City of Seattle

Edward B. Murray, Mayor

Human Services Department
Catherine Lester, Director

Date:	**July 12, 2017**
To:	Councilmember Sally Bagshaw, Human Services Public Health Chair Council President Bruce Harrell Councilmember Tim Burgess
From:	Catherine Lester, Human Services Director (206-386-1143)
Copy:	File
Subject:	**Response to SLI 272-1-A-1: Evaluation of the Effectiveness of Family Resource Centers**

The Seattle Human Services Department's (HSD) response to the Seattle City Council's Statement of Legislative Intent 271-1-A-1, requesting that HSD provide an assessment of the effectiveness of the City's investment in Family Resource Centers (FRC), is attached.

In summary, this SLI response does not constitute an assessment of the FRC model's effectiveness. A new FRC model was co-designed in 2016; HSD is testing the pilot program in 2017—there is currently insufficient data to evaluate effectiveness. Pilot results will later inform the programmatic strategies of the 2018 Request for Proposal (RFP). HSD can return to Council in 2018 to present these findings.

The FRC program model, including performance measures, changed from 2016 to 2017. The six FRCs located throughout Seattle provided programming based on the needs of the families and individuals being served. Content and frequency of the programing offered at each FRC varied. Ultimately, the inconsistent implementation of program activities and delivery standards amongst the agencies resulted in a collection of data that couldn't be measured for overall program effectiveness.

As a result, HSD and FRC agencies co-designed a pilot program model in 2016 for 2017 implementation. HSD is contracting with the six existing agencies to immediately implement and test the pilot program model. In 2017, the total FRCs investment is allocated through outcome-based contracts. Each FRC agency is now required to measure performance in terms of quantity, quality and impact. FRCs also improved their alignment with each other by ensuring all agencies were offering and measuring a set of core services, while maintaining flexibility to meet the needs of their communities.

Detailed information on HSD's efforts to ensure programmatic success for FRCs is contained in this response, and includes the following:

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- An Introduction to Family Resource Centers (FRC)
- A description of how the FRC Model was improved
- A description of the 2017 FRC Pilot Program launch
- A summary of the FRC and next steps

Council's interest in Family Resource Centers is appreciated; I am happy to answer any questions you may have regarding the attached report.

Family Resource Centers
SLI 272-1-A-1 Report

July 12, 2017

Seattle Human Services Department
Youth and Family Empowerment Division

Family Resource Centers
SLI 272-1-A-1 Report

Introduction of Family Resource Centers

The Seattle Human Services Department (HSD) has funded Family Resource Centers (FRC) agencies in Seattle since 1993. The last FRC Request for Proposal (RFP) process was administered ten years ago.

The FRC structure and agencies have changed throughout the years. The FRC program model has fostered programming to reflect the needs, interests and culture of the families who utilized the center. Programming was developed by the individual contracted agencies in response to the unique needs of their community and neighborhood(s), while remaining open to all. The following table provides an overview of the 2016 funded agencies and their respective location, primary populations served and languages spoken.

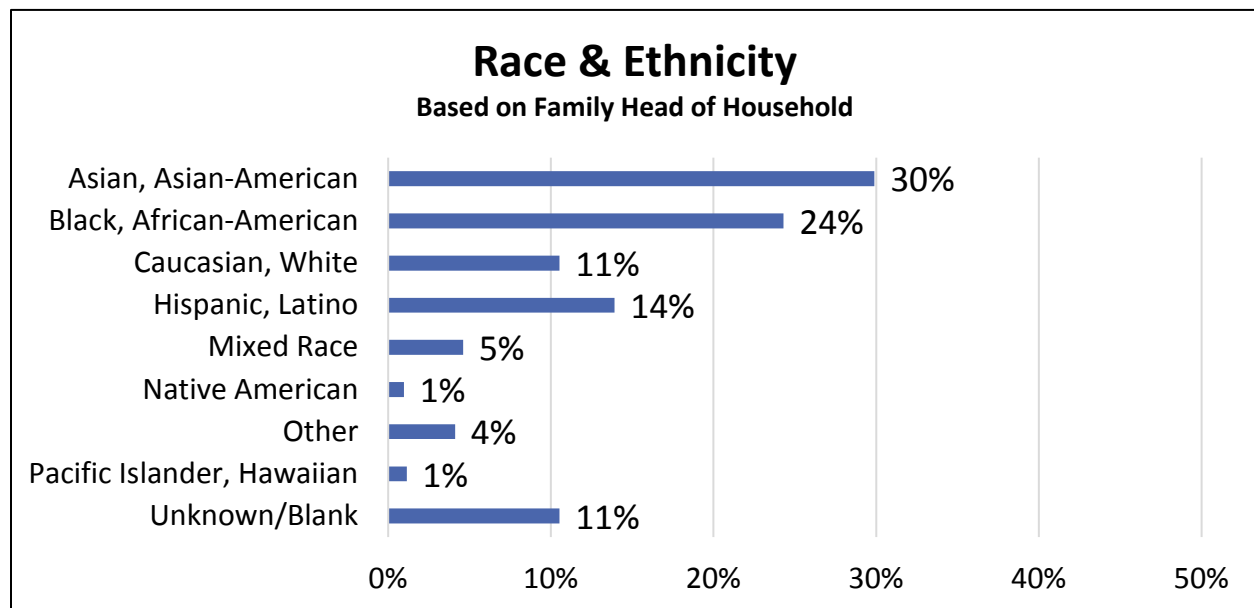| Agency	Neighborhood	Primary Populations	Primary Languages
Atlantic Street Center	Rainier Valley (Council District 2)	African American, East African, Latino, Asian, immigrant communities	Amharic, Chinese, English, Somali, Spanish
Children's Home Society	Lake City (Council District 5)	African American, East African, Latino, Asian, immigrant communities, and White	Amharic, Arabic, Chinese, English, Spanish
Chinese Information Service Center	Chinatown-International District (Council District 2)	Asian, immigrant communities	Chinese, English, Vietnamese
Family Works	Wallingford (Council District 4)	African American, Latino, Asian, immigrant communities, and White	English, Spanish
Neighborhood House	High Point (Council District 1)	African American, East African, Latino, Asian, immigrant communities, and White	English, Oromo, Somali, Spanish, Vietnamese
Southwest Youth and Family Services	West Seattle, Delridge (Council District 1)	African American, East African, Latino, Asian, immigrant communities, and White	Cambodian, English, Somali, Spanish

Program Model

Historically, the FRC model didn't have a core or universal set of program activities that all six FRCs were required to provide. There were no specified guidelines to ensure a variety of programs were consistently provided to families throughout the year. HSD's FRC contracts provided general guidance to the type of services an agency may offer and other expectations, such as offering dedicated program space and how frequently to administer the Participant Survey. Individual FRC agencies implemented a variety of programs related to parenting, education, life skills, and referrals to other services in the community. The general FRC model in 2016 was:

A. The six FRCs located throughout Seattle provided programming based on the needs of the families and individuals being served. Content and frequency of the programing offered at each FRC varied.

B. Services and resources offered included, but were not limited to:

- Information, advocacy and referral services
- Parenting classes, workshops and support groups
- Parent/caregiver-child play groups and family activities
- Adult life skills and educational training
- Children and youth activities
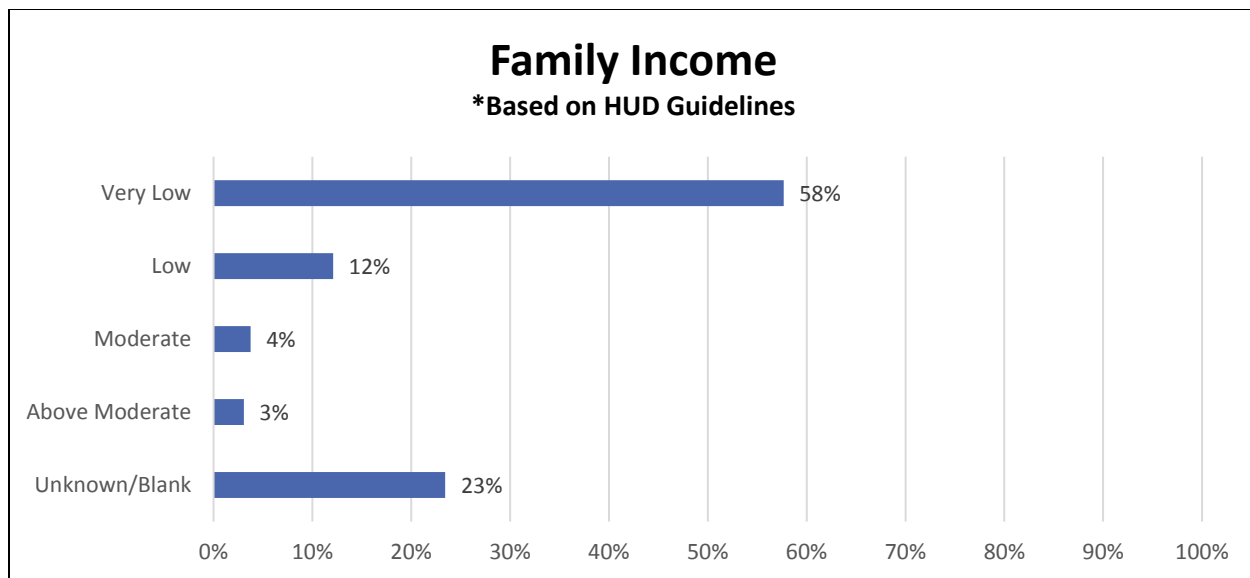- Basic resources (i.e. clothing exchange, emergency food, transportation, etc.)

Demographics of Program Participants

The six FRCs served 9,523 unduplicated individuals in 2016. Demographic data was universally collected through the Client Profile Report, a required form, to understand who the FRC participants were. The composition of the FRC program participants in 2016 represented some of Seattle's most vulnerable residents including families of color, refugee and immigrant families, limited-English speakers, and low-income families. Asian/Asian-American, Black/African-American, and Hispanic/Latino populations represented the three largest communities served at FRCs in 2016.

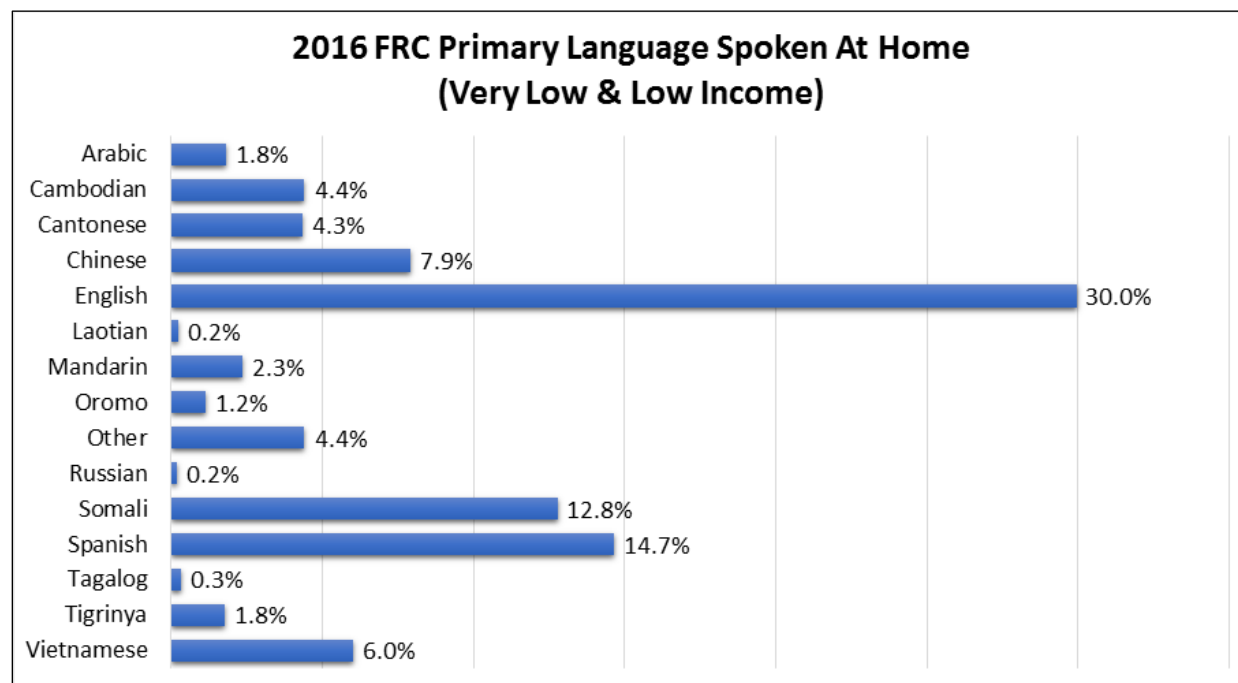Below are three aggregated FRC data sets describing the participants' demographics.

