

PROGRAM MANUAL



New Jersey Family Success Center

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SECTION ONE



INTRODUCTION



“

I love the way the Family Success Center caters to the needs of the community; from activities for the parents, children, and tweens. The staff always makes us feel welcomed.

”

INTRODUCTION

PURPOSE

The purpose of the FSC Program Manual is to serve as a comprehensive resource that incorporates guidelines, procedures, operations, and resources that are necessary for implementing and maintaining model fidelity. Provider agencies under contract with the NJ Department of Children and Families (DCF) are expected to follow the processes and procedures described in the FSC Program Manual. Adherence to the FSC program model is essential for children and families in NJ engaged with their local FSC.

ORGANIZATION

This manual is organized into four (4) main sections and an appendix:

Section 1	Introduction to the Family Success Center (FSC) Program. This section offers history and background on how the program was developed.
Section 2	FSC Practice/Program Model. This section provides an overview of the FSC Logic Model highlighting the expected outcomes, services, and resources needed to implement the model and explores the FSC Program Model core service activities.
Section 3	FSC Implementation Supports. This section focuses on competencies and administrative functions that lead to the successful operation of the FSCs.
Section 4	Appendix. The program manual also includes an appendix containing more detailed background information, definitions, acronyms, standard program forms, and/or relevant tools necessary to carry out the FSC Program Model.

EXPECTATIONS

Agencies who contract with the NJ DCF to deliver the FSC Program Model with families in New Jersey are expected to use this FSC Program Manual as a guide for successful implementation and to achieve desired outcomes. It is critical that provider partners adhere to the practice and service standards outlined in this manual to ensure program fidelity, and ultimately to support high quality implementation.

FAMILY SUCCESS CENTER HISTORY AND BACKGROUND

The NJ Department of Children and Families (DCF) is charged with serving and safeguarding the most vulnerable children and families, ensuring that service delivery is directed towards their safety, protection, permanency, and well-being. Within DCF, the Division of Family and Community Partnership (FCP) Office of Family Support Services (OFSS) is responsible for the long-term growth and success of the Family Success Centers (FSCs). OFSS partners with community-based agencies and school districts in developing a statewide network of primary prevention support systems for children and families. OFSS is also responsible for the oversight of program operations, providing support and technical assistance to these prevention programs such as the Family Success Centers.

DCF provides funding to support the development of a statewide network of Family Success Centers. FSCs are safe, warm, and welcoming neighborhood gathering places where any community resident can go for support, information, programming, and resources as well as lend their skills and time to give back to the community.

In 2007, NJ DCF allocated a 4-million-dollar grant award to create twenty (20) FSCs. What first started as a vision to create Community Resource Centers turned into a statewide network of neighborhood gathering places which offer free and voluntary primary prevention services to families with children. The network has expanded to include 57 FSCs and a Mobile FSC, with at least one FSC in each county in the state. Please see appendix for map of statewide FSCs.

PREVENTION CONTINUUM

DCF's child welfare system offers an array of services and programs designed to meet families where they are, whether they are in the midst of a crisis or working to prevent one from occurring. This prevention continuum consists of three tiers:

- **Primary Prevention** services target the general population and offer services and activities before any signs of undesired behavior or maltreatment occur. These services are universally accessible with no criteria required for participation.
- **Secondary Prevention** focuses activities and services on populations deemed "high risk" for possibly maltreating children.
- **Tertiary Prevention** includes activities, services, and treatment provided to children and families after maltreatment has occurred to reduce the negative consequences of maltreatment and to prevent its recurrence.

Family Success Centers provide primary and secondary prevention to their communities.

For more information on the prevention continuum, please visit:

- [PreventionPlan.pdf \(nj.gov\)](#)
- [Working Across the Prevention Continuum to Strengthen Families \(childwelfare.gov\)](#)

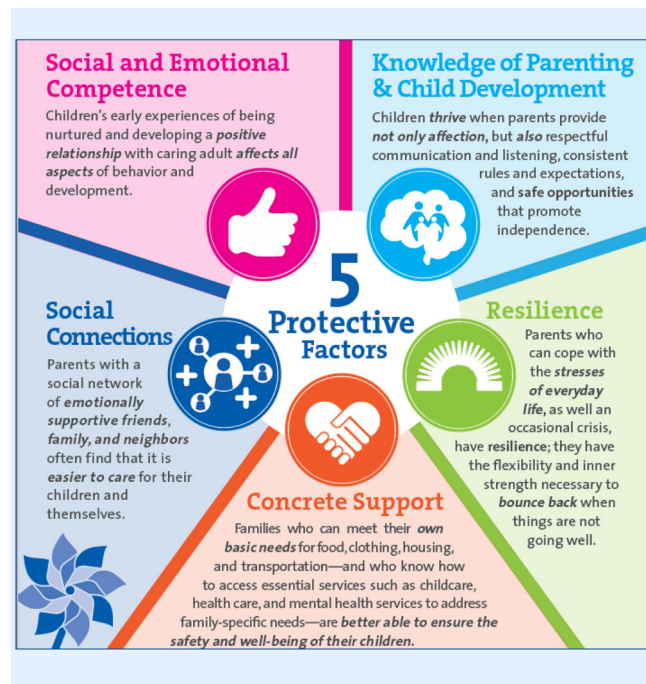
FAMILY SUCCESS CENTER PURPOSE

Family Success Centers are "one-stop shops" that provide wrap-around resources and supports to equip families and communities with the tools they need to face and cope with life's challenges before they find themselves in crisis. FSCs offer primary child abuse and neglect prevention by offering community residents,

leaders, organizations, and agencies a central location to address community strengths and needs. Community members will find a safe, comfortable space to access resources as well as participate in culturally responsive programming designed to strengthen the family, individuals, and community.

FAMILY SUCCESS CENTER PURPOSE CONTINUED

This programming promotes the five (5) Strengthening Families Protective Factors:



Please see appendix for more information about the protective factors.

FSCs address these protective factors through the provision of the following Contracted Services:

- Economic Self-Sufficiency
- Parent & Child Activities
- Advocacy
- Access to Child, Maternal, and Family Health Services
- Life Skills
- Parent education
- Housing-related
- Information & Referral

These supports and services are available to the community, families, youth, and children at no cost.

FSC staff are also knowledgeable regarding resources available to families that may be experiencing a crisis.

FSC's activate local parent leaders within the community by matching individuals with volunteer opportunities to share their skills in expertise with others at the center, lead or co-facilitate an activity held at the center, and/or participate in the center's advisory board. FSC's identify, cultivate, and continuously develop the skills of its parent leaders through transformational engagement and in doing so grow community activists who can give back not only to the FSC but to their community.

FAMILY SUCCESS CENTER EXPECTATIONS

Welcoming Environments: FSCs are safe, warm, and welcoming places in the community where any family can visit, not only in times of need, but as a part of day-to-day life. FSC's are made up of staff that are diverse and reflective of the communities they support.

Meaningful Community Involvement: FSCs create a sense of community among the individuals and families by helping them be an active part of their FSC and community through volunteer work. FSCs coordinate the recruitment of individuals, families, partners, and volunteers in the community to provide skill-building programs, services, and activities. The FSC staff encourage families in taking responsibility for the FSC in partnership with the FSC's staff and becoming change agents in their communities through their FSC commitments.

Integrated Supports and Services: FSCs work collaboratively with community partners to bring together local resources and services for an accessible and responsive service system that addresses and advocates for the community's individualized needs.

Respectful Relationships: The FSC design and service delivery affirm the rich ethnic and cultural diversity that characterize the community. FSCs ensure that families receive non-intrusive supports and connections, respecting participant integrity.

Transformational Leadership: FSC's embody the importance of parents driving change by linking them to ongoing training and development opportunities. FSC's empower parents to use their voice through advocacy and offer spaces to become involved in the life of the Center and their communities. For more information about transformational leadership, please see appendix.

PROGRAM DEVELOPMENT APPROACH

With the goal of creating a well-defined, replicable Family Success Center program model, DCF and its contracted service providers tapped into the principles of implementation science. The field of implementation science provides frameworks that assess and support the design and implementation of interventions toward the achievement of targeted outcomes (Fixsen et al., 2015; Powell et al., 2015). For innovative programs that are informed by literature, but have yet to be rigorously evaluated, the practice must be defined, implementation supports (training, coaching, fidelity tool, etc.) must be developed to support the practice, and data collection and evaluation must be established to inform ongoing practice improvements. These fundamental steps are necessary before the targeted outcomes can be achieved. DCF systematically utilized the National Implementation Research Network's Active Implementation Framework and accompanying tools to organize and carry out program development for FSCs (Metz, 2016). For more information about how the Active Implementation Framework was used for FSC program development, please see Appendix.

PROGRAM DELIVERY

The framework for service delivery is grounded in the New Jersey Standards for Prevention Programs: Building Success through Family Support, and all contracted providers are expected to integrate these elements into their direct service operations. The NJ Standards for Prevention Programs: Building Success through Family Support was developed in 2003 and revised in 2014 by the New Jersey Task Force on Child Abuse and Neglect

PROGRAM DELIVERY (CONTINUED)

in collaboration with DCF's Division of Family and Community Partnerships. Service providers are expected to embrace the identified Principles of Family Support Practice which are separated into three areas: practice with families, communities, and administrative.

Practice with Families

Family focused: Children are seen within the context of families and families within the context of their community and culture. Programs serve the entire family and have mechanisms for regularly including informal/natural supports in activities.

Strength-based, goal setting in partnerships with family: With families in the "driver's seat," programs collaborate with them to identify and build on their capacities and competencies. Programs use strengths-based language throughout, place an emphasis on building strengths, and develop goals in partnership with the participant.

Flexible and responsive: Programs tailor practices to the needs of participants and are flexible to meet the need of participants.

Accessible and incentivized: Programs protect and facilitate parental choice in participation of services. Services are barrier free, offered at times that are accessible to parents' schedules, and supports are routinely provided to improve participation likelihood.

Voluntary and non-stigmatizing: Programs facilitate and encourage participant involvement. Programming is universally available and provided in a supportive, non-threatening environment, such as a public space that is safe and convenient.

Comprehensive and integrated: Programs use multiple supports to reinforce positive outcomes and provide comprehensive services through multiple program components, active case management to support goal attainment and successful linkages to a continuum of services, and flexible funding to meet gaps in service availability.

Developmentally informed: Programs combine length of service intensity to maintain positive outcomes over time. Stages of family development, related to ages of children, transitions, families experience, and the adult aging process, are consistently reflected in materials and approaches.

Long term and adequate intensity: Programs are relevant to the ages and development stages of participants. Frequency, intensity, and length of service demonstrate adequacy to meet and maintain desired outcomes as evidenced by quantitative outcomes research.

Culturally responsiveness/reciprocity: Programs affirm and strengthen cultural identity and diversity. Staff demonstrates awareness, knowledge, attitudes, and skills related to impact of culture – theirs and that of the family – on the working relationship engagement of families in services and assumptions about the process/goals of services. Organizations tailor services, materials, and staffing to facilitate this and promote cultural exchanges.

PROGRAM DELIVERY (CONTINUED)

Communities

Participatory development planning: Programs are designed collaboratively with the intended participants.

Community integration: Programs are actively involved in the communities in which they are located.

Early start at all developmental stages: Programs are aimed at the general population for the purpose of keeping child maltreatment from happening before it has occurred, at every developmental stage (i.e. prenatally, positive youth development, etc.).

Administrative

Long-range and ongoing planning: The organization engages in comprehensive, ongoing cycles of assessment, planning, intentional decision-making, implementation, and evaluation of the organization in all its aspects.

Supervision, organization management, and professional development: Supervisors and the organization engage in collaborative decision-making with staff and provide opportunities for professional growth and development.

Parent and community leadership: Program participants and community leaders are on governing and/or advisory boards and are developed and given meaningful opportunities to engage in program activities.

Fidelity to an established, appropriate model: Programs are being delivered with fidelity to an established model that has been researched as effective with the population being served and for the purpose intended.

Highly qualified, competent, and caring staff: Staff demonstrate excellent engagement skills with families in services and demonstrate caring, empathy, sensitivity, and knowledge, as evidenced by participant reports, retention in services, and supervisor observation.

Data collection and documentation: Records are maintained electronically on individual and program-level activities, as well as outcomes data.

Measures outcomes and conducts evaluation: Qualitative and quantitative data is used to evaluate if anticipated outcomes are being achieved.

Adequate funding and long-term commitment to sustainability of the program: Stable and long-term funding provides for ongoing program implementation.

PROGRAM DELIVERY (CONTINUED)

The Standards for Prevention can be found at:

- <http://nj.gov/dcf/news/reportsnewsletters/taskforce/Standards.for.Prevention.Programs.pdf>.

Two-generation approach. According to the Child Welfare Information Gateway, supporting families requires a holistic perspective that recognizes the interdependence between parents and children. A two-generation approach builds this interdependence and emphasizes that empowering parents and supporting their success is connected to their child's well-being. FSCs utilize this two-generation approach to invest in the development of strong families which helps reduce the impact of stress, creates an environment that interrupts generational cycles of poverty, and improves child and family well-being.

For more information, please see Two-Generation Approaches to Supporting Family Well-Being ([cwig-prod-drupal-s3fs-us-east-1.s3.amazonaws.com](http://prod-drupal-s3fs-us-east-1.s3.amazonaws.com/cwig-prod-drupal-s3fs-us-east-1.s3.amazonaws.com)).

Father-forward. According to the U.S. Department of Health and Human Services, children with involved, loving fathers are significantly more likely to do well in school, have healthier self-esteem, and exhibit more empathy and pro-social behavior when compared to children who have uninvolved fathers. All FSCs are expected to engage fathers in the life of the center and develop specific strategies and programming to draw them in. This could look like calendar activities that promote father and child bonding, recruitment of fathers and/or father figures for volunteer parent advisory boards and support groups, connections to information, career, and prevention services, assistance with navigating systems, or event planning.

Diversity and race equity: Diversity is the presence of differences within a given setting, generally referring to psychological, physical, and social differences that occur among any and all individuals (adapted from University of Houston, 2022). A diverse group, community, or organization is one in which a variety of social and cultural characteristics exist and a variety of backgrounds, races, genders, abilities, sexual orientations, religions, cultures, and/or other identities are represented (adapted from University of Houston, 2022). Racial equity describes circumstances when race is no longer a predictor of outcomes and treatment of people of all races is consistent, systematic, fair, just, and impartial. FSCs work with and on behalf of the many individuals and groups that form their community and create a culture of inclusion inside and outside of their center. They promote equitable treatment and outcomes for their community members within their centers through programming and access to internal opportunities, as well as externally in their community, through advocating for access to necessary resources and opportunities.

Healing-centered. Trauma is an event or circumstance that results in physical, emotional, or life-threatening harm. Those who experience it often face challenges with their mental, physical, and/or emotional health, and overall well-being. FSCs recognize the impact that trauma can have on individuals, families, and communities, and staff are familiar with and incorporate trauma-informed approaches into their service and engagement delivery to promote healing and resilience. For more information, see Appendix or:

- [DCF | Glossary of Terms \(nj.gov\)](http://nj.gov/dcf/news/reportsnewsletters/taskforce/Standards.for.Prevention.Programs.pdf)
- [Trauma-Informed-Approach-Continuum-Definitions.pdf \(nj.gov\)](http://prod-drupal-s3fs-us-east-1.s3.amazonaws.com/cwig-prod-drupal-s3fs-us-east-1.s3.amazonaws.com).

HISTORY TIMELINE FROM 1884 TO PRESENT

Family Support and
Family Success Center
(FSC)

For centuries, the belief that neighbors take care of neighbors and communities take care of communities has been prevalent in American society, whether the care was provided by individual advocates within the community, charitable organizations, or, eventually, state and federal governments.

1884

British university students opened Toynbee Hall in an impoverished part of London as the first settlement house. The students worked to understand the realities of living in such a neighborhood while also addressing the community's poverty and desolation. The settlement house movement operated on the belief that neighborhood leaders and organizations were responsible for improving the community's social problems.

1886

The Neighborhood Guild, later known as the University Settlement House, in the lower east side of NY, opened the first such settlement in the United States. These houses offered immigrants a number of supports, including job training, English classes, immigrant protective societies, events to preserve their culture, and social advocacy to assist with their integration into life in America.

1896 - 1910

The number of settlement houses in the United States continued to grow, reaching 74 in 1897, over a hundred by 1900, and over four hundred by 1910.

1897

In New York City, the White Rose Working Girls' Home was founded as one of the earliest settlement houses intended to serve African-Americans. Other settlement houses serving African-American communities were established throughout the country and were commonly found in the Northeast, South, and Midwest.

1897

Columbia University offered the first social work class for those interested in charity work to receive training to work with the indigent and mentally ill.

1910

Ida B. Wells opened the Negro Fellowship League Reading Room and Social Center, one of the first Chicago settlement houses.

1911

Jane Addams, considered the “mother of the social work profession,” and other settlement house advocates founded the United Neighborhood Centers Association (UNCA).

1920 - 1959

Reform efforts, settlement houses, and outreach to families in their homes slowed as a result of reductions in funding and the restriction of immigrants.

1921

The Child Welfare League of America (CWLA) was founded to advocate for the improvement of public policy for the welfare of children and their families.

1935

The Social Security Act (SSA) was passed to encourage the states to better provide for, among others, dependent and disabled children and maternal and child welfare.

1960 - 1969

The Housing Act of 1965 was passed which provided for the first time federal funding to support local social problems. Neighborhood centers joined in the rebuilding of cities, as the Housing Act of 1954 required community member involvement in cities' plans.

1966

Huey P. Newton and Bobby Seal created the Black Panther national organization which identified a Ten Point Program to advocate for, among other things, full employment, housing, and education. A strong focus was on providing supportive services to its communities, and it ran over sixty social work programs to meet their concrete needs, including free breakfast programs and health clinics.

1974

The Child Abuse Prevention and Treatment Act of 1974 (CAPTA) was passed which allowed for limited government research into child maltreatment and created the National Clearinghouse on Child Abuse and Neglect Information. CAPTA provides support to communities for prevention work and is reauthorized by Congress every five years.

Late 1970's

The term "family support" emerged to describe voluntary local programs that supported parents with young children with various resources and services with goals of strengthening families and communities.

1980's

Family resource centers spread across the country and family support practices began to expand into local establishments such as libraries, health clinics, welfare offices, and programs for incarcerated parents, teen parents, and parents of children with special needs.

1983

The NJ Governor's Task Force on Child Abuse and Neglect was established by Executive Order to coordinate the state's approach to addressing child maltreatment and educating communities and professionals about the prevention and treatment of it.

1990's

The first consistent public funding for family support was provided when individual programs began to connect through networks which provided funding, training, and technical assistance through state and county support. This led to the creation, or redesigning, of more family support programs. Seattle was the first city to sponsor family resource centers throughout the city. The networks also had the effect of establishing the first organized infrastructure for family support, with standard programmatic practices launched through trainings and technical assistance.

1990

The Family Resource Coalition won the contract to run the federal National Resource Center on Family Support Programs.

1993

The federal Family Preservation and Family Support Services Program was passed, which provided \$1 billion in funding to expand services for families in crisis, including a quarter of the funding to community-based family support programs and services. This led to a need for the development of a framework to standardize family support practices, which included parent engagement and leadership, community partnerships and planning processes, and culturally responsive practice.

1994

Federal legislation was enacted to provide child abuse prevention funding to support state networks of family resource programs, allowing the programs and networks to be part of their state's child maltreatment prevention efforts. The Family Resource Coalition and the University of Iowa School of Social Work were awarded the contract to provide technical assistance to the states through the National resource Center for Family Centered Practice. This funding later became the Community-Based Family Resource Networks and Support Services Program and ultimately the Community Based Child Abuse Prevention Program (CBCAP) of CAPTA.

1996

Family Support America established a theory and set of principles through the Guidelines for Family Support Practice. These principles established that family support practice is based on the ecological framework that child and family development occurs within a broader community environment; families have strengths, informal supports, and resources that can maximize their capacity to provide nurturing, safe care for their children; and programs should proactively and positively partner with families to strengthen them and their communities instead of being focusing on their challenges. While national foundations helped states develop and implement plans for improving outcomes for children, there was no framework to establish consistency in training and program development aside from state or local standards.

The NJ legislature established the NJ Task Force on Child Abuse and Neglect to continue the work of the Governor's Task Force.

2000

The Institute of Medicine (IOM) and the National Research Council (NRC) released a study, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, which emphasized the impact of early positive relationships with parents, caregivers, extended family, and community members, and the harm and negative consequences that resulted from abusive or neglectful relationships and early exposure to violence. The emphasis in child welfare shifted from avoiding negative outcomes to seeking positive outcomes through support in early intervention, education, and community-building.

2003

The NJ Task Force on Child Abuse and Neglect partnered with Family Support America to publish *Standards for Prevention Programs: Building Success Through Family Support*.

Amendments to CAPTA funded several child abuse prevention activities that promoted protective factors through CBCAP programs.

The Center for the Study of Social Policy identified five protective factors as necessary to support families and children's safety: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and development of social and emotional competence in children.

2004

The NJ Division of Prevention and Community Partnerships (DPCP, now known as Family and Community Partnerships) was created as part of the state's first phase of child welfare reform with the goal of providing leadership, direction, resources, and technical support to prevention programs across the prevention spectrum: primary, secondary, tertiary.

2005

The Children's Bureau's Office on Child Abuse and Neglect incorporated protective factors into its annual Prevention Resource Guide.

2006

NJ's child welfare system entered into a Modified Settlement Agreement following a federal class action lawsuit over concerns for the system's ability to protect children from maltreatment. This reform required the state to invest in effective, comprehensive, community-based prevention services.

NJ's Department of Children and Families (DCF) was created.

2007

NJ became the first state government to institute a statewide network of Family Success Centers (FSCs) when DCF was granted \$4 million to create twenty (20) Family Success to support child abuse prevention and family support services. These included access to basic needs, economic support, life skills, and parenting support through individual, group, volunteer, and community work.

2010-2013

New Jersey established fifteen Family Service Centers throughout the state.

2010

DCF and the NJ Task Force on Child Abuse and Neglect prepared the *NJ Child Abuse and Neglect Prevention Plan 2010-2013: A Roadmap to Child and Family Well-Being*.

2012

NJ experienced Hurricane Sandy and in its aftermath, FSCs became staples for individuals, families, and communities. FSCs met concrete needs, assisted with FEMA applications, and did door to door outreach. DCF received additional funding to create Communities of Hope such as the Forest Lakes FSC.

2018

The National Implementation Research Network (NIRN) developed a practice profile for NJ's FSCs.

The Family First Prevention Services Act was enacted by the federal government which shifted its support toward proactive, prevention-based services and supports available to all families, not just those involved in the child protection system.

2020

As a result of the COVID19 pandemic and its effects on families, DCF established a partnership with Baby2Baby to provide diapers, wipes, formula, and clothing to those in need.

An aerial photograph of New Jersey City, showing the Hudson River, the New York-New York Freebridge, and the city skyline in the background. A blue vertical line with green circular markers runs down the right side of the image, indicating a timeline.

2022

In response to the national formula shortage, DCF was granted federal funding to provide an ongoing assortment of formula for distribution to families through the FCSs.

2024

There are now 57 New Jersey Family Success Centers and a Mobile Family Success Center, with at least one Family Success Center in each county.

Present

Family Success Centers continue to improve to best meet the evolving needs of the family and communities they serve.

SECTION TWO



PROGRAM MODEL

A white paper house is being held by four hands, two at the top and two at the bottom. The house has a triangular roof and three arched windows. The background is a solid light blue color. The hands are positioned as if they are presenting the house. The quote is centered over the house.

“

The Family Success Center has made a wonderful community of people who love to help others and support others in a fun and creative way.

”

PROGRAM MODEL

PROGRAM OVERVIEW

This section provides a detailed description of the FSC program services. It describes the activities and the Essential Functions necessary to facilitate successful delivery of each activity. It is critical that all providers are adhering to the service standards outlined in this section to ensure FSC program fidelity within their program and throughout the FSC provider network.

This section begins with an overview of the FSC Logic Model highlighting the expected outcomes, services, and resources needed to implement the model. It then shows a visual depiction of the FSC service delivery flowchart which highlights the actions staff need to take during each step of the service delivery process.

This section also describes the Individual, Group, and Community level activities that take place through FSC service delivery. Individual activities, which include Welcome Tours, Information & Referral and Advocacy, occur directly between Staff and Individuals or Families who enter the FSC. Group Activities are facilitated by the FSC Staff for FSC members throughout each month. Community Activities include Outreach, Volunteers, Networking, Leadership and Community Context and have the goal of connecting with and incorporating the community into the daily life of the FSC.

PROGRAM MODEL

LOGIC MODEL FOR FAMILY SUCCESS CENTERS

A logic model is a roadmap that describes what results one hopes to achieve by doing specified activities. This roadmap highlights the expected outcomes, services, and resources needed to successfully implement the model. The Logic Model for Family Success Centers supports families by offering primary child abuse prevention services that reflects both the individual and community culture and values by providing an environment that is safe, warm, and welcoming.

Vision: FSC's support families by offering primary child abuse prevention services that reflects both the individual and community culture and values by providing an environment that is safe, warm, and welcoming.				
Name of Initiative: State-funded network of Family Success Centers.				
Target Population: All families.				
RESOURCES	ACTIVITIES / OUTPUTS	SHORT TERM OUTCOMES	MID TERM OUTCOMES	DCF LONG TERM OUTCOMES
Key resources of your program	Tangible things done by program staff that reach participants or targeted people – including frequency, duration, etc.	Learning connected to Activities, resulting in changed awareness, knowledge, attitudes, skills, opinions, aspirations, and motivations; these are the first set of outcomes that might be observed.	Effects connected to Activities or Short-term Outcomes, including changes in behavior, practice, decision making, policies or social action; these are a bridge between short term and long-term outcomes.	Ultimate impact on social, economic, civic, or environmental conditions; these are the last set of outcomes that might be observed.
<ul style="list-style-type: none"> • OFSS Staff • FSC Staff • Funding Streams • Volunteers • Community Partners • Time • Research Base • Training • Materials • Equipment • Technology 	<p><u>Family Success Center Organizational/Operational</u></p> <ol style="list-style-type: none"> 1. Develop written policies, procedures and tools that are standardized across programs based on Practice Model. 2. FSC Leaders and Staff Training: All FSC leaders and staff receive training on the NJ Standards of Prevention, Protective Factors and Principles of Family Support. 3. Ongoing Training: FSC leaders and staff will receive coaching, mentoring and peer to peer training within the FSC network. 	<p><u>Process</u></p> <ol style="list-style-type: none"> 1. Participants report the FSC is warm and welcoming. 2. FSC leaders and staff achieve the NJ Standards for Prevention Programs. 3. Staff report feeling competent and well trained. <p><u>Impact</u></p> <ol style="list-style-type: none"> 1. Individuals and families rate the Center’s family support practices highly. 2. Participants report that the FSC staff are knowledgeable. 	<ol style="list-style-type: none"> 1. 70% of participants improve their ability to provide for their children as evidenced in successful linkages to formal and informal concrete supports. 2. 70% of participants increase social connections. 3. 70% of participants demonstrate increased resilience. 4. 70% of parents demonstrate improved parenting skills. 5. 70% of parents report increased nurturing and attachment in relationships with their children. 6. 70% of youth participants will demonstrate increased social and emotional competence. 	<ul style="list-style-type: none"> • Safety • Permanency • Well-Being • Continuous Improvement <ol style="list-style-type: none"> 1. NJ’s families are strengthened and experience greater safety, permanency, and well-being. 2. Improved structural and parenting norms in NJ communities. 3. Community surveys show high level of awareness about FSC activities. 4. The FSC network demonstrates impact and uses data to continually improve.
	<p><u>FSC - Service Related Activities</u></p> <p>Individual, Group and Community.</p>	<p>All FSCs will serve at least 250 registered community participants per year.</p>		
	<p><u>Individual Activities:</u></p> <ol style="list-style-type: none"> 1. Welcome Tours: Welcome tours are conducted to introduce families, individual family members, stakeholders and community partners to the FSC. Tours may include a welcome package with information and resources offered at the FSC and a calendar that lists programs that will be presented for the month. Packages will reflect languages spoken in the community, as well as diversity, equity and inclusion. 2. Information and Referral (I&R): 	<p><u>Process</u></p> <ol style="list-style-type: none"> 1. All FSC participants receive a welcome packet and tour. FSC participants receive a digital welcome packet (if remote). 2. Resource Guide is available and updated bi-annually. 3. 90% of participants that felt they needed mentoring received it. 4. 90% of the participants seeking a referred service receive assistance making a connection. 		

	<ul style="list-style-type: none"> a. FSCs provide referrals and linkages to external community resources and concrete supports that are identified with families and/or individual family members. b. Develop a process to regularly obtain information from individuals about new community resources. c. Develop user friendly systems that allow individuals to look up and utilize resources on their own and reflect the populations served. <p>3. Advocacy: FSCs partner with families and individual family members to support the development of skills to advocate on their own behalf and advocate for them as needed.</p>	<p>5. Participants report feeling empowered to meet concrete needs and advocate for themselves</p> <p>6. Participants assist one another in becoming informed about resources.</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> 1. 80% of participants feel satisfied with the activities at the Center and are connected with the activity they were looking for: concrete resources, parenting, employment support, etc. 2. 80% of participants involved in I&R services will receive information and referrals requested. 		
	<p><u>Group Activities:</u></p> <p><u>Programming</u></p> <ul style="list-style-type: none"> 1. Incorporate evidence based/ informed programming into their regular calendars. 2. FSCs provide an atmosphere and services that are non-stigmatizing and culturally appropriate for the community and diverse families. 3. Provide opportunities to build social connections 4. Topics in the following areas are strengths-based and focus on protective factors: <ul style="list-style-type: none"> a. Parent Education (PE) / Parent Child Activity (PCA): should have a focus on family togetherness and strengthening. At least 1-2 per week or 4-6 per month. b. Life skills (LS): FSC staff provide a variety of workshops, presentations, activities, support groups and evidence-based programs, at least 1 workshop and presentation per month. c. Information and Referral (I&R): FSC provide a variety of workshops, presentations, activities, support groups and evidence-based programs, at least 1 workshop and 1 presentation per month. d. Family Health: FSC provide a variety of workshops, presentations, activities, support groups and evidence- 	<p><u>Process</u></p> <ul style="list-style-type: none"> 1. At least two evidence-based group series is provided annually. 2. Group topics, languages, and materials match demographic populations. 3. Participants report topics are appropriate for their culture. 4. 80% of seminars/groups provide discussion time and/or interactive group activity. 5. 100% of group topics address at least 1 protective factor. <p><u>Impact</u></p> <ul style="list-style-type: none"> 1. 80% of parents involved in PE/PCA activities report gaining information and opportunities that support their relationship with their child and sense of competence/satisfaction. 2. 80% of parents involved in PE/PCA demonstrate increased knowledge of parenting and child development. 3. 80% of participants involved in LS activities learn new or improve existing life skills. 4. 70% of the participants receiving advocacy advance their cause in dealings with private and public entities. 		

	<p>based programs, at least 1 workshop and 1 presentation per month.</p> <p>e. Housing Related Services (HRS): FSC provide a variety of workshops, presentations, activities, support groups and evidence-based programs, at least 1 workshop and 1 presentation per month.</p> <p>f. Employment Related Activities (ERA): FSC provide a variety of workshops, presentations, activities, support groups and evidence-based programs, at least 1 workshop and 1 presentation per month.</p> <p>g. Strengthening Families Event: All FSCs will organize at least 3 family community engagement events per year, including but not limited to the Child Abuse Prevention Awareness (CAPA) event in April.</p> <p>h. Kinship Caregiver Outreach: All FSCs will collaborate and/or actively participate in at least 1 event hosted by their regional Kinship Navigator Provider.</p>	<p>5. 80% of families involved in family health services increase knowledge of health behavior or resources available in their community.</p> <p>6. 80% of families involved in housing related services increase knowledge of housing related services available in their community.</p> <p>7. 80% of participants involved in employment related services increase knowledge of employment-related skills (resume, job interview, etc.) and employment resources.</p>		
	<p><u>Community Activities:</u></p> <p>1. Outreach:</p> <p>a. FSC staff and trained volunteers go out into the community to establish a well-known, positive presence in the community neighborhoods</p> <p>b. Engagement: FSCs engage with families, individual family members, community partners and stakeholders to build relationships in the center and community that are substantive and meaningful.</p> <p>2. Volunteers:</p> <p>Create a sense of community among the families and individual family members by helping them be an active part of their FSC and community through volunteer work:</p> <p>a. FSC volunteer and community partnership staff recruit and identify volunteers.</p> <p>b. FSC staff promote opportunities for community members in this area to assist with planning and or facilitating FSC events.</p> <p>3. Networking:</p>	<p><u>Process</u></p> <p>1. Center follows an outreach plan that is revised annually.</p> <p>2. FSC provides outreach activities each month.</p> <p>3. Volunteers are matched to areas of interest and FSC needs.</p> <p>4. Volunteers are well trained in standards and PFs.</p> <p>5. FSCs have contacts at local community agencies.</p> <p>6. DCF contracts specify services to be provided in local FSCs.</p> <p>7. FSCs reach out to all sectors of the community.</p> <p><u>Impact</u></p> <p>1. FSC has collaboration agreements with other services in place.</p> <p>2. 20% of participants engage in volunteer activities.</p> <p>3. FSCs have established relationships with all sectors of the community.</p>	<p>1. 70% of activities are facilitated by parents, caregivers, formal and informal community-members.</p> <p>2. Programming is designed with input of the intended participants and participation of an active parent-lead advisory board.</p> <p>3. FSC maintains a broad network of community services for a seamless system of care.</p> <p>4. Formal partners contribute services on a monthly basis.</p> <p>5. FSCs organize efforts to address structural and parenting norms in their communities.</p>	

	<p>a. Work with other community services to improve access and coordination of services</p> <p>b. Formal partners contribute services to FSC. Partnerships are formalized with Memo of Understanding (MOU) and/or Letter of Agreement (LOA)</p> <p>4. Leadership: All FSCs will provide regular opportunities for participants to take on leadership roles .</p> <p>All FSCs will hold regular Parent/Community Advisory Board meetings. FSC staff contribute to the skill development of identified parent leaders. FSC staff in partnership with their advisory board, continue to build a cadre of parent leaders.</p> <p>5. Community Context: FSCs take an active role in participating in community efforts to study, plan, and implement strategies to address social determinates (safe housing, transportation, and neighborhoods, racism, discrimination, violence, education, job opportunities and income, access to nutritious foods and physical activity opportunities, polluted air and water language and literacy skills) that impact child and family well-being.</p>			
	<p><u>DCF Operational and Support Activities</u></p> <p>1. Training: Training opportunities on specific topics related to FSC work will be provided by OFSS in person, along with online webinars that are uploaded to the DCF website.</p> <p>2. Technical Assistance: OFSS staff will provide ongoing technical assistance, by phone, email, virtual or in person to support the growth of the network. OFSS staff will assist with connecting the FSC network to key systems stakeholders and resources that could be shared locally.</p>	<p><u>Process</u></p> <p>1. FSC Staff report feeling competent and well trained.</p> <p>2. FSC staff regularly receive performance feedback.</p> <p><u>Impact</u></p> <p>1. FSCs continually improve.</p>	<p>1. FSCs achieve “expected” status in implementation of the NJ FSC Practice Profile.</p>	

	<p>3. FSC Meetings: The OFSS staff will provide in-person/virtual meeting opportunities for the FSC network in either regional or statewide forums or topic specific learning collaboratives.</p> <p>4. Site Visits: Regional Coordinators will provide at least 1 site visit to all FSCs under their oversight (virtual or in person) per year.</p> <p>5. Reporting: Regional coordinators use data to guide decision making, refine practice and improve services at the FSCs and will share FSC individual dashboards with the providers on a bi-annual basis for continual improvement</p>			
Assumption 1: Increasing protective factors for individuals and families in New Jersey will reduce child abuse.				
Assumption 2: Non-stigmatizing, one-stop centers offering free primary prevention services will increase social connections and strengthen New Jersey neighborhoods.				

