Family Resource Centers: Linking Schools and Communities

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Abstract

This research examines the best and most promising *practices* of Family Resource Centers. To first identify what constitutes best practices, I consulted numerous scholarly and peer-reviewed articles on the subject. I evaluated which elements and practices were most commonly referenced as well as those upon which the individual source articles concluded were best. A secondary goal of the research is to ascertain the most frequently available *services* at the Family Resource Centers referenced in the source articles, comparing those services to the best practices. To complete the research, I conducted interviews with local centers to compare the services they offer with the most common services nationwide. These three research objectives ultimately culminated in meetings between local Family Resource Centers and other not-for-profit organizations, in which the findings were presented, with the intention of forming a collaborative coalition of Resource Centers in Buncombe County.

Origins of Project

This project originated in my Community Psychology course which required students to engage in opportunities outside of the classroom environment to gain knowledge and experience in the service of others. I volunteered to work as a tutor at the William Randolph campus of Asheville Middle and High Schools. I enjoyed the experience.   After the course, my professor, Dr. Joseph Berryhill, contacted me to see if I would be interested in doing a research project for Children First/Communities In Schools (CF/CIS) of Buncombe County. I told him I absolutely was interested and soon he had set up a meeting for him and myself with Greg Borom, Director of Advocacy with CF/CIS.

Greg explained to me that the research I would be undertaking involved two components. First, I would study peer-reviewed scholarly articles to identify the best and most promising practices of Family Resource Centers on the national level. Second, I would make contact with local Resource or Community Centers in Buncombe County to discover what services they were currently offering, or, in the case of a few known to be recently started or planned, what they would *like* to offer. In addition to these two research objectives with which I was charged, a tertiary aspect of this project was to bring together representatives of the various local centers, present my research findings to them, and ultimately, open discussions about joining together in a coalition of Resource Centers. Such a coalition would widen the scope of services available to children and their families in the County.

Methods and Work Undertaken

Initially, I discovered that the first and most important fact about Family Resource Centers (FRC), is that there is no single, sweeping definition of FRC. Neither is there a universal list of services that such centers do or should provide. FRC are intentionally and necessarily broadly yet loosely defined because an integral aspect and indeed strength of many such centers is its flexibility. Flexibility here refers both to the flexibility concerning which individual community members receive what services, as well as precisely how those services are delivered.

The participants in this project were the 5 representatives from the local resource centers with whom I conducted interviews. Additional participants, who took part in the meetings once this research was completed, provided Greg with details about what services were being offered at their respective locations.

I used scholarly articles to identify the best or most promising FRC practices nationwide. The following search terms were used to find possible articles on the academic database: "Family Resource Center(s), School-based/School-linked Service(s), Family-linked Service(s), Family and Community Center(s)/Service(s)." Greg had advised that the articles I should focus on were ones which dealt with the effectiveness of FRC and not on consumers' perceptions of FRC. Once articles were deemed useful, I specifically sought a description of services offered in such centers. From those descriptions, I amassed a database of the most frequently referenced practices, along with details of each practice or service. I letter-coded each article for simplicity and, using the assigned letters, was able to easily see how many articles/resource centers offered which services. The ones which were most frequently mentioned I labeled and considered to be the "Most Frequently Used". Also, practices are not the same as services, as a practice is a means of providing access to services.

Greg Borom sent me a partial list of local resource or community centers via e-mail. I was responsible for filling in the missing contact information prior to beginning the data collection. Once I gathered the missing data[1], I attempted to make contact with people at each of the eleven centers to obtain the information about services they offer. The majority of the interviews were conducted over the phone. However, several of the contacts were counselors at various elementary schools and were unavailable during the summer. A few other contacts were owners of centers, and one was the president of a non-profit organization. For those cases, as well as the

school counselors, I decided it would be best to contact them initially via e-mail and try to set up a conveniently timed phone interview. Overall, I attained the information from five of my contacts. Greg was made fully aware of failed attempts at contact and did not have a problem with their omission.

