

Fostering Hope Initiative

Implementation Manual

Project Period: March 1, 2010 – December 31, 2013

Lead Agency:

Catholic Community Services

A Forever Home for Everyone

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Introduction and Overview

Purpose of QIC-EC

The National Quality Improvement Center on Early Childhood (QIC-EC) was established in 2008 as a 5-year cooperative agreement between the Children's Bureau and three partner organizations: Center for the Study of Social Policy (lead agency); National Alliance of Children's Trust and Prevention Funds; and ZERO TO THREE: National Center for Infants, Toddlers, and Families.

The QIC-EC was established to test evidence-based and evidence-informed approaches that build protective factors and reduce risk factors in order to promote optimal child development, increase family strengths, and decrease the likelihood of abuse and neglect among infants and young children. To this end, the QIC-EC funded four research and demonstration projects. In addition, funding was provided for five doctoral students whose dissertation research was related to the focus of the QIC-EC. Through its Learning Network, the QIC-EC engaged a multidisciplinary group of professionals in dialogue and information exchange on key policy, research, and practice issues related to the prevention of child maltreatment.

The QIC-EC is funded by the United States Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, and is supported by matching funds from the Doris Duke Charitable Foundation.

Fostering Hope Initiative Purpose, Goals, Objectives

The purpose of the Fostering Hope Initiative (FHI) is to strengthen families, reduce the incidence of child maltreatment, and promote optimum child development in targeted high-poverty neighborhoods through strategies that address each level of the social ecology. FHI's vision is that every child and youth in every neighborhood lives in a safe, stable nurturing home; is healthy; succeeds at school; and goes on to financial self-sufficiency.

The overarching goal of the FHI partnership is to build an enduring system of neighborhood-based supports for families at high-risk for child maltreatment—a system robust enough to reduce child abuse and neglect and safely reduce the need for foster care in Marion and Yamhill counties by 50% by 2020. In alignment with research findings recommending focus on risk and protective factors, the FHI collaborative provides services that enhance family and community

well-being among high-risk families in the targeted neighborhoods. This includes neighborhood mobilization to create better neighborhoods for raising children; ongoing developmentally-specific neighborhood-based parent education and support groups; and home visiting with wraparound services.

FHI works at all four levels of the social ecology. The project: 1) provides services such as home visiting, parent education/support, and volunteer respite care to mitigate sources of toxic stress and teach parents to be more resilient in the face of stress, 2) mobilizes neighborhood residents to connect with each other to promote family protective factors and thereby make their neighborhood a better place to raise children, 3) improves collaboration, quality and accountability across partners through implementing strategies of collective impact, and 4) advocates for family-friendly public policy that pays for outcomes rather than units of service and supports collaboration. CCS, as the “backbone organization,” supports collaboration across sectors for collective impact.

Together, partners provide an array of services, resources, and supports to strengthen families and create better neighborhoods—building the infrastructure to improve and scale up the programs proven to have high impact results for at-risk children, youth and adults.

Theoretical Base/Guiding Principles of Project

High-risk families in high-poverty neighborhoods face multiple risks for child maltreatment, at both the family and community levels. These neighborhoods have higher rates of child maltreatment, poorer health, lower academic achievement scores, and few assets for supporting families to thrive. In a paper commissioned by RAND Child Policy, Carrasco (2008) states that the historical orientation of intervention to high-risk families at the end-stage of the continuum of maltreatment—rather than prevention—is too expensive to achieve marked declines in child abuse rates. In addition, in studies that verified the effectiveness of models, those who agreed to participate are often the least likely to be those with the highest risk of negative outcomes (Carrasco, 2008).

Carrasco continues by saying we need to invest in developing community engagement, changing community environments to promote a sense of community responsibility for children, families, and neighbors. Using a public health approach, this would mean looking at the issue as one of greater child well-being rather than only as an intervention that takes place one person at a time. The full RAND Child Policy Working Paper, based on papers by Carrasco and five other experts and a web-based survey of professionals working in the field of child abuse and neglect, listed home-visiting and parent education as the strategies viewed as having the greatest promise for prevention (Shaw & Kilburn, 2009).

Thus, collaborators designed FHI to focus on specific neighborhoods, improve neighborhood engagement in prevention of child maltreatment; improve neighborhood assets for supporting families and child well-being; use non-threatening, non-stigmatizing methods to attract the families with the highest risk of negative outcomes to participate; provide ongoing parent

education and support groups available to all parents in the focus neighborhoods; provide professional home visitors for high-risk families to provide in-home parenting education, information on child development, and access to other services and supports.

Logic model

A document summarizing the current FHI Theory of Change, grounded in science, is available at: <http://fosteringhopeinitiative.org/images/Theory%20of%20Change.pdf>.