Race & Ethnicity
Based on Family Head of Household

Category	Percent
Asian, Asian-American	30%
Black, African-American	24%
Caucasian, White	11%
Hispanic, Latino	14%
Mixed Race	5%
Native American	1%
Other	4%
Pacific Islander, Hawaiian	1%
Unknown/Blank	11%

Asian/Asian-American, Black/African-American, and Hispanic/Latino populations represented the three largest communities served at FRCs in 2016.

Family Income
*Based on HUD Guidelines

Category	Percentage
Very Low	58%
Low	12%
Moderate	4%
Above Moderate	3%
Unknown/Blank	23%

* Income category is based on HUD guidelines: very low = 50%, low = 80% of median family income for King County. The median income for King County in 2016 was $90,300. For a family of four, very low income was calculated as $0 - $26,450 and low income was calculated as $26,451 - $44,100.

Very low and low income families represented 70% of the 2016 FRC's participants.

2016 FRC Primary Language Spoken At Home
(Very Low & Low Income)

Language	Percentage
Arabic	1.8%
Cambodian	4.4%
Cantonese	4.3%
Chinese	7.9%
English	30.0%
Laotian	0.2%
Mandarin	2.3%
Oromo	1.2%
Other	4.4%
Russian	0.2%
Somali	12.8%
Spanish	14.7%
Tagalog	0.3%
Tigrinya	1.8%
Vietnamese	6.0%

The top three languages 2016 FRC participants spoke at home were English, Spanish, and Somali.

Program Impact on Participants

Agency contracts required FRC staff to submit surveys three times a year. Individual performances were measured by participant responses to survey questions. While the agencies didn't all report on the

same measures due to the lack of standard program requirements, individual positive outcomes were being achieved. Of the 9,523 individuals served by six FRCs in 2016, 1,000 survey results showed:

- 99% strengthened parenting and family skills that promote school success.
- 99% increased knowledge and skills in the areas of health, education, and employment.
- 95% strengthened social support networks and a greater connection to their communities.

Here is a sampling of participant feedback comments from the surveys:

- My parenting class helped me to get custody of my child and find housing.
- I love active dads program. The support has helped me improve my parenting.
- Positive discipline provided lessons that I still employ today.
- I like that I have a person I can count on when I need help and there are people who have gone through what I have been through. I appreciate the advice.
- The staff is very supportive and help me and other students achieve their goals.
- I like the help with finding housing and other things like clothing (and) food.

Ultimately, the inconsistent implementation of program activities and delivery standards amongst the agencies resulted in a collection of data that couldn't be measured for overall program effectiveness.

Improving the Family Resource Center Model

HSD needed to better understand the impacts of the FRC to ensure the investment was clear and measurable in preparation for its next FRC RFP procurement process. Led by the Youth and Family Empowerment Division (YFE), HSD realigned the FRC model through a planning and co-design process in 2016. The planning and co-design process resulted in a standard and better defined operational model, which includes a common core set of programs offered by all six FRC agencies. Refined program tools to improve how all six FRCs were measuring impact were also developed.

Planning and Co-design Process

To achieve realignment outside of an RFP procurement process, YFE co-designed the new standardized FRC model with the FRC agency staff. The planning process was guided by the Results Based Accountability (RBA) framework, HSD's strategy to achieve population level results. RBA is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, countries, states and nations. RBA can also be used to improve the performance of program, agencies and service systems. [1]

The RBA framework offers three key questions to guide and shape the development of strategies and performance measures:
1. Quantity: How much did we do?
2. Quality: How well did we do it?
3. Impact: Is anyone better off?

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[1] Friedman, Mark. Trying Hard is Not Good Enough. San Bernardino: PARSE Publishing, 2015.

An internal HSD workgroup consisting of staff from data, planning and contracts formed to review current FRC strategies and performance measures. The workgroup started with the desired result, "All youth in Seattle successfully transition to adulthood," and worked backwards. Strategies were selected based on the available data on community needs, as well as best and promising practices.

FRC agency leadership and program staff provided feedback to create a set of family centered strategies that were culturally competent to create positive impacts on families. During the planning process, HSD met with each FRC agency to discuss drafts of the strategies and performance measures. The individual meetings yielded information on strategies FRCs felt they needed additional help with. As a result, specific professional development will be offered in 2017 to support the implementation of the revised strategies. In addition to the individual meetings, two cohort meetings with FRC representatives were held to receive feedback on the developing strategies and performance measures.

Key steps in the planning and co-design process were:

1. Alignment with regional initiatives: King County's Best Starts for Kids and University of Washington School of Social Work's Communities in Action
2. Alignment with the National Family Support Network
3. Research on regional and national best practices around health, parenting and the importance of connection to family and community
4. Literature review with focus on best practices for serving families
5. Co-design with the FRC directors and management staff, both at whole team and individual agency meetings
6. Development of a new Theory of Change to reflect the most recent work done at HSD with racial equity goals and indicators[2]
7. Revised existing Participant Survey to better demonstrate impact on families
8. Development of new FRC strategies and performance measures

Alignment with Best and Promising Practices

To ensure effectiveness, the FRC model also needed to align with best and promising practices, including regional initiatives.

A. Best Starts for Kids

    King County's Best Starts for Kids (BSFK) represents a significant investment in improving the lives of children and families in King County. Extensive research into best practices and community need went into the preparation of this $400 million investment plan. The three key strategy areas of BSFK are:

    1. Invest Early (prenatal to 5 years old)
    2. Sustain the Gain (5-24 years old)
    3. Communities Matter (supporting the communities and organizations doing the work)

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[2] Racial Equity Goal: African American/Black, Asian, Latino, Native American, Native Hawaiian/Pacific Islander children and families will be connected to school and community at the same percentages as White children and families. Indicator: % of youth connected to school or their community.

Many of the headline indicators of BSFK align with the revised 2017 FRC pilot program impact performance measures.

Best Starts for Kids Indicators	Family Resource Center Impact Performance Measures
• Youth and young adults who are in excellent or very good health. • Physical activity levels among youth and adults.	• Participants improve individual and family overall physical or behavioral health.
• Youth who have an adult to turn to for help. • Children who are flourishing and resilient. • Children who are kindergarten ready. • Youth who are flourishing and resilient.	• Participants improve individual and family skills related to parenting and family interaction.
• Adults engaged in civic activities.	• Participants improve individual and family connection to community.
• Youth and young adults who are either in school or working. • High school graduates who earn a college degree or career credential. • Households earning a living wage, above 200% of poverty.	• Participants improve individual and family skills related to education, life skills, employment or technology.

B. Communities in Action

HSD met with the manager of the University of Washington's School of Social Work Communities in Action collective impact project to discuss areas of alignment. Communities in Action focuses on building protective factors and reducing risk factors to promote healthy child development and healthy families and communities. Communities in Action offers three programs located in four regional clusters throughout Southeast and Central Seattle. The FRC agencies have already implemented two of these programs, Guiding Good Choices and The Incredible Years.

Guiding Good Choices is an educational program for children and parents. This program includes effective parenting skills, conflict management, and the use of family meetings as a tool for parents.

The Incredible Years is a program with a prevention focus aimed at parents. This program promotes social, emotional, and academic competence and prevents conduct problems in young children. The program also provides support for parents to learn the skills needed to address conduct problems early.

Communities in Action's emphasis on prevention and building protective factors, notably creating opportunities for pro-social involvement for youth and families, aligns with the strengthening and supporting families work of FRCs.

C. National Family Support Network

Formed in 2011, the National Family Support Network (NFSN) grew out of a successful regional network for family centers in California, which utilized an asset-based approach that stressed quality in programming, evaluation, staffing, and environment. The formation of a national network meant that regional networks across the country could be connected for peer learning, and work collectively to create high quality FRCs. The City of Seattle joined the NFSN in January 2017 and is the first regional network that is city-based rather than statewide.

The NFSN utilizes a common set of 17 quality standards divided into 5 sections. FRC agencies adopted the NFSN standards in 2015 prior to joining the network. Each FRC develops programming that supports the standards, based on the needs of the communities they serve. The Standards of Quality for Family Strengthening and Support sections are:

1. Family Centeredness: Working with a family-centered approach that values and recognizes families as integral to the program.
2. Family Strengthening: Utilizing a family strengthening approach to support families to be strong, healthy, and safe, thereby promoting their optimal development.
3. Embracing Diversity: Acknowledging and respecting families' diversity, supporting their participation in a diverse society, as well as engaging in ongoing learning and adaptation to diversity.
4. Community Building: Contributing to building a strong and healthy community by facilitating families' social connections, developing their leadership skills, and by collaborating with other programs.
5. Evaluation: Looking at areas of program strength, as well as areas for further development, to guide continuous quality improvement and achieve positive results for families.

The NFSN standards align both BSFK and Communities in Action. The table below includes a sample of the NFSN Quality Standards. Many of the NFSN standards align with the revised 2017 FRC pilot program quality performance measures.

NFSN & FRC Alignment	
National Family Support Network Quality Standards	**Family Resource Centers Quality Performance Measures**
• Program is accessible and welcoming to families. • Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects.	• FRC staff and families work together to develop and maintain a welcoming environment for all families.
• Program enhances families' capacity to support their healthy cognitive, social, emotional and physical development.	• Programs are designed to deliver activities that support the healthy development of families.
• Program encourages families to participate in program development and implementation.	• Programs are tailored to the specific needs of the communities being

NFSN & FRC Alignment	
National Family Support Network Quality Standards	Family Resource Centers Quality Performance Measures
• Program conducts outreach to families, and sustains constructive relationships with them. • Program recognizes and affirms families' strengths and resilience, and is responsive to their concerns and priorities.	served and incorporate participant feedback.

The HSD workgroup conducted a brief review of best practices in addition to the review of regional and national initiatives on family strengthening, increasing protective factors, and investing in preventative work with families.

Some of the best practices identified by the workgroup include:

- Health and Wellness support is a growing need in communities, including immigrant and refugee communities
- Parenting support is needed for parents of older youth as well as younger children
- Connecting youth to community and caring adults improves outcomes and builds resiliency
- Empower families to learn how to advocate for themselves, and access resources on their own

Literature review will continue with the development of the 2018 RFP for 2019 contracts, per the requirements outlined in the HSD Funding Process Manual.

Launching the 2017 FRC Pilot Program

The 2016 co-design process resulted in a FRC pilot program that was launched in January 2017. HSD is contracting with the six existing agencies to immediately implement and test the pilot program model. The new contracts reflect the pilot period covering the first contact year of January through December 2017, and includes the revised program model and performance measures.

In 2017, the total FRCs investment is $1,658,990 and is allocated through outcome-based contracts. Each agency contract allows for 80% base pay and 20% pay for achieved performance commitments. The FRC agencies receive funding from other sources to provide additional services, serve additional people and/or to fully fund program costs.

Family Resource Center Pilot Program Agency	2017 HSD Funding
Atlantic Street Center	$451,672
Children's Home Society	$279,466
Chinese Information Service Center	$209,576
FamilyWorks	$168,823
Neighborhood House	$203,753
Southwest Youth and Family Services	$345,700
Total	$1,658,990

Pilot Program Strategies

Common core strategies are now implemented by all FRC agencies. Still, FRC agencies will shape the services offered under each strategy to reflect the family and community needs (e.g. language specific, foods representing culture, etc.). It was important to the workgroup and the FRC agencies that the revised program model maintained the community-specific nature of the FRCs, retaining flexibility needed to respond to different language and cultural group needs. The following are the adopted core strategies:

1. Health and Wellness (nutrition and healthy lifestyles)
2. One-on-one Family Advocacy (information, assistance and referrals)
3. Parenting and Family Education
4. Structured Parent and Child Activities
5. Connection to Community (building resiliency for school-age youth and supporting their healthy connection to family and community)

While the program model changed, the contract funding amount stayed the same from the previous contract year. Depending on the contract amount, FRCs are required to provide additional services related to the five core strategy areas to ensure an equitable distribution. FRC agencies will select secondary strategies based on funding amounts: agencies with funding under $200,000 will chose two secondary strategies, those with funding between $200,000-$299,999 will select four secondary strategies, and FRCs with funding levels above $300,000 will select six secondary service strategies. During contract negotiation, FRCs selected from the following list of secondary strategies:

Secondary Strategies
- Urban gardening classes
- Intensive one-on-one family advocacy
- Adult education
    - Classes, workshops and support with an ESL, life skills, parenting, employment or technology focus
- Healthy pregnancy
    - Classes, workshops and support on understanding and reducing health risks, self-care during pregnancy, healthy development of babies, and more
- Parenting support or peer learning groups
    - Peer led or designed groups that address the parenting needs of groups of parents including but not limited to single parents, fathers, age-specific, LGBTQ families, families with children with disabilities, kinship care families
- Summer enrichment programs
    - Activities to curb summer learning loss for school-age youth
- Literacy and tutoring for school-age youth
- Financial empowerment for school-age youth and families
- Connection to community for families
    - Activities that create opportunities for families, parents alone or with school-age youth, to become involved in their communities

FRCs must devote approximate equal time to each of the above strategies over the course of the fiscal year, and implement them throughout the year. The exception to this requirement is the two seasonal secondary strategies: urban gardening and summer enrichment.

