRCs convene community conversations focused on ways to increase the overall well-being and safety of communities.

The launch of the First 5 Children and Families (Proposition 10) movement coincided closely with the growth of FRCs throughout California. A natural affinity quickly grew between these two entities as they both worked to build

BRAIN DEVELOPMENT -

By the age of 5, your child's brain will have grown to 90% of its adult size. But even earlier than that, by age 3, it's already reached 82% of its size.

**[BRAINY INSIGHTS:
IMPORTANT FACTS ABOUT YOUR
CHILD'S BRAIN DEVELOPMENT](#)** 

TRAUMA-INFORMED APPROACH


According to SAMHSA's (Substance Abuse Mental Health Services Administration) concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

- ***Realizes*** the widespread impact of trauma and understands potential paths for recovery;
- ***Recognizes*** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, & practices; &
- ***Seeks to actively resist*** ***Re-traumatization.***"

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

[TRAUMA-INFORMED APPROACH](#) 

healthy and thriving children and families. First 5 brought key evidence of *early childhood brain development* and *school readiness* to the attention of FRCs throughout the state. FRCs vigorously responded by educating their staff and enhancing practice to become strong cornerstones of these elements within their communities. In turn, FRCs brought the Strengthening Families



Framework and its Protective Factors to First 5 work as a means of supporting families in creating home environments that actively contribute to early brain development and school readiness for their children.

The *Strategies Training and Technical Assistance Project*, funded since 1997 by the California State Department of Social Services, Office of Child Abuse Prevention, has been a leader in bringing the approaches, frameworks, and elements of common language to the forefront of family strengthening work. Often on the leading edge in introducing FRCs to state-of-the-art language and practices, Strategies diligently researches emerging topics, develops new trainings, provides coaching, and publishes informative papers to ensure FRCs have the knowledge and skills needed to effectively address the concerns of those they serve.

WHAT IS SCHOOL READINESS?

School readiness involves more than just children. School readiness, in the broadest sense, is about children, families, early environments, schools, and communities. Children are not innately “ready” or “not ready” for school. Their skills and development are strongly influenced by their families and through their interactions with other people and environments before coming to school.

(Maxwell & Clifford 2004, 42)

[WHERE WE STAND ON SCHOOL READINESS](#)





NEW PARTNERSHIPS

With a well-earned reputation for their commitment to working in a strengths-based collaborative manner with other entities, FRCs are increasingly viewed as the “most flexible service provider” in

their communities. Their willingness to adapt as needed enables FRCs to be uniquely positioned to work with diverse partners who are reflective of local priorities, resources, and politics.

9 KEY ELEMENTS OF SUCCESSFUL COLLABORATION:

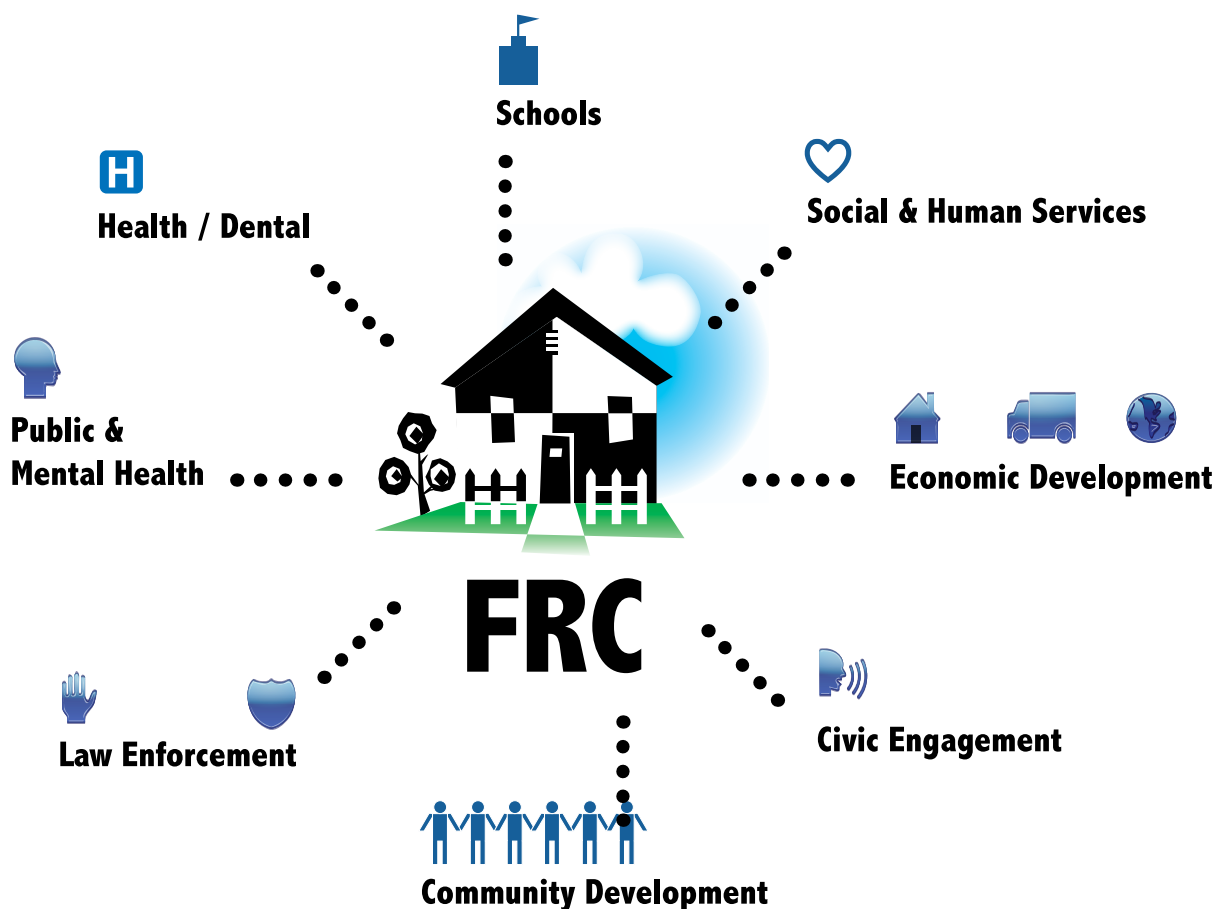
1. **COMMON GOAL**—*This is the first step in collaboration.*
2. **EFFECTIVE COMMUNICATION**—*Allow communication to flow from every side and foster great listening skills.*
3. **RECIPROCITY**—*Practice mutual acceptance without fear of reprisals or demeaning the giver of a collaborative idea.*
4. **COLLABORATION ROLES**—*Identify clear roles.*
5. **TRUST**—*All parties must trust one another and accept input at all levels.*
6. **JOINT DECISION POWERS**—*Consider the input of everyone.*
7. **VALIDATION**—*Be able to identify a valid reason to proceed.*
8. **EMOTIONAL INTELLIGENCE**—*Introduce emotional intelligence techniques to ensure each individual’s feelings and ideas are respected, welcomed and heard.*
9. **FINAL DECISIONS**—*These must be clear, in writing, signed off by every one, and monitored.*

[ELEMENTS OF COLLABORATION](#) 

The graphic below illustrates the evolution that has occurred in the family strengthening field. Previously, such a graphic would have focused on the FRC being surrounded by the actual services it might provide, e.g., home visiting, case management, and parent education. In recent years, the thinking has shifted to diverse agencies finding common ground in identifying essential *components* of healthy collaborations. FRCs and their collaborative partners, including those in social service, health, government, and education, invest in one another through joint funding, in-kind resources, or donations. By acting as champions for one another, they understand that their common sustainability hinges on the need to do more than just refer to one another.

