Key Components of Family Resource Centers

A Review of the Literature

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Defining Family Resource Centers

The research literature defines a Family Resource Center (FRC) in two ways. One definition focuses on the special kinds of services offered by FRCs. For example, the Administration for Children and Families of the U.S. Department of Health and Human Services (2013a) says FRCs create a central location for multiple services: "Most centers provide core services such as medical care, counseling, parenting classes, and literacy classes; referrals for childcare and specialty medical services; and direct contact with early childhood and child development programs, including Head Start and home visitation." Consistent with a focus on services, the Colorado Family Resource Center Statute (Colorado General Assembly, 2009) stipulates: "Each family resource center shall provide case management by a family advocate who screens and assesses a family's needs and strengths, assists the family with setting their own goals and, together with the family, develops a written plan to work toward a greater level of self-reliance."

Yet, a definition based on services offered may not fully reflect the diversity of FRCs. Many FRCs concentrate on relatively few services, while others offer a more encompassing set of services (Manalo, 2000; McCroskey & Meezan, 1998). Diversity similarly shows in the populations targeted by the centrally located services in FRCs. Although centers seek to support underserved and disadvantaged populations – those who need the most help – the composition of these populations varies greatly across communities (Trask et al., 2006).

A second approach, one that encompasses diverse services and populations, defines FRCs in terms of the philosophy that underlies work with families. The philosophy takes as a starting point the desire to improve on the bureaucratic, case-management model of family and child social work (Statham, 2000). This model tends to treat people as cases to be classified and managed, with each case having deficits that need to be corrected (Cortis, 2007). The model has value, and effective caseworkers can do much to help families. Often, however, it has the potential to isolate individuals from their environment of family members, neighbors, and communities, isolate problems and needs from the whole person, and isolate help in one area from help in other areas (Waddell, Shannon, & Durr, 2001). Assistance easily becomes fragmented, impersonal, and sometimes contradictory (Dupper & Poertner, 1997; Schorr, 1997). Those in need face a bureaucratic web of rules and regulations.

In contrast, FRC's seek to follow several principles in working with those in need. The Colorado Family Resource Center Statute (Colorado General Assembly, 2009) adopts this approach in defining family resource centers as "providing comprehensive, intensive, integrated, and collaborative state and community-based services." Focusing on the philosophy of support rather than types of services unites diverse agencies. Studies and descriptions of FRCs thus define a set of core elements that can inform whatever services they offer, populations they target, and outcomes they seek (Layzer et al., 2001). The elements are broad enough to allow for flexibility in actions taken to meet diverse needs, while narrow enough to give FRC practitioners manageable guidelines for action.

However, a definition based on a common philosophy makes evaluation difficult. Even if using the same approach to family support, FRC's differ enough in services, populations, and outcomes that the scholarly literature seldom evaluates whole programs. The decentralized and flexible nature of FRCs makes it difficult to combine them for analysis and define a comparable control group. Rather, findings from evaluations of specific practices and components have to be integrated. Disparate studies use methods of varying quality, offer ambiguous findings, rely on research in other fields, or examine single or idiosyncratic programs. Even so, the diverse studies identify several key components of strong FRCs.

The Potential Value of Family Resources

A large body of literature on the sources of healthy families and child development makes an indisputable case that quality parenting and stable family life benefit children and lead to successful adolescence and adulthood (Goodson, 2013). While greater family resources contribute substantially to this success, economic hardship is detrimental to children during their early years (Shonkoff & Phillips, 2000, ch. 10). Help in overcoming conditions associated with economic hardship – punitive parenting, reduced monitoring, parental psychological distress, parental substance abuse, and limited opportunity for learning at home – can thus moderate child risk (Benedetti, 2012). Because significant adversity can damage brain circuits of young children (Shonkoff, 2010), programs to mitigate the adversity pay large dividends.

For example, the New Hope experiment in Milwaukee found that offering earnings supplements, childcare assistance, and health care subsidies to parents had positive effects on school achievement, motivation, and social behavior of children, particularly for boys (Huston et al.,

2005). Stable childcare and supervised time outside of school also led to more involvement in prosocial community activities of all family members.

Other research has found that sustaining a secure, meaningful daily family routine improves child development (Evans & Wachs, 2009). Persistent conflict, the threat of violence, and family instability slow the cognitive and social development of children. Reviews of the literature suggest that these stressors are closely associated with low family resources (Brooks-Gunn, Johnson, & Leventhal, 2009), again demonstrating the potential to help families and children by improving family resources.