The table below provides a sampling of actual programs the FRC cohort implemented during the 2017 Quarter 1.

Actual FRC Pilot Programs 2017 Quarter 1
1. **Health and Wellness** • Health Education by Planned Parenthood • Chronic Disease Management • Self-care for Care-Givers • Nutrition for Toddlers • Mindfulness Meditation/Gentle Stretching • Women, Infants, and Children (WIC) enrollment assistance • Maternity Support • CPR • Yoga • Women Tea Party (Partnership with International Community Health Service, a gathering to promote the physical and psychological health among Chinese immigrant women)
2. **One-on-one Family Advocacy** • Information and referral services
3. **Parenting and Family Education** • Computer tutoring • Talk Time (English conversation practice for English language learners) • Familias Adelante (Parent support group for Spanish speaking parents and caregivers) • Muslim Sisters (Parenting support group for Muslim women) • ESL Support Classes • Employment coaching • Parents as Educational Partners • Budget Basics • Tutoring Program • Life Skill Workshops • Vocational ESL (Partnership with OneAmerica, Digital Storytelling and ESL teaching) • Reading Buddies (Partnership with Boys and Girls Club at-risk youth reading program)
4. **Structured Parent and Child Activities** • Multilingual Play and Learn • Literacy Night • Children in Action (Support group for parents of differently-abled children) • Active Dads Network • West Seattle Family Playtime • Horn of Africa Playtime • Japanese Co-op Parent/Child Play Group by Donguri Playschool • Habesha Family Group (Eritrean and Ethiopian intergenerational programming

Actual FRC Pilot Programs 2017 Quarter 1

5. Connection to Community
- Girls Group by Powerful Voices
- Muslim Boys Youth Group
- Muslim Girls Youth Group
- Volunteer Leadership Program
- Community Service Project, in partnership with Westside Baby
- Black History Month (Presentation, workshops, dinner and community events)
- Somali Family Action Board
- Who am I? (Youth drop-out prevention program to support at-risk and immigrant youth to stay connected to school and the community they live in)
- Seattle Aquarium Family Event

Pilot Program Performance Measures

Each FRC agency is now required to measure performance in terms of quantity, quality and impact.

- **Quantity:** The number of participants enrolled in and served by the FRC agency and program. Quantity is tracked in the Efforts to Outcomes (ETO) database, and reported monthly.
- **Quality:** The participants' perspective on how well the FRCs offer services. Quality is determined through the FRC Participant Survey, three times a year.
- **Impact:** Participants report improvements (e.g., overall physical or behavioral health). Impact is determined through the FRC Participant Survey, three times a year.

2017 FRC Performance Measures		
Quantity	**Quality**	**Impact**
# of surveys received	FRC staff and families work together to develop and maintain a welcoming environment for all families.	Participants improve individual and family overall physical or behavioral health.
# of individuals or families participating in health and wellness activities	Programs are designed to deliver activities that support the healthy development of families.	Participants improve individual and family access to needed information and services.
# of individuals or families who receive referrals to needed benefits and services	Programs are tailored to the specific needs of the communities being served and incorporate participant feedback.	Participants improve individual and family skills related to parenting and family interaction.
# of individuals and families participating in parenting and family education and support activities	Staff reflect the communities being served (i.e., language, race, ethnicity and gender).	Participants improve individual and family skills related to education, life skills, employment or technology.
# of individuals and families participating in connection to community activities		

2017 FRC Performance Measures		
Quantity	**Quality**	**Impact**
# of individuals and families participating in financial empowerment activities		

The five impact performance measures are tied to 20% of achieved performance commitments. Performance pay is tied the Participant Survey results and are for impact performance measures. Each FRC contract requires 20% of the budget is paid for performance.

Impact Performance Measures
• # of survey periods per year in which at least 75% of surveyed participants improve individual and/or family overall physical or behavioral health.
• # of survey periods per year in which at least 75% of surveyed participants improve individual and/or family access to needed information and services.
• # of survey periods per year in which at least 75% of surveyed participants improve individual and/or family skills related to parenting and family interaction.
• # of survey periods per year in which at least 75% of surveyed participants improve individual and/or family connection to community.
• # of survey periods per year in which at least 75% of surveyed participants improve individual and/or family skills related to education, life skills, employment or technology.

Measuring Performance with Participant Surveys

The Participant Survey was revised to strengthen the way HSD measures quality and impact performance measures. Participant Surveys remain the primary tool used to assess if FRCs are successfully implementing the programs HSD funds. The Participant Survey asks participants to strongly agree, agree, disagree or strongly disagree with provided statements. The revised Participant Survey uses specific language that gets at the impact of the services offered as well as the goal of the services. For example, instead of learning about new resources from FRC staff, participants are asked if they now know how to search for and identify these resources for themselves. Below is a sample of the 2016 and 2017 FRC Participant Survey questions.

2016 Participant Survey (Outdated)	2017 Participant Survey (Revised)
• I have learned of resources (health care, housing, legal assistance). • I have learned of places to go/contact for things I need. • I have met someone who could help me when I need it.	• I learned how to search for and identify services that will help me or my family.
• I have participated in programs or workshops that help my family.	• I learned new things that helped me increase my parenting skills.
• I learned new ways to find a job.	• I went to programs where I learned new skills that will help me find a job.

2016 Participant Survey (Outdated)	2017 Participant Survey (Revised)
• I have attended an event or celebration/learned about other cultures. • I have met someone who has a different background/language.	• I went to programs that helped me become more connected with other people in my community. • My school age child went to programs that helped her/him become more connected with other people in our community.
• N/A	• I have learned new ways to keep myself/my family strong and healthy. • The program increased my/my family's health and well-being.

Data for quarter one of the 2017 FRC pilot program was submitted to HSD. The six agencies served 1,462 unduplicated participants and submitted 562 surveys. FRCs are required to administer surveys for all strategy areas. Participants may submit one survey for each activity they participate in, and may participate in more than one activity.

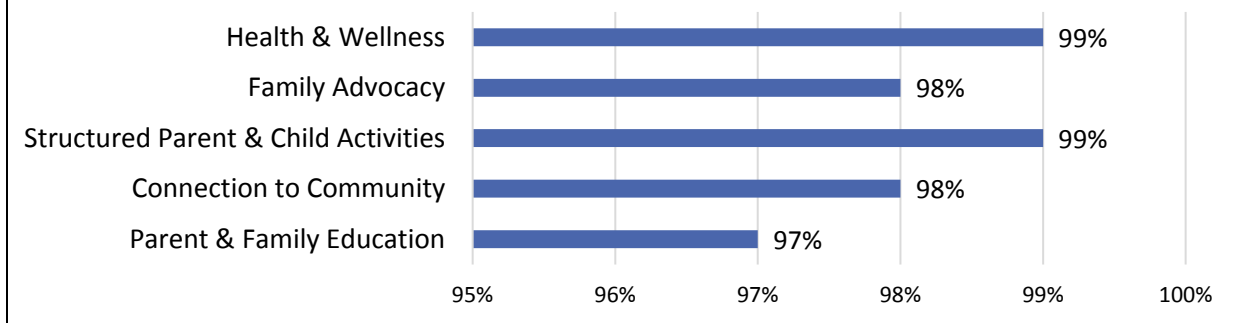| Agency	# Unduplicated Participants Served 2017 Q1	# of Surveys Submitted 2017 Q1
Atlantic Street Center	64	133
Children's Home Society	274	49
Chinese Information & Service Center	339	76
FamilyWorks	384	89
Neighborhood House	241	116
Southwest Youth & Family Services	124	99
Totals	1462	562

Data is used to monitor implementation progress and contract compliance. HSD's data team creates a data dashboard after each round of Participant Surveys are submitted. Trends, areas of strength and areas of improvement will be discussed and identified at the FRC Network meetings.

Participants reported significant improvements across the five FRC pilot program strategies in the first quarter. The early data is promising but it's too early to determine if the pilot program is effective.

Initial Participant Survey results showed high levels of impact because of FRC participation. For example, Participant Surveys for Parenting and Family Education activities revealed that 99% of participants improved skills related to parenting and family interactions. High impact in Parenting and Family Education was anticipated since the FRC agencies have offered related services for decades. With Health and Wellness, a new strategy for some agencies, surprisingly 99% of participants indicated improvements with individual and family overall physical or behavioral health. The following table summarizes the initial Participant Survey results for Q1.

Q1 Impact Survey Results

Category	Result
Health & Wellness	99%
Family Advocacy	98%
Structured Parent & Child Activities	99%
Connection to Community	98%
Parent & Family Education	97%

(Bar chart with horizontal axis from 95% to 100%)

Anecdotal successes were noted in the monthly reports:

Health and Wellness: 14 families attended a 6-week Cooking Matters Class and received food bags with the ingredients and recipes from each session to use their new learning at home.

Family Advocacy: FRCs responded to fear expressed by immigrant and refugee families regarding the new administration's immigration policies by (1) increasing citizenship classes, (2) emphasizing Seattle is a sanctuary city, (3) providing immigrant rights resources, (4) partnering with SPD to host Hate Crimes Community Awareness Forum, and (5) assisting with naturalization forms.

Structured Parent and Child Activities: Partnered with 4Culture and King County to conduct a poem writing workshop for "Poetry on Bus" for Chinese immigrant families. Two poems written by children were selected to be displayed on transit and online.

紅葉 Red Leaf
By Lexin (Age 7)

紅葉隨著風而飄揚 Red leaves floating through the wind
飀在心靈 Swiftly gliding on the heart
落在草坪上 Landing on the grass
預見雨絲 Expecting the rain
剔透出晶瑩的模樣 To bring out their beauty from within

Water
By Kenny (Age 7)

In the big blue ocean
Water moved wildly
Ocean creatures like the whale played and
     others hunt for food
Water is everywhere
Water is useful
Water is drinkable
Water is a good home for underwater animals
So protect water

Connections to Community: Chinese immigrant families attended a Saturday morning public meeting hosted by Seattle Public Utilities to provide feedback on their Strategic Business plan. Separately, 89 individuals attended community meetings to learn about the environmental work being done by the city and generate support for the Environment Equity Initiative.

Parent & Family Education: 50 people attended a Community Dinner focusing on family. Referencing the Guiding Good Choices parenting curriculum, topics included the importance of family meetings, what ages should youth be allowed or required to do certain things, and parenting older youth.

2017 FAMILY CENTER OUTCOME REPORT

	Round 1† Jan 1 – Apr 14 2017	Round 2* Apr 15 – Sep 15, 2017	Round 3* Sept 15 – Dec 1, 2017	Year to Date*
Combined FAMILY CENTER SURVEY RESULTS Progress Towards Performance Commitments: as of May 24, 2017				
Impact Performance Measures				
1. Participants improve individual and family overall physical or behavioral health				
Surveys Counted	537			537
# Achieved	534			534
% Achieved	99%			N/A
2. Participants improve individual and family access to needed information and services				
Surveys Counted	506			506
# Achieved	495			495
% Achieved	98%			N/A
3. Participants improve individual and family skills related to parenting and family interactions				
Surveys Counted	514			514
# Achieved	508			508
% Achieved	99%			N/A
4a. Participants improve individual and family connection to community				
Surveys Counted	498			498
# Achieved	495			495
% Achieved	99%			N/A
4b. Participants improve individual and family connection to community (secondary services providers only)				
Surveys Counted	492			492
# Achieved	475			475
% Achieved	97%			N/A
5. Participants improve individual and family skills related to education, life skills, employment or technology				
Surveys Counted	394			394
# Achieved	381			381
% Achieved	97%			N/A

†Includes Atlantic Street data received 5/24/17
*Includes duplicate respondents from prior survey rounds.
N/A = Not Applicable
Note: Figures only include survey respondents that answered the required minimum number of questions related to the specific impact performance measure.
Cover sheet version 2/28/2017

First Implementation – Impact Performance Measures/April 2017

Technical Assistance & Learning from the Pilot Program

FRC staff are receiving an increased level of technical assistance in 2017 to successfully implement the pilot program strategies. There are three ways FRC staff are receiving support:

1. FRC agency staff receive individualized technical assistance from HSD's Senior Grants and Contracts Specialist and others (e.g., data base support, program model training for new agency staff), as needed.
2. FRC agency directors and program managers meet as a cohort, three times a year, and receive pilot program performance data.
3. FRC agency program managers meet as a cohort, monthly, and receive technical assistance from guest trainers with expertise related to the pilot program strategies. The cohort model encourages peer learning, and is a venue for feedback about what FRC staff are experiencing.

Feedback from the FRC agency staff helps the HSD workgroup identify programmatic issues or needs. The tentative learning opportunity schedule is presented in the table below.