The graphic also demonstrates the role FRCs play as service delivery platforms for diverse partners. As centers that coordinate such services, FRCs actively engage partners in a community-based approach that more effectively utilizes limited resources and enhances accountability while decreasing agency silos. Such partnerships often lead to systems of care and service delivery becoming better aligned and more effective, benefitting both community members and agency staff.

Launched in 2006, California's Differential Response (DR) model continues to be an example of this type of community partnership between FRCs, county services, and nonprofit agencies. Currently, 34 counties maintain a DR relationship



In addition to the services they provide, FRCs have come to be defined by their *relationships* with numerous entities.




between FRCs and child welfare. County departments refer low-risk families that have come to the attention of child welfare to receive FRC services and participate in events. In addition, some counties rely on FRCs to provide supervision during formal visits to families whose children have been removed by children's services.

The creation of FRC networks has increasingly become a beneficial way to do business. As a result, FRCs have increased their capacity to develop a deeper understanding of family strengthening work and to collaborate to identify additional resources. Local and regional partnerships have strengthened both in number and in their ability to produce desired results. These networks are seen as critical to reducing the isolation that can be experienced by FRC staff, especially those serving more rural communities. Strong FRC networks intentionally focus on building shared leadership as they undertake clearly defined, high impact projects such as the outcome of all children within a defined neighborhood reading at grade level by third grade. The use of outside facilitators at certain junctures to revisit

FAMILY RESOURCE CENTERS AND DIFFERENTIAL RESPONSE

The initial goal of the Stanislaus County FRC/DR project was to braid funding with the Stanislaus County Community Services Department and the FRCs to establish a differential response system that responded to allegations of child abuse and neglect, while also creating a stronger support network for families. The project was developed as a partnership where potential contractors helped shape the definitions of FRCs. The Request for Proposal that emerged was founded on a formula to allocate funds across Stanislaus County and the formula hasn't changed in the 12 years since the inception of the program. The formula ensures that high need communities and those most involved with child welfare receive the most resources.

Stanislaus County Children & Families Commission, 2015



the questions of “Why are we here?” and “What is our value?” keep their vision fresh and inspired.

As networks mature, there is growing sophistication in their ability to gather appropriate and meaningful data, analyze it, and use it to adjust current work or determine new goals for the network itself. In their desire to contribute and be of value to member organizations and their constituencies, these networks, like FRCs themselves, increasingly strive to effectively evaluate their impact and relevancy.

Often playing a keystone role in moving systems change forward, FRCs are increasingly and naturally drawn to the concept of *Collective Impact* and the noble goal of “moving the needle” on social issues such as community safety and resident well-being. Readily identified as “anchors” or “hubs” in their communities, FRCs are often approached by numerous entities to connect with the “community voice.” Traditionally, FRCs have invested in making sure the voices of individual community members were heard. With growing involvement in systems change initiatives, such as Collective Impact projects, FRCs are

increasingly focused on activating and supporting residents to mobilize to help each other and change community conditions.

NORTHERN SAN JOAQUIN FAMILY RESOURCE CENTER NETWORK

Determined to bring attention and resources to the often underserved counties of San Joaquin, Stanislaus, and Merced, the Northern San Joaquin Valley Family Resource Center Network brought together 18 FRCs to advocate for children and families throughout the region. The Network was successfully awarded several mini-grants designed to build its infrastructure and capacity. Working with outside facilitators, vision/mission statements were created, working agreements put into place, an annual membership fee identified, and a logic model developed. The Network has since coordinated a regional Family Strengthening Summit, adopted a mutual case management model enabling the collection of common data about families served, and developed shared goals using the CA Family Economic Self-Sufficiency Standard.

- Cindy Duenas, MFT,
Executive Director,

[CENTER FOR HUMAN SERVICES](#) 





COMMUNITY HEALTH

A healthy community as described in the U.S. Department of Health and Human Services *Healthy People* (2010) report is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential.

FRCs have excelled at bringing services and activities into communities that otherwise would not have those resources. While service provision remains invaluable, the next step in the evolution of FRCs has been to embrace and nurture community change. Recognizing the need for a higher vision than one-on-one work, FRCs understand the critical role a healthy community plays in supporting the well-being of its residents (Sherman & Nenadal, 2011, p.7). Growing numbers of FRCs are shifting from staff-directed projects and activities to community-developed and owned initiatives.

It is this focus on integrating community building with service provision that distinguishes FRCs

from other agencies. Combining direct services with opportunities for growth, civic engagement, and social and economic development is transforming the ultimate goal of FRCs from individual service delivery to strengthening families through neighborhood and community enhancement.

Community organizing and FRCs make for powerfully effective partnerships. Acting as the hub for local community organizing, FRCs have the ability to affect policy through relationships.

HEALTH AND HEALTHY PLACES

Healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders — where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.

[ABOUT HEALTHY PLACES](#) 




Increasingly, FRCs are stepping into the space where people are brought together to address the issues of equity, social and economic justice, poverty, and social isolation. With their fingers on the pulse of their communities, FRCs play the critical role of convener, willing to step up and bring diverse groups together to discuss both concerns and solutions. Essential conversations

happen because of the value placed on FRCs by community members and partners. Educating funders and policymakers about this frequently unrecognized advantage – the benefit of relationships and the ability to quickly pull people together to begin addressing issues – is a growing priority for FRC staff.

PROMOTORES AND COMMUNITY ORGANIZING

*In 2012, Somos Mayfair shifted its organizational strategy and moved all programmatic work under the **In Our Hands (IOH)** initiative, which focuses on **early school success** and relies on a network of community residents to close the opportunity gap.*

*Somos Mayfair's FRC is a vital entry point for many community members to experience having their voice, leadership, and power uplifted. Somos annually recruits and trains neighborhood residents to serve as early childhood education and family health **Promotores** (peer mentors).*

*Trained in the internationally practiced [Promotor Model](#)  , **Promotores** impart lessons and support families to adopt practices that foster successful students and healthy families. Since the initiatives' launch, Somos children have experienced a **43% gain in school readiness** and a **50% gain in 3rd grade reading proficiency**, key indicators for educational success.*


[SOMOS MAYFAIR](#) 

For individuals and communities experiencing a sense of isolation, whether caused by geography, linguistics, or any other reason, FRCs are seen as neutral “sacred spaces” that bring people of all backgrounds together and “anchor communications.” Community members experience having their opinions valued and their talents acknowledged and appreciated. The seeds of resident and parent leadership and advocacy are planted and nurtured as FRCs increasingly focus on “taking their work outside the walls of the FRC and into the community.” People are inspired to give back in a way that improves the quality of life for all who live in their neighborhood (Sherman & Nenadal, 2011, p. 15).