FHI's Target Population is:

The poorest, most vulnerable children and families living in targeted, high poverty Marion, Polk, and Yamhill County neighborhoods in northwest Oregon. Only Marion and Yamhill counties were involved in the QIC-EC research project, however.

FHI's overall outcome is:

Optimum Child Development—Children are safe, healthy, and prepared to succeed in kindergarten.

FHI's Interim Outcomes are:

- a) Reduce parental toxic stress, and
- b) Strengthen family protective factors.

FHI's desired outcomes and strategies are based on nine key assumptions, based on science. These are:

1. Safe, stable, nurturing relationships are the key social determinant of optimum child development.
2. "Toxic stress" disrupts safe, stable, nurturing relationships by interfering with the brain's "executive function" (working memory, inhibitory control, and mental flexibility) and triggering fight-flight responses.
3. Acute and/or chronic adversity in childhood leads to hyper-sensitivity to stress. Trauma-informed approaches to service delivery are, therefore, often necessary.
4. "Toxic stress" can be reduced and access to "executive function" developed by providing support and services which address the sources of stress; by teaching knowledge, skills, and personal attributes to help parents become more resilient in the face of stress; and by promoting "strengthening families protective factors" at home and in the neighborhood.
5. Early childhood investment will benefit both a child's capacity to learn and the child's prospects for lifelong health.
6. Living in a safe neighborhood where neighbors know and care about one another strengthens families and promotes and protects optimum child development.

7. The intentional pursuit of quality and accountability—i.e., grounding service design in credible science, evaluating service delivery to ensure fidelity to service design, evaluating results, and using the data to continually improve decision making—is vital to achieving the desired results.
8. Collaboration is vital for solving complex social problems and creating “collective impact.”
9. Public policy can strengthen families and promote/ protect optimum child/youth development, or it can undermine families and child/youth development.

Based on these assumptions and the interim and overall desired outcome, FHI’s key strategies are:

1. Increase the number of and improve the quality of voluntary social connections with kith and kin (through, e.g., Neighborhood Mobilization, Safe Families for Children, and Family Support Workers).
2. Increase concrete support—balancing the golden rule with the iron rule (through, e.g., Family Support Workers, Neighbor Connectors, local resources, and Safe Families for Children.)
3. Increase knowledge of parenting and child development (through, e.g., ongoing Parent Education classes and Family Support Workers.)
4. Increase parental resilience, i.e., parent executive function (through, e.g., Family Support Worker, Neighbor Connector, Safe Families for Children, ongoing Parent Education, and Mental Health Services.)
5. Increase caregiver ability to nurture the social and emotional competence of children and children’s executive function (through, e.g., Family Support Worker, ongoing Parent/Caregiver Education, and Mental Health Services.)

All interventions take into account adverse childhood experiences and are provided with a trauma informed approach.

Project Administration/Organizational Structure

FHI’s management structure has evolved over the years. In early years, CCS management staff and consultants made decisions on behalf of FHI, sometimes based on input from partners. In the early years, service provider/managers attended an “implementation group” meeting monthly in which they shared information about services and gaps. A group of mid-managers from partner organizations attended a monthly Participatory Evaluation and Planning Team meeting in which data were shared and strategies developed for improving project performance. This approach worked well to keep on-the-ground implementers informed and involved with the improvement process. However, it did not serve FHI well in two ways:

