Family Resource Center

I. INTENT OF STRATEGY
The intent of Family Resource Centers, a promising practice strategy, is to serve as a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child’s optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and support for their child’s school readiness.

II. DESCRIPTION OF SIGNIFICANCE
Arizona’s parents and families with young children, regardless of background, can benefit from information about child development, support in developing parenting skills, and access to resources as shown by data collected by First Things First (FTF) in statewide and regional needs and assets reports, and by preliminary data collected in the 2012 Family and Community Survey. Family Resource Centers are an important prevention approach for addressing the need for child development and parenting information that families need (The California Family Resource Center Learning Circle, 2000). Access to information to build knowledge on various parenting and child development topics helps families overcome conditions associated with social and economic stress such as punitive parenting, abuse or neglect, parental psychological distress, parental substance abuse, and limited opportunity for learning at home, and can moderate a child’s risk for poor outcomes (Benedetti, 2012).

Family Resource Centers increase protective factors and capitalize on family strengths. Family Resource Centers work toward creating milieus that help increase protective factors, such as developing community connections, improving access to resources, reducing social isolation, improving parenting skills, and stabilizing families (The California Family Resource Center Learning Circle, 2000). Knowledge of parenting practices and child development including “accurate information about raising young children and appropriate expectations for their behavior” has been cited by the Doris Duke Strengthening Families Initiative as one of six key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect (Center for the Study of Social Policy, 2008). The strength based approach is essential to Family Resource Centers, and supports families’ problem solving while simultaneously developing skills, abilities, and resources for themselves. Family Resource Centers bring together services and activities that educate, develop skills and promote a change of behavior for families. This increases the capacity of families to be healthy, involved members of dynamic communities.
Family Resource Centers are promising approaches for addressing issues such as: child abuse and neglect, substance abuse, family violence, family stability, family isolation, family health, and educational outcomes (The California Family Resource Center Learning Circle, 2000). While a Family Resource Center model is considered to be a promising practice, the programs and services provided at Family Resource Centers may indeed be evidence based or evidence informed. Family Resource Centers support families by providing access to information and education addressing a variety of child development and health topics, and by bringing together services and activities that educate, develop skills and promote stability within families. Family Resource Center services are designed with the flexibility to respond to the wide spectrum of needs of the community and reach diverse families, while working collaboratively with all community partners to bring together resources and activities into an integrated service system that is accessible and responsive.

Family Resource Centers offer a variety of services for families so they can access information and education. These include: 1) Community Referral Services; 2) Parenting Skills Development and Support Services; and 3) Linkages to Key Services. Family Resource Centers are required to offer Community Referral Services, a library of resources and information families can access on their own through an electronic database or print format. Family Resource Centers are staffed with paraprofessionals to provide resource and referrals, answer questions about resources available in the community, and direct families to services and programs upon their requests.

In addition, Family Resource Centers have the option of offering Parenting Skills Development and Support Services, which provide parenting education opportunities for families that include a series of evidence based parenting education classes; parenting support groups; one-time family workshops; and, parent and child interaction groups.

Family Resource Centers also have the option of offering Linkages to Key Services. This service provides a family navigator and allows families to receive individualized case management services including an assessment of their strengths and needs, a service plan, family goals, assistance connecting to the identified services, and follow up to ensure successful enrollment in key services.

III. IMPLEMENTATION STANDARDS
A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer
review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.

- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.

- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
  
  - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
  - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
  - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. All Family Resource Centers must implement evidence based, evidence informed and/or promising practice service models that meet FTF’s accepted definition of those program models:
   
   a. All Family Resource Centers must provide the (i) Community Referral Services which includes information and referrals for families. In addition, a Family Resource Center may provide (ii) Parenting Skills Development and Support Services and/or (iii) Linkage to Key Services using Family Navigators. The following standards are required when implementing the Family Resource Center services:

   i. **Community Referral Services** provides accessible information and referrals for families. Family Resource Centers must:

   - Have resource and referral staff readily available to direct families to and answer questions about resources and referral information maintained in the center.
   - Maintain a library of printed resource and referral materials that families can access as needed. Printed materials must be extensive and address comprehensive child development and health topics.
   - Maintain a current event calendar that lists the activities at/sponsored by the Family Resource Center.
- Provide computer and internet access to information on topics that families can access as needed. Maintain an electronic library of information covering topics such as parenting skills, early childhood development including social and emotional, language and literacy, cognitive, physical and motor development, and child health.
- Promote integration of community service providers located in Family Resource Centers so that families can easily access all of the services available.