PASADENA/ALTADENA COALITION OF TRANSFORMATIVE LEADERS (PACTL)

At PACTL, the cycle of support and trust leads to action for transformation. Parents come with big needs from adverse childhood events and want to change the norm for their families. In classes, people see themselves in one another and connect, building “Community Wisdom.” People are given the tools to face life positively, which translates into a sense of mutual responsibility.




[Pasadena/Altadena Coalition of Transformative Leaders \(PACTL\)](#) 

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA (FRCNCA): PARENT WISDOM

Connecting parents to parents, known as “companion matching,” is a critical focus of FRCNCA. All 47 of the FRCs in the Network are parent-run and parent-driven. Five parent leaders have developed their skills to become FRC Directors, using their voice as parents of special needs children to elevate the needs of families and bring their communities together. FRCNCA sees its role as helping families have a full life within their communities, a life filled with choices. Parents who work at any one of the FRCNCA FRCs often describe their work at their FRC as a way of life, not just a job.

[FAMILY RESOURCE CENTERS OF CALIFORNIA \(FRCNCA\)](#) 

RESEARCH, MEASUREMENT, AND EVALUATION

Two decades ago, FRCs were counting heads and narratively describing one person's story. Today, research in such fields as early brain development, family and child well-being, the effects of trauma and resiliency has created a plethora of assessments, surveys, and interview tools that have significantly contributed to FRCs' ability to better understand the strengths and challenges faced by children, adults, and families and document changes in their situation. These include the Parents Assessment of the Protective Factors ([PARENT ASSESSMENT OF PROTECTIVE FACTORS](#) ) , the Adverse Childhood Experiences (ACEs) survey ([GOT YOUR ACE SCORE?](#) ) , and the Ages and Stages Questionnaire (ASQ) ([AGES AND STAGES QUESTIONNAIRE](#) ) . The ability to demonstrate such changes has helped FRCs better determine the effectiveness of services and programs.

An unwavering message from FRCs highlights the need to advocate for best practices. The opportunity to co-create a service delivery model

with funders or to recommend to funders models that make sense for a community creates a stronger partnership and deeper commitment to implementing successful projects.

Evidence-informed and *evidence-based practices* (EBPs) now play an integral role in the world of FRCs. FRCs are able to achieve a respectful balance between EBPs and *local wisdom*, resulting in projects that are grounded in research yet still flexible enough to respond to local needs. EBPs serve to reassure funders and legitimize the often hard-to-capture impact of family strengthening projects.

LOCAL WISDOM (NOUN)

The knowledge that has been discovered or acquired by local people through long experience.

[LOCAL WISDOM](#) 



With the launch of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) in June 2006, FRCs are better able to identify, select, and implement evidence-based practices that can promote family well-being. The CEBC provides FRCs with vital information on EBPs, including how to implement them in “real world” settings and how to access appropriate measurement tools (CEBC, 2016).



CENTRAL VALLEY EMBRACES EVIDENCE-BASED PRACTICES

Throughout the Central Valley, FRCs readily use EBPs as critical components of their programming. Believing in the balance of evidence-based standards and local practice, many FRCs successfully tailor evidence-based programs to cultural conditions. EBPs and desired outcomes are honored, while fitting well with local wisdom. The ability of FRCs to mesh EB and grassroots practices means partnerships with FRCs are actively sought out by county and community entities.


MEASURING THE IMPACT OF PROTECTIVE FACTORS ON ADVERSE CHILDHOOD EXPERIENCES


The San Francisco Child Abuse Prevention Center's outcomes-based, data-informed Integrated Family Services (IFS) helps Family Resource Centers (FRCs) build Protective Factors (PFs) in families at risk for abuse. Staff use a modified Adverse Childhood Experiences (ACEs) screen and the North Carolina Family Assessment Scale to better understand families' needs and strengths and create individualized plans to strengthen PFs. Reassessments every three months enable staff to more effectively measure impact and tailor the family's mix of support services. FRCs can integrate IFS services into the unique cultural, economic and social conditions of their own service populations and service offerings.


[SAN FRANCISCO CHILD ABUSE PREVENTION CENTER](#) 


EXAMPLES OF COMMUNITY CHANGE EVALUATION RESOURCES:

Building Movement Project,
[BUILDING MOVEMENT PROJECT](#) 

*The Community Health Assessment
and Group Evaluation (CHANGE)
Action Guide,*
[CDC HEALTHY COMMUNITIES CHANGE
PROGRAM - CHANGE ACTION GUIDE](#) 

*Community Toolbox: Our Model for
Community Change and Improvement,*
[COMMUNITY TOOLBOX](#) 

*Everyday Democracy: Ideas & Tools for
Community Change,*
[Everyday Democracy - Ideas and Tools
for Everyday Change](#) 

*A guide to employ science-based
approaches to plan and set goals for
prevention programs,*
[CENTERS FOR DISEASE CONTROL
AND PREVENTION](#) 

Today, FRCs are studying whether the measurement of neighborhood change may be even more important than the measurement of individual and family change. Technological advances have expanded the ability to obtain and measure information about neighborhoods and communities in such areas as education, crime, and income levels. This type of information enables FRCs to establish better baselines for understanding the demographics of their service areas. The need for tools that measure the effectiveness of FRCs to impact community change challenges FRCs to reach across diverse sectors to discover and implement new community engagement evaluation practices.

Effective and meaningful practices have arisen from communities themselves, leading to the emergence of *Participatory Action Research* as a viable research option for FRCs and their community projects. Incorporating community involvement and culturally appropriate practices has resulted in a strong alignment with family strengthening work.

Just as important as the increase in the quality and availability of good assessment tools is the enhanced quality of databases that can track, organize, and generate reports regarding the results of those tools. Advances in the development and implementation of databases specifically designed to work with individual, family, and/or community change have played a critical role in helping prove the efficacy of the FRC model. FRCs are now turning their attention to databases that can more readily share across programs, organizations, and systems.

The Family Development Matrix (FDM) project is one example of success establishing a collaborative approach to assessment and evaluation



PARTICIPATORY ACTION RESEARCH

(PAR) challenges the belief that only academics or trained professionals can produce accurate information, and instead recognizes information as POWER and puts that power in the hands of people seeking to overcome problems in their daily lives. PAR is a collective process of investigation, empowerment, and action. The people most affected by the problems, sometimes with the help of “experts,” investigate and analyze the issues, and ultimately act together to bring about meaningful, long-term solutions.