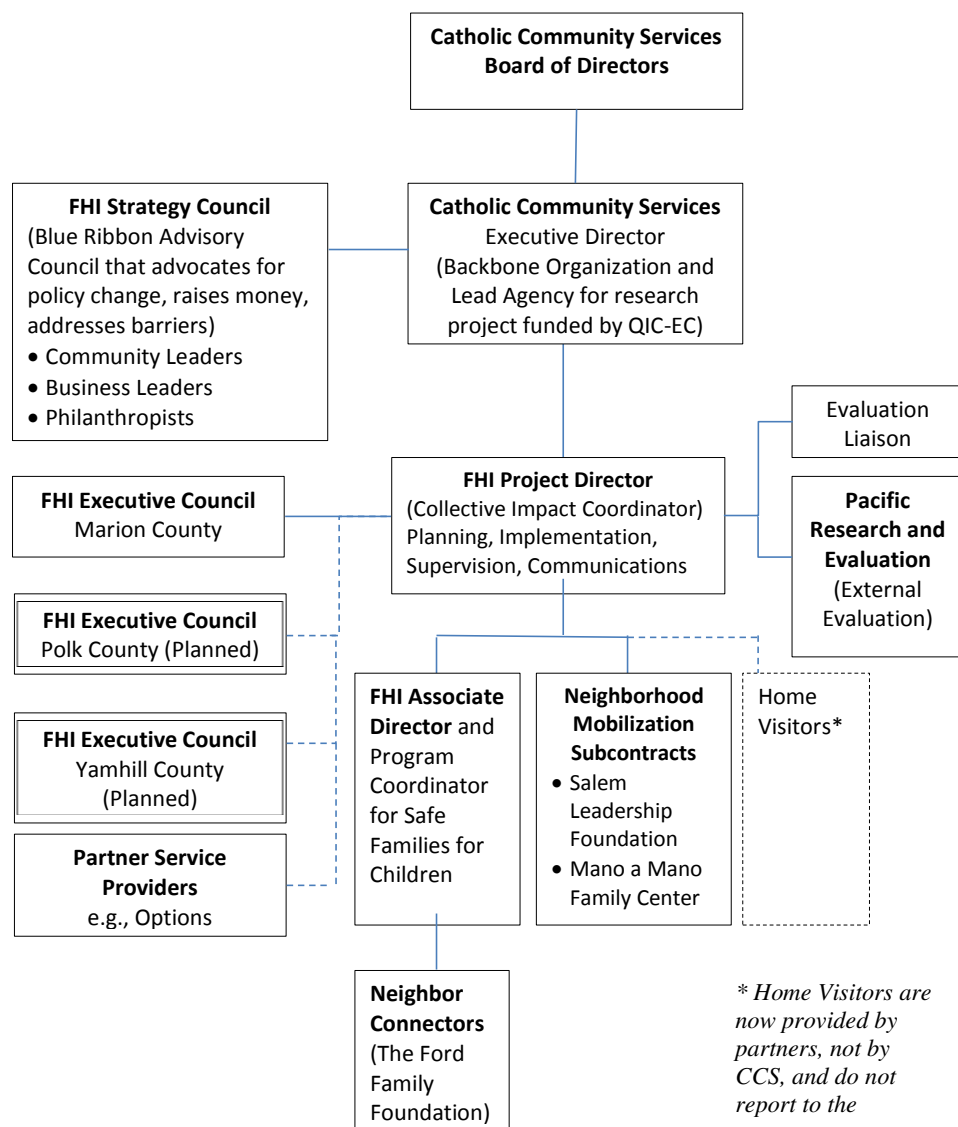


Figure 1. Current Organizational Chart for the Fostering Hope Initiative

- The PEP group was not an appropriate forum to making decisions related to FHI policy, funding, or strategy because the group consisted of a mixture of executive directors (mostly those from smaller organizations), mid-level, and direct service staff.
- Again, because of the make-up of the group, we could not be sure that any decisions or initiatives coming from or through the FHI PEP group would be fully understood and adopted by those organizations that were represented by staff other than their executive director.

Due to these issues, we have changed the structure to replace the original PEP group with a new FHI Executive Council for Marion County. This council consists of the Executive Directors of each of the partner organizations that provide services in Marion County, and several of these organizations provide services in Yamhill and Polk counties, as well. The council works with the local evaluator to engage in the participatory evaluation and planning process and is responsible for overall leadership of the FHI. Because the number of service providers is smaller in Polk and Yamhill County, leadership in those counties occurs in direct meetings with the providers there. See Figure 1 for a current organizational chart.

Resources for Fostering Hope Initiative Implementation

Needed Resources

1. A visionary leader
2. A collective impact coordinator
3. Backbone organization to support collective impact
4. Partners that provide services needed in the neighborhood
5. Partners that provide funding for services needed in the neighborhood
6. Partners that provide funding to do things that typically aren't funded through established funding streams
7. Partners that are imbedded in the targeted high-poverty neighborhood
8. An Executive Council
9. An Implementation Team
10. A Parents Council
11. Clear, well-designed materials to communicate with various audiences
12. Resources for alternative formats and languages other than English

In its current format, FHI requires:

1. A visionary leader

Critical to FHI has been a visionary leader who can engage service providers and other community leaders in the vision, goals and strategies, and the belief in the long-term efficacy of FHI. This leader addresses "community level" of the social ecology (Continuously improve collaboration, quality, and accountability to strengthen collective impact) as well as the systems level (Advocate for family-friendly public policy and funding that strengthens families.)

2. A collective impact coordinator

FHI has been able to improve the level of collaboration and collective impact since adding a collective impact coordinator who has strong relationships in neighborhoods, with service providers, and with policy-makers and who works to improve systems of collective impact (e.g., data systems, referrals, communications) as well as to expand and deepen relationships across partners. This position addresses the "community

level” of the social ecology (Continuously improve collaboration, quality, and accountability to strengthen collective impact).

3. A backbone organization

CCS serves as the backbone organization for FHI. The backbone organization needs to have resources to support accountability and quality improvement across partner organizations. This includes support for fundraising, data management, communications, and coordinating across partners. The backbone organization needs a management/leadership team that organizes meetings, works with external evaluators, ensures that the requirements of funding awards to the initiative as a whole are met, pursues other funding, manages work to achieve grant requirements, plans events, and performs other functions. A backbone organization addresses the “community level” of the social ecology (Continuously improve collaboration, quality, and accountability to strengthen collective impact).