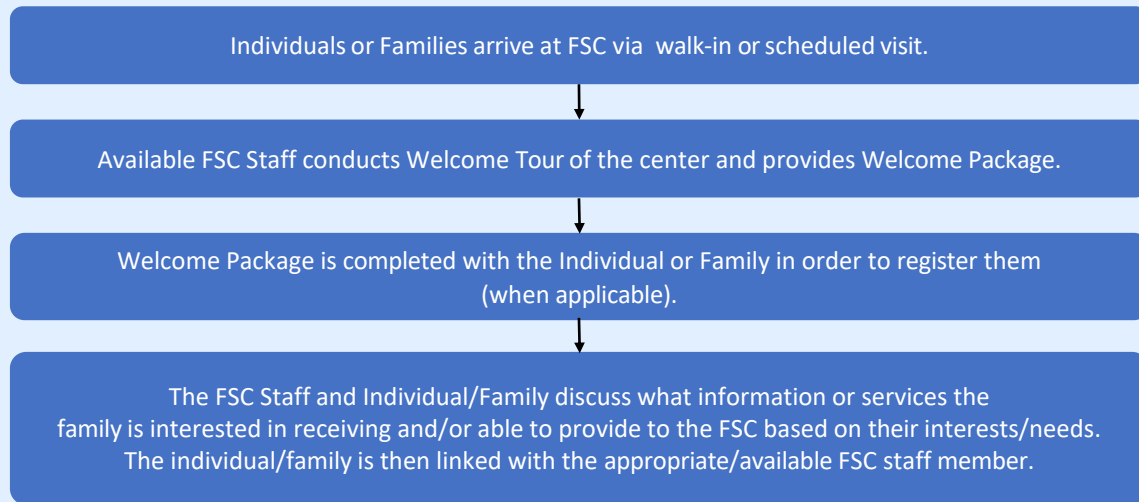
PROGRAM MODEL

FAMILY SUCCESS CENTER SERVICE DELIVERY FLOW

The Family Success Center Service Delivery Flow is a visual depiction of the FSC service delivery flowchart which highlights the actions staff need to take during each step of the service delivery process. It highlights the actions for staff to take and the timelines for completion of tasks during each phase of the service delivery process. It is critical that all providers adhere to the service standards outlined in this section to ensure model fidelity both internally within their program and more broadly across the entire provider network.

Family Success Center Service Delivery Flow

WELCOME TOURS



ADVOCACY

FSCs partner with families and individual family members to support the development of skills to advocate on their own behalf and advocate for them as needed.

NETWORKING

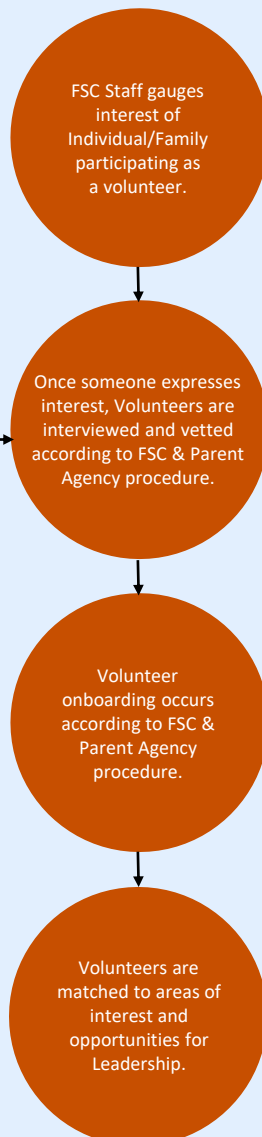
FSCs work with other community services to improve access and coordination of services.

COMMUNITY CONTEXT

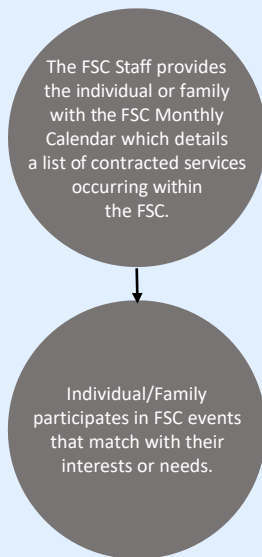
FSCs take an active role in participating in community efforts to study, plan, and implement strategies to address social determinates that impact child and family well-being.

ONGOING ACTIVITIES

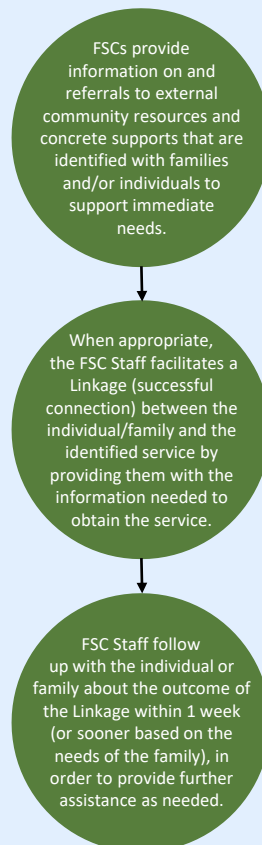
VOLUNTEERING



PROGRAMMING



INFORMATION & REFERRAL (I&R)



PROGRAM MODEL

FAMILY SUCCESS CENTER PRACTICE MODEL

The Family Success Center Practice Model describes the Individual, Group, and Community level activities that take place through FSC service delivery. Individual activities, which include Welcome Tours, Information & Referral and Advocacy, occur directly between Staff and Individuals or Families who enter the FSC. Group Activities are facilitated by the FSC Staff for FSC members throughout each month. Community Activities include Outreach, Volunteers, Networking, Leadership and Community Context and have the goal of connecting with and incorporating the community into the daily life of the FSC.

GUIDING PRINCIPLES

Guiding Principles are the philosophies and beliefs that programs have when working with families, and they are the values that Family Success Center staff members represent in their work. Family Success Centers have eleven Guiding Principles. Every Family Success Center team member should embody these principles and be mindful of them when planning programs and working with families.

COLLABORATIVE

Parents and families are valuable partners within the structure of Family Success Centers, and they are encouraged to work alongside FSC team members to strengthen communities together. Service providers work with, not for, families and communities to identify and plan for their needs.

COMMUNITY-BASED

Family Success Centers are driven by the community. Although every New Jersey Family Success Center follows the NJ FSC Program Model, Service Activities are adapted to meet the unique needs of each community. FSCs are in areas that ensure all residents have access to the center.

CULTURALLY RESPONSIVE AND CONGRUENT SERVICES

Family Success Centers are inclusive spaces that culturally reflect the diverse families they serve. To work productively with people from cultural backgrounds that are different from their own, FSC team members acknowledge cultural differences and recognize their potential biases.

FAMILY FOCUSED

The programs, activities, and services provided by Family Success centers are centered around family needs. Family Success Centers recognize all members of a family, whether they participate in the center as a family unit or individually.

FLEXIBLE

Families and communities are constantly changing. Family Success Center programs, activities, and services are continuously assessed and enhanced or refined as needed to reflect current family and community needs.

STRENGTHS-BASED

The Family Success Center environment and team members are focused on building lasting relationships and encouraging self-sufficiency. Family Success Centers expand on peoples' strengths without any judgment.

GUIDING PRINCIPLES (CONTINUED)

Guiding Principles are the philosophies and beliefs that programs have when working with families, and they are the values that Family Success Center staff members represent in their work. Family Success Centers have eleven Guiding Principles. Every Family Success Center team member should embody these principles and be mindful of them when planning programs and working with families.

VOLUNTARY

Volunteerism is encouraged within the FSC and community, and it is key to the success of the center. Individual and family participation in all services, functions, and programs is voluntary.

WELCOMING

Family Success Centers are inviting places where everyone is welcome.

HOLISTIC

Family Success Centers consider all aspects of the lives of their families and family members, including the context of their community.

ALWAYS LEARNING

Family Success Centers consider all aspects of the lives of their families and family members, including the context of their community.

TRANSFORMATIONAL PARENT LEADERSHIP

Family Success Centers honor parents as leaders of their communities. Using the Transformational Parent Leadership approach, the FSC encourages and facilitates two-way relationships of equality, transparency, mutual accountability, and sustainability to elevate the voices of parents and those with lived experience, empowering them to inform and drive program development and delivery.

FAMILY SUCCESS CENTERS ESSENTIAL FUNCTIONS

Family Success Center staff use Essential Functions to make sure these Service Activities achieve those outcomes. The Essential Functions detail the behaviors and activities that are present on a day-to-day basis which demonstrate that the NJ Family Success Center Practice Model is being followed. There are nine Essential Functions. Each consists of measurable, behaviorally-based indicators – often referred to as Observable Staff Behaviors – that can be supported and evaluated.



ACTIVE LISTENING

Family Success Centers actively listen for families' and individual family member's interests, goals, and needs.



ADVOCACY

Family Success Centers partner with families and individual family members to support the development of skills to advocate on their own behalf.



CONNECTING

Family Success Centers provide individuals and families with referrals and links to external community resources.



CONTINUOUS IMPROVEMENT

Family Success Centers use data to guide decision-making, refine practices, and improve services.



COORDINATION

Family Success Centers coordinate the recruitment of individuals, families, partners, and volunteers in the community.

FAMILY SUCCESS CENTERS ESSENTIAL FUNCTIONS (CONTINUED)

Family Success Center staff use Essential Functions to make sure these Service Activities achieve those outcomes. The Essential Functions detail the behaviors and activities that are present on a day-to-day basis which demonstrate that the NJ Family Success Center Practice Model is being followed. There are nine Essential Functions. Each consists of measurable, behaviorally-based indicators – often referred to as Observable Staff Behaviors – that can be supported and evaluated.



EMPATHY

Family Success Center staff members demonstrate the ability to share someone else's feelings or experiences by imagining what it would be like to be in that person's situation.



ENGAGEMENT

Family Success Centers engage with families, individual family members, community partners, and stakeholders to build meaningful relationships in the center and community.



LEADERSHIP

Family Success Centers engage families, individual family members, and community partners in leadership activities within centers.



SKILL BUILDING

Family Success Centers organize and oversee programs, services, activities, and resources that focus on strengthening skill sets in areas such as positive parenting, child development, and economic well-being.

ACTIVE LISTENING AND CONTINUOUS IMPROVEMENT

There are two essential functions that apply to all Family Success Center Service Activities: Active Listening and Continuous Improvement. The Observable Staff Behaviors for these two Essential Functions remain the same regardless of which activity they are applied to and for this reason, the key Observable Staff Behaviors sit before the rest of the Observable Staff Behaviors.



ACTIVE LISTENING

- Uses open-ended questions, probing questions, and reflective statements while talking with family.
- Acknowledges strengths of the family.
- Follows process to debrief with families about the Family Success Center and community resources that match their stated interest and goals.
- Regularly checks in with families to learn about families' ongoing interests, goals, and needs.



CONTINUOUS IMPROVEMENT

- Demonstrates knowledge of data variables needed and identifies data sources that provide the input to inform Family Success Center priorities and activities.
- Assesses data to determine alignment with goals of embedding protective factors and risk mitigation.
- Communicates trust in Family Success Center practices to families so that they are encouraged and feel empowered to provide feedback.
- Uses data interpretation to inform assessment, planning, and subsequent decision making on Family Success Center activities.
- Conducts programming and practice improvement team discussions.

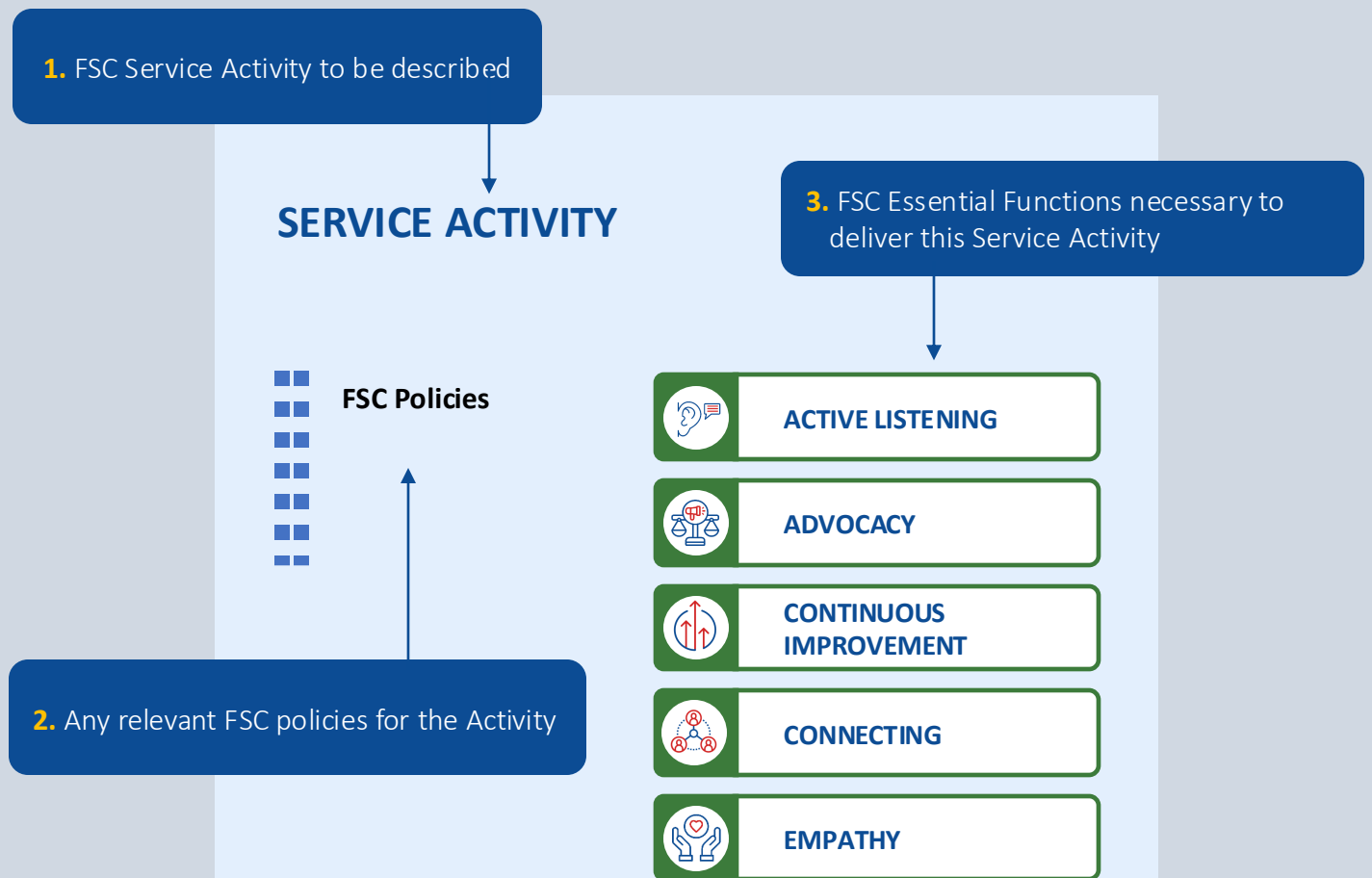
FAMILY SUCCESS CENTER SERVICE ACTIVITIES

Each Service Activity described in this section includes:

- A cover page outlining the Family Success Center Service Activity to be described, the Family Success Center Essential Functions necessary to deliver this Service Activity, and any relevant policies for the Service Activity. A sample cover page is provided below.
- A page detailing the Family Success Center Essential Functions, and more specifically, the expected Observable Staff Behaviors necessary to perform the identified Family Success Center Service Activity. Key Observable Staff Behaviors were selected to provide a high-level description of what a FSC staff member needs to do in practice for this activity.
- A description of the Service Activity.

For a full list of all Essential Functions and Observable Staff Behaviors, please see the Family Success Center Practice Profile in the Appendix.

EXAMPLE:



WELCOME TOURS



Initial Contact Policy

Welcome Tours Policy

**Registered Participant
Process Policy**



ACTIVE LISTENING



CONNECTING



CONTINUOUS IMPROVEMENT



ENGAGEMENT



EMPATHY

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR WELCOME TOURS



CONNECTING

- Demonstrates knowledge of available resources/services and activities and their features.
- Demonstrates understanding of individual preferences and cultural contexts in resource identification through accuracy of recommendations.



EMPATHY

- Displays curiosity by asking follow-up questions and shows an interest in the family/family members' lives, responds to their concerns, and avoids multitasking.
- Recognizes how a family feels, acknowledges their fears and anger, and provides support to them by responding to their needs.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.
- Demonstrates cultural humility and awareness by understanding and respecting a family's ethnicity, race, religion, sexual orientation, geographic background, and social group. For example, acknowledging religious beliefs or using preferred pronouns.



ENGAGEMENT

- Creates warm, welcoming, home-like environment. (FSC staff member contributes to maintaining a clean and organized space for families to visit.)
- When interacting with families, is professional, welcoming, and genuine (i.e., hospitable, greets and acknowledges visitors, walks through space that families can utilize, offers a copy of program calendar, identifying programs of interest to family, encourages family to become a registered participant).



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

WELCOME TOURS

When a family or individual arrives at the Family Success Center for the first time, it is expected that the FSC staff will greet them and offer them a Welcome Tour. Welcome Tours are conducted to introduce families, individual family members, stakeholders, and community partners to the FSC and to highlight the opportunities that exist for them to participate in the life of the center.

WELCOME TOUR REQUIREMENTS

The Welcome Tour should include, at a minimum:

- A tour of the FSC
- Introductions to any FSC staff members on the premises, if available
- A copy of the Welcome Package
- Highlighting upcoming programming that may be of interest to the individual that aligns with their needs, interests, and strengths
- Discussion of the transformational nature of the FSC and opportunities for participants to become part of the life of the FSC

During the Welcome Tour, FSC staff aim to gather a strong understanding of the participants' interests, passions, and goals. This information may be captured as part of the Welcome Package which contains information and resources offered at the FSC, a calendar that lists programs that will be presented for the month, and a Contact Form to collect participant information, if appropriate. Packages will reflect languages spoken in the community.

Please see **Initial Contact Policy** for more information on this process.

The staff should also discuss what information and/or services the individual or family is interested in receiving and/or able to provide based on the interests and needs shared. If appropriate, they should be linked with the available FSC staff member who can best meet their needs.

In the event that the individual/family appears to be in crisis upon arrival at the FSC, staff should forego the Welcome Tour and provide appropriate assistance.

Please refer to the **Welcome Tours Policy** and the **Registered Participant Process Policy** for additional information.

VOLUNTEERS

 Volunteer Vetting Policy

Volunteer Onboarding
Policy



ACTIVE LISTENING



CONTINUOUS IMPROVEMENT



COORDINATION



ENGAGEMENT



LEADERSHIP

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR VOLUNTEERS



COORDINATION (OF VOLUNTEER OPPORTUNITIES)

- Creates a broad spectrum of opportunities that utilize a wide array of volunteering skills for different audience types, or varied activity types.
- Asks families about their interest in volunteering.
- Utilizes the information about a member's unique interest and motivators to revisit a previously undecided member, when new information that matches those members' interests is available.
- Recruits and selects volunteers representing different groups associated with the FSC, such as families, individuals, partners, and sector leaders.
- Communicates expectations of volunteer roles to the selected individual(s).



ENGAGEMENT

- When interacting with families, is professional, welcoming, and genuine (i.e., hospitable, greets and acknowledges visitors, walks through space that families can utilize, offers a copy of program calendar, identifying programs of interest to family, encourages family to become a registered participant).



LEADERSHIP (ACTIVITIES FOR FAMILIES)

- Networks in the community to recognize potential leaders.
- Recruits and selects potential leaders to the leader positions at the center according to their strengths and interest.
- Assesses leadership strengths and needs of members who will participate in leadership activities.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

VOLUNTEERS

FSCs are welcoming and warm spaces where community members can take part in making a difference in their communities. Volunteers are essential to the FSC model and opportunities include assisting FSC staff in community events, facilitating a workshop, or representing the FSC in the community. It is important to include diverse families and community volunteers reflective of the populations served in FSC programming.

VOLUNTEER RECRUITMENT

Volunteer recruitment can occur at all stages of an individual's or family's involvement in the FSC. Discussions around volunteer interest and opportunities can begin during the initial Welcome Tour process. Volunteer and Community Partnership Coordinators (VCPC) also work to recruit volunteers through community outreach. Once someone expresses interest, volunteers are interviewed and vetted according to FSC and parent agency procedure. FSC staff should work to identify opportunities to tie the potential volunteer's interests to existing FSC activities, or to begin avenues to create opportunities that align with their interests. When a volunteer is interested in leading a program or series, it is important to ensure that they have the proper skills and knowledge. For example, if a community member hopes to start a crochet club, FSC staff should have them do a brief demonstration to show that they know how to crochet and determine if they need support in delivering information to the audience, matching them up with a FSC staff member and/or another FSC parent leader to co-facilitate.

VOLUNTEER LEADERSHIP

FSC staff should look to identify, recruit, and select potential leaders for leadership positions at the center according to their strengths and interest. Once a volunteer takes on a leadership role, FSC staff should work to empower them in that role by coaching them through decision-making considerations.

If someone expresses interest in volunteering but is not able to commit at that time, their information should be kept on file and revisited in the future for potential volunteer opportunities pertaining to their unique interests and motivators.

Please refer to the **Volunteer Vetting Policy** and the **Volunteer Onboarding Policy** for additional information.

PROGRAMMING



Programming Policy

Calendar Policy

-  **ACTIVE LISTENING**
-  **CONTINUOUS IMPROVEMENT**
-  **COORDINATION**
-  **EMPATHY**
-  **ENGAGEMENT**
-  **LEADERSHIP**
-  **SKILL BUILDING**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR PROGRAMMING



COORDINATION (OF VOLUNTEER OPPORTUNITIES)

- Demonstrates understanding of community and FSC needs.
- Creates opportunities that require volunteer support where one does not already exist.
- Creates a broad spectrum of opportunities that utilize a wide array of volunteering skills for different audience types, or varied activity types.



EMPATHY

- Demonstrates cultural humility and awareness by understanding and respecting a family's ethnicity, race, religion, sexual orientation, geographic background, and social group. For example, acknowledging religious beliefs or using preferred pronouns.
- Demonstrates emotional intelligence - the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically.



ENGAGEMENT

- Reviews and uses diverse community input (completed welcome packets, suggestion boards, feedback surveys, etc.) to inform center programming and ensure continued participant interest.
- During staff/program planning meetings, ensure some events call for extended family and friends to be brought in and/or have greater participation.
- Is knowledgeable of various successful outlets/modes of communication (community partners, social media platforms, etc.) to market center offerings.
- Ensures the FSC is appropriately designed and maintained for activity being conducted.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR PROGRAMMING



LEADERSHIP (ACTIVITIES FOR FAMILIES)

- Creates a formal process to receive recommendations for the center.
- Elicits recommendations from members through mix of methods including consultative conversations and instruments to gather feedback.
- Recruits and selects potential leaders to the leader positions at the center according to their strengths and interests.



SKILL BUILDING

- Employs structured processes and empirical methods to gather needs that inform program planning and development.
- Outlines specific skills that require development.
- Aware of members' interests and needs.
- Identifies programming topics to match community needs.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

PROGRAMMING

FSC programming is designed to meet the needs of families with children and provide an array of educational, enrichment, and support services to help strengthen families and improve the quality of life and well-being for all community residents in formats such as workshops, presentations, and support groups. Programming can also be delivered through individual, family, or group sessions. FSCs are to ensure coordination, scheduling, marketing, and participation for the programming in the Center.

All FSC's are expected to offer programming that covers a baseline of services including but not limited to:

- **Access to Child, Maternal, and Family Health Services:**

Preventative and primary health services are offered to all community residents either on-site or through linkages to other agencies. Related topics and activities include pre- and post-natal care; nutritional health; home-based life-saving skills; smoking cessation programs; immunizations; blood pressure screening; wellness checks; exams; etc. FSCs also assist families in navigating the various health and medical service systems and completing relevant paperwork when needed, including NJ Family Care applications.

- **Parent Education:**

Parenting education is an essential component of FSC programs and offered to all residents via a combination of information, skill-building and supportive services. Emphasis is placed on healthy child development and the use of positive parenting techniques in consideration and understanding of the family's culture. Services are intended to help strengthen families by enhancing parental resilience and social connections. All FSC's are expected to establish partnerships and collaborate with county Home Visiting Programs, Community Health Workers, County New Jersey Child Assault Program coordinators, Kinship Navigator Programs, Parents Anonymous, etc., as well as assist families with linkages to services. Related topics, services, and activities include but are not limited to mentoring programs, teen parenting, grandparent and kinship caregiver support groups, and information regarding relevant issues that impact family life.

- **Parent/Child Activities:**

FSCs offer activities that have a focus on family togetherness and strengthening. Activities can be facilitated by FSC staff, volunteers, or community partners. Examples of activities include arts and crafts, family picnics, movie nights, game nights, pot-luck dinners, story time for children, community service projects, gardening, Zumba, holiday parties, family dances, and live music performances.

- **Employment-Related Services:**

FSCs promote economic self-reliance by providing assistance with or access to services and supports that lead to employment including but not limited to job readiness skills such as resume writing and interviewing techniques, employment counseling, training programs, and job development and placement services.

- **Life Skills:**

All FSCs provide educational programs, workshops, or individual instruction designed to enhance skills, overcome barriers to success, and improve the quality of life for children, families, and individuals. Emphasis is placed on asset and skill development topics and activities including but not limited to education and literacy services (GED, ESL, tutoring, etc.), financial management, communication, daily living, and computer skills.

- **Housing Related Services:**

Adequate housing is essential to establishing family stability, child safety and well-being, and community viability. FSCs provide information about housing resources, leasing and tenant rights, assistance completing applications for various federal, state and local programs that assist with or provide affordable housing, emergency shelter, home energy, weatherization, and homelessness prevention programs, and access to tangible supports that address basic needs such as utilities, household furnishings, and home repair.

- **Advocacy & Related Support:**

FSC staff advocate in coordination with all community residents as needed and appropriate by interceding for, empowering, supporting, or advancing the cause of individuals and families in navigating and connecting with public and private entities. Advocacy takes many forms including accompanying families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving.

- **Community Engagement Events:**

Every FSC is required to participate yearly in family/community engagement events, whether through providing, sponsoring, (co-) hosting, or participating. (Refer to Programming Policy for a list of required events.)

Please refer to the **Programming Policy** and the **Calendar Policy** for additional information.

INFORMATION & REFERRAL (I&R)



Resource Directory
Policy

-  **ACTIVE LISTENING**
-  **ADVOCACY**
-  **CONTINUOUS IMPROVEMENT**
-  **CONNECTING**
-  **EMPATHY**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR INFORMATION & REFERRAL (I&R)



ADVOCACY

- Coaches and trains families to use resources.
- Encourages families to use resources and make decisions on their own, while continuing to support them through the process, thereby empowering them.
- Connects with resources on behalf of the families that have challenges.
- Partners with community-based agencies to identify community needs and has clear purpose, communication, and agreed outcomes for the partnerships.



CONNECTING (TO COMMUNITY RESOURCES)

- Demonstrates knowledge of available resources/services and activities and their features.
- Actively monitors availability of resources within the community in a formalized manner.
- Establishes contact with resource providers through formal and informal channels.
- Coaches families to use the process of connecting with resources independently to empower families.



EMPATHY

- Recognizes entire family and make eye-contact. This lets the family know they are listening by nodding or paraphrasing what is said to demonstrate that they heard and understand them.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.
- Demonstrates cultural humility and awareness by understanding and respecting a family's ethnicity, race, religion, sexual orientation, geographic background, and social group. For example, acknowledging religious beliefs or using preferred pronouns.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

INFORMATION & REFERRAL (I&R)

Information & Referral refers to the process of disseminating information to an individual/family who has a need/problem/desire regarding a service that will meet the need, solve the problem or help achieve the individual and/or family goal. FSC staff members possess knowledge of resources available in the community and provide information and referrals to external community resources tailored to the specific needs of families and individuals. This includes distributing general information across various domains like family health, financial assistance, and transportation, as well as referring families to services not directly offered by the FSC, such as mental health counseling, legal assistance, and childcare programs like Head Start.

The process of information and referral entails disseminating information to cater to specific needs, problems, or service desires within the community. To facilitate this process efficiently, each program within the FSC will maintain a physical directory that is easily accessible to participants. The directory will include available local, county, and state services, primary and secondary prevention resources, and non-traditional service providers such as houses of worship and grassroots organizations. **This directory is updated at least twice a year to guarantee that the information remains current and relevant to the evolving needs of the community.** To ensure relevancy, FSC staff gather input from the community in numerous ways like contact forms, suggestion boards, and feedback surveys. The information collected is also used to inform center programming.

LINKAGES

Information and referral activities encompass a wide range of settings, including one-on-one interactions, family discussions, group sessions, or public events. In instances where individuals or families require assistance accessing external services, FSC staff step in to facilitate linkages – acting as a bridge between the community and external resources. Unlike information and referral, linkages require staff follow-up to confirm the success of connections with services, ensuring individuals or families were able to access the desired service. Best practice following a linkage is for FSC staff to **follow-up with the individual or family within one week or sooner**, based on the family's needs. Urgent matters should be brought to the attention of the FSC director and follow up should be conducted within two days. This follow-up ensures that the linkage was successful and provides an opportunity to offer further assistance if required, ensuring continued support for the family/individual and their continued engagement within the community.

Please refer to the **Resource Directory Policy** for additional information.

ADVOCACY



-  **ACTIVE LISTENING**
-  **ADVOCACY**
-  **CONTINUOUS IMPROVEMENT**
-  **EMPATHY**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR ADVOCACY



ADVOCACY

- Follows practices that create awareness of family and community interest, goals, and needs, within the FSC team/staff.
- Coaches and trains families to use resources.
- Encourages families to use resources and make decisions on their own, while continuing to support them through the process, thereby empowering them.



EMPATHY

- Demonstrates cultural humility and awareness by understanding and respecting a family's ethnicity, race, religion, sexual orientation, geographic background, and social group. For example, acknowledging religious beliefs or using preferred pronouns.
- Recognizes how a family feels, acknowledges their fears and anger, and provides support to them by responding to their needs.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

ADVOCACY

FSCs work on behalf of, in coordination with, and empower families and individual family members to ensure their needs are met. While FSCs are expected to advocate for families as needed, they should also utilize transformational engagement in partnering with them toward self-sufficiency so families develop the skills to advocate on their own behalf. This includes coaching families to become knowledgeable about resources and how to get what they need from such resources. Advocacy takes many forms, such as: accompanying families/individuals to meetings, appointments, or visits with other service providers; assisting them in navigating the system; and facilitating direct linkages, communication and/or problem solving. The hope is that through this advocacy support, families will be empowered with the tools and skills to become transformational leaders within the FSC and their community.

OUTREACH



-  **ACTIVE LISTENING**
-  **CONTINUOUS IMPROVEMENT**
-  **CONNECTING**
-  **COORDINATION**
-  **ENGAGEMENT**
-  **LEADERSHIP**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR OUTREACH



CONNECTING (TO COMMUNITY RESOURCES)

- Evaluates resource prospects for alignment with FSC mission, vision, and ability to meet families', and individual family member's interests, goals and needs.
- Establishes partnership with providers.
- Establishes contact with resource providers through formal and informal channels.



COORDINATION (OF VOLUNTEER OPPORTUNITIES)

- Demonstrates understanding of community and FSC needs.
- Asks families about their interest in volunteering.
- Recruits and selects volunteers representing different groups associated with the FSC, such as families, individuals, partners, and sector leaders.



ENGAGEMENT

- Creates warm, welcoming, home-like environment. (FSC staff member contributes to maintaining a clean and organized space for families to visit.)
- Reviews and uses diverse community input (completed welcome packets, suggestion boards, feedback surveys, etc.) to inform center programming and ensure continued participant interest.
- Is knowledgeable of various successful outlets/modes of communication (community partners, social media platforms, etc.) to market center offerings.



LEADERSHIP (ACTIVITIES FOR FAMILIES)

- Networks in the community to recognize potential leaders.
- Recruits and selects potential leaders to the leader positions at the center according to their strengths and interests.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

OUTREACH

A key role of FSCs is to conduct community outreach to establish a well-known, positive presence in the community neighborhoods and to build community relationships that are substantive and meaningful. Outreach events may include attending events planned by other community organizations or the FSC itself with intent of reaching new families and community partners.