Results from the New Hope experiment and literature on the benefits of family resources demonstrate the potential impact of changing parenting and family life. The studies help define a vision for FRCs – if interventions bring about family change, substantial benefits follow. Based on the literature on programs to strengthen families, the discussion to follow lays out the key components of programs that can bring these substantial benefits to families.

Key Components of Family Resource Centers

The literature on FRCs highlights key components or principles of FRCs. Different authors include varied lists of the components, but most are encompassed by the following seven areas:

1. **Inclusion of a Diverse Population in Programs and Services**
2. **Strong Collaborative Relationships between Staff and Families**
3. **Strengths-Based Approach to Service Delivery**
4. **Focus on Prevention and Long-Term Growth**
5. **Involvement of Peers, Neighbors, and Communities**
6. **Coordination of Multiple Services**
7. **High-Quality Staff Training and Coaching**

Below, for each area, is a summary of the literature addressing the key components, followed by recommendations based on the literature to promote a strong FRC service delivery model. The literature offers few rigorous evaluations and is stronger on presentation of general principles than actual practices. With limited evidence on specific practices, we rely on the insights of a diverse set of studies to draw out recommendations from the general principles.

1. Inclusion of a Diverse Population in Programs and Services

FRC's serve diverse families and levels of needs (McCroskey & Meezan, 1998; Warren-Adamson, 2006). Most attention and emphasis properly goes towards families with the most identified needs – those who will likely benefit most from family support services. As part of their mission, FRCs aim to attract hard-to-reach populations facing severe challenges and dealing with crises. Since FRC's have limited resources, they must be selective in accepting participants. At the same time, however, a family-centered philosophy avoids targeted eligibility requirements or means testing for core services. In short, families aren't turned away because they cannot demonstrate sufficient need (Manalo, 2008).

Assessment takes on a different meaning in this context. Rather than selecting and sorting families or individuals ahead of time or isolating single needs to address, intake assessment covers a wide variety of domains that give a full picture of the circumstances of diverse clientele (U.S. Department of Health and Human Services, 2013b). With multiple types of family members coming to FRCs and presenting an extensive range of issues, assessments need to be equally broad.

The comprehensive approach has clear benefits. Working with people who have a wide spectrum of needs, from those in crisis to those who are thriving, avoids the stigma associated with traditional social services systems (Warren-Adamson, 2006). Also, those in serious trouble gain from being part of a center that includes models that have successfully met challenges and can offer advice and encouragement (Downs and Nahan, 1990). These benefits suggest that practitioners aim to attract a wide clientele, to involve those with few as well as many needs (Hardy & Darlington, 2008). Despite an emphasis on those most in need and pressure to use limited resources efficiently, the effectiveness of FRCs depends to some degree on outreach that encompasses the full community. It also depends on serving a diverse clientele in terms of race, ethnic, and cultural backgrounds.

Recommendations for Inclusion of a Diverse Population in Programs and Services: Practitioners should aim to attract a wide clientele, those with few as well as many needs, and use diverse outreach activities to recruit widely from the community. Actions toward this goal might include:

- Keeping former participants involved in center activities and classes,

- Developing outreach materials that are culturally relevant and linguistically accessible to diverse groups, and
- Assigning a staff member the responsibility for outreach to underserved families.

Measure of progress can come from center-wide data on demographics, participation, and intake assessments, which should reflect a wide and growing range of needs and competencies of participants.

2. Strong Collaborative Relationships between Staff and Families

FRC's foster close collaboration and committed teamwork between staff and participants. To ensure the "voice and choice" of the family receives priority (Bruns & Walker, 2011), strong working relationships are crucial (Sanders & Roach, 2007). Studies show that family support programs work best when family members are viewed as colleagues, allowed to participate in planning, and able to obtain services at convenient times (Comer & Fraser, 1998; Morrissey-Kane & Prinz, 1999; Olin et al., 2010; Pithouse, Holland, & Davey, 2001). Strong relationships, where power is shared rather than used, help participants take steps toward change (Forest, 2009) and develop trust and respect (Warren et al., 2006; Statham 2000). As Schorr (1997) argues, the collaboration should become a problem-solving exchange between mutually respecting persons.