ii. **Parenting Skills Development and Support Services** provide opportunities for parents to enhance their competency and confidence by learning skills that help them understand and guide their child’s development. If Family Resource Centers choose to implement this service, they must offer one or both of the following additional strategies:
  - Parenting Education programs that align with the FTF Parenting Education Standards of Practices (see attached).
    - Parenting education – learning activities offered in a series intended to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers.
    - Select evidence based models from the list of FTF accepted Parenting Education program models listed in an attachment to the Parenting Education Standards of Practice.
  - Parenting Outreach and Awareness workshops and resource distribution within the Family Resource Center that aligns with the FTF Parent Outreach and Awareness Standards of Practice (see attached).
    - Parent workshops – Structured, stand-alone sessions or short classes that provide information on a variety of topics promoting parental competencies.
    - Offer parents and caregivers opportunities to support each other and share information, advice, or problem-solving strategies related to parenting experiences. Support groups can be effective for parenting teens or parents of children with developmental concerns.
    - Offer families opportunities to enhance parent and child relationships through participation in developmentally appropriate activities that encourage parent-child bonding, early literacy, school readiness and community building.

iii. **Linkage to Key Services using Family Navigators** assists parents or caregivers to develop and utilize available supports and material resources to promote family self-sufficiency. Using a case management model and face to face interactions, it is expected that family navigators will educate parents about services that are available and help them gain access to assistance. If Family Resource Centers choose to implement this service, they must:
o Assess a family’s needs and strengths; assist the family with goal setting, and develop a written plan to work toward a greater level of competence and confidence.

o Connect families to available community resources consistent with the established goals; connect families to both informal and formal supports that address their needs; communicate with service providers to learn about the process and eligibility for obtaining the needed resources; assist families in completing documents needed for enrollment into services.

o Monitor families’ progress towards obtaining needed resources and provide needed assistance when families experience difficulties enrolling in services.

o Evaluate the completion of goals and readiness for completion of case management services.

o Ensure the caseload of a full time equivalent does not exceed 75 families.

o Document in a confidential family file what services were accessed by the family and when the case was closed.

b. Services must be responsive and adapt to family needs; embedded in local communities; integrated as part of a continuum of services offered by the community; and, respond to unique community needs. All services must be designed and implemented for families with children birth to age 5 and address the core areas of family support:

- **Expand the family’s knowledge of child development and behavior**
  o Provide learning opportunities for families in all domains of child development (i.e., social, emotional, language, and physical and motor development); understanding typical and atypical child development; recognizing age appropriate child expectations; and identifying developmental milestones and developmental red flags.

- **Support positive parenting practices**
  o Provide learning opportunities for families on appropriate parent and child interactions, development of parenting skills, positive guidance practices, and warm, sensitive and responsive caregiving.

- **Improve child safety**
  o Provide learning opportunities for families to increase their awareness of prevention of injuries in the child’s environment (e.g., safe sleep, choking hazards, and use of car seats).

- **Improve child health**
  o Provide learning opportunities for families on nutrition, obesity prevention, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in consistent medical/dental homes, participation in prenatal care, and preventative services such as well child visits, and developmental, vision and hearing screening.

- **Contribute to family stability**
  o Support families to improve their stability (e.g. meet basic needs), functioning, and mental health (e.g., warmth, emotional availability, and stimulation), and
promote stable relationships among caregivers, positive parenting, and family cohesion.

- **Promote strong family relationships**
  - Support families to increase their support network and community involvement. Provide community specific resources at all class sessions that are relevant to the session topic. For example, during a session covering oral health topics, parents should be provided with a list of dental providers in the community that serve children 5 and under.

c. Incorporate family-centered practice into service delivery. Components of family-centered practice:
   - Involve families in the planning, development and implementation of the services. Activities and services are developed in response to the needs and interest of the family.
   - Structure activities compatible with the family’s availability and accessibility. Family Resource Centers will offer non-traditional hours of operation including extended evening, weekend, and holiday hours.
   - Family Resource Centers will be located in areas where families routinely congregate (e.g. churches, public schools, health clinics, libraries, community centers).
   - Locations and environments within centers are safe and welcoming for families with young children. Family Resource Centers will be accessible for persons with disabilities and will be compliant with the Americans with Disabilities Act.
   - Support the growth and development of all family members; encourage families to be resources for themselves and others.
   - Strengthen family’s capacity to advocate for themselves within institutions and agencies.

d. Incorporate strength based approaches to service delivery. Strength based practice focuses on the family’s abilities, assets, needs and interests. Indicators of strength-based practice:
   - Staff members work with family members in relationships based on equality and respect to identify their strengths, resilience and resources.
   - Family members are encouraged to build upon their strengths by enhancing their capacity to understand and promote their own optimal cognitive, social, emotional, and physical development.
   - Assistance is provided for families to identify and acknowledge informal networks of support and community resources.

e. Parenting education programs that offer on-site child care must adhere to the First Things First (FTF) Requirements for On-Site Child Care (attached).