COMMUNITY OUTREACH

In addition to attending planned events, FSC staff may also go to community areas frequented by individuals and families to connect with and share information about FSC offerings with the intent of extending an open invitation to all to experience and join the FSC. FSC staff should be prepared to identify themselves, introduce the FSC, and speak of programs that may be relevant to the intended audience at the outreach event. Staff may bring printed materials, including the FSC calendar, to share with community members. The materials should include the FSC name, logo, and contact information. Where permitted by budget, FSC staff should bring giveaway items that feature the FSC logo and contact information. Efforts should be made to bring activities that are fun, inviting, and engaging for adults and children in order to draw their attention and interest. When connecting with community members, FSC staff should highlight opportunities to volunteer and become part of the life of the FSC. Staff should be prepared to collect contact information from willing participants in order to follow up and maintain communication with them.

Outreach to community partners can also occur by attending community meetings and presenting about FSC work or seeking out partners that can meet the needs and interests of the FSC community and the broader community's needs. Once an introduction is made, staff will assess the potential partners' service alignment with the FSC's mission, vision, and ability. Staff will also explain the FSC's purpose and function. Both partners discuss whether a collaboration would bring benefit to the community and, if so, discuss next steps.

NETWORKING



-  **ACTIVE LISTENING**
-  **CONTINUOUS IMPROVEMENT**
-  **CONNECTING**
-  **COORDINATION**
-  **ENGAGEMENT**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR NETWORKING



CONNECTING (TO COMMUNITY RESOURCES)

- Evaluates resource prospects for alignment with FSC mission, vision, and ability to meet families', and individual family member's interests, goals and needs.
- Establishes contact with the resource provider through formal and informal channels.
- Actively monitors availability of resources within the community in a formalized manner.
- Establishes partnership with providers.



COORDINATION (OF VOLUNTEER OPPORTUNITIES)

- Demonstrates understanding of community and FSC needs.
- Institutes and follows a process to identify prospective FSC opportunities.



ENGAGEMENT

- Is knowledgeable of various successful outlets/modes of communication (community partners, social media platforms, etc.) to market center offerings.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

NETWORKING

Networking is an essential and ongoing component of the success, effectiveness, and visibility of Family Success Centers, serving as a catalyst for resource sharing, collaboration, and community engagement and activation. FSC staff establish and foster a variety of relationships within their communities to have extensive, up to date knowledge of the resources available to their community members. Staff evaluate these prospective resources for alignment with the FSC mission, vision, and ability to meet the interests, goals, and needs of families and communities. Such connections to resources lead to the creation of programs, linkages, and referrals, and the widest possible support network for the FSC. These relationships can serve as the foundation for FSC programming, with community partners contributing services to the FSC. FSCs may formalize such partnerships through Memos of Understanding (MOU) and/or Letters of Agreement (LOA).

COMMUNITY NEEDS

FSCs have systems to encourage, elicit, and apply diverse community voices to identify potential partners, programs, and needs that inform center programming and ensure the families' and communities' needs are being met. Program decision-making is also influenced by FSC staff, volunteers, Parent Advisory Council members, community partners, and community data. FSCs use their established partnerships to keep a pulse on the community's strengths and needs and capitalize on them to collectively identify and challenge existing barriers to service provision that families face. Staff translate that understanding of community and FSC needs into a broad spectrum of opportunities that utilize a wide variety of volunteering skills.

FSCs understand that I&Rs, Outreach, and Networking are inter-connected. Locating resources in the community allows for rich partnerships to be created and nurtured. Sharing information about these partnerships when doing outreach to families gives families the reassurance that FSCs are working in tandem with other community supports to meet their needs, while sharing information about these partnerships and networking with potential partners allows for expanded opportunities to collaborate with multiple community providers to make real connections.

LEADERSHIP



PAC Policy

-  **ACTIVE LISTENING**
-  **CONTINUOUS IMPROVEMENT**
-  **COORDINATION**
-  **LEADERSHIP**
-  **SKILL BUILDING**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR LEADERSHIP



COORDINATION (OF VOLUNTEER OPPORTUNITIES)

- Institutes and follows a process to identify prospective FSC opportunities.
- Creates a broad spectrum of opportunities that utilize a wide array of volunteering skills for different audience types, or varied activity types.
- Utilizes the information about a member's unique interest and motivators to revisit a previously undecided member, when new information that matches that member's interest is available.
- Recruits and selects volunteers representing different groups associated with the FSC, such as families, individuals, partners, and sector leaders.



LEADERSHIP (ACTIVITIES FOR FAMILIES)

- Elicits recommendations from members through a mix of methods including consultative conversations and instruments to gather feedback.
- Coaches the members to become aware of their strengths and how to apply them.
- Provides training to members on the procedures and functioning of the aspect of the FSC that the member is going to be leading.
- Provides continuous support to co-leaders as needed, particularly when delegating.
- Builds empowerment by coaching the co-leaders through decision-making considerations.



SKILL BUILDING

- Involves members with unique strengths so that they can support center strengths.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

LEADERSHIP

FSCs are welcoming and warm spaces where community members can take part in making a difference in their communities. Parent leaders are the connection between the FSC and the community they are supporting. They have valuable insight into community trends and needs. Ideally, parent leaders reflect the demographics of their larger FSC community. The FSC model utilizes a transformational approach to building Parent Leaders. Though a parent's initial encounter with the FSC may be transactional, the goal is that it grows to a transformational level and the FSCs are able to recruit more parent leaders for their centers as well as their community.

Parent leaders are essential to the FSC model and opportunities can include assisting FSC staff around the center, facilitating programs, or representing the FSC in the community. FSCs have a process to identify potential parent leaders. They observe parents' involvement, interest, feedback, and participation, and approach those who seem invested in becoming more involved in the life of the FSC. In some instances, parents have a specific strength or interest that they are willing to share with the FSC community. FSCs elicit the parent leaders' strengths and interests through active listening. Based on these conversations, they will be linked to existing opportunities for leadership or new opportunities will be developed for them that align with FSC/community needs.

The FSC staff foster activities and connections for parent leaders to further enhance their leadership skills. FSC staff work alongside each parent leader to identify their individual needs to help them grow their leadership capacity and skills. This may look like FSC staff giving opportunities to practice public speaking or reviewing technology use. FSC staff recognize that some parent leaders prefer background roles that uplift the center, such as providing coaching or mentoring other families to take on leadership roles themselves.

PARENT ADVISORY COUNCIL (PAC)

FSC staff should periodically assess parent leaders' capacity for additional responsibility as members of the FSC Parent Advisory Council (PAC). For parent leaders who choose to join the PAC, the FSC has an onboarding process. PAC members are informed about the commitment involved in joining the council, such as attending regular meetings and helping shape activities and initiatives at the FSC.

Please refer to the **PAC Policy**, **3T Spectrum**, and **PAC Spectrum** in the **Appendix** for additional information.

TRANSFORMATIONAL ENGAGEMENT

The Transformational Engagement model follows a spectrum of different levels of parental involvement, communication, trust, and impact:

- **Transactional:**

An approach to prevention services in which decision-making power sits mainly with service providers. Service providers decide what information to share with or elicit from families/parents receiving services and are fully responsible for developing and executing strategies and corresponding action. When resources are shared, there is a one-way flow of communication with families/parents based on terms determined by the service providers. In this phase, the service providers are the main decision-makers and action-takers. This approach is not truly community focused because parent/family input is not incorporated into all services.

- **Transitional:**

The “middle of the road” threshold in prevention services in which the voices of families/parents/ those with lived experience are heard and valued, and influence decision-making. However, ultimate decision-making rests with service providers. Communication and collaboration between service providers and families/parents are bidirectional but an imbalance remains in the sharing of power, responsibility, and investment in outcomes.

- **Transformational:**

The parent-centered approach by service providers in which the system encourages and facilitates two-way relationships of equality, transparency, mutual accountability, and sustainability aimed at elevating the voices of parents and those with lived experience to inform and drive program development and delivery. These relationships consist of shared vision, goals, and access to the decision-making process. Parents are engaged and developed as leaders and partners in creating change for their families and communities and use their lived experiences to become co-creators of structures, policies, and programs. Service providers work with, not for, families/communities to identify and plan for their needs.

COMMUNITY CONTEXT



-  **ACTIVE LISTENING**
-  **ADVOCACY**
-  **CONTINUOUS IMPROVEMENT**
-  **CONNECTING**
-  **ENGAGEMENT**

ESSENTIAL FUNCTIONS AND OBSERVABLE STAFF BEHAVIORS FOR COMMUNITY CONTEXT



ADVOCACY

- Partners with community-based agencies to identify community needs and has clear purpose, communication, and agreed outcomes for partnerships.
- Collects information on challenges and barriers to service faced by families.
- Identifies and prioritizes barriers that can be addressed by FSCs or FSC partners.
- Formalizes a mechanism for awareness among FSC team members and volunteers regarding the new-found solution.



CONNECTING (TO COMMUNITY RESOURCES)

- Actively monitors availability of resources within the community in a formalized manner.
- Evaluates resource prospects for alignment with FSC mission, vision, and ability to meet families' and individual family member's interests.
- Establishes contact with the resource provider through formal and informal channels.



ENGAGEMENT

- Reviews and uses diverse community input (completed welcome packets, suggestion boards, feedback surveys, etc.) to inform center programming and ensure continued participant interest.



ACTIVE LISTENING



CONTINUOUS
IMPROVEMENT

COMMUNITY CONTEXT

As a trusted community meeting point, FSCs take an active role in participating in community efforts to study, plan, and implement strategies to address social determinants that impact child and family well-being.

FSC staff members identify community needs by collecting and using diverse input from participants (e.g. active listening, completed contact forms, suggestion boards, and feedback surveys) and by partnering with community-based agencies. Using this information, the FSC identifies and prioritizes barriers and challenges that are faced by families which can be addressed by community stakeholders.

Once the FSC and partner organizations collaborate to determine a solution, FSC team members and volunteers develop plans to spread awareness and ensure that the information is made public. Connecting families with vital resources is paramount to the center's mission, and the FSC leverages its unique position in the community to further the safety and health of residents.

SECTION THREE



IMPLEMENTATION SUPPORT

A background image showing two hands holding a white envelope. The hands are light-skinned and positioned as if presenting the envelope. The envelope is white and has a triangular flap. The overall image has a light blue tint.

“

**This is a priceless experience!
We are so grateful that this is available.
Thank you so much!**

”

IMPLEMENTATION SUPPORT

COMPETENCIES

FSC STAFFING

FSC Job Descriptions

There are three (3) core FSC positions needed in order to deliver FSC services:

1. FSC Director
2. FSC Program Staff
3. FSC Volunteer and Community Partnership Coordinator

Job descriptions for core FSC positions align with the FSC Practice Profile's Guiding Principles and Essential Functions. FSC providers should use these job descriptions for recruitment, selection, and hiring processes and modify these position descriptions as applicable to meet agency's requirements and/or staffing needs.

FSC Director

The FSC Director is responsible for managing day-to-day operations of the FSC ensuring that the Standards for Prevention, Principles of Family Support, Protective Factors and the FSC Practice Profile are incorporated into all aspects of the FSC. They support staff in providing services to families such as Welcome Tours, Information & Referral, and Volunteer support and actively participate in Networking and Community Partnerships to improve access and coordination of services for the community. FSC Directors are responsible for developing a sense of community among individuals and families by ensuring FSC incorporates family voice and supports transformational parent engagement. They are also responsible for managing the FSC staff that plan, implement, and oversee FSC activities.

FSC Family Partner

FSC Family Partners are responsible for partnering with individuals, families, community partners and stakeholders to build relationships in the FSC and community. They assist with problem solving and providing general guidance to help individuals, families, and communities achieve success. They are responsible for providing support to families by conducting Welcome Tours, providing information & referrals, facilitating group activities, advocacy support and conducting outreach. FSC Family Partners also work with Volunteer Coordinators to ensure a transformational parent engagement approach is implemented with parent leaders.

FSC Volunteer and Community Partnership Coordinator

FSC Volunteer and Community Partnership Coordinators are responsible for conducting outreach and coordinating the recruitment of individuals, families, community partners, and volunteers to develop and lead programs, activities, and services. They network with the community to highlight strengths and identify challenges where resources need to be leveraged and developed to better support and serve its children, youth, and families. They are also responsible for providing support to the operation of FSC through provision of Welcome Tours, Information & Referral, Advocacy, and Group Programming.

SUPERVISION AND FIDELITY

Supervision

FSC Directors provide supervision and oversight to FSC Family Partners and Volunteer and Community Partnership Coordinators. They are responsible for overseeing that staff deliver, and are supported in the delivery of, services as described in the FSC Logic Model and FSC Practice Profile to ensure program fidelity. Fidelity to the program is essential to ensure the FSC model is being implemented as intended, with the goal of producing positive program outcomes. Fidelity is measured in many ways for FSC programming—through data collection and reporting to assess whether service activities are being delivered as outlined and through use of a fidelity tool to measure the quality-of-service activities being delivered to ensure best practices are being followed. FSC Directors are expected to have a formal process to observe and provide constructive feedback to their Family Partners and Volunteer and Community Partnership Coordinators through the ongoing use of the Essential Function Observation Tool (EFOT). This process requires that the Directors meet with their staff on a regularly scheduled basis to discuss their observations, including strengths and areas for growth, and develop strategies for the staff to grow their skills to align with behavioral expectations as identified in the FSC Practice Profile. Utilizing these conversations, Directors will identify training opportunities targeted to staff areas of need as well as areas of staff interest. More information about the FSC data collection and reporting can be found in the Appendices via the FSC Reporting Guide.

Fidelity Tool

DCF's Office of Applied Research and Evaluation (ARE) has developed a fidelity tool to measure the quality-of-service and organizational activities being delivered to ensure best practices are being followed. The purpose of the fidelity tool is to assess the quality and consistency with which FSC staff and provider agencies are implementing the Practice Profile and program manual. The fidelity tool is based on the FSC Essential Functions and observable behaviors outlined and described in the FSC practice profile, as well as the organizational and program implementation requirements described in the FSC program manual. Office of Family Support Services staff will utilize the fidelity tool to evaluate each FSC on an annual basis, providing feedback on areas of strengths and challenges FSCs can build upon to achieve fidelity. Fidelity to the model is essential to ensure the FSC model is being implemented as intended, with the goal of producing positive program outcomes.

ADMINISTRATIVE OPERATIONS

POLICIES AND PROCEDURES

PROCEDURE NAME: WELCOME TOURS

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: Establish expectations for Welcome Tours to ensure consistency across network.

Overview: Welcome Tours are conducted to introduce families, individual family members, stakeholders, and community partners to the FSC and to highlight the opportunities that exist for them to participate in the life of the center.

Procedures:

- As individuals, families, and community partners enter the FSC, FSC staff are to greet and acknowledge them in a professional, welcoming, genuine manner.
- FSC staff offer the visitors the opportunity to experience a Welcome Tour through the center.
- The welcome tour should include, at a minimum:
 - A tour of the FSC
 - Introductions to any FSC staff members on the premises, if available
 - A copy of the Welcome Package (See Initial Contact policy for details about the package.)
 - Highlighting upcoming programming that may be of interest to the individual that aligns with their needs, interests, and strengths.
 - Discussion of the transformational nature of the FSC and opportunities for participants to become part of the life of the FSC.
- During the tours, FSC staff use the essential functions of engagement, active listening, and connection to ensure a strong understanding of the participants' interests, passions, and goals.
- FSC staff share information about the transformational approach embedded in FSC programming and in partnership with the individuals and families in the community.

PROCEDURE NAME: CALENDARS

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: To define consistent expectations for FSC calendars

Overview

Every FSC must create a monthly calendar to inform families and the community of their programming. FSC programming should consist of a variety of activities, workshops, presentations, and support groups. Programming should be offered through individual, family, or group sessions that are flexible, responsive, and designed with the input of the FSC community. All programming must connect to the FSC contracted services, FSC Practice Profile, and Strengthening Families Protective Factors framework. Calendars should be written in English and any other language relevant to the FSC community.

Procedure

- **Calendar format**

- Utilize a grid: Grids available for free at Microsoft Office Online Homepage or at <http://office.microsoft.com/en-us/default.aspx>
 - Under Free templates, click on calendars and scroll through the selection
- DCF does not have access to Publisher. If utilizing Publisher, submit calendar via fax to the DCF Program Lead.
- Calendars may be submitted as a Word Document or PDF

- **Every calendar must include the FSC's identifying information:**

- Name of FSC
- Address
- Phone #
- Hours of operation including weekends and evenings
- Social media information

- **Activities on calendar**

- Should reflect FSC programs, workshops, times program will run or start, and location if other than FSC.
- Include Parent Advisory Council meetings.
- Recurring activities should not be repeated on the calendar, unless the community expresses the need for recurring activities to be listed each month.
- A separate page with a description of events must be included, preferably on the back side of the calendar so it is printable on one page.

- **Calendar visibility**

- Calendars and Description Pages are to be posted in the FSC, visible to families, used for marketing, provided during Welcome Tours, and available for families and community partners when requested.
- Updated calendars should be posted and distributed on a schedule determined by the FSC and its participants that gives participants time to plan for participation in activities.

- Updated calendars must be posted to all FSC media platforms and should be updated monthly on the FSC website.
- In conjunction with their monthly report, the FSC will provide the OFSS program lead with the calendar for the upcoming month by the 15th of every month, or next available business day, and will notify OFSS of any obstacles to meeting this timeline.

PROCEDURE NAME: CENTER HOURS OF OPERATION AND EMERGENCY CLOSING

Effective Date: April 1, 2024

Revision Date:

Purpose: Establish consistent expectations for community accessibility to FSC

Overview

Families need to be able to access the FSC at times that are convenient for them and should have quick access to information about its operational hours.

Procedures

- **Hours of operation**

- The FSC hours of operation should be posted and available in clear, visible areas, including the front door, FSC website, social media platforms, and the monthly calendar.
- All FSCs must be in operation at least five days a week, with a minimum of five hours per day, whether staff is hosting within the FSC itself or within their community. The FSC can close to the community for the remaining hours of the work week for staff to prepare for FSC activities, attend meetings off-site, complete administrative tasks, etc.
- FSCs must be open a minimum of one evening a week until at least 7pm and two weekend days per month (Friday nights through Sundays) to engage community members who work traditional hours. This includes on- and off-site programming, such as tabling events and collaborative activities with community partners.
- In determining evening and weekend programming, FSCs should consider the availability of their community members such as their work schedules, transportation availability, and location safety.
- FSCs should be mindful of providing opportunities to promote the father-friendliness of their centers, such as consideration of their availability, working hours, etc.
- The FSC must complete the Annex A Section 2.1 of the annual contract renewal documents to indicate the center's hours of operation and planned closings for the contract year.

- **Emergency Closing**

- If there are any closings outside of what is identified in the Annex A 2.1, the parent agency or FSC must notify the OFSS and their Contract Administrator in writing within 24 hours.
- The FSC Director must notify families via website, social media platforms, email and/or contacting the FSC families directly via phone call to advise them of the change.
- If possible, a note must be placed on the FSC door on the day of the emergency unless it is a weather-related closure .
- FSCs must maintain an answering service, voicemail/email and text blasts to communicate important information regarding emergency closings or event cancellations in languages appropriate to the community.
- In the event of a statewide or local emergency, DCF must have an alternate contact for the FSC director as well as the ability to contact the Executive Director or chief program officer.

PROCEDURE NAME: CHILD ABUSE PREVENTION AWARENESS (CAPA) EVENT

Effective Date: April 1, 2022

Revision Date:

Purpose: To provide guidelines in the planning of CAPA events

Overview

An annual Strengthening Families/Child Abuse Prevention and Awareness (CAPA) event occurs during the month of April. The event is to promote community education and public awareness regarding the importance of positive child development, child health, parenting, safety, and the prevention of child abuse and neglect. Events should focus on at least one of the protective factors. Forums vary in scope and topic and include but are not limited to activities such as resource fairs, workshops, and focus groups.

Procedure

- All FSC's must plan or participate in larger CAPA events annually.
- FSC must allocate \$350 towards a CAPA event annually in the budget.
- FSCs should consider collaborating with community partners such as fellow FSCs as well as other DCF initiatives e.g. NJCAP (NJ Child Abuse Prevention), NJ4S (NJ Statewide Student Support Services), Parents Anonymous, KNP (Kinship Navigator Programs), County Councils for Young Children, and Connecting New Jersey. FSCs should also look to partner with local town, county, and community resources, e.g. the local libraries, non-profit organizations, colleges and universities, recreation departments, healthcare organizations and providers, etc.

PROCEDURE NAME: CONTACTING THE FSCS

Effective Date: April 1, 2024

Revision Date:

Purpose: To establish expectations for FSC communication with FSC stakeholders

Overview

Families and community partners should be able to easily reach FSC staff and volunteers during hours of operation and access important information through phone, email, and social media platforms.

Procedure

- All FSCs must have a dedicated phone line separate from the parent agency that connects directly to and is answered by the FSC staff and volunteers during operating hours.
- The phone line shall include an answering machine/service to receive messages for calls received after operating hours. These messages should be promptly returned upon the re-opening of the center.
- FSC staff must also respond by the next business day to any inquiries received, whether via phone, email, or social media.
- FSCs must include their direct phone number and extension on their calendars and social media pages.
- The FSC website and social media accounts should be utilized to communicate important information to FSC participants and community partners.
- FSCs must have a formal structure to maintain an active, up to date presence on all their social media platforms.

PROCEDURE NAME: CONTRACT MODIFICATIONS

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish clear and consistent guidelines when submitting requests to modify contracts

Overview

FSCs must submit contract documents in compliance with the DCF modification policy to their DCF Contract Administrator and OFSS Program Lead to review and approve before moving forward with the proposed modification plan.

Procedures

- All modifications must be completed within the state fiscal calendar, July 1st to June 30th .
- The following are some reasons for contract modification (see policy on [DCF website](#) for a full list):
 - Change in reimbursable ceiling: funds were added or subtracted for a specific reason
 - Change in the contract term
 - Change in any budget category that exceeds the flexible limits: managing agency wants to move money around
 - Transfer of budgeted cost across DCF contracts
 - Change in method of allocating G&A costs
 - The addition of any equipment item not in the approved budget, above \$5,000.00 per item
 - Change in contracted level of services
 - Change in subcontractors providing direct services or subcontracted direct services
- The FSC must have a conversation with the OFSS program lead regarding any modifications PRIOR to submitting to the Business Office.
- All contract modification documents are submitted to the program's Contract Administrator within the DCF Business Office.
- The following are to be included in a request for modification follow up with the business office as needed.
 - Modification Justification
 - Explanation of what was not fulfilled; and/or
 - If a position that was vacant and why, the length of the vacancy and an explanation about how the work was accomplished during the vacancy.
 - Modification Plan
 - Include a detailed narrative describing the change in the way the program would like to use the funding with a detailed itemized budget
 - Should include reference to how family voice (parents, youth, and/or Parent Advisory Council members) contributed to the request
 - If requesting items for programming, the request should align with the activities being offered successfully i.e. if a program has not shown consistent attendance, there should be support as to how the activity will be improved and garner more attendance with the new items.

- Supplies/Equipment
 - An overview of what supplies are needed and why they will be a benefit to the program.
 - If it's a computer upgrade, it must include an explanation about the concern with the existing computer and the date/timeframe of the most recent upgrade.
 - An itemized list of all items/equipment to be purchased along with links to pricing for each item (example: Amazon.com, Best Buy, Target, Walmart, etc.
- Program lead reviews documentation to make an approval decision:
 - **Approval Decision:** Paperwork is complete, justification aligns with program expectations, program met basic contract expectations and deliverables and costs are reasonable
 - **Unable to make a Decision:**
 - Program lead must contact the Contract Administrator and discuss the concerns and potential solutions if any.
 - Program lead and Contract Administrator determine how or if to contact the program for clarification and set a deadline for a response.
 - **Unapproved Decision:** Paperwork is incomplete, justification is unclear, costs are excessive and/or program did not meet basic contract expectations and deliverables.
- Once the program lead makes an approval decision (approve/disapprove in whole or partial):
 - *As applicable*, submit an additional memo of partial and disapproval decisions.
 - Submitted all documentation via the contract form for final approval decision.
 - *Note:* When modifications are submitted at the end of a fiscal year, at times they are subject to additional level of approval through the Commissioner's office.
 - If there are no questions and/or concerns, the OFSS support staff routes final approval form to the Business Office.
 - The business office notifies the managing agency.

PROCEDURE NAME: CONTRACT RENEWALS

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish clear and consistent guidelines around annual contract renewals

Overview

FSC parent agencies must renew their contract with DCF annually, in a timely manner.

Procedures

- All contracts must follow the state fiscal calendar July 1st to June 30th.
- All FSC directors must have a copy of the updated Annex A and understand the program requirements as well as the contracted outcomes as described in the Annex A.
- The FSC must have a conversation with the OFSS regarding any changes to the renewal PRIOR to submitting it to the Business Office.
- All contract renewal documents are submitted to the program's Contract Administrator within the DCF Business Office.
 - The FSC or its parent agency should submit a budget narrative to accompany the renewal documents which briefly summarizes the use of its proposed funding in categories/line items on the Annex B where the use of the proposed funding is unclear.
 - The assigned program lead reviews the contract renewal documents for completeness and ensures the documents and budget align with program requirements in the following areas:
 - **Annex A 2.2 Program Description and Annex A 2.3 Outcomes**
 - **Annex A 2.4 Program Personnel Information and Annex A 2.5 Level of Service**
 - Program lead reviews documentation to make an approval decision:
 - **Approval Decision:** Paperwork is complete and aligns with basic contract expectations and deliverables and costs are reasonable.
 - **Unable to Make a Decision:**
 - OFSS program lead must contact the Contract Administrator and discuss the concerns and potential solutions if any.
 - OFSLS program lead and Contract Administrator determine how or if to contact the program for clarification and set a deadline for a response.
 - Any revised forms are saved in the shared contracting folder as Annex A Revised, date or Annex B Revised, date.
 - **Conditional Approval:**
 - This can vary however it is commonly used when the adjustments needed to fully approve the contract will take a month or more.
 - An internal conditional memo is required and is discussed with the Contract Administrator in advance to determine how the follow-up will take place with the agency.
 - **Unapproved Decision:** This is a rare decision and is made when a contract is egregiously unaligned with basic contract expectations and deliverables.

PROCEDURE NAME: DOCUMENTATION

Effective Date: April 1, 2022

Revision Date:

Purpose: To create and maintain documentation in an organized manner

Overview

The FSC must keep pre-registration, registration, attendance sheets, marketing materials, program overviews, and Parent Advisory Council (PAC) materials on file, organized, and easily accessible for review by OFSS when requested. Their documentation must be in line with their parent agency's policies.

Procedure

- Activity and Walk-in / Virtual Sign-In Sheets
 - FSCs are required to keep signatures on file of all individual/families that participate in the programs/activities that are being offered.
- Photo Release Consent
 - A photo release form is a contract between the photographer and the client or subject. Before creating any marketing materials or posting pictures via social media, a consent form must be signed by the participant. If a minor's (individual under the age of 18 years old) picture is being used, a parent or guardian must sign the release form.

PROCEDURE NAME: FAMILY AND COMMUNITY ENGAGEMENT

Effective Date: April 1, 2022

Revision Date:

Purpose: Use a variety of strategies to facilitate meaningful engagement with the community and families

Overview

The purpose of engagement is to provide information about FSC to families and other service providers who are likely to be in contact with the FSC. This can serve as an effective way of communicating with families who are currently not aware of FSC services.

Procedures

- **Welcoming Tours:**
 - Welcoming tours are conducted to introduce families and community partners to the FSC.
- **Outreach:**
 - Outreach events may be coordinated with community organizations and held in public spaces to provide resource information.
 - Grassroots outreach may be conducted by FSC staff, wherever feasible.
 - Tools such as leaflets, calendars, newsletters, social media, marketing materials, and events may be used for outreach.
 - All advertisements must feature the FSC name and approved network logo.
- **Marketing:**
 - All FSCs have a dedicated website that lists the FSC purpose, location, phone number, fax number, hours of operation, emergency contact information, and an up-to-date calendar with upcoming programs and events. .
 - Social media can be used as an outlet to market information to the public and registration for large events.
 - FSC staff should identify and attend local events within the community to provide information about the FSC model, its workshops, activities, groups, and volunteerism (e.g. tabling events, resource fairs, or conferences).
 - Marketing tools such as brochures, posters, flyers, calendars, and social media posts can be used to engage families and establish partnerships with other service providers.
 - All marketing materials must reinforce the principles of the FSC, not the parent agency. Materials such as brochures, posters, and social media must prominently feature the FSC name and approved network logo.
 - Material should be developed in languages (other than English) that reflect the diversity of the community.
 - Please refer to the Physical Space policy for guidance on the FSC signage.
- **Collaborations/Partnerships:**
 - FSCs collaborate with parents, youth, community partners, stakeholders, and service providers to integrate with other services to address gaps in existing services.
 - FSCs seek active collaboration with community and other state-funded providers to incorporate programming into the life of the FSC when possible.

PROCEDURE NAME: DEPARTMENT OF CHILDREN AND FAMILIES (DCF) OFFICE OF FAMILY SUPPORT SERVICES (OFSS) FSC MEETINGS

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish protocol for attendance at mandatory OFSS -FSC meetings

Overview

FSC Directors must maintain regular contact with OFSS which includes attending meetings scheduled by OFSS throughout the fiscal year.

Procedure

- All FSC directors must be available for scheduled meetings hosted by the DCF OFSS. These include but are not limited to:
 - Regional FSC meetings
 - Statewide OFSS meetings
 - DCF/OFSS monitoring visits
- If a Director is unavailable to attend a meeting, they must identify a representative to attend in their place and advise OFSS of their representative's information.

PROCEDURE NAME: NAME CHANGE

Effective Date: April 1, 2022

Revision Date:

Purpose: To select a name that is connected to the community

Overview

The FSC name is how the FSC will be known in the community and as such should reflect and be chosen in collaboration with its community.

Procedure

- The FSC Director will engage the community in discussion (i.e. focus groups, polls, etc.) to identify three (3) new FSC names and submit those names to its OFSS Coordinator for review and approval.
 - The name may not include the parent agency, city/town, or county.
 - The name should be inclusive and non-stigmatizing.
- The OFSS will review the submitted names to ensure there is no duplication or stigma associated with the name. The names must be approved by OFSS before any FSC may start to use that name or purchase marketing materials.
- Once approved, OFSS will contact the FSC in writing with the approved name.
- FSC staff will utilize a marketing campaign to inform the community of its new name.
- The parent agency must update all signage associated with the FSC.
- FSCs must use the FSC network logo on all signage and marketing materials. (*Refer to **Physical Space** policy for more guidelines on logo use.*)

PROCEDURE NAME: FUNDRAISING

Effective Date: April 1, 2022

Revision Date:

Purpose: To provide guidelines for fundraising events

Overview

FSCs are funded by DCF and are excluded from fundraising activities however their parent agencies may engage in such on behalf of the FSC

Procedures

- FSCs are prohibited from conducting on and off-site fundraising events, since all events and activities are offered free of charge to the community.
- The parent agency and/or other agencies are permitted to conduct fundraising events to support the FSCs.

PROCEDURE NAME: REGISTERED PARTICIPANT PROCESS

Effective Date: April 1, 2024

Revision Date:

Purpose: The process in which families are introduced to and invited to engage in the life of the FSC

Overview

The FSCs have a standardized process in which to greet, engage, and register families and community members. They will also provide potential participants with information about center activities that relate to their interests and needs in order to encourage them to join the life of the center.

Procedure for Registration

- Upon arrival to the FSC, new families and community members are greeted immediately and warmly by FSC staff.
- FSC staff initiate introductions and provide an overview of the FSC's purpose and role in the community.
- FSC staff invite the individual(s) on a Welcome Tour of the FSC during which introductions to other available FSC staff are made.
- FSC staff engage in conversation with the individual(s) to learn about their needs and interests and direct them to upcoming activities on the calendar that may be of interest to them.
- Each individual or family will be provided with a Welcome Package which includes information and resources offered through the FSC, a calendar that aligns with the calendar requirement policy, flyers for upcoming events the families may be interested in, and a Contact Form. FSCs have the autonomy to create Welcome Packages that are aligned with and are a reflection of the community it serves.
 - Materials should be available in all primary languages spoken in the community and include representation of all family members, such as fathers/father-figures and grandparents, as well as the diverse community it serves.
 - Consideration is given to how all community members can access the information in the packet, such as those with visual or auditory challenges.
- FSC staff invite the families to become registered participants with the FSC through the completion of the Contact Form. To establish a comfortable, trusting relationship with community, registration with the FSC is a voluntary process using the Contact Form. In lieu of a formal social services intake form, FSCs are not required to collect high risk information such as medical, financial, or educational information, social security numbers, or date of birth, on individuals interested in participating in the FSC.
- The Contact Form should capture the following information about the participant(s):
 - Name
 - Address
 - Age range
 - Family size (total number of children/parents/guardians in household)
 - Race
 - Ethnicity
 - Primary language
 - Phone number and/or email address (if attainable)

- Interests of the individual/family
- Needs of the individual/family
- Strengths of the individual/family
- Interest/ability in sharing their strengths with the FSC in some way.
- FSC staff enter the documentation in their data system following the interaction.
- **Registered Participants:** Contact Forms are to be completed for unduplicated participants (families, individual adults, and emancipated individuals) when FSC staff has had at least one contact for fifteen (15) minutes in person face to face, on the phone, or virtually with that family/individual.
- **Non-registered Participants** are participants that have not completed the Contact Form or do not wish to complete the Contact Form, after FSC staff engaged with that participant for at least fifteen (15) minutes (in person, on the phone, or virtually).
 - Participants who do not qualify as “registered” or “non-registered” based on these guidelines will solely be documented as attendees in the events that they attend (i.e., job fairs, trunk or treats, etc.).
- If a participant does not want or is not prepared to answer the questions about their interests/needs/strengths at the time of Contact Form completion, FSC staff will ensure that they do cover this with the individual and/or family and note on the form that they did not wish to fill it out at that time. FSC staff will ensure that these areas are revisited with the participant later.
- Registration data is renewed annually. At the beginning of the next fiscal year, families must complete a Contact Form again on their first visit/contact with FSC.
- Registration data is retained on file in accordance with parent agency policies. The data is compiled for contracted Level of Service (LOS) reporting purposes.

PROCEDURE NAME: OFFICE OF FAMILY SUPPORT SERVICES LOS MONTHLY REPORTING

Effective Date: April 1, 2022

Revision Date:

Purpose: To track and record the data collected from standardized forms utilized by the FSC

Overview

FSCs record the number of community participants registered and the total of all core services provided during that month. Level of Service (LOS) is defined per the FSC contract Annex A 2.5.