As I interviewed each representative from the local centers, I took notes about the offered services and made sure to repeat them back so as to not miss anything. After each contact, whether phone or e-mail, I placed that center's information into a separate database which included the center name, contact information, and services offered. Once the contacts were completed, I coded them in a similar fashion to the FRC articles and identified the most frequently available services. While the most frequent ones were discussed in the report and presentation, *all* of the services were included in my full findings, provided to Children First/Communities in Schools.

Once I had completed both research objectives, I collated the findings into what Greg called an "easily digestible, yet informative" presentation format. I arranged the data into a Power Point presentation. This process required truncating the information to make it fit into simpler sentences and bullet-points on the slides. Once the Power Point was complete with pictures and text effects to bring more attention to it, I was tasked with further simplifying the data into a one-sheet summary-style handout to be distributed to each community center representative who attended the information meetings. This involved abbreviating the slide information into strictly bulleted list format.

Ties to Academia

I am currently pursuing my B.A. in Psychology. Some specializations in psychology link directly to this type of work. I plan to earn a Ph.D. in Community Psychology, a branch of psychology closely related to concepts found within the FRC and other school-based service delivery models. The project was my first venture into community psychology that was not directly derived from a class. The aforementioned volunteer experience at William Randolph School was a direct component of my community psychology class.

The other way in which this project ties to my field of study is learning to work with primary sources. This research required me to critically analyze a large set of journal articles. I have had some previous experience with journal articles through research methods courses. However, in those classes it was a few assignments in which articles had to be summarized and evaluated to distinguish between "good" and "bad" quality research. This project required a more thorough investigation, as I needed to determine if the article was focused primarily on effectiveness-based research (which was what I needed for my project) or more of a consumer, perception-based article.

Challenges Faced and Responses to those Challenges

As stated above, one of my biggest hurdles was acquiring the information from local centers. The list which I was given was incomplete. I was forewarned that it would be, but I discovered

that in some cases, there simply was no information available, even on the internet. For example, for one of the sites, there was no information except for a local newspaper article from over a year ago that mentioned its opening. I was loath to give up so I persisted, searching in roundabout ways, hoping for any additional information, but still yielded nothing. When I e-mailed Greg to inquire as to what I should do to find the information, he advised that it was actually an up-and-coming site, and he had recently been in contact with someone there, so I did not need to worry about it.

I faced challenges getting data from local centers, even for the locations that had data because school counselors and staff were gone for the summer. I was able to get in contact with one principal and one counselor via e-mails and gathered the needed details. Some locations, however, I was simply unable to contact. Greg completely understood and told me he knew there would be some difficulties, but appreciated my efforts nonetheless.

Another challenge was locating suitable journal articles. Again, this project required me to critically evaluate scholarly articles. The first task was to decide which databases would be the most applicable or likely to provide the kinds of articles I was seeking. Dr. Berryhill and I met before I began my search and he offered advice and insights about what search phrases to use and how to most effectively use the advanced search options. The next challenge I encountered during the research was *maintaining* a critical perspective while determining which articles, based upon abstracts, to save in my preliminary research folder for further investigation. Once I had collected the articles in my folder, I read each article to ascertain its suitability.

Finally, identifying best practices was challenging. Many of the articles discussed more than one FRC or similar center or model. Part of the identification difficulty was also in establishing a coding system in which I could easily separate which article had what particular element contained in it. For instance, I needed to differentiate between the practices and services discussed in a single article.

Results

FRC are characterized by three elements: practices, which are means of outreach; internal organizational procedures, which address the functionality of the centers; and services, the tangible resources offered at the centers. Table 1 summarizes the sources of those practices.

Table 1: Sources of Best Practices

Best Practice	Number of articles
Parental Involvement	9
School Involvement	8
Collaboration/Empowerment	7
Volunteerism	6
Flexibility	5
Site Coordinator Model	5
Record Keeping/Evaluation	4
Relevant Accessibility	4
Resource Referrals	3
Furniture Placement	2
Parent Consultant (PC)	2
Teacher/Staff Assessments	2

*The number of articles does not specify actual number of FRCs which reference the identified best practice, feature, or service.