2017-2018 Learning Opportunity Schedule (Subject to Change)			
Speaker	**Topic**	**Related Strategy**	**FRC Network Meeting**
Office of Civil Rights	Civil Rights 101	Connection to Community, One on One Family Advocacy	January 2017
Tilth Alliance	Incorporating Nutrition and Wellness	Health and Wellness	May
South Park Information and Resource Center	Services/Developing Community-based Programming	All	May
Human Services Department	Data Quality	All	June
Human Services Department	Data Quality	All	September
Human Services Department	Serving Older Youth	Parenting and Family Education, Connection to Community	October
All FRCs	Best Practices Showcase	All	December or January 2018
Human Services Department	Data Quality	All	February
To be determined	Wellness Programs for Families	Health and Wellness, Parenting and Family Education	March

HSD will continue to analyze the success and challenges of the pilot program throughout 2017 and 2018. Feedback from participating agencies, observations and program participant data will inform potential changes.

> **"If we want people to do good, they need to feel good about themselves."**
>
> Emma started with FamilyWorks program for teens when she was 13-years-old and pregnant, and has been an active participant ever since. Today she has a M.A. in Special Education and is a confident parent for her 10-year-old son.
>
> In 2017 Emma transitioned from a participant to a volunteer/mentor with the program. She's now helping other young parents and staying connected with the people she calls her second family.
>
> In Emma's own words, "The Program created a place in which I feel I belong. As a teen parent I was very insecure about my skills and ability to parent. Having a support network of other young mothers helped me understand that I have a place where people value my presence and ideas."

Contract Monitoring

HSD has a dedicated Senior Grants and Contracts Specialist who monitors the six FRC pilot program contracts. Site visits and review of monthly reports are included in the ongoing monitoring conducted by that specialist. FRC agency staff submit monthly progress reports to address challenges and successes they experience, as well as feedback from participants. Invoices include a monthly report to help track progress towards the stated contractual targets.

FRC Pilot Program contracts require a minimum of two site visits per year. More visits may occur, as needed (e.g. technical assistance, follow-up for corrective action plans, etc.). The first site visit is a program observation that informs the Senior Grants and Contracts Specialist about how effectively the program is being administered. Overall program service delivery is observed and includes a visual of participants, service delivery effectiveness and effective use of program space. The following services will be observed during the first site visit to the FRCs in 2017: Parent/Child Playgroups, Parenting Programs and Computer Tutoring. Observation site visits will be completed by June 2017.

The second site visit is a comprehensive assessment of program records, applicable policies and procedures, compliance with program standards/contract terms/regulations, reporting, and other items. The visit includes a review of random FRC participant files to ensure compliance and progress in achieving contract requirements, record maintenance and data quality, performance and operations, program planning and activities, staffing, and facility conditions. The formal comprehensive site visits to all six FRCs will be completed by the end of October 2017.

After the second site visit and file review is completed, a letter documenting any required action necessary to keep the agency in compliance with their contract requirements is developed and sent to the agency. Follow-up and required technical assistance may occur if an agency demonstrates a need for it. The Senior Grants and Contracts Specialist will work collaboratively with the agency to problem-solve and provide feedback.

The HSD workgroup is investing additional time interacting with FRC staff to ensure the new strategies are being implemented successfully. Technical assistance to ensure programs are meeting the new reporting requirements is ongoing.

Summary & Next Steps

HSD has funded FRC agencies in Seattle since 1993. HSD has since updated its RFP process and contract requirements to ensure its investments are driving towards clear and measurable "impact" results. The last FRC RFP process was administered ten years ago and was past due for alignment with current best and promising practices, including regional initiatives. In preparation for change, HSD partnered with existing contractors to co-design a revised model for immediate testing in 2017 and 2018.

The revised FRC pilot program model emphasizes a more standard approach to delivering and evaluating FRC activities as a strategy and not as individual agencies. The pilot program is designed for all FRC agencies to provide a specific set of activities under Health and Wellness, One on One Family Advocacy, Parenting and Family Education, Structured Parent and Child Activities, and Connection to Community. The FRC agencies will continue to provide services that reflect the needs of their communities, within each of the strategy areas, while functioning as one cohort.

The initial feedback from Participant Surveys, FRC agency staff feedback, and HSD staff observations are informing important lessons learned. Some pilot program considerations include:

A. Survey Administration and Data Collection Improvements
    - Refine survey language so it's more easily understood and translatable
    - Additional trainings for filling out surveys completely and accurately
    - Clarification for when surveys are to be administered and submitted to HSD, and the minimum number of surveys HSD expects to receive from each FRC
    - Submitting Participant Surveys as programs are completed, rather than quarterly, to ensure closer monitoring and early identification of any issues

    There were some challenges with accurate and consistent data collection, due in part to FRC agency staff transition. The HSD Data Team provided new FRC staff training to learn Efforts to Outcomes (ETO) database, and to provide a refresher for experienced staff. The Senior Grants and Contracts Specialist will continue to work with FRC staff to ensure data entry is accurate and consistent.

B. Implementing Strategies and Reporting Requirements
    During the development of the core strategies in 2016, emphasis was placed on the importance of providing programming that resulted in clear and measurable impacts for participants. During contract negotiation for 2017 contracts, all FRCs were required to submit a list of programming that addressed all five core strategy areas, as well as any secondary strategies they selected to implement. During first round of observation site visits, it was discovered that some FRCs were challenged by the transition from quantity-focused programming (counting participants served) to impact-focused programming (measuring the impact of programming on participants' lives). The Senior Grants and Contracts Specialist will provide additional guidance and monitoring to FRCs as the Pilot progresses.

C. Funding Levels
    Revising the program model without changing the contract funding amount presented some challenges. To address this outside an RFP process, the pilot program model asks all FRC

agencies to offer core services. Then, based on the funding level, agencies are asked to provide additional services. Contracted funding amounts will be addressed in the upcoming RFP.

D. RFP Competitive Funding Process - 2018
HSD is currently conducting community engagement activities to inform future competitive funding processes that will be released in the next three years, including the FRC RFP. Emphasis is being placed on reaching communities of color, including refugee and immigrant communities, and youth and young adults. HSD has consulted with the Mayor's Office of Immigrant and Refugee Affairs, and are collaborating with the Department of Neighborhood to ensure underserved communities are included in this engagement. Feedback from currently funded FRC agencies will also be solicited and will help identify any gaps in information. Learnings from the pilot will inform the FRC RFP program model. HSD expects to refine the model, tools, and performance expectations upon analysis of the pilot program. HSD intends to release the FRC RFP in 2018 for 2019 contracts.

Attachments

Attachment 1: Map of Family Resource Centers by City Council Districts
Attachment 2: Strategies for 2017 FRC Pilot
Attachment 3: 2016 Literature Review for FRCs
Attachment 4: NFSN Family Support Principles
Attachment 5: Program Planning Worksheet
Attachment 6: 2017 FRC File Review/Site Visit Form
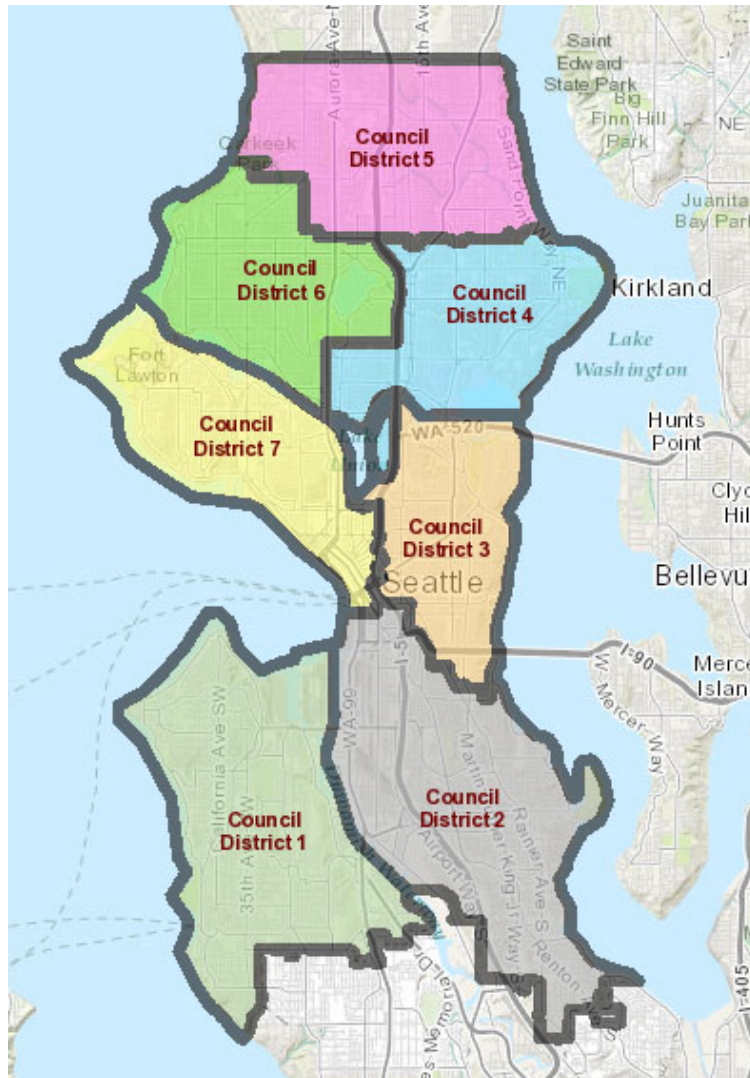Attachment 7: 2017 FRC Observation Form
Attachment 8: 2017 FRC Pilot Participant Survey
Attachment 9: NFSN Participant Survey
Attachment 10: Welcome Form
Attachment 11: NFSN Staff Self-Reflection Form

Family Resource Centers by City Council Districts

Council District 1: Southwest Youth & Family Service 4555 Delridge Way SW
          Neighborhood House High Point 6400 Sylvan Way SW

Council District 2: Atlantic Street Center 5150 South Cloverdale Place
          Chinese Information & Service Center 611 South Lane Street

Council District 3: No FRC at this time

Council District 4: FamilyWorks 1501 North 45th Street

Council District 5: Children's Home Society 2611 NE 125th Street

Council District 6: No FRC at this time.

Council District 7: No FRC at this time.

Strategies for 2017 Family Resource Center Pilot

1. Health and Wellness: classes, workshops and support on nutrition and healthy lifestyles including but not limited to healthy eating and cooking, grocery shopping on a budget, nutritional needs of different age groups and reducing health risk factors through exercise and healthy choices.
   <u>FRCs may also choose to offer*</u>: Urban gardening classes.

2. One on One Family Advocacy: provide information, assistance, and referrals.
   <u>FRCs may also choose to offer*</u>: Case management/Intensive One on One Family Advocacy

3. Parenting and Family Education: classes, workshops and support on topics including but not limited to conflict resolution, developmental milestones, acquiring specific skills, parenting specific ages or reflect specific communities and cultures, family communication, self-care, and healthy coping mechanisms.
   <u>FRCs may also choose to offer*</u>:
   - Adult Education: classes, workshops and support with an ESL, life skills, parenting, employment or technology focus.
   - Healthy pregnancy: classes, workshops and support on understanding and reducing health risks, self-care during pregnancy, healthy development of babies, and more.
   - Parenting support or learning groups: peer led or designed groups that address the parenting needs of groups of parents including but not limited to single parents, fathers, age-specific, LGBTQ families, families with children with disabilities, kinship care families.
   - Summer enrichment programming and activities to curb summer learning loss for school-age youth.
   - Literacy and tutoring support for school-age youth.
   - Financial empowerment for school-age youth and families: classes, workshops, and support on financial topics.

4. Structured Parent and Child Activities*: play and learn, field trips, literacy activities, and story times.

5. Connection to Community: classes, workshops and support for school-age youth that build resiliency and support positive connections with their family and their community.
   <u>FRCs may also choose to offer*</u>: Activities that create opportunities for families (parents alone or with school-age youth) to become involved in their communities.

Attachment 3

2016 Literature Review: Family Resource Center Strategies

A literature review was completed with regard to the proposed strategies in the Theory of Change for the Family Resource Centers (FRCs). The strategies are as follows:

Tier 1 (required strategies)	Tier 2 (strategies contingent on funding level)
1. Food and Nutrition	1. Urban Gardening
2. One on One Family Advocacy	2. Case Management
3. Parenting Education	3. ESL and Adult Education
4. Structured Parent and Child Activities	4. Financial Empowerment (youth and families)
5. Connection to Community (youth)	5. Healthy Pregnancy
	6. Parenting Peer Support and Learning Groups
	7. Summer Enrichment Programming (youth)
	8. Literacy and Tutoring Support (youth)
	9. Community Building Opportunities (families)

The strategies proposed align with the National Family Support Network, Communities in Action, and the Best Starts for Kids initiative of King County. The National Family Support Network adopted the Standards of Quality for Family Strengthening & Support in 2013, which is integrated with the research-informed Strengthening Families approach (California Network of Family Strengthening Networks). The Center for the Study of Social Policy (CSSP) developed the Strengthening Families approach as part of their commitment to system reform in services that protect children and support their families. The basis of the Strengthening Families approach is in building five protective factors, namely (Center for the Study of Social Policy):

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in time of need, and
- Social and emotional competence of children

Communities in Action is an initiative of the University of Washington School of Social Work in Southeast and Central Seattle neighborhoods using the Communities That Care framework. Communities That Care is a prevention system, grounded in science that gives communities the tools to address their adolescent health and behavior problems through a focus on empirically identified risk and protective factors. Communities That Care is guided theoretically by the social development model, which posits that bonding to prosocial groups and individuals and clear standards for healthy behavior are protective factors that inhibit the development of problem behaviors.