Procedure

- All programmatic reports are submitted electronically (in Survey Monkey) and a copy of the Excel spreadsheet is submitted via email to OFSS no later than the 15th day of each month for the previous month in which services were provided. If the 15th of the month falls on a weekend/holiday, the report must be submitted the next business day.
- All data must be submitted in the format prescribed specified by DCF.
- For assistance with completing the report, please see the Monthly Reporting Guide located in the Appendix.

PROCEDURE NAME: OFFICE OF FAMILY SUPPORT SERVICES STAFF VISITS

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish protocol for site visits

Overview

The Office of Family Support Services staff conduct site visits with FSCs at a minimum of once a year to tour the space, discuss FSC program and performance data, provide technical assistance and feedback, observe the fidelity of the program to the FSC model, and address concerns. Directors must attend and participate in these visits.

Procedure

- FSC Directors will attend site visits which will include:
 - tour of the facility
 - discussion of:
 - monthly data, such as levels of service, programming successes and challenges, and populations the FSC is working to reach and strategies they are using to engage them.
 - upcoming events, staffing levels, and budget concerns.
 - Parent Advisory Council activity, successes, and challenges.
 - transformational parent engagement and leadership opportunities, successes, and challenges.
- OFSS review of the following documents which the FSC should have readily available:
 - FSC calendar of activities, to ensure core services and other programmatic operations.
 - all FSC registration and pre-registration documentation.
 - marketing materials and program overviews.
 - Parent Advisory Council agendas, minutes, and attendance.
- For the purpose of assessing the fidelity of FSC operations to the FSC model, some OFSS staff visits may consist of OFSS staff observing FSC staff as they conduct activities and events and interact with community members. FSC staff are expected to cooperate with such observations. OFSS staff will discuss the results of these assessments with FSC directors to guide future planning, training, and technical assistance considerations.

PROCEDURE NAME: PARENT ADVISORY COUNCIL

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: To provide guidance related to structure of Parent Advisory Council (PAC)

Overview Role of Parent Advisory Council

Every FSC is required to have a Parent Advisory Council (PAC), also known as a Community Advisory Council. Membership must include family members/caregivers, including fathers and father-figures, as well as community members. The council is a collection of diverse individuals' representative of the community who bring unique knowledge and skills to enhance the life of the FSC. The PAC does not have formal authority to govern the organization, that is, the council cannot issue directives which must be followed. Rather, the council is empowered to share recommendations, have a role in FSC decision-making (as appropriate), and/or provide information, perspectives, and resources for FSC aesthetics, activities, and programming.

- PACs can provide skills and resources that will help create sustainability within the FSC by serving in the following capacities: providing guidance and mentorship to parents and FSC participants; introducing the FSC to other families, partners, and community leaders; suggesting and/or leading community programs and events; providing access to needed resources and funding opportunities; and participating in feedback loops with FSC staff about programs and outreach efforts.
- The council can play an important public relations role as well as providing program staff with a fresh perspective on programming. A properly composed and structured advisory council can be a tremendous complement to the effectiveness of the FSC.

Parent Advisory Council Responsibilities

- PACs do not have any legal or financial responsibility to the FSC; therefore, all their responsibilities are to enhance the life of the FSC.
- PAC's responsibilities may include but not limited to:
 - *Program planning and creation*
 - It can be beneficial to create a small committee during the early stages of developing programs so that committee members can participate in the design and plans for the program.
 - *Support in the development of program policy*
 - While the council cannot create legally binding policies for the FSC, they can help create policies which provide direction and support for the FSC.
 - *Outreach and Marketing*
 - The council members can be effective ambassadors for the FSC as they can represent the FSC to share information about the purpose of the FSC, programs, and services in their community.
 - *Subcommittees*
 - The council subcommittees are not autonomous and do not work independently. Subcommittees work under the direction and leadership of the FSC Director or designated staff. The PAC may develop subcommittees which have assigned tasks in specific areas. For example, an outreach awareness subcommittee composed of some members may be responsible for making recommendations about connecting with new families and neighborhoods; they can become FSC ambassadors and facilitate connection with families, bridging gaps of language and cultural barriers; or support the planning and development of community events such as: Child Abuse

Prevention Month (CAPA), Mother's Day, Father's Day, etc. Subcommittees may be ongoing or short-lived according to a specific assignment.

– *Advocacy*

- Council members can be effective advocates for the FSC to the community it serves, gather input from/serve as a liaison with families and community, provide feedback to the FSC from the community, provide technical expertise, provide an independent/unbiased voice, and assist staff in determining activities/events beneficial to or needed by the community.

Parent Advisory Council Best Practices

- PACs meet at least quarterly or more often as determined by the PAC.
- Effective PACs have enough range of expertise to accomplish the FSC's mission. With developing the council, FSC staff consider the diverse skills and talents each member brings to the table and how they may compliment FSC staff and other PAC leaders.
- All family members including fathers, father-figures, grandparents, aunts, and uncles are required to be engaged with the PAC. A variety of individualized strategies should be utilized to reach these groups.
- The PAC has a clearly defined and documented purpose, guidelines for participation, and roles and responsibilities of the participants. The Director or designated staff is responsible for having written description of these expectations.
- The size of the PAC should be determined by the FSC needs and capacity to manage.
- Under the guidance of the FSC Director, all FSC staff are to contribute to identifying and vetting potential PAC participants, collaborating with the PAC, and providing guidance, leadership, and training. This includes assessing each participant's leadership strengths and needs and connecting them to supports to grow their skills, such as contact with other parent leaders, opportunities to take on leadership roles however small, safe settings to practice skills, assistance with technology and preparing for speaking roles, and ongoing training and coaching opportunities.
- FSC staff recognize that PACs take time to develop and proceed at a pace that is comfortable for the participants in order to reach and maintain an established PAC. The continuum may start with FSC members who act as messengers in the community or who provide assistance for special projects and, with time and support from all FSC staff, evolve into those participants that take on official leadership roles within the PAC who handle more responsibility such as developing agendas, facilitating PAC meetings, or representing the PAC and FSC at formal community events with little to no support from FSC staff.
- The Director or designated staff work collaboratively with the PAC to ensure identified tasks are accomplished in a timely fashion.
- The term limits for PAC membership should be determined by the PAC participants. Term limits are suggested for all positions to allow leadership opportunities for all members. The PAC is responsible for implementing the term limit and closing the membership at the designated time. It is suggested that members of the PAC can serve up to two consecutive terms.
- The Director or designated staff, in conjunction with the PAC and under the guidance of their parent agency, has the authority to terminate membership if necessary.
- All PAC meetings should have a sign in sheet, meeting agenda, and meeting minutes kept on file to share with OFSS when requested.
- See appendix for PAC Tip Sheet for additional best practices.

PROCEDURE NAME: PHYSICAL SPACE

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish standard expectations for physical space

Overview

FSCs have a clearly identifiable dedicated space and welcoming atmosphere for all individuals and families in the community, regardless of race, ethnicity, gender identity, sexual orientation, age, physical ability, language, immigration status, and socioeconomic status. including fathers/father-figures, and older generations. FSC sites must be non-stigmatizing and culturally appropriate for the diverse families in its community. All sites have a clearly defined FSC identity and are non-stigmatizing and reflective of the communities in which they are located. All sites must provide sufficient space to accommodate the provision of FSC services.

Procedure

- **Designated Area Recommendations:**

- Welcome Lounge that includes a warm, welcoming area that offers comfortable seating for all family members including fathers/father-figures and children.
- Hospitality area that includes complimentary snacks and beverages.
- Business area which consists of internet, computer, printer, copier, fax, and phone that is available to families.
- Public access to informational materials and relevant resources.
- Kitchen area that has space to prep and cook food. At a minimum, it should include a sink with running water.
- Private area that can serve multiple purposes such as coaching, confidential conversations, and director's workspace.
- Activity room that has age-appropriate toys, games, and books for families. Items should be appealing to the diverse members of the community.
- Meeting space that can be used for meetings, conferences, and workshops.
- Staff workspace that is identified space for FSC staff to conduct day-to-day operations.
- Welcome Lounge that includes a warm, welcoming area that offers comfortable seating for all family members including fathers/father-figures and children.
- Hospitality area that includes complimentary snacks and beverages.
- Business area which consists of internet, computer, printer, copier, fax, and phone that is available to families.
- Public access to informational materials and relevant resources.
- Kitchen area that has space to prep and cook food. At a minimum, it should include a sink with running water.
- Private area that can serve multiple purposes such as coaching, confidential conversations, and director's workspace.
- Activity room that has age-appropriate toys, games, and books for families. Items should be appealing to the diverse members of the community.

- Meeting space that can be used for meetings, conferences, and workshops.
- Staff workspace that is identified space for FSC staff to conduct day-to-day operations.
- **Décor:**
 - The FSC space is co-designed and organized with the families and community.
 - The atmosphere and décor are professional, community appropriate, and welcoming, without a social services-agency ambiance.
 - Consideration should be given to utilizing furniture that is suitable and comfortable for community members of all sizes and ages.
 - Visible materials should reflect the diversity of the FSC community and its families.
 - FSC's ensure that promotional and access information regarding Parents Inc. Helpline and New Jersey's Youth Helpline 2NDFLOOR is visible and readily available to all parents and youth.
 - FSCs should consider highlighting diversity days through its décor and printed resources.

PROCEDURE NAME: PROGRAM SITE LOCATION

Effective Date: April 1, 2022

Revision Date:

Purpose: To provide guidance on FSC site location procedure

Overview

Program accessibility and location is critical. FSCs should be within proximity to families, easily accessible for all community members, and in or nearby residential areas.

Procedure

- The OFSS will provide guidance to the FSC throughout site search process.
- Once a potential site has been identified, the FSC must contact OFSS for approval of the site prior to any contract commitment.
- The FSC must have the following criteria to be considered for a FSC location:
 - A stand-alone (dedicated site) home-like setting that embodies the look and feel of the community at large.
 - Cannot be located within the parent agency.
 - Must adopt the FSC model as prescribed by DCF and OFSS.
 - Have a dedicated phone line and website, voicemail, and wireless internet connection.
 - Have hours of operation to meet the needs of the community including evening and/or weekend hours.

PROCEDURE NAME: PROGRAM SITE RELOCATION

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: To provide guidance on FSC site relocation procedures

Overview

Program accessibility and location are critical. The FSCs location may not change from what is written in the RFP, unless data supports a change of the original location. If the FSC must change locations or sites, it must receive pre-approval from the OFSS. The OFSS assessment process includes the procedures below along with a visit and walk through of the proposed site by OFSS staff.

Procedure

- The FSC must notify the OFSS within 24 hours of any temporary or permanent site relocation plans.
- The OFSS must be included and will provide guidance to the FSC throughout site search process.
- Once a potential site has been identified, the FSC must contact the OFSS for a walk through and approval of the site prior to any contract commitment by the managing agency.
- The FSC's parent agency must submit their relocation request on agency letterhead and detail:
 - the reasons for the proposed relocation.
 - how the move is supported by its families and community members, and how the FSC gathered the families' input.
 - how the move will not negatively impact delivery of services or accessibility to the families and community.
 - how the move will improve its connection to families, the community, and community partners.
 - how the FSC will notify its families, community members, and partners about the new location
 - any plans to renovate the proposed space, the estimated costs to do so, who will fund the renovations, and the expected timeline to completion.
 - the anticipated date that programming will begin in the new site and any site/programming disruptions during the transition to new space.
 - plans to celebrate the new location's grand re-opening with inclusion of the OFSS.
- The FSC must have the following criteria to be considered for FSC location:
 - A stand-alone (dedicated site) home-like setting that embodies the look and feel of the community at large.
 - Be within proximity to families, easily accessible for community members, and in or nearby residential areas.
 - Be in a safe area where staff and families feel comfortable visiting the center.
 - Cannot be located within, attached to, or share space with other parent agency programming.
 - Must adhere to the FSC model as prescribed by DCF and OFSS and outlined in the Annex A 2.2.
 - Have a dedicated phone line and website, social media, voicemail, and wireless internet connection.
- Once the move is approved by the OFSS, the FSC will submit a timeline for the move and re-opening activities. The Director must notify the OFSS of any barriers that arise during the move.

PROCEDURE NAME: PROGRAMMING

Effective Date: April 1, 2024

Revision Date:

Purpose: To define consistent expectations for FSC programming

Overview

FSC programming is designed to meet the needs of families with children and provide an array of culturally responsive and appropriate educational, enrichment, and support services to help strengthen families and improve the quality of life and well-being for all community residents. FSCs must ensure that activities specific to fathers/father figures are embedded into programming to promote the father-friendliness of the centers.

Definitions

- **Workshops:** feature subject matter experts delivering information through active participation and skill-building exercises. Workshops feature hands-on approaches to learning and should relate to the core services in some way. Workshop effectiveness should also be measured using pre- and post-tests when appropriate.
- **Presentations:** feature a subject matter expert delivering information primarily via lecture and discussion. Presentations should relate to the core services in some way.
- **Support groups:** are groups of people with common experiences and concerns who provide emotional and moral support for one another. Support groups should be facilitated by a professional in the subject matter being discussed.

Programming can be delivered through a variety of sessions:

- **Individual Session:** Consists of 1:1 engagement between an FSC staff member or a volunteer and an individual to help the individual achieve goals, obtain or link the individual to a desired or necessary service, or to utilize any of the FSC Contracted or Expanded Services.
- **Family Session:** Consists of direct engagement between an FSC staff member or a volunteer and a family to help the family achieve a goal, obtain or link the family to a desired or necessary service, or to utilize any of the FSC Contracted or Expanded Services. At a minimum, two members of a family must be present to qualify as a family session.
- **Workshops or Group Sessions:** Must be at least thirty (30) minutes in duration. These duration intervals cannot be split up and must take place in a single episode. Group sessions consist of engagement in a group setting that requires at least two unrelated participants present.

Contracted Services

All FSC's are expected to offer a baseline of services that include but are not limited to:

- **Access to Child, Maternal, and Family Health Services:** Preventative and primary health services are offered to all community residents either on-site or through linkages to other agencies. Related topics and activities include pre- and post-natal care; nutritional health; home-based life-saving skills; smoking cessation programs; immunizations; blood pressure screening; wellness checks; exams; etc. FSCs also assist families in navigating the various health and medical service systems and completing relevant paperwork when needed, including NJ Family Care applications.
- **Parent Education:** Parenting education is an essential component of FSC programs and offered to all residents via a combination of information, skill-building and supportive services. Emphasis is placed on healthy child development and the use of positive parenting techniques in consideration and

understanding of the family's culture. Services are intended to help strengthen families by enhancing parental resilience and social connections. All FSC's are expected to establish partnerships and collaborate with county Home Visiting Programs, Community Health Workers, County New Jersey Child Assault Prevention (NJCAP) Program coordinators, Kinship Navigator Programs, etc., as well as assist families with linkages to services. Related topics, services, and activities include but are not limited to mentoring programs, teen parenting, grandparent and kinship caregiver support groups, and information regarding relevant issues that impact family life.

- All FSCs are encouraged to use evidence based, evidence emerging, or evidence informed parent education programs, such as Strengthening Families and Positive Parenting Program ("Triple P").
- **Parent/Child Activities:** FSCs offer activities that have a focus on family togetherness and strengthening. They can be facilitated by FSC staff, volunteers, or community partners. Examples of activities include arts and crafts, family picnics, movie nights, game nights, pot-luck dinners, story time for children, community service projects, gardening, Zumba, holiday parties, family dances, and live music performances.
- **Employment-Related Services:** FSCs promote economic self-reliance by providing assistance with or access to services and supports, such as New Jersey Career Navigator, that lead to employment. Such services include job readiness skills, such as resume writing and interviewing techniques, employment counseling, training programs, and job development and placement services.
- **Life Skills:** All FSCs provide educational programs, workshops or individual instruction designed to enhance skills, overcome barriers to success, and improve the quality of life for children, families and individuals. Emphasis is placed on asset and skill development topics and activities including but not limited to education and literacy services (GED, ESL, tutoring, etc.), financial management, communication, daily living, and computer skills.
- **Housing Related Services:** Adequate housing is essential to establishing family stability, child safety and well-being, and community viability. FSCs provide information about the following: housing resources; leasing and tenant rights; assistance completing applications for various federal, state and local programs that assist with or provide affordable housing; emergency shelter; home energy; weatherization; and homelessness prevention programs; and access to tangible supports that address basic needs such as utilities, household furnishings, and home repair.
- **Advocacy & Related Support:** FSC staff advocate in coordination with all community residents as needed and appropriate by interceding for, empowering, supporting, or advancing the cause of individuals and families in navigating and connecting with public and private entities. Advocacy takes many forms including accompanying families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication, and/or problem solving.
- **General Information and Referral/Linkages:** FSC staff follow-up with residents on all referrals/linkages to ensure that services are accessible, appropriate and responsive to the needs of the community.
 - **I&R:** Information and Referral refers to the process of disseminating information to an individual/family who has a need/problem/desire regarding a service that will meet the need, solve the problem, or help achieve the goal. FSC staff may distribute general information in any of the core service areas listed such as Family Health or Employment related and may also refer families to services that the FSC does not offer, such as mental health or childcare.
 - **Linkage:** Linkage refers to the process of successfully connecting an individual/family who has a need/problem/desire with a service that will meet the need, solve the problem or help achieve the goal. FSC staff may link the individual/family with a core service or a service that the FSC does not offer.

- FSC staff must follow up on linkages within one week or sooner based on urgency of the family's need to ensure a successful connection was made or assist with barriers to reaching the provider.
- Urgent matters should be brought to the attention of the FSC director and followed up within two days.

FSC Programming Guidance

- FSC's are expected to offer a variety of programming that promote one or more of the above-mentioned Contracted Services. The following guidelines can be used as a reference when planning and developing future programs and activities. FSC's will balance offering fresh and new programming that is also reflective of community needs:
 - At least 1-2 parent/child activities a week, or 4-6/month
 - At least one (1) workshop
 - At least one (1) presentation
 - A second workshop may be substituted for the presentation
- Every FSC is required to participate yearly in the following family/community engagement events, whether through providing, sponsoring, (co-) hosting, or participating in:
 - A National Parent Leadership event in February
 - A Child Abuse Prevention Awareness (CAPA) event – see associated policy.
 - A Mother's Day event
 - A Father's Day event
 - A father engagement event other than Father's Day
 - A Kinship Navigator Program collaborative event/
 - An event celebrating/highlighting the diversity of populations in their communities, such as LGBTQI+, Juneteenth, or specific cultural groups.

Programming input

- Programming should be influenced and determined by a variety of sources:
 - FSC staff
 - FSC volunteers
 - PAC members
 - FSC participants
 - The FSC should have a formal internal feedback process established to ensure that all participants have the opportunity to share resources and input to inform programmatic decisions.
 - Community partners, who can speak about themes and needs they see in the community.
 - Community data
 - FSC staff should utilize a variety of data sources to identify needs and strengths of the community that translates to program planning. Some examples are:
 - NJ DCF Human Service Advisory Council (HSAC)
 - [DCF | DCF/HSAC County Needs Assessment \(nj.gov\)](#)
 - NJ Kids Count
 - [New Jersey Child and Family Well-Being \(aecf.org\)](#)

- NJ 211
 - [NJ 211 Live Assistance Dashboard | NJ 2-1-1 Partnership](#)
- NJ Department of Community Affairs
 - [Municipal Revitalization Index \(nj.gov\)](#)
- NJ Economic Development Authority
 - [Food Desert Relief Program \(NEW\) - NJEDA](#)
- NJ Department of Education
 - [2022 IDEA Public 618 Data \(nj.gov\)](#)
 - [Performance Reports \(state.nj.us\)](#)
 - [2022-2023 New Jersey School Performance Reports: Reference Guide \(state.nj.us\) \(p. 8-18\)](#)
- NJ Economic Development Authority
 - [Food-Security-Programs - NJEDA](#)
- Department of Criminal Justice
- Department of Labor
- FSCs will develop and utilize a formal structure to discuss the community data with FSC participants, volunteers, and PAC members to decipher its meaning through the community's lens.

PROCEDURE NAME: RESOURCE DIRECTORY

Effective Date: April 1, 2024

Revision Date:

Purpose: Provide guidance on creation and maintenance of resource directory

Overview

All FSCs must maintain an up-to-date information and referral directory of available local, county, and state supported services as well as primary and secondary prevention resources and non-traditional service providers such as houses of worship and grassroots organizations.

Procedures

- All programs must create/maintain a physical directory that is easily accessible and useable for FSC participants.
- FSCs must develop and utilize a process to ensure that the directory is regularly updated at least twice a year and that irrelevant resources are removed.

PROCEDURE NAME: SIGNAGE

Effective Date: April 1, 2022

Revision Date:

Purpose: To establish standard expectations for signage

Overview

All FSC's must have visible signage to assist the community in locating the center.

Procedure

- The FSC logo must adhere to the guidelines below:
 - Always position the logo for maximum impact. This will help to ensure the FSC network's logo visibility and legibility.
 - Make sure the logo is proportionately enlarged or reduced in size.
 - When reproducing the logo, be conscious of its size and legibility; a logo that is too small ceases to serve any useful communication function.
 - The FSC logo should be the primary logo on any signage, which includes reference to the parenting agency.
- **Use of Logo**
 - Always use the approved New Jersey FSC logo.
 - FSC may use a previously approved logo in conjunction with the FSC network's logo.
 - Only change size when proportionally needed for signage.
 - One of the primary colors in the logo can be used for the signage.
- **Do not:**
 - alter the logo in any way.
 - use any part of logo, including the FSC family symbol, as part of another logo.
 - redesign, redraw, animate, modify, distort, or alter the proportions of the logo unless signage requires it, which requires OFSS approval.
 - surround the logo with—or place in the foreground over—a pattern or design.
 - rotate or render the logo three-dimensionally.
 - add words, images, or any other new elements to the logo.
 - enclose the logo in a shape or combine it with other design elements or effects.
 - modify the size or position relationship of any element within the logo.
 - alter colors, add shadows, stretch, or distort.

PROCEDURE NAME: SIGNIFICANT EVENTS

Effective Date: April 1, 2024

Revision Date:

Purpose: To establish expectations for how to handle a significant event

Overview

FSC staff should have a process to address and report significant events that occur during FSC-sponsored programming and events, and with any FSC staff members and community members that either causes significant concern or negatively impacts the delivery of FSC services.

Procedure

- The FSC must speak to OFSS within 24 hours to report the event if possible.
- Examples include:
 - closure of the FSC due to environmental issues, such as flooding or mold.
 - closing of the FSC due to inclement weather that impacts programming/service delivery for more than one day.
 - interactions between staff and a community member in which staff feel threatened or harmed.
 - incidents involving staff or volunteers in which law enforcement is involved as it relates to FSC activities.
 - any unusual incident that occurs at the FSC, through an FSC-sponsored event, or involving staff or volunteers representing the FSC.
- The FSC must complete an incident report in the form of a written statement to OFSS within 72 hours of the incident. The report should include the date, time, individuals present and/or involved, a detailed description of the incident, and any steps that have been taken to remedy the situation, if needed.

PROCEDURE NAME: SPECIFIC ASSISTANCE TO PARTICIPANTS

Effective Date: April 1, 2024

Revision Date:

Purpose: To define consistent expectations for the use of specific assistance funding

Overview

FSC programs may provide very limited financial assistance to address emergent needs, ensure child safety and well-being, and help families overcome tangible barriers to success.

Procedure

- FSC programs are authorized to allot up to \$5,000 per year in financial assistance funding for this purpose. This allotment is considered “Specific Assistance to Clients” (Participants) and must be specified in the approved budget.
- Direct cash assistance to families is not permitted, however assistance in form of gift cards is allowable. Funds, including gift cards, are dispersed at the discretion of the FSC on an as needed basis. All FSCs should have a diligent tracking system that shows how all expenditures were used. All distributions are directly related to the goals and objectives of the program and may not exceed \$200 per household per year. Allowable expenditures include but are not limited to essential household items, food, clothing, and other necessities. If gift cards are used, the retail outlet must be appropriate and provide goods or services that fall within the parameters of allowable expenditures dictated by DCF policy.
- FSCs are expected to maintain a system with appropriate documentation and strict internal controls that satisfy established financial management and accounting standards as outlined in the DCF Contract Reimbursement Manual; Section 2.2; Internal Controls <http://www.nj.gov/dcf/providers/contracting/manuals/>. Written policies and procedures for accessing and dispersing Special Assistance funds are retained on file.

PROCEDURE NAME: STAFF TRAINING

Effective Date: April 1, 2022

Revision Date:

Purpose: Guidance to provide uniform staff training

Overview

The purpose of training is to ensure best practices and alignment with the statewide model as prescribed by DCF, strengthening the skills of FSC staff and standardizing operations of all FSCs while providing a uniform approach to family and community engagement.

Procedures

- **FSC Staff Training**
 - All FSC staff are expected to complete the asynchronous online training and be well versed in the FSC practice profile and its guiding principles and essential functions as they relate to the activities proscribed in the FSC logic model.
- **Additional FSC Trainings**
 - FSC Directors must:
 - stay up to date on Principles of Family Support, protective factors, family engagement, parent leadership, cultural sensitivity, trauma-informed approaches, and other best practice trainings.
 - attend trainings identified by the parent agency.
 - attend trainings identified by DCF and/or OFSS.
 - encourage all Parent Advisory Council members to attend council development training deemed appropriate by the parent agency and provided by the FSC.

PROCEDURE NAME: STAFF VACANCIES

Effective Date: April 1, 2022

Revision Date:

Purpose: To provide protocol and procedures for staff vacancies

Overview

All FSCs must have at a minimum three (3) full-time employees: a FSC Director / Site Supervisor, Family Partner, and Volunteer and Community Partnership Coordinator. OFSS must be notified if a position becomes vacant, and the FSC and/or parent agency must fill the vacancy as soon as possible.

Procedure

- The FSC director or parent agency must notify the OFSS within five (5) business days of any FSC vacancies with a detailed plan that includes a timeline for and efforts to replace the position(s).
- Vacancies must be filled immediately and the FSC actively work to fill all positions.
- Once the position has been filled, the FSC director must update all contract documents (Annex A 2.4 and Annex B) and notify OFSS by email of the applicant's name and start date.
- If the FSC believes that a potential candidate who does not meet the education or experience required by the position would be a strong fit for the FSC, the FSC/parent agency must submit the following to OFSS for consideration:
 - candidate's resume
 - a written description of how the candidate's experiences and education align with the position and the FSC's mission and needs.

PROCEDURE NAME: STAFFING STRUCTURE

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: To provide consistent minimum staffing structures across FSCs

Overview

- **FSCs are required** to employ at the minimum three (3) full-time positions which include a (1) Program Director, (1) Family Partner, and (1) Volunteer and Community Partnership Coordinator. The FSC may consider two part time staff to equate to a full-time Family Partner or VCPC, however it is recommended that full-time staff fill these positions to establish and maintain strong relationships with the families and community.
- **Provider agencies with more than one FSC:** Agencies that hold contracts with the Department of Children and Families to implement more than one FSC can choose to have the FSC director provide oversight of all program sites or have a director of each program site. All FSC directors are required to be 100% dedicated and responsible for FSC work, this is inclusive of outreach efforts, training program staff, attending required funder meetings, etc.
 - In situations where a FSC director is providing oversight to multiple program sites, the managing agency must then identify a FSC staff member to function as a site supervisor at each FSC as part of the staff members' responsibilities as a Family Partner or Volunteer and Community Partnerships Coordinator.

Procedure

- Each of the three positions must be 100% dedicated to the FSC.
 - Exceptions must be approved by OFSS.
- Any FSCs that had a staffing structure that differs from the three above positions prior to April 1, 2022, will adhere to language in the Request for Proposal (RFP). The current staffing structure must be reflected in the Annex A 2.4 and B.
 - This relates **only to the staffing structure, not the percentage of time** the position is dedicated to the FSC.
- Full-time is defined as a minimum of 35 hours per week.
- OFSS and the Contract Administrator are notified of all personnel changes within two weeks and the FSC must submit an updated Annex A 2.4 that reflects the changes.
- All FSC staff workstations must be located at the FSC and follow parent agency's telework policy, however FSC staff must be available in person during all hours of operation.

PROCEDURE NAME: USE OF FSC FUNDS

Effective Date: April 1, 2024

Revision Date:

Purpose: To define consistent expectations for the use of FSC funding

Overview

FSC funding can be used for community events but must be closely monitored to ensure adherence to appropriate usage of such funding.

Procedure

- The use of FSC funds for participant-centered events is permissible provided that:
 - The community is the sole beneficiary of the events or activities.
 - Such events or activities are specified in the approved budget (DCF Contract Annex B).
 - Adequate documentation is retained on file including: a description of the event, its purpose and target population; the actual number of attendees including community members and any FSC staff; an itemized list of all costs; and any receipts or invoices.
 - No more than \$350 is allocated per event. Costs that exceed \$350 require written approval from OFSS.
 - FSC funds may not be used for costs associated with events in which agency staff is the direct beneficiary.
 - Meals or refreshments provided to community members who participate in FSC activities are considered engagement strategies.

PROCEDURE NAME: VOLUNTEER ONBOARDING

Effective Date: April 1, 2024

Revision Date:

Purpose: To establish standard expectations for the onboarding of volunteers

Overview

FSCs are required to include diverse families and community volunteers who are reflective of the populations served in FSC programming, and FSC staff are responsible for preparing these volunteers for their work within the center. In conjunction with the parent agency policies for volunteering, all FSCs are responsible for providing an onboarding training that consists of the following.

Procedure

- At a minimum, the FSC should utilize a standardized process to onboard new volunteers which includes:
 - An in-depth tour of center and its areas
 - Review and discussion of FSC topics that they should be familiar with:
 - FSC model, mission, and vision
 - FSC Practice Profile
 - The Strengthening Families Protective Factors
 - Transactional/transitional/transformational engagement
 - Parent agency requirements for volunteering at an FSC
 - Parent agency/FSC code of conduct
 - Expectations for volunteers
 - Introduction to developing cultural humility.
- FSCs should have volunteers sign documents showing they understand their volunteer commitment and agency policies. These documents should be kept on file.

PROCEDURE NAME: VOLUNTEER VETTING

Effective Date: April 1, 2024

Revision Date:

Purpose: To establish standard expectations for the vetting of volunteers

Overview

FSCs are welcoming and warm spaces where community members can take part in making a difference in their communities. Volunteers are essential to the FSC model and opportunities can range from assisting FSC staff in community events, facilitating a workshop and/or representing the FSC in the community. It's important to allow and encourage a wide variety of volunteers to contribute to the life of the FSC, including fathers/father-figures and members from diverse cultures in the community.

Procedure

- FSC staff should utilize completed Welcome Package information to identify interests and skills that were listed by registered individuals.
- FSC staff interview potential volunteers to review their intentions, interests, strengths, and needs as they relate to their participation in their intended volunteer activities.
- FSC staff should use active listening skills to identify opportunities to tie the potential volunteer's interests to existing FSC activities, or to create opportunities that align with their interests.
- When a volunteer is interested in leading a program or series, it's important to ensure that they have the proper skills and knowledge. Before matching them to a volunteer opportunity, FSC staff are expected to assess the potential volunteer's readiness, skill set and how they might compliment FSC staff's work style and overall FSC culture. For example, if a community member hopes to start a crochet club, FSC staff should have them do a brief demonstration to show that a) they know how to crochet, and b) determine if they need support in delivering information to the audience, matching them up with a FSC staff member and/or another FSC parent leader to co-facilitate.

PROCEDURE NAME: WELCOME TOURS

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: Establish expectations for Welcome Tours to ensure consistency across network

Overview

Welcome Tours are conducted to introduce families, individual family members, stakeholders, and community partners to the FSC and to highlight the opportunities that exist for them to participate in the life of the center.

Procedures

- As individuals, families, and community partners enter the FSC, FSC staff are to greet and acknowledge them in a professional, welcoming, genuine manner.
- FSC staff offer the visitors the opportunity to experience a Welcome Tour through the center.
- The welcome tour should include, at a minimum:
 - A tour of the FSC
 - Introductions to any FSC staff members on the premises, if available
 - A copy of the Welcome Package (See Initial Contact policy for details about the package.)
 - Highlighting upcoming programming that may be of interest to the individual that aligns with their needs, interests, and strengths.
 - Discussion of the transformational nature of the FSC and opportunities for participants to become part of the life of the FSC.
- During the tours, FSC staff use the essential functions of engagement, active listening, and connection to ensure a strong understanding of the participants' interests, passions, and goals.
- FSC staff share information about the transformational approach embedded in FSC programming and in partnership with the individuals and families in the community.

PROCEDURE NAME: WELLNESS CHECKS

Effective Date: April 1, 2022

Revision Date: April 1, 2024

Purpose: To define and establish expectations for wellness checks

Overview

FSCs should be aware of families whose interaction and/or participation with the FSC has uncharacteristically lessened and make efforts to re-engage them.

Procedure

- **Wellness checks are a phone call, video conference, text, or email conversation to re-engage a family or individual who had previously been engaged with the FSC but has not taken part in programming and/or services for an uncharacteristically long period of time based on the FSC's knowledge of the family's/individual's engagement.**
- FSCs have a system to track those families and individuals whose interaction changes in this way.
- FSC staff or volunteers reach out to these families using empathy, active listening, and engagement to express concern for their absence and offer assistance with overcoming barriers to returning to the FSC.

Reporting

You will find a detailed Reporting Guide that provides instruction on and definitions for the data reported monthly by Family Success Centers in Survey Monkey linked in the Appendix.

Systems Collaboration

Collaboration with other systems in the community is necessary to create a seamless and comprehensive system of care and support for individuals and families served by NJ FSCs. Collaboration involves smooth and responsive referral efforts, ongoing telephone and electronic communication between programs, and face-to-face partnership in settings such as community-wide planning meetings.

SECTION FOUR



REFERENCES AND APPENDICES

DEFINITIONS AND ACRONYMS

Essential Functions

Essential Functions are the behaviors and activities that are present daily, demonstrating that the NJ Family Success Center Practice Model is being followed.

FSC Acronym

The acronym FSC stands for Family Success Center(s). FSC(s) and Family Success Center(s) are often used interchangeably.

FSC Calendar

The Family Success Center Calendar refers to the monthly schedule of programs required to be published and distributed by each Family Success Center.