4. Partners that provide services

FHI has needed partners to provide services to support high-poverty neighborhoods and the vulnerable families who live there. Services may vary with the particular needs of the families, but can be expected to include: evidence-based home visiting services, evidence-based parenting education curricula in classes, respite care, tangible goods for concrete supports, and neighborhood outreach and mobilization. Partners may include public and private sector service providers, such as the city’s Neighborhoods Department, organizations providing Healthy Families America model services, and faith-based or volunteer-based organizations. The funding model for FHI relies on services funded through typical sources that are then focused on families in the targeted high-poverty neighborhoods. These partners address the “individual level” of the social ecology (Promote safe, nurturing relationships and a stable home) and the “relationship level” (Mobilize neighbors to make the neighborhood a great place to raise children.)

5. Partners that provide funding for services needed in the neighborhood

FHI has required partners to provide funding to support services that are targeted to specific high-poverty neighborhoods. Public funders of services such as home visiting or parenting education need to understand the importance of focusing services on vulnerable families in high-poverty neighborhoods and allow the flexibility to have a geographic focus in service provision. These partners address the “individual level” of the social ecology (Promote safe, nurturing relationships and a stable home) and the “relationship level” (Mobilize neighbors to make the neighborhood a great place to raise children.)

6. Partners that provide funding to do things that typically aren't funded through established funding streams

FHI has found these partners in foundations and donors who have an interest in testing a new way of doing business. These partners have provided funding that has supported the collaboration, e.g., \$5000 per partner for small organizations to offset their costs of collaboration, as well as funding to test a new service, such as hiring part-time “neighbor connectors” in rural communities where fewer service providers exist. These funding partners may address the “community level” of the social ecology (continuously improve collaboration, quality, and accountability to strengthen collective impact) as well as the “system level” (provide funding for advocating for family-friendly public policy and for programs that strengthen families.)

7. Partners that are imbedded in the target high-poverty neighborhoods

FHI requires great connections in the neighborhoods. FHI found those connections through Mano a Mano Family Center, a Latino organization that supports Latino/Hispanic families in the Salem area, and Salem Leadership Foundation, an organization that supports the involvement of faith communities in their local neighborhoods. Both organizations already had strong connections with two target neighborhoods for Fostering Hope. In other neighborhoods, FHI's backbone organization hired “Neighbor Connectors” (using funding from a foundation) to get to know the neighborhood and connect its residents, as well as understanding the neighborhood's challenges and resources related to raising children well.

8. An Executive Council

An Executive Council comprising the executive director/decision-makers for each project partner is important to the project. The council should influence the design and implementation of the initiative, addressing the “community level” of the social ecology (Continuously improve collaboration, quality, and accountability to strengthen collective impact) and the “systems level” of the social ecology (Advocate for family-friendly public policy and funding that strengthens families.)

9. An Implementation Team

Getting the work coordinated across partners requires an Implementation Team comprising the people from each partner organization who are responsible to carry out the plans for the initiative, to ensure clear communication, shared training, and joint problem-solving related to service issues. This structure addresses the “community level” of the social ecology (Continuously improve collaboration, quality, and accountability to strengthen collective impact)

10. A Parents Council

FHI has a Parents Council that includes parents and caregivers who have had experience with the foster care system, who live or have lived in poverty, who have received FHI services, or bring particular skills, connections or interests that may be helpful to the initiative. The council has been active in supporting the communications objectives of the initiative, talking at conferences, meetings, and to legislators. This council addresses the “systems level” of the social ecology (Advocate for family-friendly public policy and funding that strengthens families.)

11. Clear, well-designed materials to communicate with various audiences

Clear, well-designed materials that “brand” the initiative have been important to FHI. These materials help neighborhood residents, funders, and others understand what FHI is, its benefits, and how they can become involved.

12. Resources for alternative formats and languages other than English

FHI works in neighborhoods with high concentrations of Hispanic/Latino families. Therefore, FHI has needed to employ bilingual, bicultural staff and have access to interpreting and translation services. In addition, for any project it is important to ensure that materials and events are accessible to diverse community members, including alternative formats for materials and qualified sign language interpreters, as appropriate.

Additional resources that have proven to be important, but are not required:

1. A neighborhood center that gives a “place” for the initiative

In FHI, one neighborhood has such a center—a small house donated by a neighborhood church. “La Casita” (The Little House) provides space for neighborhood meetings, counseling sessions, parent coffee groups, a gardening club, leadership meetings, parenting education classes, Community Cafés, play groups, a lending library, story time, and other activities that support FHI’s vision.