Parental involvement was the most frequently cited FRC practice in my research. The most successful FRC models had the highest percentage of family and parent engagement (Dupper & Poertner, 1997)[2]. The second most frequent practice is school involvement, meaning that the faculty and staffs of the schools affiliated with FRCs are actively engaged. "Having schools involved has the advantage of helping to assure that the educational needs of children are met

and that children develop cognitive and social skills" (Romualdi & Sandoval, 1997, p. 56). The majority of FRCs are located either within schools or in the immediate vicinity. Successful centers include the school as a partner, which allows the FRC a degree of autonomy. After all, the FRC is *not* a school, nor does it have the same goals as a school.

The third most frequently cited best practice embraces the interrelated concepts of collaboration and empowerment. "Broad collaboratives of providers and stakeholders provide multi-level stability, depth of input, diversity, greater opportunity for empowerment, and breadth of commitment that can both enrich and sustain centers" (Waddell, Shannon & Durr, 2001, p. 20). The goals of FRCs are to work together (collaboration) with children, families, schools, community members, and professionals to not only assist those individuals, but to help them help themselves (empowerment) in a prevention-driven rather than crisis-driven model. Next, volunteerism was indicated as a best practice. Parents and families, community members, service providers, and even other students can serve as volunteers at centers. Students who volunteer to assist their peers, for instance with computer skills, may acquire a sense of empowerment via the action of helping others (Jackson, LaPoint, Towns & Butty, 2002).

The first of the identified practices which are operational features is the flexibility of FRCs. Flexibility refers to what services are *offered* and how those services are *delivered*. Flexibility

may also mean that an individualized plan or program can be developed for children and families based upon their specific needs (Communities in Schools, 2011). Another operational practice, closely related to flexibility is the use of a site coordinator. The most effective coordinator is "a politically astute self-started, linker, and boundary spanner who can articulate his or her center's vision" (Doktor & Poertner, 1996, p. 297). Not all of the articles referred to this role as a site coordinator, but this is the "go to" person who is overseeing the daily operation of the site, and working to forge meaningful connections with the people being served, as well as with the community at large.

Record keeping and evaluation are the next two identified internal practices which, although they are technically separate, are so closely related that I considered them two parts of one practice. Record keeping involves keeping records of any interaction with individuals being assisted by the FRC. These records can be used for program evaluation purposes, which can help sustain and acquire more funding for the FRC. "First, social workers have to show that programs are doing what they were intended to do (that is, process evaluation) and prove that they are effective (that is, outcome evaluation)" (Dupper & Poertner, 1997).

The next feature mentioned several times was accessibility, which has two components. First, successful FRC models utilized culturally relevant accessibility that actively strengthen cultural identities of families and show respect for those individuals' cultures and increases community awareness of available resources at the FRC (Stormshak & Dishion, 2009). The second feature of accessibility involves literal accessibility to the FRC and its resources by those with special needs. Only one article I read specified access and resources for families of children of special needs. Given the unique situations that such families find themselves in, they should ideally be able to fully utilize the resources offered at such centers (Kellegrew, 2011).

The next frequent functional practice was that of resource referrals. This is a collection of details and contact information that FRC staff can easily provide to families in the event that they are in need of assistance beyond the scope of the center (Wells & Fuller, 2000). Another practice, which took me by surprise, is the arrangement of furniture within the center. For example, a coordinator "sits at her executive-style desk only when using the telephone; she uses the round table for all other business to avoid the sitting-at-the-head-of-the-table image of authority" (Smrekar, 1996, p. 457). The positioning of tables can either assist in the collaborative goals of the FRC, (use of round tables,) or may hinder and intimidate families, as is the case when a staff member sits at a desk and is perceived to be "in charge."

The remaining practices were each mentioned infrequently, but are still important in the success of a center. The first is a parent consultant (PC), a parent volunteer who acts as a liaison between the FRC and the school. This typically requires the PC to attend meetings, keep records of interactions, work to promote the FRC to other parents and recruit other parents to volunteer at the center (Stormshak, Dishion, Light & Yasui, 2005). Finally, some FRCs utilize teacher assessments and suggestions for either following up on effectiveness of an intervention, or to determine if assistance is needed. "Problems teachers identify are communicated to the center coordinator through a written referral, short note, or conversation…from this point, the

coordinator develops and implements a strategy to address the family-related problem" (Smrekar, 1996, p. 459).