2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader.
a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
   - Provide opportunities for parents to learn about early language and emergent literacy development.
   - Inform parents about pre-literacy skills needed for literacy: print concepts, phonological awareness, vocabulary development, comprehension, analysis of the content and structure of text, and making meaning through drawing and writing.
   - Provide information to increase parents’ awareness of the use of languages to communicate, respond to and elaborate on child’s vocalizations (e.g., daily storytelling, talking, singing to infant and child).

b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.

c. Engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.

d. Encourage families to use the language in which they are most confident and competent.

e. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.

f. Encourage parents and families to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.

g. Encourage parents and families to support and advocate for their child’s learning and development as they transition to new learning environments.

3. Follow the FTF Child Welfare Policy (attached) when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.

4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
   a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
   b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
   c. Establish partnerships with child care referral networks, quality early care and education programs, local school districts, social services agencies, Supplemental Nutrition Program for Women, Infants and Children (WIC), faith-based organizations, early intervention programs, family literacy programs, and adult education programs.
5. Continuous Quality Improvement
   a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
   b. In the written policy, the following should be addressed:
      • How data is used to assess the progress and outcomes of program implementation; and
      • How data collection is used to improve staff performance.

6. FTF embraces cultural responsivity as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
   a. Offer programs and services congruent with the needs of diverse children and families.
   b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
   c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
   d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards
   1. Direct Service Staff
      a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
      b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
      c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
      d. The length of employment and experience/education are reflective of high quality staff. Staff providing resource and referral information for families attending Family Resource Centers are required to have a minimum of a high school diploma with knowledge of the surrounding community and the available resources.
      e. Staff serving as family navigators who provide the strengths and needs assessment, service plan goals, linkages to key services, and case management services are required to have a minimum of a bachelor’s degree in early childhood development, education, family services, social work, nursing or a closely related degree.
      f. Establish caseload size for staff serving as family navigators based upon:
         • Number of hours per week the staff member works; and,
         • Family needs and intensity of services provided (e.g., families with several risk factors or significant barriers to service coordination may require more frequent and intense programming to allow for more time to build relationships, modify
maladaptive behaviors or attitudes, practice newly learned skills, and address barriers).

g. All staff must be well versed and knowledgeable about resources families need to support children’s health and development. Areas of knowledge include: all domains of child development; health services; food/clothing or supplies; developmental screening and referrals; early literacy; early intervention; quality child care; respite and crisis care; transportation; housing; child protection; and adult education.

h. All staff must be knowledgeable about other FTF supported programs such Home Visitation and Quality First.

i. Demonstrate genuine interest in and concern for families. This can be gauged by observations of staff interactions with families, responsiveness to family needs, and reports made by families. Information and insight about the staff members’ genuine interest in and concern for families can also be gathered during the hiring and interviewing process (e.g., specific questions regarding motivation for working with families).

j. Build a staff team that is consistent with program goals and whose top priority is the well-being of families and children. This staff team must work together and model respectful relationships.

k. Assess staff skills and abilities. Staff must be able to engage families while keeping a professional rapport.

l. Provide ongoing staff development/training on the FTF Family Resource Centers Standards of Practice principles and other required Standards of Practice as appropriate. Staff includes supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy.

m. Supervisors and staff (including direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) must receive training through the Arizona Department of Education on the utilization of the Arizona Infant and Toddler Developmental Guidelines, the Early Learning Standards and the Program Guidelines for High Quality Early Education: Birth through Kindergarten as a regular part of practice. All staff will have ongoing access to standards and guideline materials.

n. Provide ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.

2. Supervisory Staff

a. Meet or exceed the educational and knowledge requirements above and, in addition, must also have at least two years of program management experience.

b. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.

c. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides ongoing opportunities for discussion between staff members and supervisors to reflect and debrief. Supervision includes staff observation of service delivery with families. It is imperative that supervisors are aware of how all staff engage with families so that all performance concerns are addressed with the staff.
member. Supervisors must use staff observations as an opportunity to identify coaching and mentoring needs of staff.

d. Work with staff to prepare and implement the professional development plans. The staff’s professional development plans should be reviewed at least annually.

3. The Arizona Early Childhood Workforce Registry (Registry)
The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.

a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.

C. Additional Standards

1. Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).

IV. REFERENCES AND RESOURCES


G. FTF Child Welfare Policy (attached)

H. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)

I. FTF Requirements for On-Site Child Care (attached)

J. Arizona Early Childhood Career and Professional Development Network Website: http://azearlychildhood.org (available Fall 2015)


M. Arizona Department of Education Trainings
   http://www.ade.az.gov/onlineregistration/SelectEvent.asp?viewall=%22yes%22&GroupID=31