Guiding Principles

Guiding Principles are the core values all Family Success Centers should represent in their work with families and communities.

Logic Model

The Family Success Center Logic Model is a planning and evaluation tool that maps the intended outcomes of every activity conducted by the Family Success Center.

Observable Staff Behaviors

Observable Staff Behaviors are the measurable, behaviorally-based indicators that ensure the Essential Functions are present in Service Activities.

Parent Advisory Council (PAC)

The Parent Advisory Council (or PAC) is a group of parent leaders who advise the Family Success Center and provide a voice for their community. This group is sometimes referred to as a Family Advisory Board or Parent Community Advisory Board.

Practice Model

The NJ Family Success Center Practice Model is a framework that outlines the key components of how all New Jersey Family Success Centers operate.

Service Activity

Service Activities are the daily actions that directly impact individuals and families, and they are the methods through which Family Success Centers are connected to the communities they serve.



TOOLS AND FORMS

FSC Job Description

Title: 70#)

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About Family Success Centers (FSC's):

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Overview:

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Essential Duties:

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- Reviews and uses diverse community input (completed welcome packets, suggestion boards, feedback surveys, etc.) to inform center programming and ensure continued participant interest.
- Actively seeks opportunities to work with and encourage participation of community partners and stakeholders in FSC events.
- Actively participates in networking opportunities with community partners and stakeholders.

❖ Connecting

- Actively monitors availability of resources within the community in a formalized manner.
- Evaluates prospective resources for alignment with FSC mission, vision, and ability to meet families, and individual family members interest, goals, and needs.
- Establishes contact with the resource provider through formal and informal channels.

❖ Coordination

- Works with FSC staff to develop processes to match families and individuals to appropriate FSC offerings, activities, and resources.
- Develops a process and strategies to identify and engage prospective volunteers.
- Oversees and ensures program budget and ensure appropriate and timely spending.

❖ Advocacy

- Actively seeks out partnership opportunities with community-based agencies to meet the needs of community and address challenges to services/resources.
- Elevates family and community interests, goals, and needs, within the FSC team/staff.
- Develops and structures processes and structure for FSC staff to educate and support bilingual families on how to access resources.

❖ Skill Building

- Demonstrates knowledge and understanding of Protective Factors framework.
- Develops structured approach and processes to identify community needs and strengths that inform FSC program planning and development.

- Identifies specific skills of staff that require development, including but not limited to the Protective Factors.

❖ Continuous Improvement

- Utilizes data-driven analysis to guide assessment and decision-making for FSC activities, including interpreting findings and documenting insights.
- Regularly collects data from families and individual members to evaluate key program components such as skill-building initiatives, outreach, and engagement efforts.
- Establishes targeted program outcomes and facilitates feedback loops for families and individuals, integrating community stakeholders as needed.
- Conducts programming and practice improvement team discussions and incorporates community stakeholders in these discussions as appropriate.

❖ Leadership

- Develops formal processes to ensure that individuals, families, and community partners have a voice in FSC programming and services and share decision-making abilities within the FSC.
- Ensures a FSC Advisory Council is developed, engaged, and maintained.
- Manages staff schedules.
- Supervises and provides leadership to FSC staff.
- Provides coaching to FSC's competency in FSC Practice Profile.

Position Status: Full Time (minimum of 35 hours per week)

Education and Experience:

- Bachelor's Degree. Additional education and related experience are preferred, such as a master's degree in a Human Services related field, experience in the provision of prevention related programs, or a BA with 3+ years of related experience.
- **Note:** Valid New Jersey driver's license, safe driving record, and vehicle availability are required.

Required Knowledge, Skills, and Abilities:

- Organizational skills with the ability to manage numerous projects and people simultaneously.
- Ability to warmly connect with and engage children, youth, and adults; skilled at proactively establishing relationships and forming new groups.

- Strong leadership skills and the ability to function in a team environment.
- Provide support and coaching to develop staff and ensure they adhere to FSC model fidelity.
- Effective oral and written communication skills.
- Computer literate with proficiency and working knowledge of database and reporting tools such as Microsoft Word, Excel, Access, and PowerPoint.

FSC Job Description

Title: FSC Family Partner

Reports to: FSC Director

Effective date: April 1, 2024

Revision date: April 1, 2024

About Family Success Centers (FSC's): Family Success Centers are “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis. FSCs offer primary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families and the community. There is no cost to access services provided by these FSCs.

Overview:

- Responsible for partnering with individuals, families, community partners and stakeholders to build relationships in the FSC and community.
- Responsible for problem solving and providing general guidance to help individuals, families, and communities achieve success.
- Responsible for providing support to families by conducting Welcome Tours, providing information & referrals, facilitating group activities, advocacy support and conducting outreach.
- Works with Volunteer Coordinator to ensure transformational parent engagement approach is implemented with parent leaders.

Essential Duties:

❖ Engagement:

- Creates warm, welcoming, home-like environment when orienting, engaging with, or introducing families and individual family members to the FSC.
- Creates opportunities for and encourages families and individual family members to connect with each other.
- Reviews and uses diverse community input (completed welcome packets, suggestion boards, feedback surveys, etc.) to inform center programming and ensure continued participant interest.

❖ Empathy:

- Demonstrates emotional intelligence by recognizing how a family feels and acknowledging their concerns and providing support to them by responding to their needs.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.
- Demonstrates cultural humility and awareness by understanding and respecting an individual's and family's ethnicity, race, religion, sexual orientation, geographic background. For example, acknowledging religious beliefs or using preferred pronouns.

❖ Active Listening:

- Creates a space for families to share their goals, interests and/or identify their needs and acknowledges strengths of the families.
- Uses open-ended probing questions and reflective statements while talking with family.

❖ Connecting:

- Identifies and provides information to families on available resources/services and activities based on individual preferences and cultural contexts.
- Creates a resource library of a wide array of available resources/services and activities and their features.
- Coaches and trains family members on how to utilize resources independently and the process of connecting with resources independently to empower families.

❖ Advocacy:

- Encourages families to use resources and make decisions on their own, while continuing to support them through the process.
- Connects with resources on behalf of families as needed.
- Partners with families to support the development of skills to advocate on their own behalf.

❖ Skill Building:

- Identifies programming topics to match community needs.
- Aware of member's interests and needs.

- ❖ Continuous Improvement:
 - Encourages and empowers families to provide feedback on FSC services by communicating trust in FSC practices.
- ❖ Leadership:
 - Elicits recommendations from members through a mix of methods including consultative conversations and instruments to gather feedback.

Position Status: Full Time (minimum of 35 hours per week)

Education and Experience:

- Associate degree with two years' experience in development or implementation of community- based services, prevention programs, or any other human service programs. Additional education and related experience are preferred, such as a bachelor's degree in a Human Services related field, experience in the provision of prevention related programs.
- Applicants who do not possess the required education may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.
- **Note:** Valid New Jersey driver's license, safe driving record, and vehicle availability are required.

Required Knowledge, Skills, and Abilities:

- Organizational skills with the ability to plan, develop, implement social service programs.
- Outstanding relationship skills and the ability to function in a team environment.
- Effective oral and written communication skills.
- Computer literate with proficiency and working knowledge of database and reporting tools.

FSC Job Description

Title: FSC Volunteer and Community Partnership Coordinator
Reports to: FSC Director
Effective date: April 1, 2024
Revision date: April 1, 2024

About Family Success Centers (FSC's): Family Success Centers are “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis. FSCs offer primary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families and the community. There is no cost to access services provided by these FSCs.

Overview:

- Responsible for conducting outreach and coordinating the recruitment of individuals, families, community partners, and volunteers to develop and lead programs, activities, and services.
- Responsible for networking with the community to highlight strengths and identify challenges where resources need to be leveraged and developed to better support and serve its children, youth, and families.
- Responsible for providing support to the operation of FSC through provision of Welcome Tours, Information & Referral, Advocacy, and Group Programming.

Essential Duties:

❖ Engagement

- Creates a sense of community among the families and individuals by encouraging them to become active FSC participants through volunteer work.
- Creates opportunities that require volunteer support where one does not already exist.
- Reviews and implements new methods for recruiting, training, and retaining volunteer staff.

❖ Empathy

- Recognizes how a family feels and provides support to them by responding to their needs.
- Demonstrates kindness and respect by disregarding personal biases and working to develop a level of comfort or trust that allows for open dialogue.
- Demonstrates cultural humility and awareness by understanding and respecting a family's ethnicity, race, religion, sexual orientation, geographic background, and social group. For example, acknowledging religious beliefs or using preferred pronouns.

❖ Active Listening

- Creates a culture of inquiry so interested families and individuals share ongoing and evolving goals, needs, and desired involvement with the FSC.

❖ Connecting

- Collaborates with families and community partners to identify the strengths, challenges, and service gaps in the community.
- Evaluates prospective resources for alignment with FSC mission, vision, and ability to meet families' and individual family member's interests, goals, and needs.
- Establishes contact with resource providers through formal and informal channels.
- Establishes partnership with providers.
- Demonstrates knowledge of available resources/services and activities and their features.

❖ Coordination

- Creates a broad spectrum of opportunities for volunteers that utilize a wide array of volunteering skills for different audience types, or varied activity types.
- Recruits and selects volunteers representing different groups associated with the FSC, such as families, individuals, partners, and sector leaders in accordance with vetting processes.
- Communicates expectations of volunteer roles to the selected individual(s).

- Utilizes the information about a member's unique interest and motivators to revisit a previously undecided member, when new information that matches that member's interest is available.

❖ Advocacy

- Partners with community-based agencies to identify community needs, fostering clear purpose, positive communication, and mutual agreement on outcomes with those agencies.

❖ Skill Building

- Demonstrates outreach by networking with a variety of sectors that will aid in the development of an identified program.
- Recognizes the strengths, skills, and talents of FSC participants in order to facilitate parent involvement and parent leadership at the FSC.
- Demonstrates knowledge and understanding of the Protective Factors framework.
- Coordinates scheduling, marketing, and participation the programming.

❖ Continuous Improvement

- Ensures excellence in program implementation by analyzing assigned projects, setting goals, developing plans, and utilizing time effectively and efficiently.
- Utilizes data to guide decision-making, refine practice, and improve services.

❖ Leadership

- Recruits and selects potential FSC participant leaders from the community to engage in leadership roles at the center according to their strengths and interest.
- Empowers and encourages co-leaders and parents to move from transitional to transformational leadership within the FSC.
- Assesses leadership strengths and needs of FSC members who will participate in leadership activities.
- Identifies and recommends parent leaders, community partners, and stakeholders to serve on the FSC Parent Advisory Council.
- Assists with developing and maintaining the FSC Parent Advisory Council.

Position Status: Full Time (minimum of 35 hours per week)

Education and Experience:

- Associate degree with two years' experience in development or implementation of community- based services, prevention programs, or any other human service programs. Additional education and related experience are preferred, such as a bachelor's degree in a Human Services related field or experience in the provision of prevention-related programs.
- Applicants who do not possess the required education may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.
- **Note:** Valid New Jersey driver's license, safe driving record, and vehicle availability are required.

Required Knowledge, Skills, and Abilities:

- Organizational skills with the ability to plan, develop, and implement social service programs.
- Outstanding relationship and leadership skills, and the ability to function in a team environment.
- Effective oral and written communication skills.
- Computer literate with proficiency and working knowledge of database and reporting tools.



WORDS MATTER

A GUIDE FOR INCLUSIVE LANGUAGE IN COMMUNICATIONS AT NJ DCF

JANUARY 24, 2023

N.J. DEPARTMENT OF CHILDREN AND FAMILIES
Office of Diversity, Equity & Belonging (DEB)

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Purpose of the Guide

The purpose of this guide is to provide both a glossary of terms and guidance for DCF’s written and oral communications, in support of the Office of Diversity, Equity and Belonging’s (DEB) strategic goal to continually develop our collective cultural humility.

This guide aspires to provide preferred terms for select population groups and attempts to represent our ongoing shift towards non-stigmatizing language. It is recommended to use this guide to reflect upon word choices and choose words carefully, inclusively, and appropriately for a specific use and audience.

This is not about being “PC” in the pejorative sense – it *is* about respecting and honoring differences in our shared humanity, respecting all people.

DEB’s Strategic Goal of Cultural Humility: It is said that cultural competency is a *process* rather than an end product. Cultural humility is one construct for understanding and developing a process-oriented approach to competency. It can be conceptualized as the “ability to maintain an interpersonal stance that is *other-oriented* (or open to the other) in relation to aspects of cultural identity that are most important to the [person].” (Waters, n.d.)¹ One goal for transforming our DCF culture is to build a lifelong commitment throughout our organization for self-evaluation and critique, to work to fix power imbalances, and to develop relationships and partnerships with people or groups who may be different from your own.

Best practice includes engaging people from the population or community of focus to find out what identity language they prefer. Whenever possible, ask the person or people with whom you are communicating how they prefer to be identified.

Best practice includes engaging people from the population or community of focus to find out what identity language they prefer. (CDC, 2022)² Whenever possible, ask the person or people with whom you are communicating how they prefer to be identified.

People and Groups

This guide addresses people who have been and are, frequently, and historically excluded from mainstream social, economic, educational, and/or cultural life, and the dominant white culture. Examples of these populations include, but are not limited to race, ethnicity, gender identity, sexual orientation, age, physical ability, language, immigration status and socio-economic status.

¹ Waters, A. and Asbill, L. (2013) [Reflections on cultural humility \(apa.org\)](#)

² CDC.gov (2022) [Preferred Terms for Select Population Groups & Communities | Gateway to Health Communication | CDC](#)

Evolution of Language & Terminology

Language and communications around the world have changed and evolved since recorded history. As our society changes, appropriate identity language follows, some of these changes have been rapid, particularly as a result of the changing identity language of millennials and GenZ. For example, it is no longer acceptable to refer to transgender people as “transgenders” or “transvestites.” Not all Black people identify as African American, and many people from Latin America and Hispanic people feel labels do not adequately reflect their culture or identity. This guide will be updated often as language continues to evolve.

General Writing Advice (APA Style, 2020)³

In most cases, write with a sixth- to eighth grade reading level in mind to ensure clarity in the message. Simple words and phrases usually create a stronger message than long-winded sentences and phrases. Focus on relevant characteristics, acknowledge relevant differences that exist, be appropriately specific, be sensitive to labels – *respect the language people use to describe themselves* – i.e., refer to people as they refer to themselves, and acknowledge people’s humanity.

- Be as specific as possible, whenever possible.
- If you find yourself relying on generalizations, do some research into the groups of people, topics, or locations you are writing about.
- Use *people-first* language. For example, say “person with a disability” instead of “disabled person.”
- Use active voice when writing (versus passive voice). You can typically identify the use of passive voice by looking for “to be” verbs (is, was, are, etc.). Active voice places the emphasis on the person doing the action.
- Remember, “progress not perfection.” Sometimes, you will get it wrong or forget and that’s OK. Take a moment, acknowledge it, and commit to doing better next time. Change is a process, and it is important that we hold each other accountable in a supportive way.

Avoid (CDC, 2022)⁴

- Use of adjectives such as vulnerable, marginalized, and high-risk
- De-humanizing language (e.g., disabled person); use person-first instead (e.g., person with a disability)
- Remember there are many types of sub-populations

REMEMBER

Respect the language people use to describe themselves – acknowledge people’s humanity.

Use *people-first* language (e.g., person with a disability instead of ‘disabled person.’)

Terminology and language evolve, sometimes frequently, refer to the date of this document to see when it was last updated.

Progress, not perfection: Sometimes we may get it wrong or forget. Acknowledge it and commit

³ APA, (2020) [General principles for reducing bias \(apa.org\)](https://www.apa.org/pubs/authors/2020-07-01-general-principles-for-reducing-bias)

⁴ CDC.gov, (2022) [Key Principles | Gateway to Health Communication | CDC](https://www.cdc.gov/media/releases/2022/s0915-key-principles-health-communication.html)

- Using words like target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities
- Unintentional blaming language
- Jargon

Identifying Labels and Terms (Diversity Style Guide, 2023)⁵

Remember: Whenever possible, ask the person or people concerned how they would like to be identified

Race

American Indians, Native Americans, Native **All of these terms are acceptable.** The consensus is that whenever possible *Native people prefer to be called by their specific tribal name.* In the United States, Native American has been widely used, but is falling out of favor with some groups, and the terms *American Indian* or *Indigenous American* are preferred by many Native people, according to the National Museum of the American Indian.

- **First Nation** is the preferred term for native tribes in Canada.
- **Indian** is used to describe the peoples and cultures of the South Asian nation of India. It should not be used as a replacement for American Indians.
- **Indigenous** is an adjective and refers to the original inhabitants of a place and is not specific to the United States. Indigenous people is another term that can be used to describe the original inhabitants of a place.
- **Native nation** is a preferred term over *Tribe*. Native nations are independent nations within a nation. The term nation shows respect for sovereignty and the fact that Native nations each have their own systems of government. Globally, we have trivialized the term Tribe. We don't recommend using Tribe or Tribes to talk about Native nations. Some phrases or even names of Native nations contain the word Tribe or a derivative (Tribal colleges, for example). It's OK to use Tribe in these cases (according to the Native Governance Center).

Asian American **Asian American is the proper term** for people who come from Asia or descend from people who lived in Asia. Do not hyphenate. When possible, ask people how they identify (e.g., Asian American, Chinese American, Japanese American).

AAP I AAP I is an acronym for Asian Americans and Pacific Islanders. **Avoid using this acronym** and do not use it as a blanket term when a more specific one is available. It is appropriate to spell out when relevant. It is OK to use in direct quotes and in reference to organizations, such as Stop AAP I Hate.

⁵ [Diversity Style Guide – Helping media professionals write with accuracy and authority](#) (2023)

biracial, multiracial Biracial is normally used for someone who has parents from two different races. While multiracial is used when someone has parents from two or more races — such as a child having a half-Colombian, half-Trinidadian mother, and a father who is German, Nigerian, and Korean. The terms biracial and multiracial should only be used if it is relevant to what is being written and if someone self identifies as such (according to Anti-Racism Daily). If cultural background is needed, be specific about heritage.

Example: She has a Black mother and a Guatemalan father. These terms are usually better suited for describing large, diverse groups of people rather than individuals.

Example: In a research report, biracial women shared how they prefer to be identified.

Black, African American **The capitalized term Black** is an example of how language evolves over time. This reflects a shared identity and culture rather than a descriptor of skin color. African American (no hyphen) is a term used for people who share a lineage that can be traced directly or indirectly to Africa. African American is not necessarily interchangeable with Black. For example, people who live in America of Caribbean heritage may prefer Caribbean American. **Always follow the person's preference.**

Black can be used as an adjective in a racial, ethnic, or cultural sense: Black people, Black culture, Black literature, Black studies, Black colleges. Black should not be used as a singular noun.

White or white There is currently a lack of consensus on use of upper or lower case, but **do not use Caucasian**. Of note, the National Association of Black Journalists (NABJ) recommends that **whenever a color is used to appropriately describe race then it should be capitalized, including White and Brown**.

Brown or brown **Avoid this term** as a racial, ethnic, or cultural descriptor unless it is part of direct quote or how someone prefers to be identified. Per the above, if used, the NABJ recommends capitalizing Brown. See Hispanic and Latino below.

Dual heritage When noting someone with dual heritage, a hyphen is not needed. Always follow a person's preference.

Example: African American, Mexican American, Turkish German

Hispanic and Latino In all instances when referring to persons from primarily Spanish-speaking cultures, **be as specific as possible**. Always ask how someone prefers to be identified, which could include multiple identifications such as "Latina and Mexican American." If a broader term is absolutely necessary, **use "Hispanic and Latino."** For example, "The grant will be focused on

CAPITALIZING

The National Association of Black Journalists (NABJ) and the CDC recommend ***whenever a color is used to appropriately describe race, then it should be capitalized, including White and Brown***

identifying play deserts in primarily Hispanic and Latino neighborhoods.” See examples below for specific definitions.

- **Chicano** A term that Mexican Americans in the U.S. Southwest sometimes use to describe their heritage. Use only if it is a person’s preference.
- **Hispanic** An umbrella term referring to a person whose ethnic origin is in a Spanish-speaking country, as well as those living in the United States with Latin American ancestry, except for those from Brazil, which is not a Spanish-speaking country.
- **Latino, Latina** Umbrella terms referring to those living in the United States with Latin American ancestry. Latina is the feminine form of Latino. Latino is the masculine form.
- **Latine** A gender-neutral form of Latino/Latina, currently more popular in locations outside the United States. Benefits of “Latine” include that it is easier to pronounce in Spanish and can be applied to other gendered terms in Spanish, e.g., “elle” instead of “ella” or “el.”
- **Latinx** A gender-neutral term form of Latino/Latina. Some people from Hispanic and Latino cultures have not adopted it for different reasons, use if it is a person’s or your audience’s preference.

People of color **Use caution with this term.** It can be acceptable in broad references to multiple races other than white. Be aware that many people object to the term for various reasons, including that it lumps together anyone who isn’t white into one monolithic group or creates a binary between People of Color and White. As always, be as specific as possible. Other terms may be more appropriate, such as:

- People from various racial and ethnic backgrounds
- Diverse groups
- Different cultures

Also, avoid using the term “Black, Indigenous and people of color,” which some see as more inclusive by distinguishing the experiences of Black and Indigenous people, but others see as less inclusive by diminishing the experiences of everyone else. **Do not use the shorthand POC or BIPOC** unless necessary in a direct quotation.

Do not use person of color to describe an individual.

CAUTION WHEN USING:

- PEOPLE OF COLOR
- BLACK, INDIGENOUS AND PEOPLE OF COLOR
- BIPOC

INSTEAD CONSIDER:

- PEOPLE FROM VARIOUS RACIAL AND ETHNIC BACKGROUNDS
- DIVERSE GROUPS
- DIFFERENT CULTURES

Gender Identity⁶(Wamsley, 2021)

Sex assigned at birth is the assignment of individuals to a sex category by medical practitioners at birth and is typically based on the appearance of external genitalia. Sex assigned at birth is then recorded on the birth certificate as female, intersex, or male.

Gender is often defined as a social construct of norms, behaviors and roles that varies between societies and over time. Gender may be categorized as male, female, nonbinary, fluid/genderfluid, transgender man, transgender woman, or in another **gender as defined by the person**.

Gender identity **is one's own internal sense of self and their gender**, whether that is man, woman, neither or both. Unlike gender expression, gender identity is not outwardly visible to others. Gender Identity may be separate from someone's sex assigned at birth or their sex characteristics, the message to be most affirming is to avoid any personal discussions about someone's sex traits and characteristics. For transgender people, gender identity differs in varying degrees from the sex assigned at birth.

Gender expression is how a person presents gender outwardly, through behavior, clothing, voice, or other perceived characteristics. Society identifies these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture.

Cisgender sometimes cis, is an adjective that describes a person whose gender identity aligns with their sex assigned at birth.

Agender refers to a person who does not identify with any particular gender or who identifies without gender.

Transgender is an adjective used to describe someone whose gender identity differs from their sex assigned at birth. A transgender man, for example, is someone who was assigned female at birth and now identifies as male.

TRANSGENDER

Is an adjective used to describe someone whose gender identity differs from their sex assigned at birth. A transgender man, for example, is someone who was assigned female at birth and now identifies as male.

Nonbinary is a term that can be used by people who do not describe themselves or their gender as fitting into the binary categories of as male or female. A range of terms are used to refer to gender identities that fall within non-binary identities; nonbinary, gender-expansive, agender, and genderqueer are among the terms that are sometimes used but this is not an exhaustive list.

Gender Non-conforming (GNC) (PFLAG, 2023)⁷An umbrella term for those who do not follow gender stereotypes, or who expand ideas of gender express or gender identity. GNC does NOT

⁶ Wamsley, L., 2021 [A Guide to Understanding Gender Identity and Pronouns : NPR](#)

⁷ PFLAG National Glossary of Terms | PFLAG (2023) <https://pflag.org/glossary/>

mean non-binary and cisgender people can be GNC as well. It is important to respect and use the terms people use for themselves, regardless of any prior associations or ideas about those terms. While some parents and allies use the term “*gender expansive*” **gender non-conforming is the preferred term by the LGBTQ+ community; always use the term preferred by an individual with whom you are interacting.**

Gender transition is a social and/or medical process a person may choose to undergo in order to express their gender identity. Transitioning is a personal journey for each individual and regardless of if someone has undergone any steps to transition, a person’s gender identity and affirming pronouns should be respected and honored. Social and medical transitioning can include any, none, or all the following: telling one's friends, family, and co-workers; changing one's name and pronouns; updating legal documents; medical interventions such as hormone therapy; or surgical intervention, often called gender confirmation or gender-affirming surgery. While social transitioning is often discussed more openly, for example with name or pronoun changes, it is not appropriate to discuss someone else’s medical transitions unless you are part of that person’s medical team.

Gender Dysphoria refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's internal sense of their gender identity. Not all transgender or non-binary people experience gender dysphoria, and those who do may experience it at varying levels of intensity.

Gender Dysphoria Disorder is a diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders and is required as a diagnosis for individuals to receive gender-affirming medical care or treatment.

Pronouns⁸ (Egan, n.d.)

The role of pronouns in acknowledging someone's gender identity

Everyone has pronouns that are used when referring to them – and getting those pronouns right is not exclusively a transgender issue. Using affirming names and pronouns is form of basic human dignity and respect. Counter to this, using the wrong pronouns and names intentionally is a form of violence and can cause, both short and long term, emotional and psychological harm to individuals and communities. Following are recommended best practices regarding pronouns in the workplace:

1. **Consider including your pronouns** in your email signature or name at work to foster a culture of inclusivity. Remember that for some LGBTQ+ people, disclosing their pronouns may be a source of anxiety so don't force this practice on others.
2. **Incorporate neutral language in greetings.** Instead of "Hey, guys!" or "Welcome, ladies!", use **"Welcome, everyone!"** to make sure all participants feel acknowledged, safe, and included.
3. **If you make a mistake and someone corrects you**, say "Thank you" instead of "I'm sorry" to own the responsibility for your mistake. Practice using someone's pronouns so that you can get this

⁸ Egan, S., ADP, Best Practices for Using Pronouns in the Workplace and Everyplace! (adp.com)

right as soon as possible. Having to correct others who misgender them is exhausting for many transgender and non-binary people.

4. **Use "they or their" wherever possible**, as opposed to "his or her" to include people who may not identify with the pronouns his or her.
5. **Respect a person's privacy and journey.** *Although it is good to ask what pronouns or name a person uses*, never ask anyone about gender affirming surgeries or medical transitioning status. Not asking someone about their medical history or plans for surgery is common sense at work regardless of someone's gender identity.
6. **Remember that you can't tell someone's gender just by looking at their appearance.** So, share your pronouns first and invite others to share theirs with you.

If you make a mistake, say "Thank You" to own the responsibility and practice using the person's pronouns to avoid making the mistake in the future

Why might someone's name be different than what's listed on their ID?

The policies and processes for updating all government identifications are onerous. For example, a person may be able to update their driver's license, Social Security card and passport, but not birth certificate. Remain mindful to refer to people by the name they use regardless of their documents.

Sexual Orientation (HRC.org, n.d.)⁹

Sexual orientation is *separate from gender identity*.

Sexual orientation refers to the enduring physical, romantic and/or emotional attraction to members of the same and/or other genders, including lesbian, gay, bisexual, and straight orientations. People don't need to have had specific sexual experiences to know their own sexual orientation. They need not have had any sexual experience at all. They need not be in a relationship, dating or partnered with anyone for their sexual orientation to be validated. For example, if a bisexual woman is partnered with a man, that does not mean she is not bisexual.

GLAAD [notes](#), "Transgender people may be straight, lesbian, gay, bisexual or queer. For example, a person who transitions from male to female and is attracted solely to men would typically identify as a straight woman. A person who transitions from female to male and is attracted solely to men would typically identify as a gay man."

Intersex is an umbrella term used to describe people with differences in reproductive anatomy, chromosomes or hormones that don't fit typical definitions of male and female.

Intersex can refer to a number of natural variations, see [What is intersex? Frequently Asked Questions and Intersex Definitions \(interactadvocates.org\)](#). Being intersex is not the same as being nonbinary or transgender, which are terms typically related to gender identity.

⁹ HRC.org [Glossary of Terms - Human Rights Campaign \(hrc.org\)](#)

LGBTQIA+ Acronym which stands for “lesbian, gay, bisexual, transgender, queer, intersex and agender/asexual/ally” with a “+” sign. This acronym has evolved over time to recognize diverse sexual orientations and gender identities. Different variations, such as LGBT, LGBTQ+, and LGBTQIA2S+, may be used by other individuals, groups, and resources.

LGBTQIA+

The acronym for “lesbian, gay, bisexual, transgender, queer, and intersex” with a “+” sign to recognize the evolving and limitless sexual orientations and gender identities used by members of the community.

Intersex is used to describe variations of sex characteristics, which could include mixed chromosomes, elements of both male and female reproductive systems, or genitalia that do not appear clearly male or female at birth

Queer **is a** term people often used to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQI+ movement.

CAUTION

Because queer can still be used in negative ways, or may feel harmful to people in older generations, **this term is encouraged to be used with caution or if you are in community**

For additional terminology and definitions, please visit PFLAG at [PFLAG National Glossary of Terms | PFLAG](#)

Pregnancy (Godfrey-Isaacs, n.d.)¹⁰

Women and pregnant people or *pregnant people/person* are recommended when referring to people who are pregnant, in consideration of Trans and gender non-conforming persons. Again, as best practice, ask the individual how they prefer to be identified whenever possible.

Age

“Older adults” **is preferred over senior citizens**, seniors, or elderly as a general term when appropriate and relevant. It is best used when referring to groups of people and not specific individuals. Always be specific when possible, using someone’s age instead of categorizing them as an older adult. Senior is acceptable in direct quotations and in names (e.g., senior center).

¹⁰ Godfrey-Isaacs, L. <https://www.all4maternity.com/whats-in-a-name-gender-inclusion-in-maternity-and-beyond>

Physical Ability

Disability When describing an individual, **do not reference their disability** unless it is clearly pertinent to the story. If it is pertinent, it is best to use language that refers to the person first and the disability second. For example: “The writer, who has a disability” as opposed to “the disabled writer.” When possible, refer to a person’s specific condition. (National Center on Disability and Journalism)

Differently-abled This term has been used as an alternative to “disabled,” “handicapped” or “mentally retarded.” **Currently, it is not considered appropriate.** Some consider it condescending, offensive or a way to avoid talking about disability. **“Person with a disability”** is a more neutral term than “differently-abled.”

Handicapped **Avoid using “handicap” and “handicapped”** when describing a person. Instead, refer to the person’s specific condition or use “person with a disability.” The terms are still widely used and generally acceptable when citing laws, regulations, places, or things, such as “handicapped parking,” although many prefer the term “accessible parking.” Avoid **“handicapable,”** as it will not be understood by many.

Ablest micro-aggressions are everyday verbal or behavioral expressions that communicate a negative slight or insult in relation to someone’s gender identity, race, sex, disability, etc. Phrases like this imply that a disability makes a person less than, and that disability is bad, negative or a problem to be fixed, rather than a normal, inevitable part of the human experience. (Access Living) Examples:

“That’s so lame.”
 “That guy is crazy.”
 “You’re acting so bi-polar today.”
 “Are you off your meds?”
 “It’s like the blind leading the blind.”
 “We need to be aware of our blind spots.”
 “My ideas fell on deaf ears.”
 “She’s such a psycho.”
 “I’m super OCD about how I clean my apartment.”
 “Can I pray for you?”
 “I don’t even think of you as disabled.”

Blind/legally blind/visually impaired Use “blind” only when the person has complete loss of sight and “legally blind” when the person has almost complete loss of sight. Other terms also may be acceptable. It is best to ask the person which term they prefer and take that into consideration. (National Center on Disability and Journalism)

deaf/Deaf Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer to be referred to as “deaf” instead of “hard of hearing.” Alternatively, some who are deaf and don’t have a cultural affiliation to the Deaf community may prefer the term “hard of hearing.” Lowercase when referring to a hearing-loss condition or to a deaf person who prefers lowercase.

DISABILITY

“Differently-abled” is currently NOT CONSIDERED APPROPRIATE

Instead, use **“person with a disability”**

Capitalize for anyone who identifies as members of the Deaf community or when they capitalize Deaf when describing themselves. “Deaf” should be used as an adjective, not as a noun; it describes a person with profound or complete hearing loss. (National Center on Disability and Journalism)

Language

Referring to people whose first language is not English use **“non-native [English] speakers”** (NNS) or **“multilingual students.”**

The term “multilingual” respects both people’s ability to function in more than one language and the challenge they sometimes face when writing in English. “NNS” and “multilingual” are often more accurate expressions than “English as a Second Language” (ESL) because English may be a person’s third or fourth language or beyond.

Immigration Status

Individuals who are undocumented come from a variety of countries and ethnic groups. Although their status may be illegal, the people themselves are not. Moreover, families may have a mix of documented and undocumented individuals in the same family. Be specific about which group is being included.

Immigrants: **Never use the term “illegal” to describe a person.** If a person lacks legal permission to live or work in the United States, you can refer to them as an **“undocumented”** immigrant or **someone with a complex immigration status.** (Sierra Club)

Socio-economic Status (APA, 2020)⁷

Use person-first language instead and define income brackets and levels if possible. The terms “low class” and “poor” are pejorative.

Socioeconomic status (SES) encompasses not only income, but also educational attainment, occupational prestige, and subjective perceptions of social status and social class. SES encompasses quality of life attributes and opportunities afforded to people within society and is a consistent predictor of a vast array of psychological outcomes.

Homeless refers to an individual who lacks a fixed or regular residence. Some people prefer the term **unhoused**. When possible, ask which term people prefer. Use person-first language such as **people experiencing homelessness**.

Avoid: “homeless people” or the “homeless.”

The term, “homeless shelter” may be used, although some prefer the term, “emergency shelter.”

Low income/low-income **Low-income communities is an acceptable term**, but it is important to note that “low income” or “low-income community” have historically served as an implicit descriptor for people of marginalized races and/or ethnicities. It is important to include racial and/or ethnic descriptions along with socioeconomic status when relevant. For example, “the grant will help park and recreation professionals reach low-income and middle-income Puerto Rican families.”

⁷ APA (2020) [Socioeconomic status \(apa.org\)](https://www.apa.org)

Poor **is not a recommended term**. Instead use people-first language, such as “**people whose incomes are below the federal poverty threshold**” or “people whose self-reported income were in the lowest income bracket.”