The Best Starts for Kids initiative of King County is informed by science and research on (King County, 2016):

- The importance of early childhood
- Adolescent brain development
- The impact of adverse childhood experiences, trauma and toxic stress
- Building resilience and strengthening protective factors

King County cites research from the University of Chicago on the Heckman Curve, Barnard Center for Infant Mental Health and Development, Institute for Learning and Brain Sciences at the University of

Attachment 3

Washington, National Institute of Mental Health, Center on the Developing Child at Harvard University, and the CSSP in their development of the Best Starts for Kids initiative.

The outline below provides a brief summary of the literature on each of the proposed strategies within their respective tier.

Tier 1 Strategies
1. Food and Nutrition
According to the Centers for Disease Control and Prevention (CDC), the adverse childhood experience definition related to food and nutrition is that of physical neglect, meaning a person did not have enough to eat in the first 18 years of their life. The CSSP identifies food insecurity and malnutrition as a challenge experienced by children and their families, and documents their impact in early childhood on health, learning and academic achievement, and social-emotional development (Meisenheimer, 2016). Both the CDC and the CSSP acknowledge that solutions must involve adults with whom children have relationships and their environments. Evidence-based programs, like Cooking Matters, provide nutrition education to parents, grandparents, caregivers, kids and teens. The field of nutrition education identifies the following components for effective nutrition education (No Kid Hungry):
- Focus on behaviors
- Active participation
- Considers motivation, barriers, needs perceptions and desires of participants
- Includes self-assessment and feedback
- Applies an appropriate theoretical framework.

2. One on One Family Advocacy
This strategy is tied directly to the CSSP's Strengthening Families approach in building the protective factor of concrete support in time of need, and peripherally to parental resilience and social connections. The CSSP offers information on 12 different evidence-based programs for this strategy. Summaries for six of them are provided below:
   a. All Babies Cry provides a website with links to local and national resources and sources of support for use by agencies to share with parents (Center for the Study of Social Policy).
   b. Your Journey Together relies on the relationship between a parent and a professional for the process of building family resilience (Center for the Study of Social Policy).
   c. Help Me Grow relies on a partnership between a professional and a parent where issues are identified and prioritized, and families successfully connect to needed programs and services where they live (Center for the Study of Social Policy).
   d. Nurturing Parenting Programs uses a wraparound approach to ensure that families are getting the support they need, particularly when referred to the program by social services (Center for the Study of Social Policy). The Nurturing Skills Competency Scale is used to identify needed concrete supports in six areas (Center for the Study of Social Policy).
   e. In Parents Anonymous group facilitators and parent group leaders serve as resources and link families with additional services such as housing, mental health, education, social services and employment (Center for the Study of Social Policy).
   f. The program materials for Period of Purple Crying provide information about when and how to seek help, including by a medical professional (Center for the Study of Social Policy). The program also gives parents concrete tools as well as soothing and coping strategies to deal with a particularly stressful phase of early infancy (Center for the Study of Social Policy).

Attachment 3

3. Parenting Education
The literature reviewed with regard to parenting education revealed evidence-based practices and/or programs connected to the protective factors of bonding to prosocial individuals from the Communities That Care Framework and knowledge of parenting and child development from the Strengthening Families framework. Parenting education also relates to the importance of early childhood from Best Starts for Kids. Examples from the literature include:
    a. The Devereux Center for Resilient Children, which uses a strength-based, reflective approach in efforts to increase parents' knowledge of parenting and child development (Center for the Study of Social Policy).
    b. Teaching Important Parenting Skills provides accurate information about child development and appropriate expectations for children's behavior at every age on many topics (Center for the Study of Social Policy).
    c. Parents participating in the Triple P - Positive Parenting Program learn strategies to develop positive relationships with their child, encourage desirable behaviors, teach new skills and behaviors, and manage misbehavior (Center for the Study of Social Policy).
    d. The *Parents as Teachers* Foundation Curriculum supports a development-centered approach to parent education, conveying research-based information and utilizing evidence-based practices to help parents improve their parenting capacity and practices, as well as their relationship with their child (Center for the Study of Social Policy).
    e. Guiding Good Choices is a family competency training program for parents of children in middle school (Communities in Action). Instruction for parents includes the identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; development of effective parenting practices; family conflict management; and use of family meetings (Communities in Action).
    f. The Incredible Years provides comprehensive interventions for parents that are targeted at treating and reducing the early onset of conduct problems in young children (Communities in Action).

4. Structured Parent and Child Activities
The research examined with regard to structured parent and child activities involves programs in which the parent and child both participate, but not necessarily at the same point in time. Here, the literature incorporates the protective factors of bonding to prosocial individuals and clear standards for healthy behavior from the Communities That Care Framework. The protective factors of knowledge of parenting and child development and social-emotional competence of children from the Strengthening Families framework also come forth in the analysis. Summaries of four programs from the investigation are here:
    a. In the Nurturing Parenting Programs have children participate in activities that parallel what their parents are learning in their own sessions, which are led by trained facilitators (Center for the Study of Social Policy).
    b. The Parents Anonymous programs offer children and youth groups that effectively create positive change in children's social and emotional development (Center for the Study of Social Policy). Parents observe their children's behavior during their children's participation in the program (Center for the Study of Social Policy).
    c. Guiding Good Choices is a family competency training program for parents of children in middle school where children are taught peer resistance skills (Communities in Action).
    d. In the Incredible Years program, children are assigned homework to complete with their parents and receive weekly good behavior-charts that parents and teachers complete (Communities in Action).

5. Connection to Community (youth)

Research reviewed by King County for the Best Starts for Kids Initiative indicated that "mobilizing sources of faith, hope, and cultural traditions" "predisposes children to positive outcomes in the face of adversity" (King County, 2016). Youth connection to community refers to a youth's ability to investigate, convey and honor their identity, culture, and community belonging. It also is in reference to a young person's opportunity to participate in and contribute to their identity, culture and community through leadership, civic engagement, service learning, intergroup dialogue, and social justice. Opportunities that utilize youth connection to community as a strategy provide youth a space to authentically develop and exercise decision-making, planning, and goal setting skills. The results of incorporating connection to community for youth as a strategy for the FRCs show healthy psychosocial development, academic achievement, and reduced engagement in risky behavior for all young people. Studies indicate that youth increased their school engagement, academic proficiency, and motivation when given the freedom for autonomy. The literature demonstrates that ongoing and sustained participation occurs when youth receive leadership opportunities.

Tier 2 Strategies

1. Urban Gardening

The CDC names community gardens as a strategy within its Healthy Community Design initiative. The CDC defines community gardens as "collaborative projects on shared open spaces where participants share in the maintenance and products of the garden, including healthful and affordable fresh fruits and vegetables" (Centers for Disease Control and Prevention). The CDC indicates that community "gardens may offer physical and mental health benefits by providing opportunities to:

- Eat healthy fresh fruits and vegetables.
- Engage in physical activity, skill building, and creating green space.
- Beautify vacant lots.
- Revitalize communities in industrial areas.
- Revive and beautify public parks.
- Create green rooftops.
- Decrease violence in some neighborhoods, and improve social well-being through strengthening social connections" (Centers for Disease Control and Prevention).

The Local Government Commission investigated community gardens to find out what components led to strengthened communities. The traits discovered were:

- "Provide an open space for community gatherings and family events.
- Include neighbors of various ages, races and ethnic backgrounds.
- Offer educational opportunities and vocational skills for youths.
- Target or include lower-income residents.
- Enable gardeners to sell their produce through a local farmer's market.
- Build in a method to encourage the donation of surplus produce to food shelters" (Local Government Commission).

The case studies offered by the Local Government Commission also found community gardens offered opportunities in food security and access, physical health, and education (Local Government Commission).

Attachment 3

2. Case Management
This strategy is tied directly to the CSSP's Strengthening Families approach in building the protective factor of concrete support in time of need. Case Management is applicable to early childhood; preventing and addressing the impact of adverse childhood experiences, trauma and toxic stress; and building resilience and strengthening protective factors. The programs below were reviewed for this strategy:
a. The Triple P - Positive Parenting Program uses a strength-based approach where parents identify unmet needs for themselves and/or their child, and problem-solve around ways to best address these needs (Center for the Study of Social Policy). Practitioners of the Triple P - Positive Parenting Program connect families with needed resources and other indicated services (Center for the Study of Social Policy).
b. The Florida State University's *Partners for a Healthy Baby* provides home visitors with information to help families build the skills they need to manage their lives, get their basic needs met, and access help when faced with domestic violence, mental illness or substance abuse (Center for the Study of Social Policy).
c. Connecting families with resources is a core component of the *Parents as Teachers* model. Parent educators work with families to reduce barriers and empower families to access resources and supports (Center for the Study of Social Policy).
d. Solution Based Casework develops individual and family level action plans aimed at addressing specific challenges the family is facing. Services and supports are tied to achieving these action plans (Center for the Study of Social Policy).
e. Safety Organized Practice not only provides an opportunity to link families with community resources, they offer families the opportunity to problem-solve and come up with their own plans for meeting concrete family needs (Center for the Study of Social Policy). Other concrete supports such as mental health and substance abuse services are also addressed in Family Team Meetings (Center for the Study of Social Policy).

3. ESL and Adult Education
The literature reviewed with regard to ESL and Adult Education revealed evidence-based practices and/or programs connected to the protective factors of bonding to prosocial individuals from the Communities That Care Framework and knowledge of parenting and child development from the Strengthening Families framework. ESL and Adult Education also correlates with the importance of early childhood; prevention and intervention of adverse childhood experiences, trauma and toxic stress; and building of resilience and strengthening protective factors. Examples from the literature include:
a. Building knowledge of parenting and child development is a primary focus of Nurturing Parenting Programs. The content emphasizes the importance of cooperative, empathic relationships with children and "discipline with dignity" (Center for the Study of Social Policy). Programs structured around the age of the child allow for the delivery of relevant information on brain development, ages and stages and other child and youth development topics (Center for the Study of Social Policy). The goal is to develop appropriate expectations among parents (Center for the Study of Social Policy).
b. Relationship and Marriage Education promotes a more respectful, positive family environment by equipping co-parents with skills to discuss and manage inevitable conflicts and differences in parenting approaches (Center for the Study of Social Policy). Parents (married and unmarried) who maintain a cooperative parenting alliance are more likely to promote the physical, cognitive, social and emotional development of their children (Center for the Study of Social Policy).

    c.   Guiding Good Choices is a family competency training program for parents of children in middle school (Communities in Action). Instruction for parents includes the identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; development of effective parenting practices; family conflict management; and use of family meetings (Communities in Action).

    d.   The Incredible Years provides comprehensive interventions for parents that are targeted at treating and reducing the early onset of conduct problems in young children (Communities in Action).

4.   Financial Empowerment for Youth & Families

Financial empowerment is capturing the attention of federal, state, and local governments: President Obama created an Advisory Council on Financial Capability, the Department of Health and Human Services' Administration for Children & Families incorporated financial capability as part of its strategic plan, the Washington State Legislature passed a bill that requires the integration of financial education skills and content knowledge into the state learning standards, Washington State Governor Jay Inslee proclaimed April as Financial Capability Month, the All Home Strategic Plan names financial empowerment as a strategy to support stability, and more than 15 municipalities nationwide are developing financial empowerment services in their respective communities. Similarly, the private sector is conducting research and establishing best practices based on data. Leaders in this work include the Annie E. Casey Foundation, Corporation for Enterprise Development, Cities for Financial Empowerment Fund, New America Foundation, and NeighborWorks America.

Based on information gathered from various sources, ten financial empowerment services are identified and defined as options for integrating within the FRCs. The ten financial empowerment services include: Financial Education, Financial Coaching, Financial Counseling, Credit Counseling, Credit Building, Access to Safe and Affordable Financial Products, Free Tax Preparation, Access to Federal State, and Local Benefits, Incentivized Savings Programs, and Asset Ownership Programs.