2. Extra funding to enhance the level of services that can be provided in the targeted neighborhoods

Many programs, unfortunately, have waiting lists or strict criteria about the order in which families are to be served. Additional, flexible funding can help the initiative to concentrate a higher level of services in the target high-poverty neighborhoods than otherwise could be provided within service guidelines.

3. Tangible goods that can be used as incentives for families to participate in services or in the program evaluation

FHI at times distributed goods such as diapers, books, and toys during home visits, at parenting education classes, and at Community Cafés to reward families for participation in services. Researchers, who interviewed participants at six-month intervals, gave out gift cards in increasing denominations with each set of interviews as a strategy to encourage retention. Gift cards, however, were provided only to participants in the comparison groups, who were asked to participate in the program evaluation but did not receive any project services.

4. Food

Food seems to be a common denominator across vulnerable families, service providers, and funders. Food at meetings supports attendance. Food provides a platform for developing relationships. FHI used food to support attendance at parenting education classes, Community Cafés, meetings of service providers, and other events. One neighborhood developed a weekly “Community Dinner” using food provided by the local food share and volunteer labor to serve a free meal to anyone who attended. The dinner helps residents to get to know each other, often through a home visitor who connects people, and provides an opportunity for some to contribute to their neighborhood through volunteering.

Funding for the Fostering Hope Initiative

Strategies for Funding

- 1. Recruit community service providers with funding for providing needed services in the target neighborhood(s).**
- 2. Identify the amount of services and funding that each provider is able to commit to the target neighborhood(s).**
- 3. Develop and implement a strategy for funding service gaps.**
- 4. Develop and implement a strategy for funding costs of collaboration, particularly for smaller organizations.**
- 5. Establish an advocacy effort to reinvest savings from reduced child maltreatment rates into prevention services.**

- 1. Recruit community service providers with funding for providing needed services in the target neighborhood(s).**

While the QIC-EC provided part of the funding needed for home visiting in the two counties, for FHI to be sustained, it has been necessary to rely on the public funding available for services to support individual families. Thus, home visiting is now provided through organizations whose services include home visiting programs, such as Healthy Start, Head Start, Early Head Start, and Family Support and Connections programs.

- 2. Identify the amount of services and funding that each provider is able to commit to the target neighborhood(s).**

Often provider contracts cover a service area such as a county or group of counties. It may be necessary for providers to negotiate with their funders to concentrate at least a portion of their services within targeted high-poverty neighborhoods. In some cases, the backbone organization was able to obtain funding for these providers to help with matching funds requirements, to ensure a focus in the target communities.

In the Oregon FHI project, the funding for home visiting and parenting education services came to programs through:

- Oregon Health Plan Prevention Services.
- DHS Family Support and Connections.
- Healthy Start~Healthy Families.
- A parenting education coalition led by the Oregon Community Foundation.

3. Develop and implement a strategy for funding service gaps and collaboration.

It may be necessary to develop funding for service gaps. FHI has obtained funding from foundations and individual donors to augment services that were publicly funded in order to concentrate services in the targeted neighborhoods.

Smaller organizations may require support to assist them with the excess costs of collaboration, due to, for example, meetings with partners, changes in internal procedures to match the collaborative's standards, or additional data collection required by the collaboration. FHI has been successful in obtaining such funding from individual donors and from the United Way's Collaboration Impact projects.

4. Establish an advocacy effort to reinvest savings from reduced child maltreatment rates into prevention services, or develop other mechanisms for funding services.

FHI is a partner in Oregon Governor John Kitzhaber's "Pay for Prevention" strategy that is being launched through Oregon Health and Science University. Initiatives such as Fostering Hope and DHS' strategy for supporting at-risk families hold great promise for not only reducing child maltreatment but also improving children's overall health and success at school—thereby reducing the cost of child welfare services required to support those children and families with behavioral health services, health care, and remedial education. We believe that part of the cost reduction from each of these systems should be reallocated to programs that strengthen families and promote optimum child development.

Interagency Collaboration and Partnerships

Research analyzing the benefits and challenges of collaborative service delivery has been voluminous. As a result, interagency collaboration, when meeting certain criteria, is generally presumed to improve the quality of service delivery in programs that serve young children (Gardner & Young, 2009). By coordinating services rather than operating in isolation, providers can offer comprehensive programming that is better able to meet the needs of their clients. The collaborative partnership underlying FHI was already well developed at the start of the project, having spent over a year in collective planning. FHI is now a collective impact initiative, in which organizations representing different sectors come together around a common purpose, sharing a common agenda, using shared measurement, carrying out mutually reinforcing activities, with consistent and open communication and backbone support. CCS has served as the backbone organization, supporting both accountability for outcomes and improved performance.

FHI is based upon the belief that neighborhoods, public agencies, non-profit faith-based and secular organizations, education organizations, health care, business, and parents and children can work together to create a system of neighborhood services and support that will increase the likelihood that families will be strong and children will reach their full potential.