Poverty is a level at which someone lacks income, resilience and access to resources and services.

Persons with Lived Experience⁸

This term is currently recommended when communicating about community members who are partnering in our work. ‘Lived experience’ is defined as individuals who have gained personal knowledge through first-hand involvement.⁹ The partnership with and voices of PWLE are invaluable in seeking appropriate solutions, system changes and transformation.

Other acceptable terms: Community member(s), or Credible Messengers. Ask the person/group how they would like to be identified.

⁸ [Understanding preferred language for ‘people with lived experience’ - Camden Coalition \(camdenhealth.org\)](https://camdenhealth.org/understanding-preferred-language-for-people-with-lived-experience/)

⁹ [Lived experience - Oxford Reference](#)

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New Jersey Standards for Prevention Programs: ***Building Success through Family Support***

Developed by the New Jersey Task Force on Child Abuse and Neglect

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Preface

The New Jersey Task Force on Child Abuse and Neglect is proud to partner with the Department of Children and Families and the State of New Jersey to strengthen families and communities and to prevent child abuse and neglect. This collaboration has a long history and precedes the establishment of the Department of Children and Families and the Division of Family and Community Partnerships. The original Standards for Prevention Programs were copyrighted by the State of New Jersey, Department of Human Services in 2003.

Recognizing the importance of preventing child maltreatment and the need for evidence based prevention programs and strategies the Prevention Subcommittee of the New Jersey Task Force on Child Abuse was charged with developing Standards for Prevention Programs. The Prevention Program Standards Work Group was created in 2001. The Work Group, under the able leadership of Chairperson Sharon B. Copeland, MSW, LSW (formerly Executive Director of Prevent Child Abuse New Jersey and currently Executive Director of Enable, Inc.) reviewed the existing literature on effective prevention programs from multiple fields including child welfare, public health, juvenile justice, substance abuse, and mental health. The Standards were meant to provide a broad overview of the critical components of any prevention program, and not a critique of individual programs. The Standards for Prevention Programs: Building Success through Family Support is a required component of all programs funded by the Division of Family and Community Partnerships.

Over the past decade there has been much progress made in our knowledge of how to support and strengthen families, promote well-being and ensure healthy childhoods. Advancements in the prevention field in the last ten years necessitated a thorough evaluation of New Jersey's Standards for Prevention Programs. We now understand more about the nature of child abuse and neglect, the long term impact of child maltreatment, the risk factors that contribute to its occurrence and the protective factors that can prevent it from ever occurring. Research has informed and changed how we implement prevention efforts.

In 2012 The New Jersey Task Force on Child Abuse and Neglect, in collaboration with the Division of Family and Community Partnerships was authorized to review and revise these Prevention Standards. The Standards reflect the most current research and best available clinical practice information. They also incorporate elements of the prior Standards that are still relevant. They are founded on strength based family support principles which are consistent with family and individual values. They reflect the emphasis the Division of Family and Community Partnerships places on Protective Factors and incorporate the Center for Diseases Control Essentials for Childhood which promote Safe and Stable Nurturing Relationships and Environments for Children and Families. Together with parents, caregivers,

public and private organizations and communities, they can ensure an effective network of proven family support services, public education and local neighborhood involvement to promote healthy children, youth and families.

The successful completion of this report occurred with the input and hard work of a number of people. Our gratitude and appreciation to all of the Standards Work Group members for the information and discussion they contributed. A special thank you must be extended to Chairperson Kerrie Ocasio, who spent many hours researching, writing and synthesizing our deliberations. The perseverance and dedication of the Work Group and the Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect is acknowledged for their unrelenting efforts to advance the wellbeing of children, youth and families.

Introduction to the Standards

The Importance of Prevention

Child welfare and other state systems of service have tremendous potential to bring about family and community well-being by supporting and strengthening families and preventing child abuse and neglect. The factors that put families at risk of abuse and neglect are well known. State and local systems as well as community partnerships can be powerful forces in ameliorating these risks. The effectiveness of prevention approaches is also well known; they enable all systems to better accomplish their goals for improving child, family, and community outcomes. Investments in prevention support healthy child development and lower the number of children affected by abuse and neglect. Effective prevention programs, services and strategies enhance family functioning by reducing risk and building protective factors.

A 2013 report entitled *New Directions in Child Abuse and Neglect Research* produced at the request of the US Department of Health and Human Services reported the damaging consequences of abuse and neglect can not only reshape a child's brain but also last a lifetime (National Research Council, 2013). This is a clarion call to increase the infrastructure and incentives for community prevention services and family support that have a body of evidence to support their effectiveness. At a time when the most significant portion of our resources are allocated for child protection; for reporting,



investigating, adjudicating, providing services and foster care after a child has been harmed, we applaud the commitment of the New Jersey Department of Children and Families to preventing child maltreatment with a positive and proactive approach to support parents and strengthen families.

Child abuse and neglect affects over 1.2 million children every year and costs our nation \$220 million every day. In 2012 the United States paid a staggering \$80 billion to address child abuse and neglect. Victims of child maltreatment are at a high risk for a host of adverse short and long-term outcomes, including chronic health problems, mental health issues, developmental delays, poor educational well-being, and future involvement with the criminal justice system. The injuries and adverse outcomes associated with child maltreatment underscore the importance of identifying effective and cost-effective prevention strategies (Gelles, Richard J., & Perlman, Staci, 2012). Most prevention programs, even those that are intense and comprehensive, are less expensive than programs that intervene or treat children who have been abused or neglected. According to DCF, foster care placement for one child in New Jersey in 2014 costs between \$9,024 and \$15,540 for the year. Should the child require residential care, the cost ranged from \$65,800 to \$386,500 for a year. In contrast the Healthy Families America home visitation program averages \$3,500 per family per year. Prevention programs often provide immediate cost savings from reduced medical and social service costs and reductions in foster care placement. Investments in prevention support healthy child development, cultivate and strengthen nurturing parent-child relationships, enhance family dynamics, build and sustain community partnerships. In addition to the individual and personal benefit realized, all these factors contribute to a thriving economy, a strong state and a strong nation. Expanding support for children and families is the logical consequence of over 35 years of research on how to enhance child development and the social and financial benefits of such investments.

In 2012, the NJ Division of Child Protection and Permanency (DCP&P; formerly known as DYFS) responded to 60,615 reports of alleged abuse or neglect, involving just over 76,000 children (U.S. Department of Health and Human Services, 2012). Of the 9,250 substantiations of maltreatment*, nearly three-quarters were for neglect alone. Further, more than a quarter of substantiations involved children age 2 and under (U.S. Department of Health and Human Services, 2012). The human and economic costs of maltreatment are considerable, both in the Nation and the State.

* Victims may be duplicated.

History and Philosophy of the Standards

The original Standards for Prevention Programs: Building Success through Family Support was based on a theory and set of principles advanced by Family Support America. The focus of Family Support is to promote the acquisition of knowledge and skills that make the family more competent, thus strengthening family functioning. As a proactive and positive approach, it emphasizes family strengths, informal supports and resources, and partnering with families to mobilize social and community resources, not treating their deficits. Family Support practice is based on an ecological framework – a recognition that child and family development do not occur in a vacuum but rather are embedded within a broader community environment. Children and families are part of communities with unique cultural, ethnic and socio-economic characteristics, which in turn are affected by the values and policies of the larger society. The FRIENDS National Resource Center, a program of the Children’s Bureau, Office on Child Abuse and Neglect in the U.S. Department of Health and Human Services continues to promote this framework.



The current Standards for Prevention Programs augment the original theoretical Family Support premise with the growing body of research on Protective Factors, the principles of Strengthening Families, the CDC’s Essentials for Childhood and the Adverse Childhood Experiences Study (Center for the Study of Social Policy, n.d.; Centers for Disease Control & Prevention, 2013).

The Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect present the following revised Standards in order to advance the consistency, quality and accountability of programs used in New Jersey for the purpose of promoting child well-being and preventing child maltreatment, while building the capacity of the community and stakeholders to strengthen families and support caregivers.

Intended Purpose of the Standards

It is hoped that the Standards will be used to develop, identify, promote, monitor and fund effective prevention programs. Users of this report may include state Children's Trust Funds and Departments of Children and Families, Juvenile Justice, Human Services, Health, Education, Domestic Violence, Substance Abuse and Corrections. Community planning groups such as human services advisory councils, youth services commissions, commissions on child abuse and missing children, local councils on alcoholism and drug abuse, municipal alliances, and other local organizations may find these Standards useful when researching programs or selecting services to be offered in their communities. They can be utilized by private foundations, corporate giving officers, and elected government officials. The Standards can assist legislators and key decision makers in government as they seek to develop policies and provide support to prevention programs.

Service providers including community based agencies, schools and non-profit organizations can use the Standards to help them select programs they want to offer, to develop new programs, or to strengthen existing programs. Individuals, families and community members can apply the Standards to determine which services are most effective and best meet their needs. To assist individuals and groups to use the Standards, a tool has been provided at the end of the report.

The Standards have been used to ensure quality and accountability and have been used for many purposes. These Prevention principles are valid for multiple agencies and can be applied by other State Departments who have a stake in child well-being and healthy child development. They are a guide to:

- Provide professionals and policymakers with information on the critical components of effective prevention programs
- Guide public and private funders in determining the most efficacious programs to support
- Ensure that families are referred to the most effective programs that the community provides
- Empower families to determine what programs and services best meet their needs
- Integrate prevention into all related systems that affect the lives of children including child protection, child behavioral health services, education, human services, law and law enforcement
- Provide funding incentives for community prevention services and family support that have a body of evidence to support their effectiveness

Additional applications of these Standards by The New Jersey Department of Children and Families and other states' child welfare agencies and non-profit organizations include:

- Requiring that grantees seeking state funding from a variety of agencies adhere to the Standards
- Applying language from the Standards to mission statements and written materials for state agencies and their programs.
- Building the Standards into evaluation and review processes for state agencies and the programs they administer
- Integrating the Standards into policy development at the state and community levels.
- Incorporating the philosophy and elements of the Standards into the Statewide Child Abuse and Neglect Prevention Plan which, in New Jersey, is required by statute.

The Standards described here endeavor to bring together systems and agencies dealing with child protection and child well-being, as well as domestic violence, substances abuse, mental health and other family issues to make family-supportive prevention of negative outcomes the norm in state policies and programs. We are confident that training, disseminating, promoting and forging consensus around these Standards will effect positive change at the state and community levels and for individual children and families.

Part One: Defining Prevention

Introduction

Prevention is “coordinated actions seeking to prevent predictable problems, to protect existing states of health and health functioning, and to promote desired potentialities in individuals and groups in their physical and sociocultural settings over time” (Bloom, 1996). The field of child abuse and neglect prevention has developed significantly over the past 30 years (U.S. Department of Health and Human Services, 2011). Research on abuse and neglect etiology implicates a multitude of risk and protective factors related to various ecological systems (i.e. parents, the parent-child dyad/triad, social support network, community, society-at-large) (Goldman, Salus, Wolcott, & Kennedy, 2003)). Numerous approaches and programs have been developed to ameliorate risk and promote protective factors. This section will discuss the scope and defining characteristics of child abuse and neglect prevention.

Primary, Secondary, and Tertiary Prevention

The predominant means of classifying prevention programs is to use a variation on a public health approach that classifies programs based on the stage in problem development it engages (U.S. Department of Health and Human Services, n.d.). Primary prevention programs are universally available to the general public and are intended to create societal conditions that promote positive parenting. Secondary prevention programs are provided to targeted families that have high-risk characteristics and are intended to reduce risk factors and promote protective factors that may ameliorate the negative impact of risk factors. Tertiary prevention programs are treatment and intervention oriented programs that address abuse and neglect once it has already occurred to reduce the likelihood of reoccurrence.

Voluntary and Non-Voluntary Prevention

The Standards were developed to guide primary and secondary prevention programs. An essential difference between these programs and tertiary programs is the degree of voluntary choice and autonomy in participation. Tertiary programs are generally provided by child protective service agencies or their affiliates. Clinical and professional judgments are made about what families need in order to achieve adequate parenting standards and there are serious consequences for families that do not participate and make the needed changes. This is in stark contrast to the primary and secondary prevention arena, where parents are typically free to choose whether to participate and whether to implement the concepts they are exposed to in the program. Of course, there are gray areas, where a parents' behavior or a situation may become a child protective service matter if it continues or escalates. In these cases, service providers have been known to apply pressure on parents. Additionally, programs sometimes offer incentives to participate that can meet significant needs and parents may feel they have very little choice in whether to participate in the program. Regardless, the element of autonomous choice is a very important component of primary and secondary prevention programs that distinguishes them from tertiary prevention. Tertiary programs may adopt some elements of the Standards, but are inhibited from full-scale implementation and are consequently not the focus of the Standards.

Prevention vs. Family Support Frame

A movement is currently underway to broaden the conceptualization of prevention. The term "prevention" could be considered stigmatizing to parents engaging in services, limiting in its vision, under inclusive of the range of providers engaged in it, and unable to move the public to action. Framing these services as family support or child well-being could address these concerns. However, the term "prevention" has an historical context and sends a clear message

to policy makers that if they don't fund these services, more children will be at risk for child welfare involvement and negative outcomes as a result of the abuse and neglect.

An alternative is to combine the prevention and promotion language. A number of organizations noted for their work in the field of prevention have incorporated both frames into their messaging. For example, the Centers for Disease Control list "child maltreatment prevention" as one of their agendas. Their five-year vision for the CDC's prevention work is to "prevent child maltreatment through the promotion of safe, stable, and nurturing relationships between children and caregivers", which they term SSNRs. The CDC has also popularized the term "adverse childhood experiences" in their study of the effects of child maltreatment. Prevent Child Abuse – America has an organizational website with the heading "Making the Case: Why Prevention Matters". The first sentence under that heading states, "Across the nation there has been great progress in work to improve the health and well-being of children". The Doris Duke Charitable Foundation lists one of their goals "to promote children's healthy development and protect them from abuse and neglect". The fellowship funded by the Foundation at Chapin Hall was renamed in 2012 from the "Doris Duke Fellowship for the Prevention of Child Abuse and Neglect" to the "Doris Duke Fellowship for the Promotion of Child Well-being: Seeking innovations to prevent abuse and neglect". Further, Parents Anonymous' describes themselves as a "family strengthening organization dedicated preventing child abuse and neglect". These leaders in the field of child abuse and neglect prevention are clearly striving to combine prevention and promotion language.



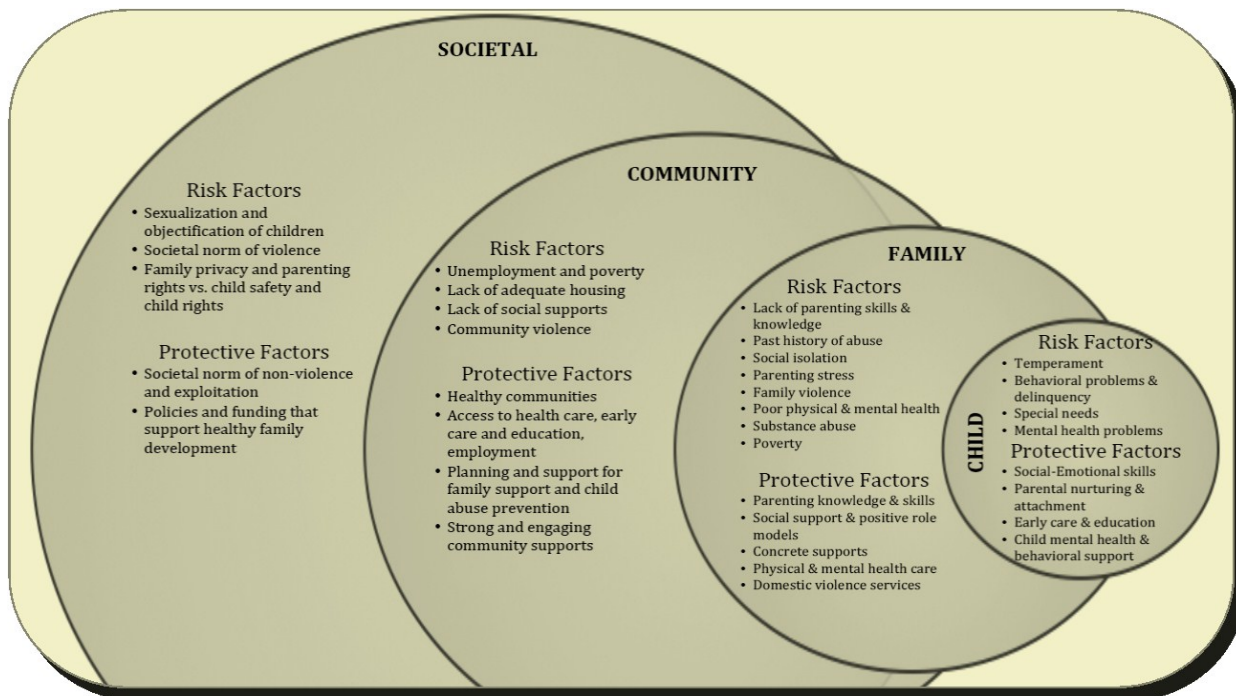
Focus of Prevention Efforts

A broader frame, such as those discussed, may be more engaging to parents and partners in this work. However, the focus must remain on those activities that ultimately prevent child abuse and neglect. Research has established a multitude of risk and protective factors for abuse and neglect (Goldman, Salus, Wolcott, & Kennedy, 2003). Risk factors are conditions that are associated with abuse and neglect, while protective factors are conditions and services that may serve to buffer children and families from the negative effects of risk factors (U.S. Department of Health and Human Services, 2013).

Risk and protective factors stem from the child, family, communities, and broader society. Each of these entities is interconnected in what is known as the ecological perspective (Bronfenbrenner, 1979). The figure below summarizes the risk and protective factors by domain. Protective factors that may be particularly important¹, malleable, and accessible by local prevention strategies include:

- Nurturing and attachment between the caregiver and child,
- Parental knowledge of parenting and child/youth development,
- Parental resilience (i.e. coping with stress and problem solving strategies),
- Social connections,
- Concrete supports for parents (i.e. basic needs assistance and access to services - physical and mental health care, substance abuse treatment, and domestic violence services), and
- Social and emotional competence of children

(U.S. Department of Health and Human Services, 2013, Center for the Study of Social Policy, 2013).



Source: Based on ecological frameworks for child abuse and neglect prevention by The Family Tree (http://www.familytreemd.org/files/414_ChildAbusePrevTheoryofChangeLogicModel.pdf)

and Centers for Disease Control (<http://www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html>).

¹All six are endorsed by the U.S. Department of Health and Human Services, Administration for Children and Families, and all but the first are also endorsed by the Center for the Study of Social Policy.

Activities that Address Risk and Protective Factors

Numerous approaches and programs have been developed to address risk and protective factors for children and families. The most identifiable approaches are early childhood home visiting programs, group support activities, family resource and support centers, and public education campaigns for parents. Also, some established program approaches seek to educate children, particularly in the areas of sex abuse and domestic violence prevention*. Additional development is particularly needed to address community-level factors and build service delivery systems (Daro & Benedetti, 2014).

The Standards are intended to guide efforts to develop and implement activities that strengthen families and communities in order to prevent adverse childhood experiences. The next section will discuss the Standards in detail.

*For more information on effective prevention strategies see:

- The Centers for Disease Control and Prevention (<http://www.cdc.gov/ViolencePrevention/childmaltreatment/prevention.html>)
- Child Welfare Information Gateway (<https://www.childwelfare.gov/preventing/evaluating/results.cfm>)
- GAO Report on Child Abuse Prevention Programs (<http://www.gao.gov/products/HRD-92-99>)
- Child Maltreatment Prevention Reports at Chapin Hall, University of Chicago (<http://www.chapinhall.org/research/areas/Home-Visitation-and-Maltreatment-Prevention>)

For more information on risk and protective factors see:

- Centers for Disease Control and Prevention (<http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.htm>)
- Child Welfare Information Gateway (<https://www.childwelfare.gov/can/factors/index.cfm>)

- Center for the Study of Social Policy—Protective Factors Framework (<http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>)
- The Search Institute’s Developmental Assets (<http://www.search-institute.org/what-we-study/developmental-assets>)
- The Full Frame Initiative (<http://fullframeinitiative.org>)

Part Two: Standards for Prevention Programs

These Standards for Prevention Programs are applicable to programs, services, and activities (hereafter referred to as activities) that could be considered “Family Resource and Support”. Family Resource and Support activities are also known as primary and secondary prevention and are intended to *promote* strong families and *prevent* adverse childhood experiences.

The Standards reflect an approach to the way in which services should be delivered. There is considerable evidence that the ways in which services are delivered are vitally important to engaging and retaining families in services and impact outcomes. Further, human service providers should be engaged with their communities in ways that promote strong communities and manage their work in ways that promote strong human service organizations. These Standards address all three: practice with families, practice with communities, and administrative standards.



Practice with Families

1. Family-Focused

The ecological context— individuals are part of families and families are part of communities— should inform practice with families. In certain contexts it may be appropriate to take an individual-focused approach. However, family-focused work is more appropriate in many contexts and could include such activities as assessing the needs of the entire family, assisting parents in reaching out to family members and friends for support and providing family activity events. Family-focused might also be considered focusing on the family as the unit of attention*.

Family-focused approaches are more effective than child only, child focused or parent focused approaches, which do not take into account the ecological nature of child and family life (Kumpfer & Alvarado, 1998; National Center for Missing & Exploited Children, 1999; National Institute on Drug Abuse, 1999). Children are embedded within families, which are embedded within larger social networks, communities and culture, necessitating a broader perspective in prevention work (Dunst, 1995; Hess, McGowan & Botsko, 2000). Further, our use of the term “family” is inclusive of the adults and other family members most intimately involved in raising the child, not just a conventional constellation of two parents.

See children within the context of families and families within the context of their community and culture.

Family centered does not mean that every program effort targets the whole family. Rather, it means that sound prevention programs involve the parents and family members at some level or in some components, to help shape and reinforce the work that is being done. Kumpfer and Alvarado purport that the more problems the child and family are having, the more the intervention needs to take this family-centered approach.

*Note: Family-focused is a term that is often synonymous with family-centered. However, family-centered has been widely accepted at a multi-dimensional concept that includes focusing on the family as the unit of attention, promoting family choice and control, building on family strengths in goal-focused work, individualized service plans, establishing trusting relationships between families and providers (Allen & Petr, 1996; Epley, Summers, & Turnbull, 2010; Rhode Island Coalition for Family support and Involvement, n.d.). The Standards includes these other concepts separately.

Best Practice = Program serves the entire family and has mechanisms for regularly including informal / natural supports in activities.

2. Strength-based, Goal Setting in Partnerships with Family

There are several facets to this standard; strength-based approach, partnering with families, and goal driven work. Each of these could stand alone. However, together they represent inter-connected principles regarding the way in which activities will be conducted.

All persons have strengths. Programs empower participants by identifying and building on their capabilities and competencies. Successful programs create opportunities for competencies to be learned or displayed, taking advantage of resources and supports already utilized by the family (National Clearinghouse on Child Abuse and Neglect Information, 2000; Weissbourd & Weiss, 1992). They build on the positive functioning of the parents and family rather than see the family as “broken” and “needing to be fixed.” Participants and families become less dependent on professionals.

With families in the “driver’s seat”, identify and build on their capacities and competencies.

Goal focused or goal driven is a concept that is widely used in numerous programs and approaches, such as family preservation services and family support centers. It suggests that the work is purposeful and based on an agreed upon set of goals and activities. Goal setting and attainment contributes to confidence in the ability to achieve one’s goals, in contrast to feelings of helplessness and powerlessness. Goals should be short-term, leading to longer term goals, so that parents have opportunity to experience and celebrate

success (Scarborough, Lewis, & Kulkarnie, 2010).

An essential philosophy of partnering with parents is one of the most critical differences between family resource and support activities and tertiary treatment activities that are provided after maltreatment has occurred. In this locus, prevention programs can allow participants to “drive” the service rather than insist that the provider or professional prescribe the services. The parents and family are held in respect and considered equal to staff. They should be involved in program planning and development, especially the planning of their own service goals. Parents are encouraged to serve on task forces, committees, or boards (Dunst, 1995; National Clearinghouse of Child Abuse and Neglect Information, 2000). Often, participants who have received services evolve to become the provider of services—the home visitor, parent educator, or group facilitator. This evolution promotes the use of paraprofessionals in prevention services, many of whom go on to receive formal training, certification, and higher education.

The Standards links these three concepts together, as they are essential in every interaction with families. Each could be seen as a stand-alone concept, but together they represent essential characteristics of family resource and support work.

Best Practice = Program uses strengths-based language throughout, places an emphasis on building strengths, and goals are developed in partnership with the participant, to the extent feasible under ethical and programmatic guidelines.

3. Flexible and Responsive

Flexibility in planning and delivering services is a key element in prevention programs (Hess, McGowan & Botsko, 2000). This allows for the evolution of a program over time, improving its responsiveness to the changing needs of individuals, families, and communities (Schorr, 1997).

However, providers should be aware of what components have been demonstrated to achieve results (ex. core activities, frequency, length, and credentials). Activities based on research should be implemented with at least minimum adherence to their design (Nation, Keener, Wandersman, & DuBois, 2003), but should be flexible to families that have a greater or lesser need over time. Further, it may be possible for providers to be trained to adapt within the parameter of their evidence-based program (Daro & Benedetti, 2014; Mazzucchelli & Sanders, 2010).

**Tailor
practices to
the needs of
participants.**

Best Practice = Program is flexible to meet the need of participants, such as increasing meetings from monthly to weekly. Workers are easily accessible, return phone calls within 24 hours, and respond to request for further referrals or information promptly

4. Accessible and Incentivized

Activities should be accessible, which entails removing barriers to participation. Retention of families is improved when transportation, meals or snacks, and child care are provided (Kumpfer and Alvarado, 1998). When planning a parenting education class for working parents, supports are essential. Conducting the class at the child care center and providing the evening meal and child care makes it possible for parents to attend at the end of a busy day. It is unlikely that parents will go home, make dinner, get a babysitter, and then return for a class.

Protect and facilitate parental choice in participation of services.

Providing incentives takes this one step further, enticing and encouraging families to engage in family resource and support activities. Many who participate in services do so when they are experiencing an acute need or feel some external pressure. Incentives, such as gift cards and raffles, could be used to encourage participation and retention in activities, particularly those of a less acute nature.

Best Practice = Services are barrier free; offered at times that are accessible to parents' schedules and supports are routinely provided to improve participation likelihood (i.e. food, transportation, and child care if needed).

5. Voluntary and Non-Stigmatizing

Prevention programs are most effective when participation is voluntary (Guterman, 1997;

Facilitate and encourage participant involvement.

Weissbourd and Weiss, 1992). Families that choose to participate typically have more meaningful engagement in services and outcomes are more likely to be long-term, as a result of their internal motivation to participate (Littell and Tajima, 2000; Dawson and Berry, 2002; Yatchmenoff 2005). Elective participation allows for a greater sense of ownership and autonomy. Conversely, participation driven in response to leverage or coercion often results in lower quality engagement in services and follow-through.

Additionally, families are more likely to seek out services if they are normalized and non-stigmatizing. Prevention services should be provided in non-threatening environments that are safe and convenient (Kumpfer & Alvarado, 1998). Services should be offered as much as possible with a “public face,” that is, in a place that is acceptable to all—such as at home, a school, a library, or at a place of worship—instead of a place that may have a stigma attached to it or a social services facility where someone must go to “fix a problem.”

Providers should be aware that certain practices will limit participation by undocumented parents, such as requiring IDs to gain entry to the building.

Further, prevention programs should be offered to the broad community, not just to persons or families with “problems.” Services should be seen as ways to strengthen and improve functioning rather than something a participant or family must do to address its dysfunction. Guterman (1997) noted that there appears to be a clinical advantage for programs that do not target services based on “psychosocial risk.” MacLeod and Nelson (2000) found in their review of prevention programs that there was a higher likelihood of success when working with families of mixed incomes instead of just targeting low socioeconomic status families. Still, effect sizes are often larger when working with families in need, which could contribute to a preference to target at-risk families (Daro & Benedetti, 2014).

Best Practice = Program is universally available and provided in a supportive, non-threatening environment, such as a public space that is safe and convenient.

6. Comprehensive and Integrated

Multi-component, multi-system services are stronger than quick-one shot interventions, addressing a wide-range of risk and protective factors (Chemers, 1995; Hess, McGowan and Botsko, 2000; Nation, Keener, Wandersman, & DuBois, 2003; Schorr, 1997; Weissbourd and Weiss, 1992). According to Kumpfer & Alvarado (1998). It is often necessary to meet parents’ basic and immediate needs before or in conjunction with development of parenting or life skills. Further, different types of activities can be used to reinforce and extend skill development. For example, family-based activities can be complemented with large group activities, developing social support and leveraging positive social pressure.

Use
multiple
supports to
reinforce
positive
outcomes.

Best Practice = Program provides comprehensive services through multiple program components, active case management to support goal attainment and successful linkages to a continuum of services, and flexible funding to meet gaps in service availability.

7. Developmentally Informed

Understanding stages and developmental tasks is crucial to effectively responding to the needs of participants. There are developmental considerations for all participants, be they children, parents, other family members, or caregivers. Child development refers to the ages and stages a child goes through physically, emotionally, socially, and intellectually. Parenting is a developmental process wherein the parents' skills and abilities change over time. Parents can become more competent and capable and skills can change and be more effective over time and as families go through various stages. Changes parents and families experience are related to the age and developmental stages of the child or children, the transitions that families experience, and an individual's aging process. Thus, parent education, information about human development, and skill building for parents and caregivers are essential elements of effective prevention programs (Dunst, 1995; Kumpfer & Alvarado, 1998).

Combine length of service intensity to maintain positive outcomes over time.

Best Practice: Stages of family development, related to ages of children, transitions, families experience, and the adult aging process are consistently reflected in materials and approaches.

8. Long Term and Adequate Intensity

Successful programs have a long-term, persevering approach (Schorr, 1997). The relationships among length, intensity, type of skills being addressed, short-term success, and maintaining positive outcomes over time are being studied. Although some short-term interventions are effective, a greater intensity of services over an extended period of time seems most effective for families at high risk (Guterman, 1997; Kumpfer & Alvarado, 1998; MacLeod & Nelson, 2000). Efforts that are too short may produce temporary reductions of symptoms rather than long-term effects. It takes time to develop trust, to locate all of the needed services, comprehensively address needs, and develop new skills. Although there is agreement that prevention programs should be intense and long term, how intense and how long is still being debated.

Relevant to the ages and development stages of participants.

Best Practice: Frequency, intensity, and length of service have been and continue to demonstrate adequacy to meet and maintain desired outcomes as evidenced by quantitative outcomes research.

9. Culturally Responsiveness/Reciprocity

**Affirm,
strengthen
cultural
identity and
diversity.**

Human service programs are familiar with the concept of cultural sensitivity and cultural competence. Whereas cultural sensitivity is an awareness of and tolerance for diversity, cultural competence goes further. Competency is knowledge about the culture that is used to assist participants in programs. It is showing respect for customs and practices, utilizing unique roles of family members and gaining the acceptance of the leaders within the cultural group. Cultural competence should be strengthened, not just tolerated (Chemers, 1995; Dunst, 1995; Weissbourd & Weiss, 1992). When programs are tailored to the cultural traditions of the families, improvement is found in recruitment and retention of the families as well as overall outcomes (Kumpfer & Alvarado, 1998).

However, an emerging concept that is common in the special education field is cultural reciprocity. Cultural reciprocity entails understanding the cultural assumptions that are rooted in the service provider's thinking and behavior, as well as those that undergird the activities of human service organizations. Workers should be open to examining cultural assumptions regarding goals and activities with families and avoid stereotypical solutions (Leake & Black, 2005).

Best Practice: Staff demonstrates awareness, knowledge, attitudes, and skills related to impact of culture – theirs' and that of the family – on the working relationship engagement of families in services and assumptions about the process / goals of services. Organizations tailor services, materials, and staffing to facilitate this and promote cultural exchanges.

Practice with Communities

1. Participatory Development Planning

Participatory development planning is the practice of including the intended recipients of programs in the planning process through various means: planning councils, advisory groups, positions on agency boards, representation at strategic planning and other program planning activities (Rietbergen-McCracken, n.d.). The popular phrase “nothing about me without me” epitomizes the rejection of benevolent efforts to “help” poor and minority groups from a position of power and authority.

**Nothing
about me
without
me.**

The practice of participatory planning has its roots in the 1960s civil rights movement (Chin, 2009). The philosophy behind the practice is embraced by the United Nations, which promotes stakeholder involvement in urban planning projects, and has expanded into research design methods (i.e. participatory action research and participatory mapping).

However, the degree of decisional authority shared with participants needs to be clear and activities to support this commensurate with the expectations. Participants and providers may have different goals and participants may be reluctant to utilize objective data regarding their communities that is incongruent with their own perceptions (Haumann, 2011). Organizational and funding goals should be shared and care taken to educate and establish appropriate expectations with families regarding the degree of discretion available in the planning process and goals of participant involvement.

Also, groups that have multiple providers and participants may fail to empower participants, as providers develop networks and have skills (i.e. framing their concerns and managing the volume of information) that facilitate their success in that environment (Chin, 2009). In order to facilitate meaningful participation, participants may need coaching and structures may need to be modified to facilitate participant voice. Finally, the intent of involving participants should be transparent, so that participants are not frustrated with the results.

Best Practice = Program is designed collaboratively with the intended participants.

2. Community Integration

Preventing child maltreatment requires a broad societal commitment to children that involves seeking the ownership of all sectors of the community in prevention efforts (National Committee to Prevent Child Abuse, 1995). Defined geographically, a community may be a neighborhood, municipality, or region. All who receive services, reside, or work in that defined community should be invited to participate and, hopefully, will become involved in preventing child abuse. Further, community based programs should be known throughout the community.

At a minimum, community programs should network to ensure that families in the community have access to the services they need. In addition, communities typically have human services planning groups and prevention/family support programs should be active in these. However, community-wide strategic planning to address prevention of health and substance abuse problems is becoming common. Ideally, family support programs should take a leadership role in organizing providers and families to study, plan, and implement strategies to address risk and protective factors at the community level.

Programs are actively involved in the communities in which they are located.