PARTICIPATORY RESEARCH

across agencies including FRCs, child welfare, First 5, Head Start, tribal communities, and other county partners. Funded in California from 2005 to 2015 by the California Department of Social Services, Office of Child Abuse Prevention, more than 21,000 families in 150 agencies in 25 collaboratives received support services based on their engagement with staff using the FDM comprehensive assessment and case management tool. Forty percent of those families were referred to FRCs through child welfare differential response. Studies of FDM family data show significant gains between the first and second assessments in the areas of community resources knowledge, budgeting, and support systems with 33, 13 and 12.5 percentage points respectively.

The FDM consists of 20 core indicators using the database to document and analyze family outcomes. Additionally, the FDM provides measures family engagement and the effect of interventions




on family progress. A standardized practice protocol facilitates the use of the FDM with paraprofessionals and licensed practitioners, and complementary training ensures reliability.

Several studies were conducted during this period to learn more about the families in the FRCs and their partner agencies and the use of the FDM itself. For example, one study examined the correlations between positive changes in FDM indicators and lower rates of subsequent child welfare referrals. This and other studies are found at [MATRIX OUTCOMES MODEL](#) .

The Family Assessment Form (FAF) was developed by the Children’s Bureau of Southern California and is used with families to assess functioning across 58 scales in eight categories. The FAF measures the context of the family situation as well as transactions among family members and their environment. The web-based case management platform provides support for service planning, program improvement, evaluation, and reporting for family strengthening and home visiting programs. Users are able to collect family demographic data and contact information and record the number of interactions with clients, referrals, and interventions. Training on assessment procedures and the tool itself is recommended prior to using



the tool. More information can be found at [FAMILY ASSESSMENT FORM](#) .

The **FRIENDS** Protective Factors Survey was designed in collaboration with caregivers, providers, parents, and subject experts for use by caregivers with children receiving child maltreatment services. The survey assesses the effectiveness of services to increase protective factors of family functioning and resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting and child development. It is a 20-item, self-administered pre-post survey that has undergone four national field tests for validity and reliability. The survey provides agencies feedback for program improvement and evaluation. The focus on the protective factors allows workers to understand and identify areas where families can increase individual protective factors. There is no cost for using the tool or any degree requirements. A manual for using the tool is available at [PROTECTIVE FACTORS SURVEY](#) .

QUESTIONS FOR REFLECTION

1. *In what ways has your FRC been an incubator for new ideas in your neighborhood or community? Where do you see new opportunities for innovation with families and with your partners?*
2. *What common language have you adopted in your local neighborhood or community? How has it helped frame your activities?*
3. *What are the first steps you might take to integrate local wisdom with evidence-based practice?*
4. *What assumptions do you challenge in thinking about integrating community engagement into daily practice? Are there opportunities for constituents to participate that are built into programs and activities?*

Elements of a Strong Field

Purpose, values, practice methods, professional development pathways, and association or network leadership all define a field of practice such as social work, psychology, and public health. Family resource centers, although distinct in these elements, are often identified as one model of family support service delivery (Diehl, 2002). They have thrived without the benefit of a clear field definition, in part due to the emergence of family support as an ancillary approach that has driven policy agendas in a variety of well-defined

fields like mental health, child welfare, and social work (Family Resource Coalition of America, 1996). The unique character of every FRC is a given as its scope is tailored to its community. However, across the country it is clear that FRCs are most effective when there is a shared understanding of quality practice and a unified approach.

COMMON PURPOSE

The true purpose of today's FRCs is to help children, adults, and families live healthy and productive lives and support residents' capacity to contribute to the well-being of their families and the neighborhoods and communities where they live. FRCs conduct a balancing act of creating warm and welcoming connections for

THE SOCIAL DETERMINANTS OF HEALTH

The World Health Organization lists 10 factors that affect health and life expectancy:

1. **The Social Gradient**
(The difference in wealth & opportunity between those with the most and those with the least)
2. **Stress**
3. **Early Life Experience**
4. **Social Isolation**
5. **Work**
6. **Unemployment**
7. **Social Support**
8. **Addiction**
9. **Food**
10. **Transport**

[SOCIAL DETERMINANTS OF HEALTH](#) 





“No one leaves an FRC food pantry with just a bag of food.

We are invited to share recipes, participate in a nutrition class, and join together to cook a meal – that’s reciprocity. ”

—FRC Participant, 2016

residents while infusing their work with research and best practices as well as stories and metrics to measure their effectiveness. As true partners and leaders for change, FRCs reach across organizational boundaries to convene partners, provide a platform for their services, and participate in community initiatives. As learning organizations, they are members of networks and alliances to promote community conversations about root causes of social issues that act as barriers to strong families and thriving communities. They plan and take action to address the Social Determinants of Health and promote protective factors.

VALUES

Vehicles for Change, Vol. I, presented the Principles of Family Support (PFS) as the core values driving the FRC approach, focusing on the programmatic relationship of the center and its staff to the families they served. Today, many FRCs are including the lexicon of the Social

Determinants of Health to express basic principles that speak to issues like social, racial and economic justice and equity, poverty, social isolation, and special needs.

Foundational values embrace inclusion, cultural sensitivity, trust, and the belief that everyone has something to contribute, even in times of need. One of the primary values that sets FRCs apart from other family support models is “reciprocity”, which creates an environment where people who participate in the activities of the organization benefit from mutual exchange.

The challenge for the field is to articulate values as a community of FRCs that reflect 21st century issues and respond to the voices of service beneficiaries, residents and community partners. If we believe that values drive behavior, it is in day-to-day practice methods that FRCs manifest these values, shape the field and establish themselves as a movement for individual, family, and community well-being.

PRACTICE METHODS

Another key element of a field of practice is the definition of practice methods. In *Vehicles for Change, Vol. I*, practice methods were described as “core and comprehensive services.” As the field has matured, practice methods have sharpened to become a systematic process of problem-solving while reflecting core values and working in partnership with adults, families, children, and other organizations and partners. In this way, residents build and use their own skills to improve their lives and transform the landscape in which they live. The shift for FRCs from defining their approach solely through the lens of services opens new opportunities to adopt a unifying framework and institute solutions to promote well-being.



THE CORE FUNCTIONS OF FRC ACTIVITIES FALL INTO THESE 4 PRACTICE METHODS

WELL-BEING SERVICES: One-on-one connections to facilitate social connections, provide concrete support, resources, and information to individuals, children, youth, and families in times of need that build on personal strengths, and address immediate concerns. The relationship is built on trust with a clear and mutually agreed upon purpose and family driven goals.

GROWTH AND DEVELOPMENT: Classes and activities that build knowledge and skills to enrich people’s lives, promote optimal child and youth development, and strengthen families. These events are interactive and lead to strong social connections and a stable support system of family and friends.