Recommendations for close collaboration include not only eliciting information about immediate crises but also exploring experiences, perspectives, and assets. Since identities depend on cultural heritage, practitioners should show respect and understanding of diverse viewpoints (Ahmed, 2005). The end result is to create an action plan that reflects the views of the family, engages them in a joint effort to address their needs, and produces high levels of satisfaction (O'Donnell & Giovannoni, 2006). Such plans have concrete measurable objectives and, in building on the ideas of the family members, allow for multiple routes to those objectives.

Along with one-on-one relationships, collaboration can involve special arrangements at the organizational level. For example, the creation of a Parents' Committee as part of the UK Sure Start program increased parents' sense of empowerment (Morrow & Malin, 2004). Although it also presented challenges for the staff, the empowerment of parents modestly improved parent and child outcomes (Melhuish et al., 2007). Another practice of using regular participant feedback to track progress helps ensure that voices of the participants are being heard (Family

Independence Initiative, 2013). Regular satisfaction surveys serve as one form of participant feedback that helps measure the quality of working relationships (Cortis, 2007).

Recommendations for Strong Collaborative Relationships between Staff and Families: Practitioners should build strong relationships with families by interacting with family members as colleagues, allowing joint participation in planning and providing regular opportunities for meaningful feedback. Actions toward this goal might include:

- Appointing a parents committee to provide consultation,
- Regularly surveying participants about satisfaction with services and treatment, and
- Soliciting viewpoints of participants on their priorities in solving family problems.

Measures of progress can come from the participant surveys, such as the one provided by the California Network of Family Strengthening Networks (2013), which includes questions on relationships with FRC professionals.

3. Strengths-Based Approach to Service Delivery

FRC's build on strengths as a means of overcoming family challenges. Strengthening assets or protective factors such as parental resilience, knowledge of parenting and child development, supportive social connections, concrete support in times of need and social and emotional competence brings several benefits (Center for the Study of Social Policy, 2013). Strengthening assets leads to growth and development, instills confidence in one's own skills, and fosters a sense of empowerment (Fernandez, 2004, 2007). This process contributes to the ultimate goal of creating internal motivation for change (Walker, 2011). If a focus on deficits tends to discourage participants, positivity in relationships and outlook helps to maintain high participation and the effort needed to overcome the inevitable obstacles in making life changes (O'Brien et al., 2012).

To help families identify their strengths (Franz, 2011; Cox 2011), practitioners can ask them to reflect on:

- Special skills (e.g., works well with others) and accomplishments (e.g., led neighborhood activity);
- Personal interests and rewarding activities related to culture, religion, learning, and community life;
- Reliable confidants and sources of support;

- Domains where their life is thriving; and
- Experiences that have been particularly rewarding and enlightening.

The discussion should help draw out a list of strengths and assets; including some the family members did not know they had (Green et al., 2004).

The aim of strength building is to instill a sense of efficacy among family members at a time when events have shaken their confidence (Trivette & Dunst, 2005). The key task is to incorporate assets, interests, personalized goals and sources of support into the individualized action plan (Lietz, 2011). For example, a survey of 275 parents participating in strengths-based family service programs found high levels of engagement, sensitivity, and support from staff were correlated with frequency of services received by parents (Green et al., 2004). Emphasizing strengths and building protective factors creates special challenges for staff members, who need to adjust plans based on the unique circumstances and cultural background of the family being helped (Rajendran & Chemtob, 2010). Still, it can help greatly to ask participants how they might use their skills to act on immediate needs, link their interests to positive activities, and reach out for support from friends and neighbors.

Recommendations for a Strengths-Based Approach to Service Delivery: Incorporate assets, interests, personalized goals, and sources of support for families. FRC practitioners should work to instill a sense of efficacy among family members through a systematic and structured, yet flexible, process to identify family strengths and assets. Actions toward this goal might include:

- Asking participants about their background, accomplishments, and assets and incorporating them into an Individualized Action Plan,
- Reviewing participant status on protective factors of parental resilience, knowledge of parenting and child development, supportive social connections, concrete support in times of need and social and emotional competence, and
- Recognizing and celebrating achievements of participants.

Measures of progress can come from completion of the Staff Self-Reflection Checklist available from the California Network of Family Strengthening Networks (2013).