The levels of service delivery are referral, partnership, or in-house programming. The Corporation for Enterprise Development defines these levels of service delivery as:

- Referral: FRCs refer their participants to organizations that provide the service the FRC participant identified to meet their goal or challenge.
- Partnership: FRCs develop formal partnerships with other organizations to deliver financial empowerment services to the FRCs participants. This may include a Memorandum of Understanding/Agreement, Data Sharing Agreement, co-location or convenient location for participants, collaborative outreach and engagement, or any other strategic, documented, and coordinated effort.
- In-House: FRCs provide financial empowerment services within their own organization using their internal capacity.

The Family Independence Initiative (FII) offers a model in which staffing levels and expertise are minimal, costs for implementing the initiative are nominal, the majority of funding is allocated for the use of the participating families, families manage their own cohorts, and participant levels of engagement facilitate program retention and expansion. The FII staff have expressed interest in bring the FII model to Seattle, if the funding and opportunity is presented.

The participatory action research conducted by the FII indicates that low-income families succeed in their economic mobility with the presence of three elements:

1. Connections – Families operate in cohorts and serve as a support for themselves, other families, and community members in peer-to-peer relationships.
2. Choice – Families exercise autonomy in their options when paving their path out of poverty.
3. Capital – Financial capital allows families to leverage their resources to expedite improving their financial well-being.

Research from the New America Foundation on the FII indicates that families complete and record actions that are financial empowerment outcomes. Outcome examples include increasing income; improving balances in their checking, savings, retirement, and credit card accounts; bringing rent and mortgage payments current; bettering their housing; and becoming home and business owners.

5. Healthy Pregnancy
The research that informs the Heckman Curve indicates that public funds have the highest rate of return to investment in human capital on prenatal programs (King County, 2016). The CDC offers home visiting to pregnant women and families with newborns as a way to prevent adverse childhood experiences (Centers for Disease Control and Prevention). Here are evidence-based examples from the literature that support investments in a strategy on healthy pregnancy:
    a. *All Babies Cry* is primarily an internet-based tool that helps parents understand that early infant crying is normal (Center for the Study of Social Policy). The program shows how different families manage the normal stress of parenting and emphasize self-care (Center for the Study of Social Policy).
    b. The *Period of Purple Crying* is a multi-media program that helps parents understand that early increases in infant crying are normal, and that crying peaks, decreases and comes to an end around the fourth or fifth month of life (Center for the Study of Social Policy). Parents receive tools and soothing and coping strategies as well as information on when to seek help (Center for the Study of Social Policy).
    c. The Florida State University's *Partners for a Healthy Baby* curriculum provides home visitors with information to help parents identify their dreams and desires; recognize and lessen the effects of stress; build trusting relationships with their child and others; improve problem-solving skills; and anticipate and bounce back from the challenges of life (Center for the Study of Social Policy).

6. Parenting Peer Support and Learning Groups
The literature reviewed with regard to parenting peer support and learning groups provided evidence-based programs associated with protective factors on bonding to prosocial individuals from the Communities That Care Framework and social connections from the Strengthening Families framework. Parenting peer support and learning groups also provide a high rate of return to investment in human capital, as they are programs targeted toward the earliest years of a child's life (King County, 2016). Summaries of four evidence-based program are below:
    a. A component of Nurturing Parenting Programs is group-based sessions that adapt to families from specific cultural groups and/or geographic area (Center for the Study of Social Policy). Parents are encouraged to involve family members and significant others in home-based services (Center for the Study of Social Policy).
    b. Parents Anonymous programs allow parents and caregivers to support one another and partner with group facilitators to build on their strengths to create a supportive community regarding child and youth development, interpersonal communication, positive discipline, domestic violence, drug and alcohol problems, effective parenting strategies and social concerns (Center for the Study of Social Policy).

    c.   Families involved in the group version of the Triple P - Positive Parenting Program strengthen connections with other families; and consider existing social supports in relation to developing positive parenting plans and in aspects of self-care (Center for the Study of Social Policy).

    d.   Offering opportunities to connect with others is a core component of *Parents as Teachers* model fidelity (Center for the Study of Social Policy). These groups help families link with other families and build social connections (Center for the Study of Social Policy).

7. Summer Enrichment Programming for Youth

The National Summer Learning Association (NSLA) shares the following information with regard to summer:

- "Every summer, low-income youth lose two to three months in reading while their higher-income peers make slight gains. Most youth lose about two months of math skills in the summer" (National Summer Learning Association).
- **"**These reading and math losses add up. By fifth grade, summer learning loss can leave low-income students 2 1/2 to 3 years behind their peers" (National Summer Learning Association).
- "Research shows that while gaps in student achievement remain relatively constant during the school year, the gaps widen significantly during the summer" (National Summer Learning Association).
- "Low-income youth lose access to healthy meals over the summer. Six out of every seven students who receive free- and reduced-price lunches lose access to them when school lets out" (National Summer Learning Association).

To address the need, the NSLA proposes expanding access to summer enrichment programming for youth (McLaughlin, 2009). In 2009, the NSLA produced a white paper, *Building Quality In Summer Learning Programs: Approaches and Recommendations*. The NSLA offered the following actions steps in their report (McLaughlin, 2009):

1. Adapt out-of-school time curriculum for summer
2. Identify and validate baseline quality standards for summer
3. Promote and disseminate quality assessment tools specific to summer
4. Connect summer programs to intermediaries
5. Develop an online clearinghouse of quality supports for summer programming
6. Professionalize staff in the field of out-of-school time and summer learning
7. Communicate a new vision for summer school

8. Literacy and tutoring support for youth.

Literacy and tutoring support for youth allows youth to relate and apply their in-school learning. Based on information in the literature review, youth describe the importance of associating this learning with their everyday lives as well as future oriented pursuits like college and career. Local workforce development service providers reiterate the viewpoint of youth by acknowledging the effect of bridging in-school learning to the future ambitions of youth participants. Employers view literacy and tutoring support for youth as an investment in their future employees, while surveys of parents with children in out-of-school programs show that 71% of parents believe that out-of-school programs should support in the development of career readiness by fostering skills related to teamwork, leadership and critical thinking. The opinions of employers and the surveyed parents echo findings in the literature that convey information about the successful acquisition of workforce knowledge, skills and abilities in preparing to compete in future employment endeavors.

Science, Technology, Engineering and Math (STEM) literacy is a necessity for making choices and participating in the modern world. The federal government along with employers recognize that the

labor force requires knowledge, skills, and abilities in STEM fields. Parents want their kids to gain proficiency in STEM related fields. Literacy and tutoring support for youth provide an informal setting for hands-on, interest-driven, and project-based learning. STEM related programming produces an increase in high school graduation rates, a higher pursuit of a four-year college degree in a STEM related fields, and gains in college graduation degrees in STEM related fields. Simultaneously, STEM related literacy and tutoring support creates improved self-esteem as well as improves communication and leadership skills.

9. Community Building Opportunities (families)

The literature review on community building opportunities provided evidence-based programs associated with protective factors on bonding to prosocial groups and individuals from the Communities That Care Framework and social connections from the Strengthening Families framework. Community building opportunities develop resilience and strengthen protective factors. The CDC offers social support for parents as a way to prevent adverse childhood experience (Centers for Disease Control and Prevention). Summaries of evidence-based program are below:

a. The *All Babies Cry* Facebook page provides a way for parents to connect online and share strategies and support (Center for the Study of Social Policy).

b. A component of Nurturing Parenting Programs is group-based sessions that adapt to families from specific cultural groups and/or geographic area (Center for the Study of Social Policy). Parents are encouraged to involve family members and significant others in home-based services (Center for the Study of Social Policy).

c. Parents Anonymous programs allow parents and caregivers to support one another and partner with group facilitators to build on their strengths to create a supportive community regarding child and youth development, interpersonal communication, positive discipline, domestic violence, drug and alcohol problems, effective parenting strategies and social concerns (Center for the Study of Social Policy).

d. Families involved in the group version of the Triple P - Positive Parenting Program strengthen connections with other families; and consider existing social supports in relation to developing positive parenting plans and in aspects of self-care (Center for the Study of Social Policy).

e. Offering opportunities to connect with others is a core component of *Parents as Teachers* model fidelity (Center for the Study of Social Policy). Families are brought together to build social connections (Center for the Study of Social Policy). A resource network of informal and formal supports families in times of crisis and in achieving their personal goals (Center for the Study of Social Policy).

f. Home visitors that use the Florida State University's *Partners for a Healthy Baby* curriculum help families expand their circle of support and teach the value of nurturing family and community relationships (Center for the Study of Social Policy).

g. Safety Organized Practice focuses on helping families identify natural informal supports and bring those supports together in a transparent way that provides a safety net for the family (Center for the Study of Social Policy).

h. Relationship and Marriage Education emphasizes that varying connections with others are highly influential to the health and vitality of their relationships (Center for the Study of Social Policy). The skills learned in Relationship and Marriage Education can help parents develop social connections with friends, family members and people in the community, thereby exposing their children to positive social connections as well (Center for the Study of Social Policy). This creates opportunities for both parents and children to independently engage in activities outside of the home and build supportive relationships with others (Center for the Study of

Social Policy). Relationship and Marriage Education encourages parents to identify and seek out formalized sources of support in their community (Center for the Study of Social Policy).

Findings
The literature indicates that evidence-based programs often require training for the professional delivering the program for fidelity. As such, the Human Services Department may want to work with potential training partners as well as current FRC staff to develop a training plan.

Attachment 3

Bibliography

Afterschool Alliance. "America after 3pm: Afterschool Programs in Demand." *America After 3PM*.
    http://www.afterschoolalliance.org/AA3PM/.

Afterschool Alliance. "Evaluations Backgrounder: A Summary of Formal Evaluations of Afterschool
    Programs' Impact on Academics, Behavior, Safety and Family Life." *Reports*.
    http://www.afterschoolalliance.org/researchReports.cfm.

All Home. "All Home Strategic Plan 2015-2019." *The Plan*. http://allhomekc.org/the-plan/.

The Annie E. Casey Foundation. *An Integrated Approach to Fostering Family Economic Success: How
    Three Model Sites are Implementing the Center for Working Families Approach*. Baltimore: The
    Annie E. Casey Foundation, 2010. http://www.aecf.org/resources/an-integrated-approach-to-
    fostering-family-economic-success/.

Arbreton, A., M. Bradshaw, R. Metz, J. Sheldon, and S. Pepper. 2008. *More Time For Teens:
    Understanding Teen Participation – Frequency, Intensity and Duration – in Boys & Girls Clubs*.
    Public/Private Ventures.
    http://www.issuelab.org/resource/more_time_for_teens_understanding_teen_participation_fr
    equency_intensity_and_duration_in_boys_girls_clubs.

Atkinson, A. 2014. *Increasing Financial Well-Being Through Integration: Meeting People Where They Are*.
    Corporation for Enterprise Development.
    http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/meeting_pe
    ople_where_they_are.

California Network of Family Strengthening Networks. "Standards of Quality for Family Strengthening &
    Support." *Standards of Quality*. http://www.cnfsn.org/standards-of-quality.html.

Center for the Study of Social Policy. "About." *Strengthening Families*.
    http://www.cssp.org/reform/strengtheningfamilies/about.

Center for the Study of Social Policy. "All Babies Cry." *Practice*.
    http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Devereux Center for Resilient Children." *Practice*.
    http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "FSU Partners for a Healthy Baby." *Practice*.
    http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Help Me Grow." *Practice*.
    http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Nurturing Parenting Programs." *Practice*.
    http://www.cssp.org/reform/strengtheningfamilies/practice.

Attachment 3

Center for the Study of Social Policy. "Parents Anonymous." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Parents as Teachers." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Relationship and Marriage Education." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Safety Organized Practice." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Solution Based Casework." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Teaching Important Parenting Skills (TIPS)." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "The Period of PURPLE Crying." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Center for the Study of Social Policy. "Triple P – Positive Parenting Program." *Practice*.
http://www.cssp.org/reform/strengtheningfamilies/practice.

Centers for Disease Control and Prevention. "ACEs can be Prevented." *About Adverse Childhood Experiences*. http://www.cdc.gov/violenceprevention/acestudy/about_ace.html.

Centers for Disease Control and Prevention. "ACEs Definitions." *CDC-Kaiser ACE Study*.
http://www.cdc.gov/violenceprevention/acestudy/about.html.

Centers for Disease Control and Prevention. "Community Gardens." *Healthy Places*.
http://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm.

Cohen, P. and K. Hattemer. 2015. *Meeting People Where They Are: Five Lessons for Integrating Financial Capability Services*. Corporation for Enterprise Development.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/meeting_people_where_they_are_five_lessons_for_integrating_financial_capability_services.pdf.

Communities in Action. "About Communities in Action." *The Call*.
http://www.communitiesinactionuw.net/content/communities-action-0.

Communities in Action. "Guiding Good Choices." *Programs*.
http://www.communitiesinactionuw.net/content/programs

Communities that Care. "Social Development Strategy." *How It Works*.
http://www.communitiesthatcare.net/how-ctc-works/social-development-strategy/.