The ultimate goal of these efforts should be to empower the community to have a genuine sense of ownership, which mobilizes the community. When a community is empowered, its members share responsibility with professionals and are seen as experts, providing leadership and support. There is inclusive decision-making and an emphasis on cooperation and collaboration. These activities promote healthy community development and have benefits, as well, for positive youth development (Search Institute, 1998).

Best Practice = Program takes a leadership role in organizing efforts to study, plan, and implement strategies to address aspects of the community (i.e. structural and parenting norms) that promote or undermine family functioning.

3. Early Start at all developmental stages

In order to prevent child maltreatment, programs need to work with caregivers and parents before negative patterns develop and produce unwanted or poor outcomes. The MacLeod and Nelson (2000) meta-review found a strong indication that gains made through proactive interventions with families were better sustained and even increased over time. However,

families that received help after maltreatment had already occurred tended to lose ground over time.

Work with target population before negative or abuse patterns are established.

Ideally, programs should be available to assist new parents right from the start in establishing positive parenting practices and addressing risk factors (Daro & Benedetti, 2014; Guterman, 1997; Kumpfer & Alvarado, 1998). Work can begin prenatally (Guterman, 1997; MacLeod & Nelson, 2000), when many women are eager to learn about effective infant and toddler care and those with substance use often cut-down or stop using for this period of time. Additionally, the greatest period of brain growth is between the ages of birth and three years and early socialization patterns are established during the first years of life.

However, later child development stages can bring their own challenges for parents. For example, as children get older, peer relationships become more important, risk-taking behavior can develop, and they need experiences that will prepare them for adulthood. Programs should be available to meet the needs of parents addressing the full-range of child developmental stages. Further, healthy relationships and life skills are developed in middle and high school years, indicating a need to consider the pre-parenting opportunities to support strong families.

Best Practice = Program is aimed at the general population for the purpose of keeping child maltreatment from happening before it has occurred, at every developmental stage (i.e. prenatally, positive youth development, etc.)

Administrative Standards

1. Long-range and On-going Planning

Organizations that engage in strategic planning are able to adapt to the changing needs of their communities and keep abreast of innovations in the field. Strategic planning should be conducted every 3-5 years and involves*:

- Identification of stakeholders, which could include participants, board of directors, community members/public-at-large, funders, and state/federal policy makers.

- A review of the requirements and expectations of the various stakeholders, both formal (written) and informal.
- Review and revision of the mission, vision and values of the organization.
- Identification of strategic issues, which could include strengths and weaknesses of the organization, opportunities and challenges in the external environment (i.e. changes in population and funding opportunities).
- Establishment of short- and long-term goals, objectives, and activities.
- Identification of measures of successful attainment of goals.
- Regular tracking and adjusting.

Organizations remain stable and productive by regularly assessing their internal and external environment and establishing goals.

Further, participants and community members should be involved meaningfully in the process. This is consistent with the practice of participatory planning and it promotes community-wide impact. *Note: For more detailed steps and activities, see Bryson (2004).

Best Practice = The organization engaged in comprehensive, on-going cycle as of assessment, planning, intentional decision-making, implementation, and evaluation of the organization in all its aspects.

Skill and knowledge development keeps staff current and engaged.

2. Supervision, Organization Management, and Professional Development

Adequate training of staff is needed. Although the warmth and empathy of a staff person is most likely brought to the job, training in listening, how to use a strength-based approach, how to determine service priorities, and how to treat participants as partners are skills that can be taught. As previously noted, with the lack of academic education in prevention, effective standards

in prevention programs need to be taught on the job and staff need opportunities to pursue continuing education opportunities whenever possible.

Supervisors need to be capable of supporting workers in their growth and meet frequently with their staff. Further, workers tend to mirror supervisory practices with the families they serve. Collaborative and participatory principles should be utilized and modeled in supervision, to promote this practice with families.

Best Practice = Supervisors and the organization engage in collaborative decision-making with staff, provide opportunities for professional growth and development. Management policies are documented and organizational finances are well managed

3. Parent and Community Leadership

Administrative practices need to provide for participant and community participation (National Clearinghouse on Child Abuse and Neglect Information, 2000). This can take many forms; including participant focus groups, surveys, and episodic volunteerism. Increasingly, organizations are ensuring systematic inclusion and increasing consumer power through advisory groups and seats on governing boards.

Advisory groups, collaborations, and input foster participant and community involvement.

There are multiple benefits of this practice. It empowers the participants and community to have a voice in the types of activities that are provided to their community. Parent and community members can be coached to take leadership roles and become ambassadors for family resource and support activities; building support for sustainable funding and nurturing family engagement (Family Support America, 2002).

Best Practice = Program participants and community leaders are on governing and/or advisory boards and are developed and given meaningful opportunities to engage in program activities.

4. Fidelity to an Established, Appropriate Model

Core components needed to achieve promised outcomes are provided.

Effectiveness of the services being implemented is essential. When possible, organizations should implement programs and approaches that have research evidence to establish their efficacy and these programs or approaches should be implemented with fidelity to the core, critical components. Research and development of effective prevention programs is ongoing. It might not always be possible to identify an established program that fits the need or an adaption might be necessary. However, established programs or approaches should always be considered first. Further, the program should have been studied with the population characteristics intended to participate.

Fidelity is measureable by identifying the core, critical components, such as session length, frequency, credentials of staff, materials, and activities, and gathering data on adherence. In addition, when adopting a new practice, organizations should consider their “readiness”. The effectiveness of a new intervention is partially dependent on the readiness of the organization to change their current practice and adopt the new practice. An assessment developed by the National Implementation Research Network is recommended. The Full Implementation Stage Assessment, includes aspects of organizational readiness, including staffing, training, supervision, performance assessment, data supported decision-making, procedures, external organization change, leadership, and implementation climate (Fixsen, Panzano, Naoom, & Blasé, 2008).

Best Practice = Program is being provided with fidelity to an established model that has been researched as effective with the population being served and for the purpose intended.

5. Highly Qualified, Competent and Caring Staff

Research is bearing out that the quality of staff in prevention programs is a key factor for how successful the program is at reaching the intended outcomes for participants. Kumpfer and Alvarado (1998) noted from the literature key staff characteristics and skills that are needed for program effectiveness: warmth, genuineness, empathy, communication skills in presenting and listening, openness and willingness to share, sensitivity to family and group processes, genuine concern about families, flexibility, humor, credibility, and personal experience with children as a parent or childcare provider

Quality of staff and their interactive ability is a key factor.

Successful programs encouraged practitioners to build strong relationships based on mutual trust and respect (Schorr, 1989). It was the quality of these relationships that most profoundly differentiated effective from ineffective programs. Staff needs to be there long enough, close enough, and persevering enough to forge authentic relationships that help to turn lives around. Successful programs are managed by competent and committed individuals willing to: experiment and take risks; manage by “groping around”; tolerate ambiguity; win the trust of line workers, politicians, and the public; be responsive to the demands for prompt, tangible evidence of results; be collaborative; and allow for discretion of staff on the front lines. Staff that work with families should have the same respect, nurturing, and support from their managers that they are expected to extend to those they serve.

Best Practice = Staff demonstrate excellent engaging families in services and demonstrating caring, empathy, sensitivity, and knowledge, as evidenced by participant reports, retention in services, and supervisor observation.

6. Data Collection and Documentation

It is essential from the start of the program to articulate anticipated levels of service and to

**Collect and
report service
level and
outcome data.**

devise forms that will collect the information necessary to determine if the levels of service and outcomes are being met. Records usually collect descriptive information at the onset of service, amounts of service received throughout the duration of the participant's involvement, and data that reflect the changes that are occurring for the participant, comparing certain behaviors, knowledge, or circumstances at the beginning and at the end of the service period. When conducting parenting programs, Daro (1990) suggests gathering data as follows:

- **At initial engagement:** source of referral; family structure; major strengths and/or presenting problem; and whether family/individual voluntarily agreed to participate
- **Service summary:** units of service over each week/month; number of families receiving services
- **Descriptive Data:** length of time of service, level of family's participation, percentage of goals achieved, reason for termination of service

Collecting descriptive data and measuring outcomes is necessary to keep the program on course. The types of data to be collected should reflect the anticipated needs for descriptive and quantitative information. Staff should be trained in record keeping and in report preparation. Some organizations prepare an annual work plan that articulates the expected levels of service for the program. The levels of service are targets for staff to achieve during the coming year.

Best Practice = Records are maintained electronically on individual and program-level activities, as well as outcomes data.

7. Measures Outcomes and Conducts Evaluation

Programs must have an evaluation component that gathers quantitative and qualitative data to determine if the program is achieving anticipated outcomes and to what extent. The

National Clearinghouse on Child Abuse and Neglect Information recommends that funding be provided only to those programs that have some evidence of effectiveness.

In addition to descriptive information about the participants and levels of service, the program should gather information that indicates whether or not the program is achieving

Use of qualitative and quantitative data to evaluate if anticipated outcomes are being achieved.

the outcomes intended for the participants. Outcome information is different from levels of service data. Outcomes measure some type of change—circumstances, knowledge, skills, behaviors, or attitudes. Outcome measures need to be used at the onset and at the end of the duration of the service. Some measures are also used intermittently throughout the time of service.

Many different valid and reliable tests and measurements are available for evaluation purposes. Some of these instruments can be scored by the organization; others can be sent “outside” to be scored and analyzed. Programs may also establish their

own measurements. However, evaluation expertise is needed to determine the reliability of new instruments. The sophistication of the program evaluation will depend on the program’s resources.

At a minimum, pre– and post-assessments should be used to determine if the program is at least achieving the desired outcomes for the participants in that specific program at that period in time. This data are considered clinical data that service providers may use to evaluate their own activities and better understand the characteristics of families they serve.

Choosing assessment can be daunting. However, the Children’s Bureau provides an on-line tool* for developing a logic model and choosing validated measures. Prior research regarding the program or similar activities could be instructive. To engage in more rigorous research, such to compare the outcomes of one set activities to the outcomes of another or to compare those that participate from those that do not, it is recommended that providers engage a trained researcher.

*<https://toolkit.childwelfare.gov/toolkit/>

Best Practice = Scales are administered at baseline and completion of services. Data are analyzed to determine outcomes, which are changes in knowledge, skills, behavior, etc. related to promotion of protective factors and reduction of risk factors. Data might also be analyzed to determine who benefits and under what circumstances.

8. Adequate Funding and Long-term Commitment to Sustainability of the Program

There do not appear to be any studies that specifically look at the impact of the level of funding as it relates to program effectiveness. However, communities can become distrustful when initiatives unexpectedly end. Other information (already noted above) also point to the need for comprehensive, long-term, and intense services, which suggests that sound prevention programs need adequate funding and are not inexpensive.

Elements of effective programs include financial accountability and addressing the need for adequate funding—not only for start-up but for ongoing implementation. Sound prevention programs should prepare annual and long-term plans for implementing the program, responding to participant feedback, and addressing resource development needs. Organizations that house prevention programs must meet accreditation and licensure requirements or other governmental regulations, such as a non-profit properly conducting itself to maintain its tax exempt status.

Stable and long-term funding provide for ongoing program implementation.

Excellent = Program is fully fund with renewable funds or there is a solid plan for continued public and private funding.

Self-Assessment Instructions: This is intended as a self-study and program improvement tool. Please choose the score that best reflects your current practice at the end of each section – Families, Communities, and Administration – identify several areas for improvement and steps to support those goals.

Practice with Families

	Foundation 1	Emerging 2	Established 3	Best Practice 4
1. Family-focused <div>Score:</div>	Program is focused on the individual only.	Program addresses needs of the entire family, but primarily through the individual that initiates services for the family.	Program serves the entire family. Materials encourage workers to speak to participants about their informal supports (i.e. friends and family).	Program serves the entire family and has mechanisms for regularly including informal/natural supports (i.e. friends and family) in activities.
2. Strength-based, goal setting in partnerships with family <div>Score:</div>	Decisions regarding individual service plans are based primarily on professional judgment.	Professional judgment is used, but strength-based and parent determined goal setting is also minimally utilized.	Goal setting is based on parent strengths and personal goal, but with some influence from professional judgment.	Program uses strength-based language throughout, places an emphasis on building strengths, and goals are developed in partnership with the participant, to the extent feasible under ethical and programmatic guidelines.
3. Flexible and responsive <div>Score:</div>	Program activities are provided based on a standardized approach that does not allow for deviation from the model.	Program has limited flexibility in activities.	Program has some flexibility in activities to meet the needs of participants, such as spending more time with certain families than others based on individual needs.	Program is flexible to meet the needs of participants, such as increasing meeting from monthly to weekly. Workers are easily accessible, return phone calls within 24 hours, and respond to requests for further referrals or information promptly.

Practice with Families				
	Foundation 1	Emerging 2	Established 3	Best Practice 4
4. Accessible and incentivized <div>Score:</div>	Services are only ever offered during the weekday. Services that facilitate involvement, such as child care, transportation, and food are not provided.	Services are occasionally offered on the evenings or weekends, but child care, transportation, and food are not provided.	Services are offered at times that are accessible to parents' schedules and supports are sometimes provided to improve participation likelihood (i.e. food, transportation, and child care if needed).	Services are barrier free; offered at times that are accessible to parents' schedules and supports are routinely provided to improve participation likelihood (i.e. food, transportation, and child care if needed).
5. Voluntary and incentivized <div>Score:</div>	Program is provided exclusively to child protective service involved parents.	Program is a requirement of families in order to obtain other desired services.	Program is provided to at-risk families in a supportive, non-threatening environment. However, due to the way families were referred to services, they may feel they do not have a choice.	Program is universally available and provided in a supportive, non-threatening environment, such as a public space that is safe and convenient.
6. Comprehensive and integrated <div>Score:</div>	Program provides one discrete service component.	Program provides multiple service components and referrals to other services.	Program provides multiple service components and active case management to support goal attainment and successful linkages to a continuum of services.	Program provides comprehensive services through multiple program components, active case management to support goal attainment and successful linkages to a continuum of services, and flexible funding to meet gaps in service availability.

Practice with Families				
	Foundation	Emerging	Established	Best Practice
	1	2	3	4
7. Developmentally informed <div>Score:</div>	It is at least unclear whether program design, materials and activities are informed by developmental (ages/stages of children, family transitions, adult aging) knowledge.	Program materials and activities are informed by developmental (ages/stages of children, family transitions, adult aging) knowledge.	Stages of family development, related to ages/stages of children, transitions families experience, and the adult aging process are sometimes reflected in materials and approaches.	Stages of family development, related to ages of children, transitions families experience, and the adult aging process are consistently reflected in materials and approaches.
8. Long term and adequate intensity <div>Score:</div>	Frequency, intensity, and length of service needed to demonstrate desired outcomes have not yet been established or current services are provided at less than recommended levels.	Frequency, intensity, and length of service are being provided as recommended, but data are not collected to ensure efficacy with the current setting and population.	Frequency, intensity, and length of service have been and continue to demonstrate adequacy to meet and maintain desired outcomes as evidenced by qualitative research or retrospective self-report only.	Frequency, intensity, and length of service have been and continue to demonstrate adequacy to meet and maintain desired outcomes as evidenced by quantitative outcomes research.
9. Culturally responsiveness/reciprocity <div>Score:</div>	Materials are written only in one language and have a singular race/ethnic orientation.	Program components acknowledge and respect cultural identity and background. Workers demonstrate cultural competency/reciprocity and their capacity to engage with a diverse range of families.	Materials are written in multiple languages and bi-lingual workers are utilized. Workers demonstrate cultural competency/reciprocity and their capacity to engage with a diverse range of families.	Staff demonstrates awareness, knowledge, attitudes, and skills related to impact of culture - theirs' and that of the family - on the working relationship, engagement of families in services and assumptions about the process/goals of

				services. Organizations tailor services, materials, and staffing to facilitate this and promote cultural exchanges.
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Please discuss any indicators rated with a “1”. Specifically, is there a rationale for this practice that is in keeping with your program, organization, or community? If so, please describe. If not, what factors have influenced this and what can be done to overcome those factors and progress in Standards adoption?

Our top 3 priority improvements within the Families domain for this year:

Rank	Specific Area of Concern	Strategies for Improvement	Assistance Needed
1.			
2.			
3.			

Practice with Communities

	Foundation 1	Emerging 2	Established 3	Best Practice 4
1. Participatory Development Planning <div>Score:</div>	Program is designed with little or no input from participants.	Program is designed with minimal input from participants, such as through a survey or focus group.	Program is designed with the active input of intended participants, such as through an advisory group.	Program is designed collaboratively with the intended participants.

Please discuss any indicators rated with a “1”. Specifically, is there a rationale for this practice that is in keeping with your program, organization, or community? If so, please describe. If not, what factors have influenced this and what can be done to overcome those factors and progress in Standards adoption?

Our top 3 priority improvements within the Communities domain for this year:

Rank	Specific Area of Concern	Strategies for Improvement	Assistance Needed
1.			
2.			
3.			

Administrative Standards

	Foundation 1	Emerging 2	Established 3	Best Practice 4
1. Long-range and on-going planning <div>Score:</div>	Strategic planning and other systematic organizational assessments have not been conducted in at least 10 years, if at all.	Assessments and planning are conducted on an ad-hoc basis.	Strategic planning and other systematic organization assessments are conducted at least every 5 years. Staff and community/family partners have limited involvement.	The organization engages in a comprehensive, on-going cycle of assessment, planning, intentional decision-making, implementation, and evaluation of the organization in all its aspects. This is shared with staff and community/family partners.

2. Supervision, organizational management, and professional development. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Score:</div>	Supervisors and senior management make unilateral decisions regarding individual service plans and organization direction, respectively. There are no opportunities for training and professional development.	Supervision occurs intermittently or as necessary. Organization policies may be minimal or infrequently updated. There are minimal resources for professional development.	Supervisors meet with staff regularly. Organization policies are established. There are minimal financial resources for professional development.	Supervisors and the organization engage in collaborative decision-making with staff, provide opportunities for professional growth and development. Management policies are documented and organizational finances are well managed.
3. Parent and community leadership <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Score:</div>	There is little opportunity for program participants and community members to give feedback or take leadership roles.	Program conducts satisfaction surveys and involves participants/community as volunteers.	Participants and community volunteers are developed and given meaningful opportunities to engage in program activities.	Program participants and community leaders are on governing and/or advisory boards and are developed and given meaningful opportunities to engage in program activities.

Administrative Standards				
	Foundation 1	Emerging 2	Established 3	Best Practice 4
4. Fidelity to an established appropriate model <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Score:</div>	Program has not yet developed a logic model or produced evaluation results.	Utilizing researched model, however some elements of the model are not being provided as designed and/or this program has not been utilized previously with this population.	Program is being provided with fidelity to an established model that has not been researched with the population being served or for the purpose intended, but data is being collected currently.	Program is being provided with fidelity to an established model that has been researched as effective with the population being served and for the purpose intended.
5. Highly qualified, competent, and caring staff	Some concerns regarding retention of families in services have been noted, but an	Some concerns regarding retention of families in services have been noted – through an	Staff demonstrates a moderate degree of success engaging families in services and demonstrating	Staff demonstrates excellence engaging families in services and demonstrating caring, empathy,

Score:	assessment to determine the cause has not yet been conducted.	assessment of retention, participant satisfaction, and/or observation – that have indicated concerns with staff capabilities.	caring, empathy, sensitivity, knowledge, and cultural competency/reciprocity, as evidenced by participant reports, retention in services, and supervisor observation.	sensitivity, knowledge, and cultural competency/reciprocity as evidenced by participant reports, retention in services, and supervisor observation.
6. Data collection and documentation Score:	Basic paper records are kept on activities. Sign-in sheet may be used at activities, but individual-level records are not kept.	Paper records on individual participants are maintained properly and accessible to workers as needed.	Records are maintained electronically on individual and program-level activities.	Records are maintained electronically on individual and program-level activities, as well as outcomes data.

Administrative Standards				
	Foundation 1	Emerging 2	Established 3	Best Practice 4
7. Measures outcomes and conducts evaluation Score:	Aggregate data are collected and reported on demographics of participants and outputs of programs (i.e. numbers served, types and numbers participating per activity).	Individual-level data are entered into a database and reports are generated on aggregate descriptive statistics. This might include average frequency and length of use, descriptive statistics on participants, and basic correlations.	Process data are collected on elements of the program and their implementation, such fidelity to the model, participant satisfaction, or needs assessments, in addition to individual-level data elements mentioned previously.	Scales are administered at baseline and completion of services. Data are analyzed to determine outcomes, which are <u>changes</u> in knowledge, skills, behavior, etc. related to promotion of protective factors and reduction of risk factors. Data might also be analyzed to determine who benefits and under what circumstances.

8. Adequate funding and long-term commitment to sustainability of the program <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Score:</div>	Funds do not allow for full-implementation of the program and future funding is uncertain.	Funds do not allow for full-implementation of the program. Future funding is reasonable secure.	Program is fully funded with non-renewable funds. Future funding is uncertain.	Program is fully funded with renewable funds or there is a solid plan for continued public and private funding.
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Please discuss any indicators rated with a “1”. Specifically, is there a rationale for this practice that is in keeping with your program, organization, or community? If so, please describe. If not, what factors have influenced this and what can be done to overcome those factors and progress in Standards adoption?

Our top 3 priority improvements within the Administrative domain for this year:

Rank	Specific Area of Concern	Strategies for Improvement	Assistance Needed
1.			
2.			
3.			

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Acting Essex County Prosecutor
Essex County Prosecutor's Office
New Court House

Mary E. O'Dowd, M.P.H
Commissioner
Department of Health

Hon. Shirley Turner
Senator
NJ Senate District 15

Jennifer Velez
Commissioner
Department of Human Services

DESIGNEE

Lorraine Augostini
Office of the Public Defender

Marisol Lloyd
Department of Corrections

Mark Ali, Director, SVU
Essex County Prosecutor's Office
New Court House

Gloria M. Rodriguez, DSW,
Assistant Commissioner
Department of Health

Shabnam Salih
NJ Senate District 15

Natasha Johnson, M.S.W., Deputy Director
Division of Family Development
Department of Human Services

Public Members

Diana Autin, Esq., Executive Co-Director
Statewide Parent Advocacy Network (SPAN)

Rhona Beadle, Executive Director
Ginnie's House CAC

Marygrace Billek, Director
Department of Human Services- Mercer County

Kathy Collins, Executive Director
Monmouth Cares

Rita Gulden, M.S.W., Executive Director
CASA of New Jersey

Maura Somers Dughi, Esq.
Child and Family Advocacy

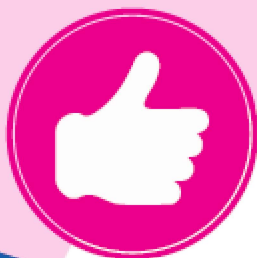
Public Members

Cynthia Van Brunt, Executive Director
CASA of Monmouth County

Cecilia Zalkind, Executive Director
Advocates for Children of New Jersey

Social and Emotional Competence

Children's early experiences of being nurtured and developing a *positive relationship* with caring adult *affects all aspects* of behavior and development.



Knowledge of Parenting & Child Development

Children *thrive* when parents provide *not only affection*, but *also* respectful communication and listening, consistent rules and expectations, and *safe opportunities* that promote independence.



Social Connections

Parents with a social network of *emotionally supportive friends, family, and neighbors* often find that it is *easier to care* for their children and themselves.



5 Protective Factors

Resilience

Parents who can cope with the *stresses of everyday life*, as well an occasional crisis, have *resilience*; they have the flexibility and inner strength necessary to *bounce back* when things are not going well.

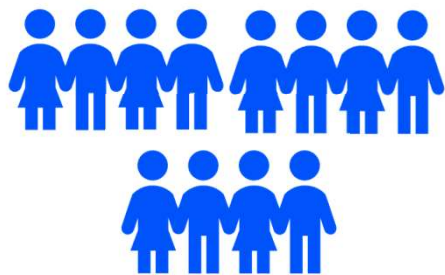


Concrete Support

Families who can meet their *own basic needs* for food, clothing, housing, and transportation—and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs—are *better able to ensure the safety and well-being of their children*.



DCF's Prevention Continuum



Primary Prevention

Activities that are directed at the general population (universal) and attempt to stop maltreatment before it occurs.



Secondary Prevention

Activities with a high-risk focus that are offered to populations that have one or more risk factors (select) associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.



Tertiary Prevention

Activities focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Parent Advisory Council Strategies

FATHERS

Develop a specific “elevator speech” for fathers and father-figures that includes their language, interests, goals.

Incorporate physical activities for them and their children.

Brainstorm where the fathers are: father support/mentor programs? churches? law enforcement agencies? Connect with those pockets.

PAC members host tables where the fathers are.

Capitalize on known fathers who are already associated with the FSC and/or PAC. What role do they already play in their community and how can they spread the word?

Create relationships with men by listening to what their needs and interests are.

Assign specific roles to those fathers using strengths identified during that engagement.

Invite high school/males to speak at PAC meetings.

Use flexibility when scheduling meetings and activities, such as later hours and weekends.

FAMILIES & GENERATIONS

Develop a strong elevator pitch that emphasizes that all family members are welcome.

Include families as a whole—both parents, siblings, extended family such as grandparents, aunts, and uncles.

Offer childcare then a family activity to follow the PAC meeting.

Involve children. What activities do they like and want to do or see again? They can identify, teach, and/or run programs.

Invite the whole family, not just the PAC member, to the PAC outings.

Invite teens to meetings. They are future community leaders who will benefit from lessons on leadership.

Capitalize on seniors – they may be grandparents, and they may be willing to become FSC leaders.

CLEAR EXPECTATIONS + SAFE SPACE

Explain importance of the PAC's role in the community and to the FSC. Include FSC and community data about community/family needs, and how their voice matters to make change.

Emphasize the shared vision that the community members have with the FSC.

Clearly explain the roles, responsibilities, and expectations of participation using non-intimidating language.

Explain how they will be supported through the process, including how they will be prepared to handle responsibilities.

Make space so families can ask for help or clarification at any time.

Emphasize listening then working with them to implement their ideas.

Provide Practice Profile training so PAC understands the essential functions and guiding principles of Family Success Centers.

LET THEM LEAD

Support them through all stages: preparing for their role, facilitating meetings, representing the PAC/FSC in the community.

Identify smaller/easier opportunities for them to lead to gain comfort in that role (such as leading one part of the meeting agenda) and work with them to be prepared for it.

Offer leadership development training (SPAN) and other opportunities for them to develop leadership skills.

Help them follow through on the group's ideas.

Create sense of belonging.

Invite PACs to yearly program planning meetings, develop the calendars with them, and share the experience of being the first to see the calendars.

Elicit input about the foods they like.

Provide updates during PAC meetings on monthly reports, attendance, success/challenges of events (data loop).

Engage families to gauge their passions and strengths to identify opportunities for them to lead a program or event (music, art, sports, cooking, etc.).

SHINE THE SPOTLIGHT

Put PAC members and activities in the spotlight. They market themselves at events.

Spread word through other programs in parent agency at staff and program meetings.

Invite PAC members to speak at staff and program meetings.

Highlight all progress, not just “big.”

Plan special appreciation events for the PAC members and their families.

Host open houses for local partners such as school administrators to increase both referrals and pool of potential youth leaders.

OTHER CONSIDERATIONS

Ensure all paperwork (application, description of mission, goals, etc.) is available in all languages spoken by the community.

Support parents through application process.

Identify existing partnerships to connect with for potential members, both within and outside your agency, such as childcare centers, Parents as Teachers, or CCYCs.

Words matter. Choose language and labels carefully, such as promoting it as a “parent group” not “board.”

Maintain flexibility for PAC activities, such as hours, days, time of year (holidays, spring/summer breaks), virtual/in person/combo, and frequency.

Work to change the view of FSCs from handouts/transactional exchanges to deeper, more impactful and long-lasting support and experiences.

Utilize the tools provided in the training (self-nomination application, PAC description, selection letter).

Reach out to active parents individually to discuss the PAC and how participation will be mutually beneficial to the participant and the FSC/community.

Conduct wellness checks for active members who have stopped attending.

Be mindful about pushing potential PAC members too hard as that may push them away.

Consider creative naming conventions, i.e. “coffee talk.”

Prepared by:

Office of Family Support Services

Division of Family and Community Partnerships

Revised: February 2024

The Parent Advisory Council Spectrum

Increasing Level of Parent Involvement, Communication, Trust, and Impact

Low Engagement

- Attend meetings
- Run technology during PAC meetings
- Set up or clean up meetings, programs, or events
- Tell friends, family, and neighbors about the FSC; act as informal FSC messenger
- Share ideas for an event with PAC members or FSC staff

Moderate Engagement

- Provide assistance for special PAC or FSC projects
- With FSC staff assistance, contribute to development of PAC meeting agendas
- Capture minutes and attendance at meetings
- Accompany FSC staff and/or PAC members to outreach events
- Participate in PAC subcommittees to plan special events
- Identify other potential parent leaders and how their interests and skills can contribute to the life of the FSC
- Elicit input from FSC participants about what is needed in the community and at the FSC
- Co-facilitate workshop or activity with another parent leader or FSC staff
- Co-present on PAC/FSC activities in FSC or parent agency staff meeting

High Engagement

- Hold official leadership role, such as a PAC Officer
- Facilitate PAC meetings and lead discussions
- Represent the PAC and FSC at formal community events
- Attend FSC program planning meetings
- Take the lead on planning and executing outreach or special events
- Assist other PAC members and FSC participants with growing their leadership skills, such as practicing public speaking with them
- Identify opportunities for FSC to connect with new families, populations, and partners in the community
- Participate in discussions with FSC staff about participant feedback or community strengths, needs, and data, and brainstorm how to use that information
- Participate in hiring process for new FSC staff

DCF Office of Resiliency's Mission, Values, and Priorities

Mission Statement: The Office of Resilience is an incubator and advocate for community-developed solutions, grounded in positive and adverse childhood experiences science, that help to create a healing-centered ecosystem in which all NJ residents can thrive.

Vision Statement: New Jersey is a trauma-informed and healing-centered state, creating opportunities to prevent, and empower healing from, individual, transgenerational, and community trauma.