CIVIC ENGAGEMENT: Individual and collective action to identify and address issues of public interest. Actions range from volunteering, to participating in a neighborhood association, to voting and/or influencing an elected official on a particular issue, among others. Essential to these activities is that individuals have the ability, encouragement, and opportunity to participate.

COMMUNITY BUILDING: Leveraging local, state, and federal resources to impact the physical, economic, and social development of neighborhoods that support healthy family and resident life. Through actions like relationship-based community organizing, this approach integrates human services, community revitalization, and economic development activities to change the conditions in which people live through affordable housing, parks, and safe neighborhoods.



Well-being services and growth and development activities are often entry points to the FRC. As the family becomes engaged, family members become involved in activities that bring them into contact with other residents and thus begin to develop a sense of belonging. Residents become involved in healthy activities, community events, and peer groups, often joining together to learn from one another and discover that each has something to contribute. As people become more involved with others and participate in activities and events, they become engaged with the environment around them. This often motivates people to take action to make improvements.

“

*Viewing the Community from an
assets perspective promotes growth by
building on its existing foundation.*

—Revisioning Case Management 2011

”

By implementing the core components of FRC practice, FRCs support individuals and families through services and programs, and create pathways to community transformation through constituent engagement and leadership development. Within this approach, FRCs design and implement activities and programs that are aligned with local community assets and needs. Learning to assess these assets and needs and to develop strategies to address them, including constituent engagement in all activities (Principle of Family Support #9, Appendix 1), can be accomplished through peer-to-peer learning, coaching, and comprehensive training.

A key characteristic of FRC practice is flexibility and adaptability, along with the ability to respond immediately to new initiatives. For example, when the Affordable Care Act (ACA) was first implemented, most California FRC staff were trained and FRCs quickly became enrollment sites. In addition, the ACA became a vehicle for outreach and public education that accessed a segment of the population that may not have previously participated in FRCs. FRCs are often sites for voter registration and tax preparation





assistance as well. In the same way that FRCs are nimble and responsive to their families, they are, with adequate funding, ideally positioned to be cost effective, high impact sites for these and other activities such as accessing earned income tax credits and tax preparation services.

Appendix 2 lists examples of activities commonly found in FRC practice methods. This is a partial listing and not exclusive to FRCs, but illustrates the broad scope of practice and uniqueness of the activities when practiced in the context of family and community engagement and reciprocity.

LEADERSHIP

Family resource center leaders are visionary, relational, and entrepreneurial, managing a multi-generational and diverse workforce with a high level of participation from constituents, staff and board. They are expected to maximize organizational impact, and advance sharing information and data in an extremely complex world of social media and technology, as well as maintain


relationships with other sectors, funders, and elected officials.

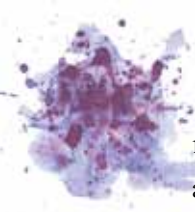
A strong field provides ongoing support and training for leaders beyond “supervision.” Professional skill-building includes facilitating change, financial management, and budgeting to create a vision and strategy for success. Sometimes opportunities that nurture leaders to become emotionally proficient in building and maintaining

LEADERSHIP AND TRANSITIONS

Executive Leadership Transition: What We Know [Non Profit Quarterly](#) 

Transition to New Leadership: The First 1000 Days [Bridgespan](#) 

Structuring Leadership: Alternative Models for Distributing Power and Decision-making in Nonprofit Organizations
[Building Movement Project](#) 



relationships can be overlooked. Confident and successful leaders have the self-awareness to know their strengths and challenges, and have solid relationships with their peers, staff, partners, constituents, and investors. They avoid the distraction of devices, practice mindfulness, and seek out opportunities to build interpersonal relationships.

Because FRC success is so dependent on relationships built over time, leadership transitions require a long term and thoughtful planning process. As founding directors step away from their leadership roles, new leaders step in who are from a different generation, with different values about work and family life. Many transition plans begin far in advance of the actual event, building in time for organizational reflection, and in some cases including the installation of an interim director to help the organization deal with the sense of loss that comes with a retiring founder or long term leader. Efforts to support a new leader to become oriented and established are critical for longevity, job satisfaction, and the life of the FRC. Each of these steps requires an investment by funders and boards to ensure the resources for the time and effort to address the issues of transition.

Emerging leaders benefit from the generosity of elders who facilitate connections with their long

time partners and supporters. Building trusting relationships takes time that can be eased when an established leader shows confidence in someone younger and helps to open doors to key partnerships with funders and others with influence.

PRACTITIONERS

Family resource center practitioners, or staff, act as both generalists and specialists. They are proficient in the knowledge and skills of family support, and are driven by the Principles of Family Support practice and protective factors. They are guides, educators, mentors, and role models who are responsive to nuances of cultural, economic, and ethnic diversity. They work to advance social and economic justice and common human rights while providing support for individuals and families in the context of strong communities.

These practitioners also focus on well-being and prevention, conduct outreach and constituent engagement, partner with families, and know the people in their neighborhoods. They know the local conditions in which they live, and the key organizational partners whose work and lives intersect with them. They must be grounded in current research and able to apply it in their daily practice. In this way, FRC practice is a combination of science and art, translating learning and experience to outcomes for families and community.





PROFESSIONAL DEVELOPMENT

The continuing need to formalize FRC professional development emerges with a deeper understanding of the profile of the practitioner, shifting the language from services to practice with an agreement about fundamental practice methods. From the viewpoint of the previously outlined four Practice Methods, FRC staff and leadership benefit from a formalized certificate program founded in common language that prepares them to help families advance from service recipients to participants and contributors to their own and their community's health and well-being.

A strong field has training and capacity building that is broadly relevant for effective program delivery, nonprofit leadership and management, impact assessment, civic engagement, and community development. The complex skill set necessary for leading successful organizations demands a shared definition of quality practice that translates into coordinated frontline training on service delivery, quality, and constituent engagement that is customized to local conditions. For example, one FRC may search for subject expertise to better understand and

become a resource for the ACA. Another FRC might need support to reach out to its county human services agency to develop a robust partnership.

QUESTIONS FOR REFLECTION

- 1. The core functions of an FRC fall into four Practice Methods. When you map your activities to the Practice Methods, is there a pathway for families to move from services to civic engagement and leadership or participation in community development activities?*
- 2. Do your activities help you reach your mission and vision? Make a list of your activities, and then match them to the mission/vision. Are they aligned?*
- 3. How does your agency demonstrate generosity of leadership?*
- 4. What are the conditions in your organizational environment that support professional development and create a culture of learning and continuous improvement?*

Essentials for Sustainability:

NAVIGATING A COMPLEX LANDSCAPE

A COORDINATED STATEWIDE NETWORK

As the field of family resource centers evolves, it is imperative to ensure a unified statewide body that provides leadership, advocacy, networking opportunities, and common measures of success for FRCs and their local networks. This body is a mechanism for legislative action and promotes creative, joint resource development at the state and local levels.