4. Focus on Prevention and Long-Term Growth

FRCs focus on prevention in the long-term. Rather than seeking primarily or only to resolve crises, FRCs use a coordinated service approach as a springboard to family improvement (Schorr, 1997). Crises need to be addressed quickly, but rather than ending services once the crisis is resolved, short-term solutions should start a process of long-term growth in the family's ability to avoid crises, move toward positive goals, and grow and develop. A problem-based or deficit model of intervention misses this important goal and limits the value of FRCs to families (Artaraz, Thurston, & Davies, 2007). A preventive focus means that interventions should, when possible, occur before families reach the crisis stage. Recruiting a wide range of families, including those not yet in crises, reinforces the goal of prevention.

One recommended preventive strategy, parent training, has been found to work well, particularly for cognitive skills, but also for social and emotional learning of children (Affholter, Connell, & Nauta, 1983; Karoly, Kilburn, & Cannon, 2005; McMahon, 2013). Parent training seeks to cultivate skills in dealing with children and improve the quality of parent-child interactions with real-life practice rather than with information alone (Lundahl, Risser, & Lovejoy, 2006). In a review of 77 studies, Kaminski et al. (2008) found that effective parent training programs 1) increase positive parent–child interactions and emotional communication skills, 2) encourage parents to use time out and consistent discipline, and 3) allow parents to practice new skills with their children during training sessions. The programs also help deal with disruptive child behavior (McCart, Priester, Davies, & Azen, 2006; Serketich & Dumas, 1996). In a review of 55 studies of early family/parent training on anti-social behavior of children, Piquero et al. (2009) found strong positive effects of parent training, particularly when they included peer support. The training was shown to help children from economically disadvantaged families, although the gains were harder to maintain for these families (Leijten et al., 2013). Thus, the ability of FRCs to do more than respond to crises, to also lay the groundwork for positive growth through programs such as parent training, is central to helping families.

Recommendations for Focus on Prevention and Long-Term Growth: Continue outreach to families after crises are resolved and focus on opportunities to further engage families in programs and services. Actions toward this goal might include:

- Offering continuing group-based parent training sessions,

- Encouraging successful FRC participants to stay on as volunteers, and
- Creating enrichment services that foster personal growth and child development.

Measures of progress toward the goal can come from regular focus groups and interviews in which current and former participants describe past progress, long-term goals, and barriers to continued growth.

5. **Involvement of Peers, Neighbors, and Communities**

FRC's help participants in the context of families, neighbors, and communities. They build on the natural supports family members have by including extended kin, friends, and neighbors (Bruns & Walker, 2011). Just as needs can't be separated from one another, people can't be separated from their social environment. The importance of social support for health and mental health highlights the value of group activities and social connections at FRCs (Jack, 1997).

The influence of an ecology of relationships that defines the social environment of children and parents has implications for practitioners (Bronfenbrenner & Evans, 2000). First, the ecological approach views the family rather than the individual as the unit of a treatment (Blank, 2000). Since the needs of parents and children are closely related, practitioners need to involve as many family members as possible. For example, programs for families do better when they involve both children and parents (Geeraert et al., 2004; Layzer et al., 2001). Second, families belong to neighborhoods and communities. FRC activities should take advantage of support from nearby friends, peers, relatives, and neighbors (Schorr, 1997; Trivette & Dunst, 2005). Third, reflecting the goal of collaborating with participants, families should have a say in selecting who will be part of the action plan.

Still one other important implication follows from the focus on peers, neighbors, and communities: programs involving peer support do better than those based on home visitation or isolated treatment. Studies support this claim empirically (Trask et al., 2005). In a somewhat dated but thorough meta-analysis of 260 evaluations of family support programs, Layzer et al. (2001, p. A5-3) state, "Programs that provide parents with opportunities for peer support have larger effects on children's cognitive outcomes; programs that use home visiting as a primary intervention have weaker effects on children's cognitive outcomes." Similarly, "work with parents in group settings, rather than through home visits, have greater effects on children's social-emotional development." Group work is effective generally (Lundahl, Nimer, & Parsons, 2006) and

particularly effective in helping parents with severe problems in dealing with children (Moran, Ghate, & van der Merwe, 2004), while home visiting alone has shown more limited benefit for the cognitive development of disadvantaged children (Miller, Maguire, & Macdonald, 2012). A study of child maltreatment finds that center services were more effective than home-based services for high-risk parents (Chaffin, Bonner, & Hill, 2001). Note that these findings do not discount the value of home visitation – other studies find that home visitation help mother-child interactions and child development (Gfellner, McLaren, & Metcalf, 2008; Statham, 2000; Sweet & Appelbaum, 2004). In comparison, however, programs involving peer support appear to do better.