Communities in Action. "The Incredible Years." *Programs*.

Attachment 3

http://www.communitiesinactionuw.net/content/programs

Corporation for Enterprise Development. 2012. *Integrating Financial Empowerment into Social Service Organizations*.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/integrating_financial_empowerment_into_social_service_organizations.

Corporation for Enterprise Development. 2013. *Integration & Innovation: Lessons from Organizations Integrating Asset Building into Social Services*.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/integration__innovation_lessons_from_organizations_integrating_asset_building_into_social_services.

Corporation for Enterprise Development. 2013. *Piloting Integration: Lessons from FEGS Health & Human Services and Solid Ground*.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/piloting_integration_lessons_from_fegs_health__human_services_and_solid_ground.

Corporation for Enterprise Development. 2014. *Research Brief: Financial Counseling & Access for the Financially Vulnerable*.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/research_brief_financial_counseling__access_for_the_financially_vulnerable.

Family Independence Initiative. 2014. Through a Different Lens: The War on Poverty and a New Vision for the Future. http://www.fii.org/studies-and-papers/through-a-different-lens/.

Hattemer, K. 2015. *Building Financial Capacity: A Planning Guide for Integrated Services*. Corporation for Enterprise Development.
http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/building_financial_capability_a_planning_guide_for_integrated_services_slides.

King County. "Best Starts for Kids Implementation Plan." *Best Starts for Kids*.
http://www.kingcounty.gov/elected/executive/constantine/initiatives/best-starts-for-kids.aspx.

Lim Miller, M. 2011. *The Uphill Battle to Scale an Innovative Antipoverty Approach: The Experience of the Family Independence Initiative*. New America Foundation. https://www.newamerica.org/asset-building/policy-papers/the-uphill-battle-to-scale-an-innovative-antipoverty-approach/.

Local Government Commission. "Cultivating Community Gardens." *Cultivating Community Gardens*.
https://www.lgc.org/community-gardens/.

Local Government Commission. "Gardening in the San Diego School District." *Cultivating Community Gardens*. https://www.lgc.org/community-gardens/.

Local Government Commission. "Improving Food Security in Del Paso Heights, California." *Cultivating Community Gardens*. https://www.lgc.org/community-gardens/.

Local Government Commission. "Oregon Food Policy Councils Sow Seeds for Better Health." *Cultivating Community Gardens*. https://www.lgc.org/community-gardens/.

Attachment 3

Meisenheimer, M. 2016. Food Insecurity in Early Childhood – Impact and Strategies to Improve Outcomes for All Young Children. http://www.cssp.org/media-center/blog/food-insecurity-in-early-childhood-impact-and-strategies-to-improve-outcomes-for-all-young-children.

McLaughlin, B., and S. Pitcock. 2009. *Building Quality in Summer Learning Programs: Approaches and Recommendations*. The Wallace Foundation. http://www.wallacefoundation.org/knowledge-center/Pages/Thinking-About-Summer-Learning-Three-Perspectives.aspx.

National Institute on Out-of-School Time. 2009. "Making the Case: A 2009 Fact Sheet on Children and Youth in Out-of-School Time." *Highlighted Publications*. http://niost.org/Publications/niost-publications.

National Summer Learning Association. "The Need: Why Summers Matter." *Smarter Summers Brighter Futures*. http://www.summerlearning.org/

New York City Department of Consumer Affairs. "Municipal Financial Empowerment: A Supervitamin for Public Programs. Strategy #1: Integrating Professional Financial Counseling." *Research*. http://www1.nyc.gov/site/dca/partners/research.page.

No Kid Hungry. "Research Support for Cooking Matters Educational Approach." *Food Skills Education*. https://bestpractices.nokidhungry.org/food-skills-education/food-skills-education-home.

School's Out Washington. "Afterschool and Youth Development State Plan: A Call to Action for Washington's Children and Youth." *Our Publications & Studies*. http://www.schoolsoutwashington.org/985_198/OurPublicationsStudies.htm.

School's Out Washington. "Quality Standards for Afterschool and Youth Development Programs." *Quality Standards*. http://www.schoolsoutwashington.org/1958_264/QualityStandards.htm.

Stuhldreher, A. and R. O'Brien. 2011. *The Family Independence Initiative: A New Approach to Help Families Exit Poverty*. New America Foundation. https://www.newamerica.org/asset-building/policy-papers/the-family-independence-initiative/.

U.S. Department of Health & Human Services. "Administration for Children and Families 2015-2016 Strategic Plan." *2015-2016 ACF Strategic Plan*. http://www.acf.hhs.gov/about/acf-strategic-plan-2015-2016.

U.S. Department of Treasury. "President's Advisory Council on Financial Capability." *Resource Center*. https://www.treasury.gov/resource-center/financial-education/Pages/Advisory.aspx

Wiedrich, K., N. Gons, J. M. Collins, and A. Drever. 2014. *Financial Counseling & Access for the Financially Vulnerable: Findings from the Assessing Financial Capability Outcomes (AFCO) Adult Pilot*. Corporation for Enterprise Development. http://cfed.org/knowledge_center/resource_directory/cfed_publications/directory/financial_counseling__access_for_the_financially_vulnerable_findings_from_the_assessing_financial_capability_outcomes_afco_adult_pilot.

Attachment 3

Youth Development Executives of King County. "YDEKC Regional Theory of Change." *Research and Resources*. http://ydekc.org/research/ydekc-regional-theory-of-change/.

National **Family Support Network**
Family Support Principles

Principle 1:   Staff and families work together in relationships based on equality and respect.

Principle 2:   Programs 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.

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

Name of Center:_____ Name of staff completing this form:_____Date Complete:_____

CORE SERVICES	Quarter 1 (Jan-March) Center Activities	Quarter 2 (April-June) Center Activities	Quarter 3 (July-Sep) Center Activities	Quarter 4 (Oct-Dec) Center Activities
Health & Wellness (Milestone #1) Total annual goal # of participants for this strategy: _____	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:
Family Advocacy (Milestone #2) Total annual goal # of participants for this strategy: _____ *Family Advocacy is defined as brief assistance to resolve a family's need, or a one-time referral to needed services that does not require extensive follow-up.*	**JAN** Goal # of Participants:	**APRIL** Goal # of Participants:	**JULY** Goal # of Participants:	**OCT** Goal # of Participants:
	FEB Goal # of Participants:	**MAY** Goal # of Participants:	**AUG** Goal # of Participants:	**NOV** Goal # of Participants:
	MARCH Goal # of Participants:	**JUNE** Goal # of Participants:	**SEP** Goal # of Participants:	**DEC** Goal # of Participants:

Green= Monthly frequency Orange= Quarterly frequency

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

Parenting & Family Education (Milestone #3a)	**JAN** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**APRIL** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**JULY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**OCT** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
Total annual goal # of participants for this strategy: _____	**FEB** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**MAY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**AUG** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**NOV** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
	MARCH Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**JUNE** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**SEP** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**DEC** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
Structured Parent & Child Activities (Milestone #3b)	**JAN** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**APRIL** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**JULY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**OCT** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
Total annual goal # of participants for this strategy: _____	**FEB** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**MAY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**AUG** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**NOV** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:

Green= Monthly frequency Orange= Quarterly frequency

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

	MARCH	JUNE	SEP	DEC
	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
Connection to Community for school-age youth (Milestone #4) Total annual goal # of participants for this strategy: _____	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:
SECONDARY SERVICES**	**Quarter 1 (Jan-March) Center Activities**	**Quarter 2 (April-June) Center Activities**	**Quarter 3 (July-Sep) Center Activities**	**Quarter 4 (Oct-Dec) Center Activities**
Parenting & Family Education PLUS (Milestone #5) • **Adult Education** • **Healthy Pregnancy** • **Parenting Support/Learning Groups**	JAN Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	APRIL Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	JULY Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	OCT Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
	FEB Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	MAY Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	AUG Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	NOV Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:

Green= Monthly frequency Orange= Quarterly frequency

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

	MARCH	JUNE	SEP	DEC
• **Summer Enrichment/Learning Loss Prevention** • **Literacy/Tutoring** • **Technology** • **Financial Empowerment** Total annual goal # of participants for this strategy: _____	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
	JAN	APRIL	JULY	OCT
Intensive Family Advocacy (Milestone #2) Total annual goal # of participants for this strategy: _____ *Intensive advocacy is characterized by the complexity of the need(s) being addressed*	Goal # of Participants:	Goal # of Participants:	Goal # of Participants:	Goal # of Participants:
	FEB	MAY	AUG	NOV
	Goal # of Participants:	Goal # of Participants:	Goal # of Participants:	Goal # of Participants:

(Note: "Total annual goal # of participants for this strategy:" appears in red.)

11.4.16

Green= Monthly frequency   Orange= Quarterly frequency

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

and includes ongoing assistance requiring multiple meetings/interviews/sessions to resolve a family's needs, a lengthy meeting to resolve highly complex, urgent needs, or a series of referrals to fulfill multiple needs.	**MARCH** Goal # of Participants:	**JUNE** Goal # of Participants:	**SEP** Goal # of Participants:	**DEC** Goal # of Participants:
Urban Gardening (Milestone #1) Total annual goal # of participants for this strategy: _____	**JAN** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**APRIL** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**JULY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**OCT** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
	FEB Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**MAY** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**AUG** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**NOV** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
	MARCH Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**JUNE** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**SEP** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:	**DEC** Name of Activity: Goal # of Participants: Intensity (# of days/hours): Curriculum or Model used:
Connection to Community for families (Milestone #4)	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:	Name of Activity: Goal # of Participants: Intensity (# of day/hours): Curriculum or Model used:

Green= Monthly frequency Orange= Quarterly frequency

2017 SEATTLE FAMILY RESOURCE CENTER PILOT- PROGRAM PLANNING WORKSHEET

Total annual goal # of participants for this strategy: _____			

Please write "N/A" above if your Center is not committing to that particular secondary service.

Funding Under $200,000: Choose 2 activities from Secondary Services **Funding $200,000-$299,000**: Choose 4 activities from Secondary Services **Funding $300,000 and up**: Choose 6 activities from Secondary Services

11.4.16

Green= Monthly frequency Orange= Quarterly frequency

2017 Family Resource Center File Review Site Visit

Agency: _____   Visit Date: _____

Reviewer: _____   Contract #: _____

Agency Participants: _____

Review of Performance Commitments

Milestone	Contract Goal	Current Status	Comments
M#1: # individuals and/or families participating in health and wellness activities.			
M#2: # participants receive assistance and referrals to access needed services.			
M#3a: # individuals and/or families participating in parenting and family education and support activities.			
M#3b: # individuals and/or families participating in structured parent and child activities.			
M#4: # individuals and/or families participating in connection to community activities.			
M#5: # individuals and/or families participating in education, life skills, employment, or technology skill building.			
M#6: # unduplicated individuals participate in the Family Resource Center Program.			

Contract Commitment	Contract Goal	Current Status	Comments
PC #1: 3 survey periods per year will show that at least 75% of surveyed participants improve individual and/or family overall physical or behavioral health.			
PC#2: 3 survey periods per year will show that at least 75% of surveyed participants improve individual and/or family access to needed information and services.			
PC#3: 3 survey periods per year will show that at least 75% of surveyed participants improve individual and/or family skills related to parenting and family interaction.			
PC#4: 3 survey periods per year will show that at least 75% of surveyed participants improve individual and/or family connection to community.			
PC#5: 3 survey periods per year will show that at least 75% of surveyed participants improve individual and/or family skills related to education, life skills, employment or technology.			

S = Satisfactory   NS = Not Satisfactory (requires follow up)

A. Basic Contract Requirements	S	NS	Comments/Suggestions or (*Required Follow Up)
Agency is making reasonable progress towards achieving contracted performance # social support networks			
Agency is making adequate Program Standards.			

Agency is following contract Program Standards. • Survey implementation/achievement • Schedule/hours for services • Partnerships • Notification of key staff changes • Yearly assessment • Attendance at meetings • Not charging for activities • City funding only for Seattle residents			
Reporting requirements are being met (accurate and on time). • Invoices • Monthly Status Reports • Monthly Calendars • Year End Reports			
Notes:			

B. **Record Maintenance & Data Quality**	**S**	**NS**	**Comments/Suggestions or (*Required Follow Up)**
Agency data is accurate and complete. • Program and group enrollment • Assessments • Attendance • Assistance/Referrals • Sign-In Sheets/Registration Forms			
Data is being entered into ETO in a timely manner.			
Participant demographics are reasonably complete.			
Appropriate supervision is provided around database entry.			
Notes			

C. **Performance/Operations**	**S**	**NS**	**Comments/Suggestions or (*Required Follow Up)**
Activities provided are as proposed in contract and are culturally and linguistically appropriate • Review programming sheet			
Budgets and staffing are basically as proposed for current contract. • Any anticipated changes? • Funding changes?			