A coordinated statewide body galvanizes the field to share best practices and standardize data collection and evaluation. It is not limited to

these roles, but promotes foundational values, a vision, and a mission with the goals to connect local efforts and establish distinct funding across the state. While local network development continues to be essential, the need persists to help integrate networks into a single organized statewide effort.

IMPACT

An important part of the advocacy conversation is transmitting the level of impact achieved by the field that can then motivate financial support. Funders and other supporters need evidence that results are aligned with their interests and



goals. While individual agencies and networks produce robust programmatic and, in some cases, community level change data, finding a data point that the field can collectively measure is a critical start for advocacy, funding and sustainability.

Evidence that FRCs are changing conditions for families and communities, as well as programmatic evaluation, has an increasingly critical place in the story. Key community level indicators mirror the social determinants of health. For example, public institutions, such as parks, recreation, law enforcement, transportation, and commerce, are focused on community living. They are located in the community, have cooperative relationships with residents and each other, are accessible, and employ local residents. There must be urgency within the field to systematically provide those stories in addition to evidence that results are achieved within the FRC platform.

ADVOCACY

*A*t a time when there is a growing appreciation of the value of well-being, prevention, and community-based services, local and state advocacy contributes to an understanding of and credibility for FRCs and their place in the system of care. Advocacy efforts are conversations that bring awareness to the field and are critical as a precursor to funding. When an agency or field finds itself as a line item in the budget, it is a result of advocacy.

Locally, agencies and network representatives conduct site visits and have regular contact with their local and state elected representatives. They attend candidate forums with questions about policy related to families and community. Public and private partners come together with shared



values and outcomes for their community. These conversations establish familiarity and acknowledge how FRCs cooperate with other sectors for common impact.

At a statewide level, a strong advocacy organization provides capacity building as well as direct advocacy on behalf of its members. For example, the California Family Resource Association (CFRA) offers an online toolkit to its members to help FRCs advocate on a local level and to inform state and federal policy. CFRA advocates for legislation representing its 300+ members to help increase awareness, knowledge, visibility, and commitment to FRCs and family support.

FUND DEVELOPMENT

*T*here was a time when the pursuit of sustainability led only to conversations about funding. As we now know, sustainability is so much more. However, understanding that sustainability includes adaptability, leadership, a strong infrastructure, and proactive partnerships, does not diminish the importance of funding nor change the fact that it is one of the most challenging jobs



FRCs AS ENTREPRENEURS

for FRC leaders. There is no magic solution or list to check off to ensure sustainable funding.

Models and resources for funding differ considerably across the state, especially when contrasting rural and urban areas. No matter where they

In Siskiyou County, two FRCs own, manage, and are located in thrift stores. In Del Paso Heights, a suburb of the City of Sacramento, Mutual Assistance Network operates the Firehouse Produce Market, selling affordable produce, some of which comes from local farms and community gardens.

[SCOTT VALLEY FRC](#) 

[YREKA COMMUNITY RESOURCE](#)


[CENTER](#) 

[MUTUAL ASSISTANCE NETWORK](#) 



are located, FRCs are often central to the coordination of resources and activities for families within their community. These resources and activities have evolved beyond social services and public schools to include banks, law enforcement, pre-schools, and pediatricians among many others. There is an expectation that partners like these not only refer people to FRCs but also invest in them as advocates and organizers who work with both professional partners and families, and adjust their roles from service providers to collaborators.

As funding streams restructure or diminish, FRCs do what they can to remain vital. In rural counties, co-location is one answer while at the same time FRCs tap into every available funding opportunity. In urban environments, like San Francisco, visionary funders from First 5, the Department of Children, Youth and Families, and the Human

Services Department provide collaborative funding and share common goals and a commitment to quality. ([FIRST 5 SAN FRANCISCO](#) )

On a local level, FRC leaders establish relationships with their elected officials to determine how the everyday actions of government can support FRCs and their communities. FRC leaders in turn advocate for their own fair share of resources as high-value partners that require local investment to thrive. FRCs and their policymakers share such common concerns as neighborhood safety, access to healthy food choices, and the availability of parks and recreation centers.

On a state level, the field benefits from a strong association and representation in similar kinds of alliances. Adopting a broad community approach serves to recognize health and well-being as part of the promotion of strong families and communities, as well as the role of FRCs. Building this awareness and knowledge establishes a foundation for long term investment. A key lever of success in this scenario is the participation of FRC leaders as advocates for themselves as well as for the activities of the association that represents them.

QUESTIONS FOR REFLECTION

- 1. In addition to reporting programmatic success, what evidence can you provide to demonstrate that your FRC is successfully changing conditions for both families and the neighborhood or community in which they live?*
- 2. Who in your organization conducts advocacy? For what? Does your mission include advocacy?*
- 3. Are you advocating for your fair share of resources? Are you asking your partners to invest in your FRC? What are the local norms and expectations about investing in FRCs?*
- 4. What kind of relationship do you have with your local and statewide elected officials? How informed are they about your FRC's role in family and community health and well-being?*
- 5. How can you work with other FRCs and networks to galvanize the field and build on the momentum gained in the last 20 years?*



The National Scene:

LESSONS FROM OTHER STATES

California's family resource centers have both influenced and been influenced by the family support field across the United States. Several states have used *Vehicles for Change* and the work of the Strategies Training and Technical Assistance Project as a jumping off point in the development of their own initiatives to support FRCs. For example, Massachusetts developed a three-day core training in part based on Strategies work, along with 19 other training topics, to build a common base of expertise for FRCs across the state (National Family Support Network, 2016).

In April 2016, the National Family Support Network and Colorado's Family Resource Center Association jointly published "Advancing the Family Support and Strengthening Field." Summarizing the findings of a survey conducted by OMNI of family support networks in 18 states, the article highlights the successes and challenges facing FRCs.

The following are highlights of promising practices from three diverse states that are featured in the OMNI survey: Colorado, Pennsylvania, and Alabama.

Each of these states has a strong statewide network or association that has been instrumental in the success of its FRCs. The unique role and importance of the FRC model is highlighted through legislative and policy support at both state and local levels. The networks support FRCs by advocating for their sustainability, sometimes by playing the role of funding intermediary, providing training and technical assistance to ensure quality service, implementing practice standards, and using data strategically. This network model has allowed for focused relationship-building, policy advocacy, and tactical responses to funding opportunities as well as policy challenges at the state level.





The field in these states recognizes that while parent education, resource and referral, and child development are crucial activities that promote well-being and build positive social connections, it is the development of parent and resident leadership, and subsequent civic engagement that often provide the ingredients that differentiate FRCs from other social service organizations and may result in community transformation.

COLORADO:

CHAMPIONS, PERSISTENCE, AND A STRONG BACK BONE

In 1993, Colorado's Governor Roy Romer and his wife Beatrice Romer emerged as champions of FRCs, proposing the development of FRCS across the state that would provide the first open door for families as they approached human services systems. During their tenure, a five year pilot project to develop FRCs was written into state statute. Financed through general funds and administered by the Colorado Department of Human Services (CDHS), the pilot project resulted in the establishment of FRCs statewide. Although the next governor did not extend this pilot project, its existence launched FRCs across the state.