Services offered, as opposed to the best practices, specify the physical resources in Family Resource Centers. Identified services included: adult education/parenting classes, family crisis intervention and counseling, health clinics or screenings, referrals to outside services (this is both a practice and a resource), basic needs assistance (food, clothing, diapers, etc.), home visits, after school activities, substance abuse counseling, life/job skills training, family enrichment activities, and day care.

At the centers in Buncombe County, the scope of services offered is essentially the same as in the national findings above, with just about every service offered in some way at one or more local centers. The most frequent are basic needs help (particularly food pantries and clothing closets), referrals services beyond the FRC, and healthcare and/or health screenings. A few also offered some form of adult literacy/education or parenting skills classes as well. Of note is that even basic needs assistance does not yet exist at all centers. This illustrates the importance of CF/CIS forming a coalition with the local centers to share information and ideas about what services are missing.

Sustainability

All of my research data, including the Power Point and summary handout, saved copies of all articles consulted, lists of various websites, and the contact information and databases of practices and services, has been given to Children First/Communities in Schools. The end goal of this research is the formation of a coalition between all of the local centers in Buncombe County to further extend the reach of assistance for children and their families. There have been two information meetings during which representatives of local centers were presented with my findings and told about the plans moving forward.

The purpose of those meetings was to give the centers some information and hopefully inspire them to want to learn even more (hence the "digestible, but informative" format of the Power Point and handout). In mid-October, we had the first round table discussion, serving as the foundation of the coalition. Greg and the others at CF/CIS, working out of the FRC at Emma Elementary in Asheville, are urging that they are not trying to reinvent the wheel, but rather to share resources, including information, amongst themselves to better serve their community's needs.

Given the fact that CF/CIS has all of the research data I collected, including non-scholarly sources which could still prove helpful and informative, and the fact that the process of establishing the desired coalition is already underway, this project has high sustainability. I would also suggest that existing centers and the coalition will be best served if they adopt some of the best practices I have identified.

Conclusion

This research was something that my community partner, Children First/Communities in Schools, sought out through their affiliation and prior work with Professor Joseph Berryhill. Dr. Berryhill suggested me as the "research intern", based on my experience in his Community Psychology class and interest in further doing work in the service of others. CF/CIS wanted research which identified the best practices of Family Resource Centers and also survey information about similar program models in Buncombe County. Greg Borom advised that the desired end result of this project would be for the local centers to be interested and inspired by my research, want to gain addition information, and ultimately want to join together in a coalition, sharing resources, information, and ideas about how to best serve their communities.

The concepts of empowerment, collaboration, and well-being of a community and not just individuals are all major foci of community psychology. I was inspired by that class, and in particular inspired by the service learning opportunity within it. When Dr. Berryhill contacted me to inquire if I would be interested, he informed me that, as I had already taken one Service-Learning designated course, if I were take a second one and prepare this report project, I could graduate with the distinction of being a Community Engaged Scholar. I also wanted undergraduate research experience and felt that this was a great opportunity to do both of those things. As rewarding as doing research work in the service of others is and has been, I acknowledge that this experience and graduation distinction may also help me get accepted into a Community Psychology graduate program.

Dr. Berryhill has since moved and is therefore no longer my faculty advisor on this project. He graciously made sure that I was in very able and willing hands of Dr. Lisa Friedenberg, who not only took on this Community Engaged Scholar project, but also assisted me in getting PSYC 499 course credit for the research part of the service project.

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Footnotes

[1]One center I was unable to find any information about whatsoever but Greg Borom advised me not to worry about it, as he himself had become involved with assisting them get their center started.

[2]Although this article was published nearly fifteen years ago, the fact is that there simply are not many articles on the subject of Family Resource Centers, and the information was applicable. In fact, there are several more referenced articles which are also older, but relevant regardless.