Programs involving peer support bring several benefits. Acceptance and support from other parents increases confidence (Kane, Wood, & Barlow, 2007) and improves interactions with children (Kaminski et al., 2013). Successful programs thus give parents the opportunity to meet together and share ideas, model effective behavior, and engage one another (Trivette & Dunst, 2005). Expanding parents' social network helps them develop resources outside of family support services and contributes to self-sufficiency (Shulruf, 2005). Mothers report high satisfaction with family resources centers that enhance their network – they gain from a sense of belonging to something larger and a break from the isolation of being home with children (Pithouse & Holland, 1999).

Recommendations for Involvement of Peers, Neighbors, and Communities: Involve multiple family members in services and programs and take advantage of support from nearby friends, peers, relatives and neighbors. Increasing social support networks and utilizing social supports in meeting family goals will help promote ongoing, positive outcomes for families. Actions toward this goal might include:

- Developing peer support groups in which participants share problems and solutions in childrearing,
- Introducing participants to one another and offering a welcoming place for interaction of community members, and
- Sponsoring community events and classes in collaboration with community organizations.

Measures of progress can come from tracking the number of participants attending peer support groups and community events.

6. **Coordination of Multiple Services**

FRC's address a wide range of family needs and, as appropriate, connect families to other resources. FRCs view participants as persons with a configuration of risks and assets rather than with a single problem (Penn & Gough, 2002). Since problems often come in clusters that can't be separated from one another, a holistic perspective has the potential to bring about positive changes that reinforce one another (Fernandez 2007; Hess, McGowan, & Botsko, 2000). Trying to improve one area while ignoring others will work less well than coordinated services matched to multiple needs (McCurdy & Daro, 2001). A holistic approach requires individualized, flexible plans for action that allow for multiple routes to common goals (Moran & Ghate, 2005). By coordinating multiple services, FRC's avoid fragmentation and simplify the lives of families. The approach should keep participants more involved with the FRC and willing to remain involved for a longer period of time.

Despite their broad set of services, however, FRCs cannot fully meet the needs of all families. The integrated, holistic approach connects families to other resources as appropriate. FRCs thus serve as a point-of-entry in which workers help participants navigate the welfare bureaucracy and qualify for services (Waddell, Shannon, & Durr, 2001). The outreach requires action and practical problem solving by practitioners along with listening, compassion, and diagnosis (Trivette & Dunst, 2005). To get all the assistance for which they qualify, families need an experienced advocate who knows the workings of a network of multiple agencies.

Practitioners should inform families about supports, services, and placements available in their community. They should give families the support they need to understand the importance of the services and frame questions to ask specific providers or agencies (Penn & Osher, 2011). Practitioners need to be persistent and encouraging in dealing with the inevitable obstacles in obtaining outside assistance. The effort to connect families to resources can extend beyond dealing with existing programs. It can take the form of community and political advocacy (Blank, 2000). Since families benefit from involvement in their neighborhoods and communities, community development becomes a strategy for gaining access to more resources.

Recommendations for Coordination of Multiple Services: A holistic approach requires individualized, flexible plans for action that allow for multiple routes to common goals and cooperation with other community agencies. To get all of the assistance for which they qualify, families need an

experienced advocate who knows the working of a network multiple agencies. Actions toward this goal might include:

- Identifying the range of services needed for a family and listing steps needed to help them navigate around obstacles in accessing the services,
- Meeting and developing ties with other community service providers, and
- Organizing group meetings for participants to discuss experiences and give guidance for dealing with schools, hospitals, clinics, and government offices.

Measures of progress toward the goal can come from data on referrals and family reports of satisfaction in dealing with other agencies.

7. **High-Quality Staff Training and Coaching**

FRC's develop a highly skilled staff. Professionals have been found to produce better outcomes in family support services than volunteers (Layzer et al., 2001). Among professionals, those drawn from the community often have advantages in knowing the background of participants and being motivated to help. However, even high-quality practitioners need special and diverse skills to engage the whole person, build strong trusting relationships, understand cultural differences, and navigate the web of programs and services (Benedetti, 2012). Sharing power and allowing families to choose goals and methods presents particular challenges to practitioners (Beckel, 2013). Creativity is needed less to define the desired outcomes but more to develop innovative ways to reach the desired outcomes. The combination of skills involves more than is typical for clinical practice or case management alone (Waddell, Shannon, & Durr, 2001).