Rather than allowing the end of the pilot project to result in the closing of FRCs, staff and community from FRCs came together to organize a network, the Family Resource Center Association (FRCA). As a result, Colorado now has 27 community-based FRCs, each of which operates as a 501(c)3 organization with its own nonprofit community board, or as part of a school district or County Department of Social Services.

The Family Resource Center Association (FRCA) functions as a backbone organization within a collective impact model and has successfully obtained funding from sources such as the Children's Trust Fund, federal Community Based Child Abuse Prevention (CBCAP) funds, and other corporate and foundation grants for its member centers. The network takes on the role of providing common family assessment tools as well as data collection and analysis for its members and for professional development, including training for its members on utilizing the national Standards for Quality for Family Strengthening and Support. The network also has made efforts for some frontline staff to receive the Family Development Credential, an evidence-based curriculum developed and evaluated at Cornell University to train family support workers.



PENNSYLVANIA:

EMBEDDED IN MULTIPLE SYSTEMS WITH ORGANIZED PARENT LEADERSHIP

Pennsylvania, and in particular Allegheny County, has long been lauded for its investment in FRCs (known locally as family support centers.) The Allegheny County Family Support network, a member of the statewide Pennsylvania Family Center Network, consists of 26 family support centers and serves almost 6000 children and their families annually. The county network is a true public/private partnership that includes 11 lead agencies with primary funding and leadership from the Department of Human Services. The network contracts with the University of Pittsburgh's Office of Child Development to provide training and technical support to the centers and network partners resulting in shared language and approaches to family support practice.

In 2011, the Allegheny network conducted the Family Support Outcome Survey, which demonstrates the positive impact of these services and the family support centers. Soon after, this locally organized report became one of the key elements used by the newly formed statewide network to make the case to state policymakers that the state budget should include ongoing support for community-based family centers. Yet, the report alone would not have resulted in this policy success.

Political and community perspectives in Pennsylvania vary broadly, with notable differences between rural and urban counties. Passage of the initiative required organized efforts by members of the statewide network and program participants to connect with legislators from both

The FRCA has demonstrated that in order to sustain the field, it is crucial to maintain visibility at the state level. By making the case that FRCs epitomize the hand-up rather than hand-out approach for social service provision, the FRCA has engaged champions for FRCs on both sides of the aisle of the Colorado state legislature. They have educated legislators and state policymakers about the challenges that FRCs face when siloed funding results in programs that lack the flexibility to respond nimbly to family needs.

In 2014, more than 15 years after the pilot study was defunded, the FRCA was successful in again securing general fund dollars for FRCs. The fact that there was an established statute in support of FRCs was key in making the case for a new five-year commitment to an annual designation of \$750,000 to support FRCs. The Colorado Office of Early Childhood (OEC) within the Colorado Department of Human Services will administer the money to some of the strongest centers identified by the FRCA and OEC based on each FRC's efforts to collect outcomes data and establish and utilize a shared understanding of quality practice.

parties. Combining the Allegheny County data with advocacy from constituents across the state, the statewide network was able to tell the story of how family support centers strengthened families, increased economic self-sufficiency, and promoted school success for families in the policymakers' home districts. The State Family Center Initiative provides crucial core funds for centers across Pennsylvania, including 10 in Allegheny County.

Like FRCs across the country, Allegheny County centers provide a variety of direct services, many of them evidence-based, to support optimal development for children and families. In addition, the network and its centers developed a highly organized continuum of opportunities for parent leadership and involvement. Parent Councils at each center provide input regarding program priorities and participate in core functions such as hiring decisions. Parent Ambassadors welcome new families and serve as speakers. A Parent Advocacy Committee includes parents from multiple centers who meet together to plan

actions they can take to educate legislators and community members about family support.

Community Voices is a countywide group of families that explores issues affecting their children and neighborhoods and develop strategies to address these issues. Recently, for example, Community Voices identified the high rate of infant mortality in Allegheny County as a priority issue. They are now working on a public education campaign to decrease the mortality rate. In addition, parent leaders serve on the Allegheny County Family Support Policy Board along with funders and other organizations. This board informs all the work of the network (Allegheny County Family Support, 2013).

ALABAMA:

SOCIAL RETURN ON INVESTMENT


The Alabama Network of Family Resource Centers (ANFRC) has been especially effective in embedding FRCs into the fabric of state





government. Alabama was the first state in the country to develop its own set of standards for FRCs that is codified in state legislation. These standards focus on organizational structure and supports. Alabama has successfully leveraged this inclusion in state policy to maintain support for 16 FRCs across the state as well as the network itself, which provides advocacy, training, and technical assistance.

A powerful way the ANFRC tells its story is through a Social Return on Investment study. The Network makes the case that an investment in FRCs ultimately results in significant savings at the community and state levels. Most recently they report that the Return on Investment is 493%. For every \$1 invested in the ANFRC members, the State of Alabama received \$4.93 in immediate and long-term financial benefits. ANFRC has used this data to call attention to both the social and economic value of family support.

The network also promotes FRCs as job generators by highlighting career development centers within FRCs and explaining that FRCs often provide on-the-job training for program participants who need experience. After the training is complete, and when opportunities are available, the agencies are often able to hire the trained individual. For example, Home Instruction for Parents and Preschool Youngsters ([HIPPY](#) ) , an early intervention home-based education program for parents with young children trains and pays participants to become parent educators. This peer-based approach promotes healthy child development and simultaneously helps families take steps towards economic self-sufficiency.

Promotional materials on the website for Alabama's FRCs clearly reflect local priorities and culture, using language that speaks to a broad constituency on both the left and right. This has resulted in diversified support for FRCs from health foundations, the Department of Education, and a variety of federal funding streams. Additionally, it has attracted unusual supporters such as the Alabama Civil Justice Foundation, which made a significant grant based on its belief that families and children's lives will change and communities will transform with the expansion of the FRC model to every county in the state.

The three very different states highlighted here have each utilized a statewide network to develop an organized approach and centralized support for the FRC practice model. Each has developed strong public/private partnerships, a professional development pathway, and community engagement, and also used data to tell their story. California has many of these elements in place locally and opportunities to leverage existing statewide efforts to unify the field around these core elements.

Conclusion

CELEBRATION, CHALLENGES, AND A CALL TO ACTION

*T*he last two decades have seen enormous growth and development in the world of family resource centers across the state of California. Let's celebrate all that has been accomplished!

At the same time, let us acknowledge the new challenges that have arisen as a result of our success and look to the leaders, investors, and champions to respond. Each is an essential piece of the FRC environment.