Having a history of successful collaborations with many organizations critical to achieving this vision—including important work with neighborhood associations, community progress teams, funders, parents, and community-based human service organizations—provides a sturdy foundation for Fostering Hope collaborations and partnerships.

Strategies to Support Interagency Collaboration and Partnerships

- 1. Recruit community service providers with values, resources and services designed to strengthen families and promote optimum child development to participate in Fostering Hope.**
- 2. Balance joint decision-making with a commitment to practices that are grounded in credible science in determining the mission, values and strategies that will be used to strengthen families and promote optimum child development.**
- 3. Establish a structure that supports collaboration and partnerships across multiple sectors of the community and ensures effective neighborhood supports.**
- 4. Develop resources to support the collaboration.**
- 5. Develop and maintain relationships with the relevant state and local public agencies involved in health care, education, and prevention of child maltreatment.**

1. Recruit community service providers with values, resources and services designed to strengthen families and promote optimum child development to participate in Fostering Hope.

Fostering Hope requires the active collaboration of services and supports provided by several different organizations and programs.

Recruit organizations that:

- Have strong connections with the target neighborhoods.
- Represent the racial, ethnic and linguistic diversity of the neighborhoods.
These organizations provide a valuable resource to ensure that Fostering Hope processes integrate cultural considerations in planning and that interventions are culturally and linguistically responsive.
- Are willing to give up some control of their services to promote collaborative efforts within the neighborhoods.
- Are skilled in providing the services and supports that are needed by neighborhood residents, particularly in families with very young children, to strengthen families and promote optimum child development.
- Have funding to support service delivery in the target neighborhood(s).

The organizations and programs that actively collaborated on the research project in Oregon are, in Marion County:

- Salem Leadership Foundation.
- Mano a Mano.
- Options Counseling Services of Oregon.
- Healthy Start/Healthy Families of Marion County.
- Family Building Blocks.
- Department of Human Services, District 3, Children, Adults, and Families Division.
- Catholic Community Services.

In addition, ongoing outreach occurred with Salem Keizer School District and the Marion-Polk Medical Providers Association.

In Yamhill County:

- Yamhill County Health Department
- McMinnville School District

For Project Management and Evaluation

- Catholic Community Services
- Dean/Ross Associates
- Pacific Research and Evaluation

These organizations, their roles and responsibilities in FHI, and the contributions they have brought to the project are provided below. While other communities may have different types

of organizations available to join the collaborative, these provide an example of the types of organizations that have formed a strong partnership in the Fostering Hope Initiative.

- Salem Leadership Foundation (SLF) has worked with CCS since the initial stages of Fostering Hope, including completing the analysis of high-poverty neighborhoods in Salem, Oregon, to identify those that should be prioritized for being the focus of Fostering Hope efforts in Marion County. SLF provided neighborhood outreach coordination for Fostering Hope, in addition to organizing community dinners in one neighborhood, recruiting volunteers and assisting with literacy activities. For more information on SLF, go to: <http://www.salemlf.org/www/>; and on Facebook, <https://www.facebook.com/SalemLF>.
- Mano a Mano Family Center staff provided neighborhood outreach coordination for Fostering Hope in Marion County, focusing on the Latino community. Mano-A-Mano was invited to participate in Fostering Hope because of their success in organizing parents in support of student success in the high school catchment area that includes the project's targeted neighborhoods. Mano a Mano uses a parents-supporting-parents approach, with hundreds of Latino/Hispanic parents volunteering in Salem neighborhoods. Mano a Mano also has been a valuable resource to ensure that Fostering Hope processes integrated cultural considerations in planning and that interventions are culturally responsive. For more information on Mano a Mano, go to: <http://manoamanofc.org>.
- Options Counseling Services of Oregon participated in planning for Fostering Hope and provided parent education and support groups. Options contributed Oregon Health Plan (OHP) Prevention Services and Family Support and Connections services to project participants. Options offers quality home-based, family-centered, outcome-focused mental health, family preservation, life skills and domestic violence interventions to at-risk rural, urban and homeless children, adolescents, individuals and families. For more information on Options Counseling, go to: www.options.org/.
- Healthy Start~Healthy Families of Marion County (HS~HF) (now Healthy Families Oregon) provides the Healthy Families America research-based home-visiting model to reduce the incidence of child abuse and neglect in eligible first-birth families. Trained parent educators offer parenting education, developmental screenings, and referrals to community resources. HS~HF contributed home visiting and parent education and support classes for families in the research project and additional resources in donated tangible goods, such as food or diapers. For more information on Healthy Start~Healthy Families in Oregon, see, for example, http://staging.apps.oregon.gov/OCCF/documents/healthystart/oregons_healthy_start_pm_sup_reference_guide.pdf. In addition, the Umatilla/Morrow County website has excellent information on Healthy Start~Healthy Families: www.umchs.org
- Family Building Blocks (FBB) is located in the McKay High School catchment area (the two Salem area neighborhoods are a part of that high school catchment area) and provides children's therapeutic classes, parent education, home visits, and other services for families

to keep children safe and families together. CCS has worked with FBB related to early childhood initiatives and served on Great Beginnings, the group sponsored by the Marion County Children and Families Commission to address early childhood needs. For more information on Family Building Blocks, go to: www.familybuildingblocks.org/.