Maintaining a highly skilled staff requires ongoing and demanding training. In this context, training involves more than conveying information – it also involves maintaining motivation (Schorr, 1997) and applying knowledge (Fixsen et al., 2005). Studies report that completion of the Family Development Credential program by practitioners led to some improvements in skills, attitudes, and sense of mastery (Harvey, 2011; Palmer-House, 2006; Smith, 2003; Smith et al., 2007). That may not be enough, however, to transform relationships with clients (Alpert & Britner, 2005). In addition, training should improve motivation and commitment of staff by focusing on the mission of the program and success stories of families helped by the centers (Trask et al., 2006).

Professional development ideally includes individual mentoring and coaching along with group training (Lietz, 2011). Coaching may come from supervisors, outside consultants, or colleagues, but it should involve personal contact and advice. It can profitably involve sharing information and coordinating across agencies. Manalo (2008) finds that ties across centers lead to better programs, just as rigid boundaries between geographic areas, agencies, and workers weaken programs. Follow-ups to monitor staff and measure performance help ensure the use of practices learned through training and coaching (Fixsen, et al., 2005). Measurement can link staff performance to outcomes for families and this information can be used to adjust action (Brekke et al., 2009; Cortis, 2007).

Recommendations for High-Quality Staff Training and Coaching: Invest in staff and their ability to implement evidence-based practices in a rigorous way while adopting elements unique to the local context. Maintaining a highly skilled staff requires ongoing and demanding training, including individual mentoring and coaching along with group training. Actions toward this goal might include:

- Offering training that imparts knowledge, generates motivation, and allows for active practitioner participation,
- Providing ongoing coaching and consultation for practitioners that includes advice, encouragement, and clinical judgment, and
- Defining specific practitioner goals and ways to improve practitioner skills.

Measures of progress can come from use of practitioner performance measures that track goals, family outcomes, and improvement.

Overall Evaluations

Along with studies of key components, the literature includes several encouraging evaluations of family support or family resource programs overall:

- Comer & Fraser (1998) review six experimental studies of family support programs that show immediate and long-term gains on outcomes such as parent-child interactions, parent knowledge, and child health and development.

- Sanders & Roach (2007) evaluate two family service centers in Wales, finding improvements in child well-being, family functioning, and parental well-being related to the child.
- Suter & Bruns (2009) review seven studies of wraparound services – defined as team-based collaborations with comprehensive, flexible, and individualized services – and find largely positive but small benefits.
- Beckel (2013) reports on a Nevada study that found high fidelity wraparound services for child welfare referrals (i.e., children and their families received highly individualized services and supports, an integrated plan, and a team where the parents were in charge to the maximum extent possible) to perform significantly better than two other programs.
- McConnell, Breitkreuz, & Savage (2012) conclude that the effectiveness of family support programs is mixed, but more intense programs that target families in crises have larger effects.
- Chernoff et al. (2002) find that a community-based, family resource intervention helped the adjustment of children ages 7-11 with a chronic disease.
- Several studies show high satisfaction of participants with FRCs (Chand & Thoburn, 2005; Herman, 1997; Statham 2000).

Another comprehensive evaluation examines local centers belonging to the Alabama Network of Family Resource Centers (Hubble, 2010), each of which complies with 25 standards. The network surveyed center directors, who reported that compliance with family resource center standards improved staff motivation, community awareness of services, collaboration with other community resource centers, and access of participants to support services. At the same time, the centers provided data showing associated improvements in indicators such as juvenile arrests, cases of child abuse and neglect, and high school graduation rate. The centers also surveyed participants about services, finding high levels of satisfaction.

Layzer et al. (2001) offer the most comprehensive evaluation of family support programs. Nearly all of the 260 programs they reviewed sought to provide comprehensive services to families, but the specific outcomes, forms of delivery, types of services, and duration of contact varied greatly. The variation across programs made it possible to see what characteristics of programs worked best. Overall, the meta-analysis concludes that the family support programs had small but significant effects across a range of outcomes. The outcome domains of child cognitive and socio-

emotional development, parenting quality, and family functioning showed consistently meaningful improvement. Other outcomes such as physical health, mental health, and economic self-sufficiency did not. The average effect however, hides much diversity – many programs had little effect while others had stronger effects. The authors note that programs may have few benefits when contact with participants is limited. For example, two-thirds of the case management programs studied averaged less than one hour of meeting time with a family per month. Otherwise, the evaluation reveals the promise of family support programs.