Center partners and collaborates with other agencies/organizations to provide services to participants.			
Program provides culturally and linguistically appropriate activities.			
Agency has a published client grievance process.			
Notes:			

D. Program Planning/Activities	**S**	**NS**	**Comments/Suggestions or (*Required Follow Up)**
Program provides a flexible schedule of activities in order to address family needs.			
Program provides good quality, culturally and linguistically appropriate activities.			
Outreach activities and publicity are provided to engage families.			
Quality child care is provided during adult programming (free).			
Families have voice in program planning.			
Notes:			

E. Staff	**S**	**NS**	**Comments/Suggestions or (*Required Follow Up)**
Program Coordinator is familiar and knowledgeable about contract requirements.			
Staff demonstrate good interaction with participants.			
Staff reflects the ethnic, cultural background of community.			

Staff has appropriate expertise in family support and understand job expectations.			
Staff provided appropriate supervision by Agency.			
Staff receive orientation and on-going training.			
Notes:			

F. Facility/Resources	S	NS	Comments/Suggestions or (*Required Follow Up)
Facility is accessible and safe			
Facility is comfortable, welcoming and clean			
Facility provides adequate space to provide programming to meet contract requirements.			
Language and culturally appropriate materials are available.			
Clear signage at facility (name, hours, City logo, etc.)			
Notes:			

Standards of Quality Program Self Assessment Discussion

1. Discuss the progress you've made from last year's Program Assessment. What aspects of your program tell you that you've improved? What aspects of your program tell you that additional work is needed?

2. What stands out most in the Program Self-Assessment your team conducted this year?

3. What are you hoping to focus on in the next 6 months to move further along in the quality continuum?

City of Seattle
FAMILY CENTER CLASS/ACTIVITY OBSERVATION

Visit Date:	
Program:	
Agency:	
Site/Location:	
Contract #:	
Observed By:	
Contact Person:	**Contact Phone Number:**

Class/Activity:	
Instructor/Activity Lead:	
Description of Activity: (Purpose, topic, roles)	

S = Satisfactory　　　　**NS = Not Satisfactory (requires follow up)**

Service Quality	S	NS	N/A	Comments/Suggestions (*Requires Follow-Up)
1. Sign-In sheet used to document attendance.				
2. Clear signage at facility (name, hours, etc).				
3. Signage/materials acknowledging City public funding.				
4. Venue is accessible and safe.				
5. Venue is comfortable, welcoming and clean.				
6. Materials and activities are culturally and linguistically appropriate.				
7. Activity content is up-to-date and relevant.				
8. Activities are well-planned and organized.				
9. Activity lead is skilled and knowledgeable.				
10. Activity lead/staff demonstrates ability to address participant questions/concerns and resolve conflicts.				
11. Activity lead is provided appropriate supervision by agency.				
12. Participants are engaged and appear comfortable.				
13. Participants are well-informed of activity purpose and expectations.				
14. Participants are satisfied and have positive things to say about the service received.				
15. Participants say program/activity meets their needs.				

Family Resource Center Pilot Survey Questions for Participants

Please help us evaluate the program by filling out the survey below. Your answers will be anonymous and confidential.

Please rate how much you agree or disagree with each statement about the program by circling a number. If a statement doesn't apply to the program you went to, circle **"X"** for Does Not Apply.

Name of Program:	*Strongly Agree*	*Agree*	*Disagree*	*Strongly Disagree*	*Does Not Apply*
1. I can identify ways staff have used my opinions and ideas to improve or change programs.	4	3	2	1	X
2. The program increased my and/or my family's health and wellbeing.	4	3	2	1	X
3. I have learned new ways to keep myself/my family strong and healthy.	4	3	2	1	X
4. I learned how to search for and identify services that will help me and/or my family.	4	3	2	1	X
5. I learned new things that helped me increase my parenting skills.	4	3	2	1	X
6. I learned new things that helped me increase communication with my family.	4	3	2	1	X
7. I learned new things about healthy child development.	4	3	2	1	X
8. I learned new things that helped me increase my coping skills or my self-care skills.	4	3	2	1	X
9. My school-age child went to programs that helped her/him become more connected with other people in our community.	4	3	2	1	X
10. My school-age child went to programs that helped her/him learn about ways to become more involved in our community.	4	3	2	1	X
11. I went to programs that helped me become more connected with other people in my community.	4	3	2	1	X
12. I went to programs that helped me learn about ways to become more involved and active in my community.	4	3	2	1	X
13. I went to programs where I learned new skills that will help me find a job.	4	3	2	1	X
14. I went to programs that increased my technology skills.	4	3	2	1	X
15. I went to programs that increased my English language skills.	4	3	2	1	X
16. I went to programs that helped me improve my grades.	4	3	2	1	X
17. I went to programs that helped me improve my finances. (Examples: saving money, reducing debt, building credit, opening a bank account.)	4	3	2	1	X

18. What program or service at the Family Resource Center helped you the most? How did it help you?

19. What would you like to see changed or added to the Family Resource Center to make it more useful for your or your family?

Attachment 8

It is important for the City of Seattle to be sure programs are welcoming to everyone. To help us with this goal, please check all the boxes that identify the race/ethnicity you identify with.

Please check all that apply.

ASIAN

□ Asian Indian	□ Hmong	□ Vietnamese
□ Chinese	□ Japanese	□ Other _____
□ Cambodian	□ Korean	
□ Filipino	□ Thai	

AMERICAN INDIAN OR ALASKA NATIVE

□ American Indian	□ Alaska Native	□ Central or South American Indian

□ Other _____

BLACK OR AFRICAN AMERICAN

□ African American	□ Eritrean	□ Tigre
□ Amhara	□ Oromo	□ Other_____
□ Ethiopian	□ Somali	

HISPANIC, LATINO, OR SPANISH

□ Cuban	□ Mexican, Mexican American	□ Salvadorian
□ Guatemalan	□ Puerto Rican	□ Spaniard
□ Other_____		

MIDDLE EASTERN OR NORTH AFRICAN

□ Algerian	□ Iranian	□ Moroccan
□ Egyptian	□ Lebanese	□ Syrian
□ Other_____		

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

□ Chamorro	□ Native Hawaiian	□ Samoan
□ Fijian	□ Polynesian	□ Tongan
□ Other_____		

□   **WHITE**

City of Seattle Human Services Department Youth and Family Empowerment Division 11.4.16

Standards *of* Quality for Family Strengthening & Support

PARTICIPANT SURVEY

Please help us to evaluate the program by filling out the survey below. Your responses are anonymous and confidential. Thank you.

Please rate how much you agree or disagree with the following statements about the Program by circling a number:

Program name	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Services and activities are offered at a convenient *location*.	4	3	2	1
2. Services and activities are offered at convenient *times*.	4	3	2	1
3. Staff members are welcoming and respectful.	4	3	2	1
4. Staff members have asked me about my family's strengths, needs, and interests.	4	3	2	1
5. Staff members help me to understand healthy family development.	4	3	2	1
6. Staff members have invited other people in my family to participate in services and activities.	4	3	2	1
7. I have opportunities to meet and get to know other families through the Program.	4	3	2	1
8. Staff members speak my language.	4	3	2	1
9. Staff members understand my identity and culture (traditions, values, religion, sexual orientation, special needs, etc.)	4	3	2	1
10. I have opportunities to learn about families that are different from mine.	4	3	2	1
11. Staff members have helped me to learn about services, resources, and opportunities that are available in the community.	4	3	2	1
12. I have opportunities to share my opinion and ideas about the program.	4	3	2	1
13. Overall, this program has provided valuable support for me and my family.	4	3	2	1

14. Other comments about the Program:

Today's Date: _____2017

New to our Center? ☐ Yes ☐ No

Welcome to our Family Resource Center!

We are glad to have you visit the Center. It is important that we know who is visiting, so we are asking you to fill out this form and return to a staff member. The information will be used to give us a picture of the families we serve and to report to our funder, the City of Seattle. **All the information about you will be kept confidential.** Thank you!

1. Your Name: First _____ Middle initial _____ Last _____

2. Role in family - **Please check all that apply**: ☐ parent ☐ single parent ☐ grandparent ☐ adult ☐ caregiver

3. Birth Date *(mm/dd/yyyy)* _____   4. Gender: ☐ Male ☐ Female ☐ Transgender

5. Race/Ethnicity- **Please check all that apply**:

☐ Black, African American   ☐ Hispanic/Latino   ☐ Caucasian/White   ☐ Asian/Asian American

☐ Native American   ☐ Mixed Race   ☐ Pacific Islander/Hawaiian   ☐ Other_____

6. Is a member of your family/household disabled? ☐ Yes ☐ No If yes, who? _____

7. Street Address _____ Apt # _____ City _____ Zip:_____

8. Phone #_____ Secondary Phone # _____

9. Email address _____

10. Would you like to receive information about Family Resource Center activities? (Choose 1) ☐ email ☐ newsletter ☐ none

11. Did you come to the U.S. as a refugee or immigrant? ☐ Yes ☐ No   If yes, what country? _____

12. Are you limited or non-English speaking? ☐ Yes ☐ No

13. What is the primary language spoken at home? _____

14. Are you currently homeless? ☐ Yes ☐ No

15. Where did you hear about the Family Resource Center? _____

16. Please circle the letter that most closely matches your income level. **Use the table below.** Find the column for the **number of people in your household**. Go down that column until you find your income range for your **annual gross income** last year.

	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
A	$0 to $11,880	$0 to $16,020	$0 to $20,160	$0 to $24,300	$0 to $28,440	$0 to $32,580	$0 to $36,730	$0 to $40,890
B	$11, 880 to $14,850	$16,020 to $20,025	$20,160 to $25,200	$24,300 to $30,375	$28,440 to $35,550	$32,580 to $40,725	$36,730 to $45,913	$40,890 to $51,113
C	$14,850 to $26,791	$20,025 to $35,035	$25,200 to $43,279	$30,375 to $51,523	$35,550 to $59,767	$40,725 to $68,011	$45,913 to $69,559	$51,113 to $71,107
D	$26,791 to $31,256 +	$35,035 to $40,874 +	$43,279 to $50,492 +	$51,523 to $60,110+	$59,767 to $69,728+	$68,011 to $79,346+	$69,559 to $81,152+	$71,107 to $82,958 +

17. ***PLEASE FILL OUT FOR ALL MEMBERS OF YOUR FAMILY HOUSEHOLD*** (people that live with you sharing common household resources and expenses, even if not related)***:***

Household Member #1	Household Member #2
First & Last Name:	First & Last Name:
Date of Birth: Gender:	Date of Birth: Gender:
Special need/disability:	Special need/disability:
Race/Ethnicity:	Race/Ethnicity:
School:	School:
Relationship to you:	Relationship to you:
Household Member #3	**Household Member #4**
First & Last Name:	First & Last Name:
Date of Birth: Gender:	Date of Birth: Gender:
Special need/disability:	Special need/disability:
Race/Ethnicity:	Race/Ethnicity:
School:	School:
Relationship to you:	Relationship to you:
Household Member #5	**Household Member #6**
First & Last Name:	First & Last Name:
Date of Birth: Gender:	Date of Birth: Gender:
Special need/disability:	Special need/disability:
Race/Ethnicity:	Race/Ethnicity:
School:	School:
Relationship to you:	Relationship to you:
Household Member #7	**Household Member #8**
First & Last Name:	First & Last Name:
Date of Birth: Gender:	Date of Birth: Gender:
Special need/disability:	Special need/disability:
Race/Ethnicity:	Race/Ethnicity:
School:	School:
Relationship to you:	Relationship to you:

STAFF USE ONLY
Form Completed by: _____ Date:_____

Entered into ETO by: _____ Date:_____

Standards *of* Quality for Family Strengthening & Support

STAFF SELF-REFLECTION CHECKLIST

This tool is designed to be used as reminder to apply the Standards in your daily work with families. We encourage you to keep it in a place you will see it every day.

1. Do I do my best to schedule with families at a time and place convenient to them?

2. Do I interact with families in a welcoming and respectful way?

3. Do I develop and maintain constructive relationships with families?

4. Do I recognize and affirm families strengths?

5. Do I utilize my understanding of healthy family development in my work and share this information with families?

6. Do I ask about and listen to families to what participants say about their needs and interests and those of their family members?

7. Do I connect families with resources to address their needs and interests?

8. Do I invite other/multiple family members to participate in services and activities?

9. Do I facilitate opportunities for families to build relationships with other families?

10. Am I sensitive to and affirm families' diversity, including cultural traditions, languages, values, socio-econmoic status, structures, sexual orientation, religion, and individual abilities?

11. Do I connect families with information about community issues, activities, and events?

12. Do I support families to advocate for themselves to address their needs and to develop their community leadership skills?

13. Do I build relationships with service provided and/or community groups to share resources and information and to address community needs and priorities?

14. Do I regularly collect data to inform program quality and evaluation?

15. Do I ask and listen to families' feedback and ideas about the Program and share this information with other staff/managers?