- DHS District 3's Children, Adults and Families (CAF) Division is responsible for foster care, protective services, and other child welfare activities in Marion, Polk, and Yamhill counties. The District 3 manager was integrally involved in planning for Fostering Hope, and continues to be involved with the Executive Council. For additional information on Oregon's DHS CAF program, go to: www.oregon.gov/DHS/aboutdhs/Pages/structure/caf.aspx.
- Yamhill County Health Department (YCHD). Staff members from YCHD participated in the planning for FHI in Yamhill County. At the start of the project, YCHD operated Healthy Start in Yamhill County, with a subcontract from CCS to expand the services to families meeting the eligibility for the QIC-EC project. However, midway through the project, CCS no longer contracted with YCHD. Since that time, the Health Department has rejoined FHI planning efforts and works collaboratively with the FHI Neighbor Connection. For additional information on the Yamhill County Health Department, go to: <http://hhs.co.yamhill.or.us/>
- McMinnville School District has supported neighborhood mobilization, provided meeting space in the neighborhood, and actively supported data collection. For more information on McMinnville School District, go to: www.msd.k12.or.us.
- Catholic Community Services Foundation (CCSF). Formed in 1985 to financially support the programs and projects of CCS, CCSF committed to providing matching funding for the QIC-EC project, particularly related to wrap around services. For additional information on Catholic Community Services, go to: www.ccsww.org/.
- Pacific Research and Evaluation (PRE) is a new partner to FHI that was added after receiving the QIC-EC RFP to bring to the group needed expertise on research design and evaluation for the project proposal, and to conduct the local evaluation for the project. For additional information on PRE, go to: www.pacific-research.org/.
- Dean/Ross Associates. Dean/Ross has assisted CCS and FHI with improving management systems and structures, including developing a quality department, implementing an improvement program, assisting with program evaluation, and acting as a liaison between the external and cross-site evaluators and CCS.

FHI partners bring diverse but complementary skills, knowledge, and relationships to the project. Each organization has been responsible for a specified component(s) of the project (e.g., neighborhood outreach, home visiting, parent education and support groups) and was selected to carry out that component due to their unique skills and knowledge. The FHI partnership has included the right mix of people to do this unique project. Implementing a

neighborhood-focused approach required the collaboration of many partners that provide services within the target neighborhoods. For example, FHI benefited from Salem Leadership Foundation's strong relationship with faith communities in the neighborhoods in Salem when Holy Cross Lutheran Church offered a small house on the edge of the Washington neighborhood for use by FHI. "La Casita" has become a community center, offering, for example, a lending library, a coffee club, a garden club, counseling, and parenting support to Washington neighborhood residents.

2. Balance joint decision-making with a commitment to practices that are grounded in credible science in determining the mission, values and strategies that will be used to strengthen families and promote optimum child development.

After long and important discussions, partners adopted a common mission and set of values. We found a person who is very well-respected in the community to act as "champion" for this effort, serving as both facilitator and scribe for the group. The champion led group discussions, developed wording, and presented drafts for group review and approval.

These initial dialogs also developed a list of services/supports that were vetted as "grounded in credible science." Because these were developed locally—first for Salem neighborhoods (in Marion County), then Yamhill County, Woodburn (in Marion County), and Polk County—there are differences across localities, but each had fundamental similarities: home visiting, parenting education, neighborhood mobilization. The summary document from the Salem discussions is included in Appendix A.

We suggest these as a starting point, but all partners need to understand them and their implications for how services will be provided, and stand behind the statements. Therefore, make adjustments as needed for your local effort.

3. Establish a structure that supports collaboration and partnerships across multiple sectors of the community and ensures effective neighborhood supports.

The current FHI structure was presented in Figure 1. It is important that collaborators have a say in initiative decisions and that the initiative is flexible and able to take action quickly on opportunities that arise.

4. Develop resources to support the collaboration.

CCS has assumed the role of a backbone organization for FHI's collective impact initiative. In addition to service funds from state/federal funders—which with the end of the QIC-EC project, now come from service contracts held by partners—CCS has sought funding to support the collaboration. For example, small organizations have fewer resources and less flexibility for attending the necessary meetings with partners to maintain and improve the collaborative, or to make the necessary changes in procedures or data collection to meet partnership standards. Therefore, CCS found a donor to give funds to help smaller organizations be able to participate

in collaboration meetings—\$5000 per organization per year. After the first few years, these collaboration funds have been provided through a grant from the local United Way.