However, a limitation of these studies is that they do not compare program costs with benefits in ways that allow for calculation of the return on investment.

Implementation

Although evaluations of FRCs are generally promising, a literature on program success more generally demonstrates a point that has relevance to FRCs: The quality of services and outcomes of programs depends on commitment to proper implementation of key components and principles. The emerging field of implementation science makes the case that programs with demonstrated benefits in controlled studies are not typically applied with sufficient quality to replicate the improved outcomes (Fixsen et al., 2009). Even when adopted with the best intentions, programs face obstacles to implementation such as lack of time and resources, a strongly entrenched status quo, and a focus on staff credentials rather than effectiveness.

The seven core elements of effective implementation (Fixsen et al., 2005) apply to a wide variety of programs, including those focused on family support and family resource centers:

1. Selection of professional, highly skilled staff willing to adopt new practices and commit to quality standards;
2. Pre-service and in-service training that imparts knowledge, values, rationale, and practices to staff and incorporates staff feedback into the program;
3. Ongoing coaching and consultation that includes advice, encouragement, and clinical judgment, all focused on turning a set of practices into a craft;
4. Assessment of staff performance with specific measures and helpful feedback that leads to changes in the behavior of practitioners;
5. Data systems that provide organizational-level measures of the adequacy of process and outcomes;

6. Committed leadership that motivates staff and champions proper program activities; and
7. Positive working relationships with external agencies and funders to gain necessary resources for strong program implementation.

Good programs implemented ineffectively lead to poor outcomes, but the comprehensive review of evidence in Fixsen et al. (2005) suggests that implementing these practices will improve program effectiveness and bring significant benefits.

Joyce and Showers (2002) illustrate the need for coaching. In a meta-analysis of studies examining the training of teachers, they found that presentation of theory, discussion of new activities, and demonstration of the skills in training sessions failed to produce changes in use of the skills in the classroom. Information dissemination alone does little. Practicing the skill and receiving feedback during the training led 5% of the teachers to use the skill in the classroom. However, coaching in the classroom led 95% of the teachers to use the skills in the classroom.

Studies suggest the value of attending to principles of implementation in the adoption of evidence-based practices by FRCs. Lietz (2011) concludes from in-depth interviews with parents using FRCs that efforts to fully implement practices of treating the family as a unit, forming family-professional relationships, honoring family choice, and building on family strengths improve client responsiveness and satisfaction. However, both training and increased supervision are needed to enhance these practices. In a review of studies in top social work journals, Tucker and Blythe (2008) found that interventions using supervisors to monitor implementation tended to report better outcomes. It can be helpful in effective implementation for supervisors to model the use of family-based practices in their interaction with practitioners and share data on improved client outcomes (Michalopoulos et al., 2012).

To ensure that interventions are implemented with fidelity to the program principles, organizations need to invest in implementation strategies that apply evidence-based practices in a rigorous way. Odom (2008) argues that enlightened professional development should emphasize training on implementation and include general activities such as teambuilding, coaching, and using web-based interactive systems to improve implementation.

More detailed guidelines specific to implementing family-based programs come from the California Network of Family Strengthening Networks (2013). They lay out 17 standards within five areas that follow the principles of family support and emphasize protective factors. Most

importantly, however, they translate the standards into indicators that give users concrete ways to make sure the standards are applied appropriately. For example, Standard 1.A. (Program encourages families to participate in program development and implementation) translates into two indicators:

- Minimum Quality Indicator: Program solicits input from families to shape and plan the program and services.
- High Quality Indicator: Program's design supports partnering with families to have an active role in the development and implementation of the program.

Each indicator comes with a list of specific activities that can be used to demonstrate adherence to the principle and indicators. Meeting the minimum quality indictors will create a solid program, and meeting the high quality indicators will serve families even more effectively. Most importantly, the quality indicators provide a roadmap to follow in reaching these goals.