Values:

- **Safety:** creates spaces that are safe
 - o Emotionally: prioritizing psychological safety in every interaction
 - o Physically: intentionally minimizing risk of trauma-triggering
 - o Morally: within the context of moral distress, injury, and repair
- **Equity:** striving for power sharing, using data to evaluate outcomes, and a commitment to developing community leaders
- **Belonging:** all voices belong, are heard, and are welcomed
- **Relational:** intentional and authentic community engagement
- **Accountability:** maintain a sense of urgency and prioritization and will apply programming without delay or interruption, to the best of our ability

Priorities (Action Plan Core Strategies):

1. Achieve Trauma-Informed and Healing-Centered State Designation

- Establish the Healing NJ Together Technical Assistance Center to coordinate state efforts that prevent, treat, and heal from ACEs and promote PCEs; to inform state policies and budgets related to PACEs
- Develop a Trauma-Informed Care Readiness Assessment government and non-governmental organizations interested in earning a trauma-informed designation
- Identify and utilize evidence-based tools for measuring organization shift to being trauma-informed
- Maintain the NJ Resiliency Coalition web space on PACEs Connection as a virtual learning community for ongoing stakeholder education and collaboration

2. Conduct a PACEs Public Awareness and Mobilization Campaign

- Promote PCEs as the counterpoint to ACEs in coordination with the DCF Communications team
- Collaborate with trauma-informed/healing-centered organizations (e.g., Regional ACEs Collaboratives) across the state
- Revamp OoR website
- Advocate for policies to address social determinants of health (SDoH)

3. Maintain Community-Driven Policy and Funding Priorities

- Conduct a review of ACEs prevention and healing services throughout NJ's 21 counties and subsequently develop a needs assessment
- Encourage public and private partners to increase the number and quality of trauma-informed/healing-centered programs available to individuals most impacted by ACEs
- Fuel "Launch and Learn" innovation: an "era of experimentation"
 - o Microgrants to community members via Regional ACEs Collaboratives
 - o Police/Youth Initiatives
 - o Future initiatives

4. Provide Cross-Sector PACEs Training

- Coordinate with organizations throughout the state providing PACEs training
- Develop evidence-based PACEs training programs for community members and professional sectors, prioritizing those populations at increased risk for ACEs (juvenile justice, LGBTQIA+, BIPOC, systemic poverty)
- Cultivate conditions for cross-sector collaboration, including interagency team meetings
- Initiate traveling NJ PACEs Task Force meetings
- Identify and convene trauma-informed experts across the state
- Highlight partnerships, promote virtual and live learning opportunities

5. Promote Trauma-Informed/Healing-Centered Services and Supports

- Prioritize support for addressing ACEs/promoting PCEs in a relationship-centered, family-centered manner
- Inform and reward stakeholders for focusing on establishing and restoring safe and stable nurturing relationships (SSNRs)
- Orient toward promoting positive health and resilience
- Engage self, family, and community in self-care as the driving factor to prevent and heal the trauma associated with ACEs and to proactively improve stress and emotion regulation skills essential for the health and well-being of all children, families, and communities

Acronyms:

ACEs = adverse childhood experiences • OOR = Office of Resilience • PCEs = positive childhood experiences
PACEs = positive and adverse childhood experiences • RAC(s) = Regional ACEs Collaborative
SDoH = social determinants of health • SSNR = safe and stable nurturing relationships

April 2023

New Jersey Family Success Center Locations

Atlantic County

Oceanside I Family Success Center
Oceanside II Family Success Center
Hammonton Family Success Center
The New Day Family Success Center
Inland Family Success Center

Bergen County

Bridges Family Success Center
Meadowlands Family Success Center

Burlington County

Generations Family Success Center
Pinelands Family Success Center

Camden County

Evolution Family Success Center
Promise Neighborhood Family Success Center
Building Bridges Family Success Center
Orchards Family Success Center

Cape May County

Shore Family Success Center

Cumberland County

Greater Bridgeton Family Success Center
Holly City Family Success Center
Monarch Family Success Center of Vineland
Forest Lakes 1 Family Success Center
Forest Lakes 2 Family Success Center

Essex County

East Orange Family Success Center
FOCUS Family Success Center
Ironbound Community Corporation
Family Success Center - Cortland Street
Ironbound Community Corporation
Family Success Center - Elm Street
Unity Family Success Center
LaCasa's 1 Family Success Center
LaCasa's 2 Family Success Center
The North Ward Center Family Success Center
Weequahic Family Success Center

Gloucester County

Evergreen Family Success Center
Mosaic Family Success Center

Hudson County

Liberty Family Success Center
Palisades Family Success Center
Skyway Family Success Center

Hunterdon County

Harvest Family Success Center

Mercer County

Heritage North Family Success Center
Heritage South Family Success Center

Middlesex County

Bayside Family Success Center
Greenway Family Success Center
Harmony Family Success Center
Mobile Family Success Center

Monmouth County

Bayshore Family Success Center
Coastal Communities Family Success Center
Oceans Family Success Center

Morris County

Excellence Family Success Center

Ocean County

Anchor Family Success Center
Lakewood Community Services
Corporation Family Success Center
Oasis Family Success Center

Passaic County

New Destiny Family Success Center
of Paterson
Straight & Narrow Family Success Center
Highlands Family Success Center

Salem County

Birdseye Family Success Center
Riverview Family Success Center
Salem Family Success Center

Somerset County

Pioneer Family Success Center

Sussex County

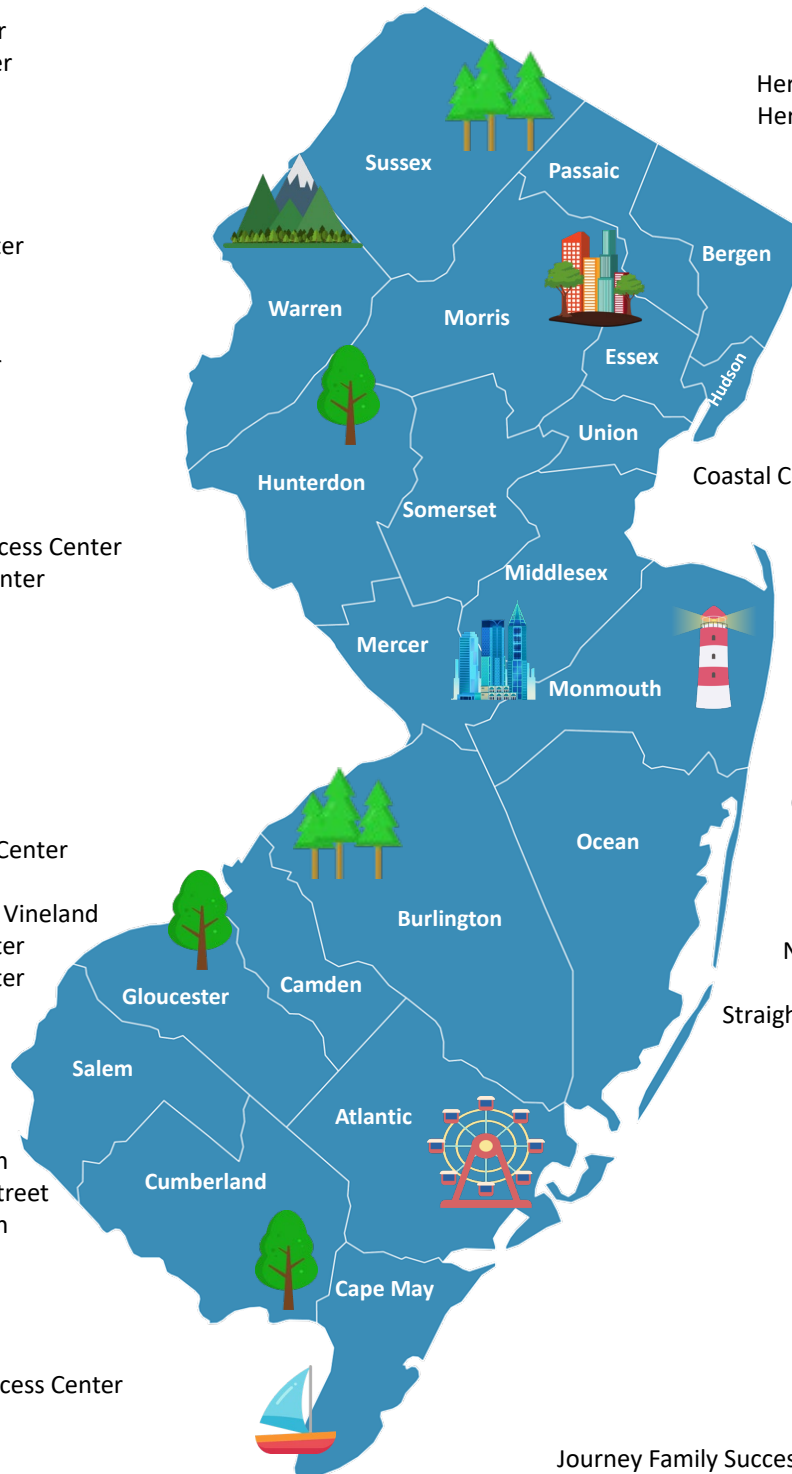
Journey Family Success Center at Project Self Sufficiency

Union County

Bayway Family Success Center
Cardinal Family Success Center
The Village Family Success Center

Warren County

Traditions Family Success Center



Identifying Positive Childhood Experiences

Feeling like you can talk about feelings with family.



Positive childhood experiences (PCEs) are protective and compensatory encounters that increase resilience and shield against risk for mental and physical illness.

Research shows that adults reporting high numbers of PCEs were 72% less likely to experience depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they needed as an adult.

Feeling supported by family during difficult times.



Enjoying participation in community traditions.



A feeling of belonging in high school



Feeling supported by friends.



Having at least two non-parent adults who take genuine interest in you.



Feeling safe and protected by an adult in the home.



Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental health and relational health in a statewide sample. *JAMA Pediatr.*, 173(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>

3T Definitions

Transactional Parent Engagement:

- An approach to prevention services in which decision-making power sits mainly with service providers. Service providers decide what information to share with or elicit from families/parents receiving services and are fully responsible for developing and executing strategies and corresponding action.
 - When resources are shared, there is a one-way flow of communication with families/parents based on terms determined by the service providers.
 - In this phase, the service providers are the main decision-makers and action-takers. This approach is not truly community focused because parent/family input is not incorporated into all services.
-

Transactional Parent Engagement is:

- *Short-term focused*
- *Task-oriented*
- *Informative participation*
- *Families depend on service providers and are not developed to become part of the change system*

Examples:

- *FSC staff provide information/referral to families*
- *FSC share information via social media posts*
- *Parents attend education workshops or lecture-based workshops*

Transitional Parent Engagement:

- The “middle of the road” threshold in prevention services in which the voices of families/parents/those with lived experience are heard and valued, and influence decision-making. However, ultimate decision-making rests with service providers.
- Communication and collaboration between service providers and families/parents are bidirectional but an imbalance remains in the sharing of power, responsibility, and investment in outcomes.

Transitional Parent Engagement:

- *Preparatory participation*
- *Beginning to see investment in the strengths of parents to become co-creators and change makers*
- *Community members start to become messengers and are given limited autonomy*

Examples:

- *Community advisory committees*
- *Community dialogues*
- *Parents provide feedback about activities*
- *Parents participate in decorating the center*
- *Parents complete surveys about FSC activities and direction (including in person and via phone call/email)*

Transformational Parent Engagement:

- The parent-centered approach by service providers in which the system encourages and facilitates two-way relationships of equality, transparency, mutual accountability, and sustainability aimed at elevating the voices of parents and those with lived experience to inform and drive program development and delivery.
- These relationships consist of shared vision, goals, and access to the decision-making process.
- Parents are engaged and developed as leaders and partners in creating change for their families and communities and use their lived experiences to become co-creators of structures, policies, and programs.
- Service providers work with, not for, families/communities to identify and plan for their needs.

Transformational Parent Engagement:

- *Forward-thinking*
- *Investment in parents to drive change by linking them to ongoing training and development opportunities*

Examples:

- *Parent Advisory Committees directed by parents*
- *Co-creation of activities which the family member then facilitates*
- *Parent leaders represent the program at a community event*
- *Parent leaders participate in discussions about implementation of policies/policy change*
- *Parent leaders participate in or lead data exchange feedback loops*
- *Parent leaders attend yearly agency program planning meetings*
- *Parent leaders participate in plans to redecorate/renovate the center*
- *Staff receive professional development to strengthen knowledge and skills needed to support parent leaders in their journeys*
- *Agency locates/offers parental leadership skill development training opportunities for parents*
- *Staff partner with parents/community members for ongoing center assessment*

The 3T Spectrum: Transactional to Transformational Parent Leadership

Increasing Level of Parent Involvement, Communication, Trust, and Impact

Transactional

- Decision-making power sits mainly with service providers
- Service providers decide what information to share with or elicit from families/parents receiving services
- Service providers are fully responsible for developing and executing strategies and corresponding action
- One-way flow of communication with families/parents based on terms determined by the service providers
- Service providers are the main decision-makers and action-takers
- Not truly community focused because parent/family input is not incorporated into all services

Transitional

- “Middle of the road” threshold in prevention services
- The voices of families/parents/ those with lived experience are heard and valued and influence decision-making
- Ultimate decision-making rests with service providers
- Communication and collaboration between service providers and families/parents are bidirectional but an imbalance remains in the sharing of power, responsibility, and investment in outcomes

Transformational

- Parent-centered approach in which the system encourages and facilitates two-way relationships of equality, transparency, mutual accountability, and sustainability
- Aimed at elevating the voices of parents and those with lived experience to inform and drive program development and delivery
- Relationships consist of shared vision, goals, and access to the decision-making process
- Parents are engaged and developed as leaders and partners in creating change for their families and communities
- Parents use their lived experiences to become co-creators of structures, policies, and programs
- Service providers work with, not for, families/communities to identify and plan for their needs

Reporting Guide

This guide provides instruction on and definitions for the data reported monthly by Family Success Centers in Survey Monkey. The order and numbering align with the Survey Monkey report only.

1. Center Name:

2. County:

3. Please enter the name and telephone number of the person completing this report:

4. Reporting Month

5. Reporting Year

**YOU MUST ENTER A VALUE IN EACH FIELD PROVIDED IN THIS SECTION
TO MOVE FORWARD!**

1. **Center Name:** Please enter the name of your Family Success Center.
2. **County:** Please enter the name of the county in which your FSC is located.
3. **Reporter Information:** Please enter your name and your contact number.
4. **Reporting Month:** Please enter the month for which you are reporting.
5. **Reporting Year:** Please enter the corresponding year for the month for which you are reporting.

NEW PAGE IN SURVEY MONKEY

1. Total Unduplicated Number of REGISTERED Community Participants (Families) for This Month [This question asks you to provide the count of registrations for your current reporting month]:

2. Total Unduplicated Number of REGISTERED Community Participants (Families) for the Contract Term [This question asks you to provide a cumulative count of your registrations for your entire current contract term]:

Example: Your FSC registers 4 families during your reporting month. These 4 families have 2, 3, 4, 5 members respectively of whom each received services from your FSC.

Your total count of registrations for the month will be 4.

You would add all of the member who received services $2+3+4+5 = 14$ would be your answer for Question 3(A).

You would break down the number you entered in 3(A) according to the ages of these participants to get your answers for 3(B), 3(C), 3(D), and 3(E).

3. MONTHLY (This section only refers to REGISTERED community participants) [This question asks you to provide a breakdown of the registrations (families) into individuals and their corresponding age groups. The figure you put in Question 3 (A) should be the total of 3(B), 3(C), 3(D), and 3(E)]:

	Total Unduplicated Registered Individuals Served (A)	Ages 0 - 17 (B)	Ages 18 - 59 (C)	Ages 60 and Above (D)	Ages Unknown (E)
REGISTERED Community Participants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. If you served more REGISTERED INDIVIDUALS than you could enter using the dropdowns above, please list the total number served for each age category here:

- 1. Total Number of Registered Community Participants for This Month:** Please enter the total number of **NEW** Community Participants that have registered with your Family Success Center during the month for which you are reporting (total number of family units, which may include adults or emancipated youth who register as individuals).
- Registered Community Participants:** A registered participant is defined as an individual or family with whom FSC staff have had at least one contact for 15 minutes (in person, on the phone, or virtually) and that completed a welcome package.
- This number *should be less than* the total number of individual registered participants broken down in Q3 (because most families have multiple members, there should be more individuals reported than families).
- 2. Total Number of Registered Community Participants for the Contract Term:** Please enter the total (cumulative) number of **NEW** Community Participants (total number of family units, which may include adults or emancipated youth) that have registered with your Family Success Center for the duration of this current contract year (July 1 to June 30th).

- 3. Age Breakdown of Monthly LOS Figure:** This question asks you to provide a breakdown of the registrations (number of family *members* from Q1) into individual people and their corresponding age groups. Please enter the number of individuals in the corresponding boxes.
- This number *should be more than* the total number of registered participant families in Q1 (because most families have multiple members, there should be more individuals than families).
 - The number of total unduplicated registered individuals served *should equal* the sum of the individuals in each age group: $a = b + c + d + e$. For example: If you have 5 individuals in the 0-17 age category (b), 5 individuals in the 18-59 age category (c), 5 individuals in the 60 and above age (d), and 5 individuals in the age unknown age category (e), the number of total unduplicated registered individuals would equal 20 (a).
 - Only enter registered participants under an age category if that individual's age has been confirmed. If unable to confirm, record those individuals under the Age Unknown category.
 - If a registered community participant brings a family member that the FSC staff was not aware of after the registration, FSC staff would add that family member to the already existing registration and would provide information only for the person that is added to the registration.
 - Ex: Maria brings her two children in January 2024 and fills out a Welcome Packet. In March 2024, Maria's mother joins Maria and the children at an FSC program. In the March report, staff would not add Maria's family to the total number of community participants. Instead, they would only include Maria's mother in the questions about the number of individuals served and age.
- 4. If you served more REGISTERED INDIVIDUALS than you could enter using the dropdowns above:** If your FSC served more than the drop down allowed when entering the individuals broken down by age groups, enter the total number served for each of the age categories here.

NEW PAGE IN SURVEY MONKEY

1. Total Unduplicated Number of NON-REGISTERED Community Participants (Families) for This Month [This question asks you to provide the count of non-registered families you have served during your current reporting month]:

2. Total Unduplicated Number of NON-REGISTERED Community Participants (Families) for the Contract Term [This question asks you to provide a cumulative count of the non-registered families you have served for your entire current contract term]:

Example: 5 NON-REGISTERED adults take advantage of your FSCs services during your reporting month. One of these adults also bring her child with her who takes part in a arts/crafts activity while her mother is present in a financial literacy course.

Your answer for Question 1 would be 5 (five) but your answer for Question 3(A) would be 6 because there were 5 families but 6 individuals who were served.

You would then break down that number you entered in 3 (A) according to the ages in the rest of the drop down menus.

The figure you put in Question 3(A) should be the total of 3(B), 3(C), 3(D), and 3(E).

3. MONTHLY (This section only refers to NON-REGISTERED community participants) This question asks you to provide the count of NON-REGISTERED individuals you served during your reporting month and their age groups:

	Total Unduplicated Non-Registered Individuals Served (A)	Ages 0 - 17 (B)	Ages 18 - 59 (C)	Ages 60 and Above (D)	Ages Unknown (E)
NON-REGISTERED Community Participants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. If you served more NON-REGISTERED INDIVIDUALS than you could enter using the dropdowns above, please list the total number served for each age category here:

- 1. Total Number of Non-Registered Community Participants for This Month:** Please enter the total number of **NEW** non-registered Community Participants that you have served at your Family Success Center during the month for which you are reporting (total number of family units, which may include adults or emancipated youth).
 - **Non-Registered Community Participant:** FSC participants in this category are participants with whom FSC staff have had at least one contact for 15 minutes (in person, on the phone, or virtually) but have not completed the registration package or do not wish to give their contact information (FSC Welcome Package).
 - This number should be less than the total number of individual unregistered participants broken down in Q3 (because most families have multiple members, there should be more individuals than families).
- 2. Total Number of Non-Registered Community Participants for the Contract Term:** Please enter total (cumulative) number of **NEW** non-registered community participants (total number of family units, which may include adults or emancipated youth) that you have served at your Family Success Center for the duration of this current contract year (July 1 to June 30th).

- 3. Age Breakdown of Non-Registered Participants Served this Month:** This question asks you to provide a breakdown of the non-registered (number of family *members* from Q1) into individual people and their corresponding age groups. Please enter the number of individuals in the corresponding boxes.
- This number should be *more than* the total number of non-registered participant families in Q1 (because most families have multiple members, there should be more individuals than families).
 - The number of total unduplicated non-registered individuals served *should equal* the sum of the individuals in each age group: $a = b + c + d + e$. For example: If you have 5 individuals in the 0-17 age category (b), 5 individuals in the 18-59 age category (c), 5 individuals in the 60 and above age (d), and 5 individuals in the age unknown age category (e), the number of total unduplicated registered individuals would equal 20 (a).
 - Only enter non-registered participants under an age category if that individual's age has been confirmed. If unable to confirm, record those individuals under the Age Unknown category.
- 4. If you served more NON-REGISTERED INDIVIDUALS than you could enter using the dropdowns above:** If your FSC served more than the drop down allowed when entering the individuals broken down by age groups, enter the total number served for each of the age categories here.

NEW PAGE IN SURVEY MONKEY

1. CONTRACTED SERVICE DATA (Monthly):

	Individual Sessions	Family Sessions	Group Sessions	Total # of Group Attendees
Family Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Education/Parent-Child Activity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Related	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing Related	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Skills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CONTRACTED SERVICE DATA CONTINUED (Monthly):

	Individual Sessions	Family Sessions	Group Sessions	Total # of Group Attendees
Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Info/Referral and Linkages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If your CONTRACTED SERVICE data exceeded the number you can select using the dropdowns above, please list the total number here. Remember to include the category (family service, advocacy, etc.) and type (individual sessions, attendees, etc.) for each number that exceeded the dropdown.

1 & 2. Contracted Service Data: Please enter the Contracted (Core) Service data for the month on which you are reporting. In this section you may record work conducted with registered and non-registered participants. You may also duplicate in your reporting to reflect all the work conducted with participants. Attendees refer to the total number of participants present at all group sessions conducted during the reporting month. **Families/Individuals can be counted for each session that they attend in the reporting month.** Parent/Child Activity has been combined under Parent Education. If you have nothing to report on a particular service, you must enter zero (0) to move forward to the next section.

- The three types of sessions are defined as:
 - **Individual Session:** Consists of 1:1 engagement between an FSC staff member or a volunteer and an individual to help them achieve goals, obtain or link the individual to a desired or necessary service, or to utilize any of the FSC contracted services.
 - **Family Session:** Consists of direct engagement between an FSC staff member or a volunteer and a family to help them achieve a goal, obtain or link the family to a desired or necessary service, or to utilize any of the FSC contracted services. At a minimum, two members of a family must be present to qualify as a family session.
 - **Workshops or Group Sessions:** Must be at least 30 minutes in duration. These duration intervals cannot be split up and must take place in a single episode. Consists of engagement in a group setting that includes participants. All workshops and support groups are to be entered under this tab, despite the number of participants that attend. For example, if you have a scheduled workshop and no participants attend, you still indicate a group session but document zero for the attendees for that workshop.

- **FSC Contracted Services (formerly known as core services) are duplicated numbers:** All Family Success Center services support the overarching goal to strengthen individual and family functioning and empower community residents to acquire the knowledge, skills, and resources they need to succeed and achieve optimal outcomes for children. Service delivery is directly linked to DCF core values and fixed on the premise that engaging, involving, strengthening, and supporting families is the most effective approach to ensuring they are safe, healthy, and connected. FSC Contracted Services are available in all the Family Success Centers: Access to Child, Maternal and Family Health Services; Parent Education; Parent-Child Activities; Employment Related Services; Life Skills; Housing Related Services; Advocacy and Related Support; General Information and Referral/Linkages. These contracted services are defined as follows:
 - **Access to Child, Maternal and Family Health Services:** Preventative and primary health services are offered to all community residents either on-site or through linkages to other agencies. Related topics and activities include but are not limited to pre- and post-natal care, nutritional health, home-based life-saving skills, smoking cessation programs, immunizations, blood pressure screening, and wellness checks and exams. FSCs also assist families in navigating the various health and medical service systems and completing relevant paperwork when needed, including NJ Family Care Applications. Examples include but are not limited to providing diapers/formula and/or food to families.
 - **Parent Education:** Parenting education is offered to all residents via a combination of information, skill-building and supportive services. Emphasis is placed on healthy child development and the use of positive parenting techniques. Services are intended to help strengthen families by enhancing parental resilience and social connections. Related topics, services, and activities include but are not limited to mentoring programs, teen parenting, grandparent and kinship caregiver support groups, and information regarding relevant issues that impact family life.
 - **Parent-Child Activities:** All FSCs are expected to conduct or sponsor activities that promote positive interaction between parents and children. Parent-child activities should have a focus on family togetherness and strengthening. Examples include but are not limited of activities include arts and crafts, family picnics, movie nights, game nights, story time, gardening, holiday parties, family dances, and live music performances.
 - **Employment-Related Services:** FSCs promote economic self-reliance by providing assistance with or access to services and supports that lead to employment including but not limited to job readiness skills such as resume writing and interviewing techniques, employment counseling, training programs, and job development and placement services.
 - **Life Skills:** All FSCs provide educational programs, workshops or individual instruction designed to enhance skills, overcome barriers to success, and improve the quality of life for children, families and individuals. Emphasis is placed on asset and skill development topics and activities including but not limited to education and literacy services (GED, ESL, tutoring, etc.), financial management, communication, daily living, and computer skills.
 - **Housing Related Services:** FSCs provide information about housing resources, leasing and tenant rights; assistance completing applications for various federal, state and local programs that assist with or provide affordable housing, emergency shelter, home energy, weatherization, and homelessness prevention programs; and access to tangible supports that address basic needs such as utilities, household furnishings, home maintenance and repair, etc.

- **Advocacy:** FSCs work on behalf of, in coordination with, and empower families and individual family members to ensure their needs are met. FSCs partner with families and individual family members to support the development of skills to advocate on their own behalf. Advocacy takes many forms including accompanying families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving. While FSCs are expected to advocate for families as needed, they should also be working with families toward self-sufficiency, so families develop skills to advocate on their own behalf. Examples include but are not limited to helping families/individuals with paperwork related to housing, benefits, or employment/resume-building; holding programming related to citizenship/immigration or legal services; providing notary services (if FSC staff provides the notary service); or arranging for a concrete need to be met such as food delivery or emergency housing through a community partner.
- **General Information and Referral/Linkages:** Information & Referrals/Linkages not related to any of the FSC Contracted Services listed above is recorded separately. FSC staff follow-up with residents on all referrals/linkages to ensure that services are accessible, appropriate and responsive to the needs of the community.

3. If your CONTRACTED SERVICE data exceeded the number, you could enter using the dropdowns above: When entering the contracted services section, if your FSC conducted more work with registered and non-registered participants than the drop down allowed, enter the total number, category (family health, advocacy), and type (individual sessions, group sessions, total # of group attendees) for each number that exceeded the dropdown.

4. Mode of Delivery: Please enter the number of services provided in each mode:

	# of Services
In person	<input type="text"/>
Phone	<input type="text"/>
Video Conferencing	<input type="text"/>
Social Media	<input type="text"/>
Online Other (email, website, etc.)	<input type="text"/>
Text	<input type="text"/>

4. Mode of Delivery: Enter the total number of services delivered in each mode of delivery in the current reporting month.

- FSC Contracted Services Mode of Delivery:** This section captures how the services are provided to families by capturing the *number of services* the FSC has provided to families, *not the total number of people* served. FSCs may deliver services in the following formats:
 - In person (face to face contact): In-person includes each individual/family/group session and each instance of an individual/family coming to the center and being provided an I&R or Linkage.
 - Phone calls and texts: Initial contact with family/individual (not the entire conversation thread); for texts, count 1 instance per thread. For example, if FSC staff initiate or receive 15 unduplicated phone calls, enter 15 phone calls; or if FSC staff initiate or receive 15 unduplicated texts, enter 15 texts.
 - Virtual/video conference (individual or group sessions using apps such as Zoom, Teams, Web Ex, Face Time, WhatsApp, etc.)
 - Social media (individual or group sessions using social media networking platforms such as Facebook, YouTube, LinkedIn, X/Twitter, etc.). You may include the number of posts by your FSC on the platform, NOT how many people commented or liked, or include messages *initiated* by family/individual on social media
 - Online services using websites, email, etc., such as email blasts by FSC, initial emails to community partner/resource/family (not the entire conversation thread); 1 instance per thread
- For example, if you provided 10 programs/workshops/presentations during a particular month where 8 are in-person and 2 are virtual/video conferencing, you could enter: 8 in person and 2 video conferencing.

5. Wellness Check ins: Please enter the number here

Wellness Check Ins

Total

5. Wellness Checks: Enter the total number of *completed* wellness checks here, where your FSC *connected and engaged* with a family member or individual over the phone, video conference, or online.

- **Wellness checks:** are a phone call, video conference, text, or email conversation to re-engage a family or individual who had previously been engaged with the FSC but has not taken part in programming and/or services for an uncharacteristically long period of time based on the FSC's knowledge of the family's/individual's engagement. Wellness checks may only be documented if there is an actual conversation with the family or individual contacted.
- Wellness checks can be duplicated, for example if you connect with ten (10) families three (3) times each during the month of May, you record 30 "wellness checks."

6. General Info/Referral

Family Health

Employment Related

Housing Related

Advocacy

Financial Assistance

Mental Health Services

Legal Assistance

Substance Abuse

Child Care

Food/Clothing

Transportation

Home Maintenance/Repair

Other

6. General Info/Referral: Please use this section to break down and/or expand on the information entered in Contracted Services question #2, by entering the total number of individuals, families or groups you provided information to verbally or distributed through flyers/brochures/etc.

- **Information and Referral (I&R):** I&R refers to the process of distributing information regarding an external service or opportunity that will meet the need, solve the problem or help achieve the goal of an individual/family who has a need/problem/desire. FSC staff may distribute general information in any of the core service areas listed, such as Family Health or Employment Related, and may also refer families to services that the FSC does not offer, such as mental health or childcare.
- This should include all information/referrals you provided to registered and non-registered participants. You may also duplicate in your reporting to reflect all of the work conducted with all of the participants. For example, if you provide three (3) families with two (2) referrals each throughout the month, you will enter 6.
- **General Information and Referral vs. Linkages:** Information and Referral has a wide scope and may consist of relaying information verbally or providing publications in any type of setting, such as one-on-one, family or group sessions, or at public events. Information and Referral does not require any type of follow up. Linkages are Information and Referrals that specifically additionally include follow up on the part of staff to determine if the linkage was successful.

7. Linkages

Family Health	<input type="text"/>
Employment Related	<input type="text"/>
Housing Related	<input type="text"/>
Advocacy	<input type="text"/>
Financial Assistance	<input type="text"/>
Mental Health Services	<input type="text"/>
Legal Assistance	<input type="text"/>
Substance Abuse	<input type="text"/>
Child Care	<input type="text"/>
Food/Clothing	<input type="text"/>
Transportation	<input type="text"/>
Home Maintenance/Repair	<input type="text"/>
Other	<input type="text"/>

7. **Linkages:** Please use this section to break down and/or expand on the information entered in Contracted Services question #2, by entering the total number of individuals, families or groups you *provided information to and followed up with* to see if they successfully connected with the service.
- **Linkage:** Linkages refer to the process of successfully connecting an individual/family who has a need/problem/desire with an external service or opportunity that will meet the need, solve the problem or help achieve the goal. FSC staff may link the individual/family with a core service or a service that the FSC does not offer. For the purposes of reporting, a successful linkage means the FSC followed up with the individual/family to ensure they were able to connect with the referred entity for the purposes of obtaining a service or opportunity.
 - This should include all linkages made with registered and non-registered participants at your Family Success Center. You may also duplicate in your reporting to reflect all of the work conducted with all of the participants. For example, if you provided three (3) families with referrals to two (2) community resources, such as the board of social services and the local food pantry, and you followed back up with the families to ensure they connected with the resources, you would enter 6.

Note: Total number of General Info/Referral and Linkages in this section must be identical to the number you entered in the Contracted Services section for 'General Info/Referrals and Linkages'!!!

FSC Sponsored Public Events

You may record in this section all work conducted with registered participants and with participants who did not want or choose to register with your Family Success Center. You may also duplicate in your reporting to reflect all of the work conducted with all of the participants. You may not turn anyone away from services due to a lack of registration.

Consists of all public events that the FSC provides, sponsors, (co-)hosts, or participates in.

1. Did you provide, sponsor, or (co-)host any other FSC sponsored public events this month?

☐ Yes [Go to top of page 6](#)

☐ No [Go to top of page 7](#)

1. **Did your FSC plan and participate in any other events with multiple collaborators/partners this month:** Please click 'Yes' if your Family Success Center participated in (in person or utilizing virtual platforms) any *other* events planned and/or delivered with *multiple partners/agencies* during the month that were *not already captured in Contracted Services (Q2)*.

Clicking 'Yes' will take you to the sub-section below.

Clicking 'No' will bring you to the demographics section of the reporting tool.

- **Collaborative Events:** Collaborative events (FSC sponsored events) are *events/activities planned and/or delivered with multiple collaborating partner agencies/sectors*, that encourage social interactions, promote a local sense of identity, help forge connections, and communicate that FSCs are committed to making participation as easy as possible. These consist of events that the FSC hosts, sponsors, (co-) hosts or participates in with other collaborating agencies/partners to engage families. FSCs typically have a few of these a year. Examples include but are not limited to job fairs, back to school events, resource fairs, health fairs, trunk or treat, neighborhood festivals, and community gatherings.

NEW PAGE IN SURVEY MONKEY

1. Please list any other FSC sponsored public events held this month:

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2. Number of Events

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3. Parents

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4. Children

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5. Individuals

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- 1. FSC Events:** list the names of all the events that your FSC participated in that you indicated above
- 2. Number of events:** list the number of times/days you held for each (whether the event was held once or multiple times)
- 3. Parents:** list the number of parents that attended, including registered and non-registered
- 4. Children:** list the number of children that attended, including registered and non-registered
- 5. Individuals:** list the number of individual people (without children) not captured above that attended, including registered and non-registered

Demographics

Please enter the corresponding demographic information for all of the community participants you registered during the month for which you are reporting. If you register families, you must enter the demographic information for all family members.

1. Race/Ethnicity for the Registered Community Participants:

African American (Non Hispanic)	<input type="text"/>
Hispanic/Latino	<input type="text"/>
Caucasian (Non Hispanic)	<input type="text"/>
Asian	<input type="text"/>
Multiracial	<input type="text"/>
Other	<input type="text"/>

2. Primary Language for the Registered Community Participants:

English	<input type="text"/>
Spanish	<input type="text"/>
Chinese	<input type="text"/>
Creole	<input type="text"/>
Portuguese	<input type="text"/>
Vietnamese	<input type="text"/>
Korean	<input type="text"/>
Other	<input type="text"/>

- 1. Race/Ethnicity for the Registered Community Participants:** Please enter the corresponding race/ethnicity information for all community participants you registered during the month for which you are reporting.
 - Please enter the demographic information for all of the registered community participants, including all of their family members who received service(s) as well. The number in total should equal the total number of registered individuals (individual family members AND individual people) served as listed in Registered Community Participants question #3 column A.
 - If a registered community participant brings a family member that the FSC staff was not aware of subsequent to the registration, FSC staff would add that family member to the already existing registration and would provide demographic information only for the person that is added to the registration.
 - Ex: Maria brings her two children in January 2024 and fills out a Welcome Package. In March 2024, Maria's mother joins Maria and the children at an FSC program. In the March report, staff would not add Maria's family to the total number of community participants. Instead, they would only include Maria's mother in the questions about the demographics and language.

2. **Primary Language for the Registered Community Participants:** Please enter the corresponding primary language for all community participants you registered during the month for which you are reporting.
 - This number in total should equal the total number of registered individuals (individual family members AND individual people) served as listed in Registered Community Participants question #3 column A.

3. Please [click yes to include a success story that you would like to share](#)

☐ Yes

3. **Success Story:** Please click 'Yes' to include that your Family Success Center worked with a family or individual this month that resulted in a success story. FSCs must include a success story.

Success Stories

1. Please enter your success story in the space provided below. Please use initials rather than full names to maintain confidentiality.
(System will allow copy/paste option.)

1. **Success Story:** Please enter your center's success story of the month here. This should be the *most transformative* thing that happened during the month for which you are reporting. You can copy/paste onto this section. Please DO NOT write that you don't have a success story here.
- **Transformational Parent Engagement:** is a parent-centered approach by service providers in which the system encourages and facilitates two-way relationships of equality, transparency, mutual accountability, and sustainability aimed at elevating the voices of parents and those with lived experience to inform and drive program development and delivery. These relationships consist of shared vision, goals, and access to the decision-making process. Parents are grown and engaged as leaders and partners in creating change for their families and communities and use their lived experiences to become co-creators of structures, policies, and programs. Service providers work with, not for, families/communities to identify and plan for their needs.
 - Some examples include a parent/caregiver joining the advisory committee after being empowered by staff to take leadership roles within the center; a parent/caregiver leading programming and/or marketing the center in the community; FSC staff having conversations with parents/caregivers about community data to gain their insight and inform programming decisions; parents attending yearly agency program planning meetings; family members participating in plans to redecorate/renovate and assist with decorating the center; parents representing the center at public/tabling events.

Staff Vacancies

1. Do you have any program staff vacancies at this time?

☐ Yes [Go to top of page 10](#)

☐ No [Go to top of page 11](#)

1. Staff Vacancies: Please indicate if you have any FSC Program Staff vacancies here only pertaining to the main FSC positions of Director/Site Supervisor, Family Partner, and Volunteer Community Partnership Coordinator.

Staff Vacancies

1. Please indicate FSC Program Staff vacancies here only pertaining to the main FSC positions of Director/Site Supervisor (there is flexibility with the title of the position), Family Partner, and Volunteer Community Partnership Coordinator.

1. Vacant Position: Please list here all the position titles that are vacant at the time of you filling out this report, pertaining specifically to the main FSC positions of Director/Site Supervisor (there is flexibility with the title of the position), Family Partner, and Volunteer Community Partnership Coordinator.

Report Completion

This is the end of your monthly report. Thank you for your submission!

If this survey is complete, please select the "Done" button below to submit this survey.

All incomplete surveys will be deleted.

Thank you for your anticipated compliance.



IF YOU DO NOT CLICK DONE, IT WILL NOT CORRECTLY SUBMIT