IMPACT

*I*t has long been a challenge for many FRCs to report on the impact of their efforts beyond a programmatic framework. The number of programs delivered and the requirements from multiple funders means that reporting can be extremely dispersed and time consuming. Many contracts come with limited funds for evaluation efforts. Not all agencies have enough staff to focus on both building relationships and producing meaningful reports. Expanding the focus from programmatic reporting to include community level data may tell a more meaningful story. It requires the ability to mine and manipulate local census and living wage data, and partner with schools and others to share data. Additionally, as a field, agreement for compelling evaluation questions that address both program and community impact aligns efforts and provides a platform for learning and progress.



PRACTITIONERS

*S*taff capacity reflects the mixture of science and art of FRC practice. Staff roles have expanded from providing support, coaching, and information and referral to include advocacy, organizing, and the ability to interact with other sectors. The institution of evidence-based practices and the ability to deliver with fidelity requires in-depth training. The complexity of issues that influence the lives of FRC participants requires extensive knowledge of the impact of poverty, substance abuse, and domestic violence as well as early learning, brain science and ACEs to name only a few.

As the field matures and with respect to racial and socio-economic considerations, staff and leadership often reflect the people in their neighborhoods. However, especially in urban areas, many cannot live in the communities where they work due to the high cost of living. Often,



FRC staff do not receive a living wage. Benefits are not always provided. People seek other work that can improve their standard of living. Providing training, living wage, and benefits contributes to staff satisfaction and tenure, which are key elements of a strong field.

STABLE FUNDING SOURCES

We have noted in the “National Scene” that statewide networks support FRCs through advocacy, training and consultation, and promotion of the impact of their member agencies. At both the state and local levels, FRCs benefit from policy and legislation driven by the actions of champions that provides the source for stable funding and the ability to prove impact.

The size and diversity of California should not be a barrier to secure a stable funding stream for FRCs. As is the case in Colorado, even a small amount of funding raises the profile of FRCs and creates a foundation for leveraging other funds. This kind of effort requires impact data to transmit a message that speaks to a broad spectrum of stakeholders that can lead to diversified support for FRCs. The conversation about how this could happen and under what circumstances energizes the field as it brings together key stakeholders to visualize and act.



A CALL TO ACTION

The people who intersect with FRCs know in their bones that no one person can go it alone and no one agency can make the transformational change we all strive for. Each is an essential piece in contributing to this field. While there are no easy answers to long term sustainability, here are some recommendations for action by FRC leaders, allies, and champions:

TO LEADERS AND PRACTITIONERS IN FRCs:

- *Look to partnerships as a key element of sustainability.*
- *Organize and speak with one voice about maintaining the momentum gathered over the last 20 years.*
- *Initiate the conversation that strengthens the existing networks in California to pursue a stable funding source.*
- *Sharpen the message that promotes and describes the field to articulate a clear “ask” for investments.*
- *Take the lead to work collectively, along with families, to develop strategies for neighborhood transformation.*



TO DONORS, INVESTORS AND FUNDERS:

- *Family resource centers contribute to the health and well-being of local communities and depend on your direct support.*
- *Join together to directly support the work of FRCs.*
- *Invest in the underfunded aspects of FRC including operations, technology, evaluation, and infrastructure.*
- *Invest in professional development, emerging leaders, and the leadership transition process.*
- *Champion grant recipients to develop partnerships with other local sources of support.*

TO LEGISLATORS AND POLICYMAKERS:

- Support FRC capacity to organize for better conditions in your common neighborhoods.
- Show up for FRC events – your presence matters.
- Join with FRC leaders to explore options for ongoing significant funding streams specifically directed to FRCs.
- Become a partner in understanding how the daily activities of government can move to long term FRC support.



TO FAMILIES AND RESIDENTS:

- Reach out to your local FRC wherever you are in the journey of life.
- Contribute your knowledge and perspective of your neighborhood to enrich FRC activities.
- Join with your neighbors to advocate for a healthy neighborhood.
- If you don't have an FRC in your community, talk to your school district, county supervisor, or legislator about why they are important.
- If your life has improved because of an FRC, make sure everyone you come in contact with knows about it.

Appendices

APPENDIX 1.

PRINCIPLES OF FAMILY SUPPORT

PRINCIPLE 1

Staff and families work together in relationships based on equality and respect.

PRINCIPLE 2

Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.

PRINCIPLE 3

Families are resources to their own members, to other families, to programs and to communities.

PRINCIPLE 4

Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.

PRINCIPLE 5

Programs are embedded in their communities and contribute to the community building process.



PRINCIPLE 6

Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

PRINCIPLE 7

Practitioners work with families to mobilize formal and informal resources to support family development.

PRINCIPLE 8

Programs are flexible and continually responsive to emerging family and community issues.

PRINCIPLE 9

Principles of family support are modeled in all program activities, including planning, governance, and administration.

From Family Resource Coalition, Best Practices Project. (1996). *Guidelines for Family Support Practice*.





APPENDIX 2.

FAMILY RESOURCE CENTER PRACTICE METHODS

Below are examples of activities commonly found in FRC practice methods. This is a partial listing and not exclusive to FRCs, but illustrates the broad scope of practice and uniqueness of the activities when applied in the context of family and community engagement and reciprocity.

WELL-BEING SERVICES	GROWTH & DEVELOPMENT
<ul style="list-style-type: none"> • <i>Family support home visiting</i> • <i>Access to emergency and daily living resources</i> <ul style="list-style-type: none"> • <i>Food</i> • <i>Clothing</i> • <i>Shelter</i> • <i>Case management</i> <ul style="list-style-type: none"> • <i>Family development planning, guidance, mentoring</i> • <i>Counseling</i> • <i>Safety</i> <ul style="list-style-type: none"> • <i>Access to car seats</i> • <i>Access to bike helmets</i> • <i>Developmental screenings</i> • <i>Differential response</i> • <i>Child Welfare visitation supervision</i> 	<ul style="list-style-type: none"> • <i>Parent/child interaction groups</i> • <i>Parent education and leadership</i> • <i>School readiness liaisons</i> • <i>Youth development activities/ classes</i> • <i>Healthy living classes</i> <ul style="list-style-type: none"> • <i>Exercise</i> • <i>Anger management</i> • <i>Stress relief</i> • <i>Computer literacy</i> • <i>Tax preparation</i> • <i>Immigration services workshops</i> • <i>Parent Cafes (topical)</i> • <i>Family economic development</i> • <i>Support groups</i> <ul style="list-style-type: none"> • <i>Child kinship caregivers</i> • <i>New parents</i> • <i>12-Step groups</i>



CIVIC ENGAGEMENT

- Voter registration
- Promotores network
- Neighborhood networks
- Advocacy and advocacy training (individual and social)
- Community leadership training
- Violence prevention workshops
- Community resource coordination
- Community celebrations
- Youth development activities
- Community volunteer opportunities

COMMUNITY DEVELOPMENT

- Community economic development
- Affordable housing partnership and development
- Collaboration and partnership facilitation
- Neighborhood and community organizing
- Political and social action
- Social policy analysis
- Evaluation of the impact of a community transformation project

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Judi Sherman & Associates