Recommendations for Implementation: To ensure that interventions are implemented with fidelity to the program principles, FRCs need to adopt strategies that apply evidence-based implementation practices in a rigorous way. FRCs should work to develop quality implementation indicators that align with core program practices yet are flexible, allowing for team collaboration, rather than meeting top-down requirements and formal credentialing. Ideally, evaluations will measure costs as well as benefits in ways that allow for calculation of the return on investment in family resource centers.

Summary of Recommendations for Family Resource Centers

1. Inclusion of a Diverse Population in Programs and Services

Practitioners should aim to attract a wide clientele, those with few as well as many needs, and use diverse outreach activities to recruit widely from the community. Actions toward this goal might include:

- Keeping former participants involved in center activities and classes,
- Developing outreach materials that are culturally relevant and linguistically accessible to diverse groups, and
- Assigning a staff member the responsibility for outreach to underserved families.

Measure of progress can come from center-wide data on demographics, participation, and intake assessments, which should reflect a wide and growing range of needs and competencies of participants.

2. Strong Collaborative Relationships between Staff and Families

Practitioners should build strong relationships with families by interacting with family members as colleagues, allowing joint participation in planning and providing regular opportunities for meaningful feedback. Actions toward this goal might include:

- Appointing a parents committee to provide consultation,
- Regularly surveying participants about satisfaction with services and treatment, and
- Soliciting viewpoints of participants on their priorities in solving family problems.

Measures of progress can come from the participant surveys, such as the one provided by the California Network of Family Strengthening Networks (2013), which includes questions on relationships with FRC professionals.

3. Strengths-Based Approach to Service Delivery

Incorporate assets, interests, personalized goals, and sources of support for families. FRC practitioners should work to instill a sense of efficacy among family members through a

systematic and structured, yet flexible, process to identify family strengths and assets. Actions toward this goal might include:

- Asking participants about their background, accomplishments, and assets and incorporating them into an Individualized Action Plan,
- Reviewing participant status on protective factors of parental resilience, knowledge of parenting and child development, supportive social connections, concrete support in times of need and social and emotional competence, and
- Recognizing and celebrating achievements of participants.

Measures of progress can come from completion of the Staff Self-Reflection Checklist available from the California Network of Family Strengthening Networks (2013).

4. Focus on Prevention and Long-Term Growth

Continue outreach to families after crises are resolved and focus on opportunities to further engage families in programs and services. Actions toward this goal might include:

- Offering continuing group-based parent training sessions,
- Encouraging successful FRC participants to stay on as volunteers, and
- Creating enrichment services that foster personal growth and child development.

Measures of progress toward the goal can come from regular focus groups and interviews in which current and former participants describe past progress, long-term goals, and barriers to continued growth.

5. Involvement of Peers, Neighbors, and Communities

Involve multiple family members in services and programs and take advantage of support from nearby friends, peers, relatives and neighbors. Increasing social support networks and utilizing social supports in meeting family goals will help promote ongoing, positive outcomes for families. Actions toward this goal might include:

- Developing peer support groups in which participants share problems and solutions in childrearing,
- Introducing participants to one another and offering a welcoming place for interaction of community members, and

- Sponsoring community events and classes in collaboration with community organizations.

Measures of progress can come from tracking the number of participants attending in peer support groups and community events.

6. Coordination of Multiple Services

A holistic approach requires individualized, flexible plans for action that allow for multiple routes to common goals and cooperation with other community agencies. To get all of the assistance for which they qualify, families need an experienced advocate who knows the working of a network multiple agencies. Actions toward this goal might include:

- Identifying the range of services needed for a family and listing steps needed to help them navigate around obstacles in accessing the services,
- Meeting and developing ties with other community service providers, and
- Organizing group meetings for participants to discuss experiences and give guidance for dealing with schools, hospitals, clinics, and government offices.

Measures of progress toward the goal can come from data on referrals and family reports on satisfaction in dealing with other agencies.

7. High-Quality Staff Training and Coaching

Invest in staff and their ability to implement evidence-based practices in a rigorous way while adopting elements unique to the local context. Maintaining a highly skilled staff requires ongoing and demanding training, including individual mentoring and coaching along with group training. Actions toward this goal might include:

- Offering training that imparts knowledge, generates motivation, and allows for active practitioner participation,
- Providing ongoing coaching and consultation for practitioners that includes advice, encouragement, and clinical judgment, and
- Defining specific practitioner goals and ways to improve practitioner skills.

Measures of progress can come from use of practitioner performance measures that track goals and improvement.

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