CCS has obtained funding from the Meyer Memorial Trust for a full-time Collective Impact Coordinator to expand and deepen partner relationships, as well as to improve the systems that support collective impact. This position, with its focus, has had a tremendous impact on improving the quality of the relationships in FHI, attracting new partners, improving communication with partners, and designing improved systems for collaborative work.

CCS has funded a part-time grant-writer whose primary responsibility has been to write proposals to support the FHI collaboration, as well as the backbone functions performed by CCS.

5. Develop and maintain relationships with the relevant state and local public agencies involved in health care, education, and prevention of child maltreatment.

Each of the agencies participating in the Fostering Hope Initiative has relationships with relevant state and local public agencies involved in health, education, and prevention of child maltreatment. In both Marion and Yamhill Counties, FHI partners played an important role in establishing Early Learning Hubs for the purpose of creating a unified system of early childhood development support and services. These Hubs include key leadership from public and private social service, health, and education organizations

Level of Volunteerism/In-Kind Service Needed to Implement the Fostering Hope Initiative

1. **Volunteer Parent Aides.** A program of the Exchange Club Parenting Center, FHI has a group of volunteer Parent Aides who became friends and cheerleaders for parents with children older than 5, and so were not a part of the project funded by QIC-EC. This service allowed FHI to respond to needs of families in the neighborhoods with older children, while QIC-EC funded those with children 24 months or younger at the time of intake.
2. **Safe Families for Children.** Safe Families for Children (SFFC) is a national faith-based movement to provide vulnerable parents with mentoring relationships and tangible support in times of need. SFFC believes children will be safe and well-cared for if vulnerable families have a network of support, including both crisis and planned respite for their children. Carefully vetted and trained volunteer families, prompted solely by compassion, build relationships with vulnerable families and open their homes to their children. This allows parents to have the time/space to rest and work out their problems without worry about losing parental custody. SFFC started with the Lydia Home Association in Illinois, which is affiliated with the Evangelical Free Church of America. In Marion County, 11 Protestant and one Catholic parish have signed on since CCS brought SFFC to Oregon in 2010. CCS is expanding the SFFC movement to Polk and Yamhill

Counties and currently recruiting parishes and families across the three counties. For more information on SFFC, go to: www.safe-families.org/.

3. **Neighborhood Events.** In the last year, FHI reached approximately 1500 children and adults through various neighborhood events. Events include, for example, weekly community dinners, Community Cafés, playgroups, literacy activities, coffee groups, community gardens, and neighborhood parks and community projects. Many of these activities relied on the assistance of volunteers from the neighborhood or from community partners.

History/Evolution the Fostering Hope Initiative

Overview of the Collaborative Partnership

FHI's vision is that every child and youth in every neighborhood lives in a safe, stable nurturing home; is healthy; succeeds at school; and goes on to financial self-sufficiency. Together, partners provide a continuum of services and supports to strengthen families and create better neighborhoods—building the infrastructure to improve and scale up the programs proven to have high impact results for children, youth and adults. FHI partners include representatives from education, the business community, Latino organizations, faith-based groups, the public and private sector social services network, and health care administrators and practitioners.

Forming the Collaborative Partnership

FHI began when, in 2008, CCS and others participated in a Casey Family Programs conference, where Casey shared their 2020 vision: "Safely reduce foster care by 50% by 2020." The delegation included DHS Child Welfare, a judge, a state legislator, and others. With support from the FHI Youth Council, these representatives began to meet together to discuss the question: "How can we build a neighborhood-based system of family support strong enough to reduce the need for foster care by 50% by 2020?" When Oregon was subsequently selected as a Casey Family Programs project state, CCS had already begun work around planning the neighborhood-based initiative to strengthen families, promote optimum child development and reduce child maltreatment and foster care. As the initial vision grew, CCS invited additional organizations to the table that had a stake not only in preventing child maltreatment and reducing foster care, but also in improving children's education and health outcomes. By April, 2008, CCS engaged a high profile community leader—a former school superintendent—to act as "champion" to lead the meetings. This group worked diligently into 2009 to define FHI's vision, goals, and strategies, and to address FHI's cross-agency procedures.

FHI is based upon the belief that neighborhoods, public agencies, non-profit faith-based and secular organizations, education organizations, and parents and children can work together to create a system of neighborhood support and services that will strengthen families and ensure children will become successful, productive adults. CCS has had a long history of successful collaborations with many organizations critical to achieving this vision including important work

with neighborhood associations, community progress teams, funders, parents, and community-based human service organizations. CCS's strong relationships with local and State partners have been key to its capacity to operate programs. These relationships expand outreach into the community, enrich leadership, and strengthen the capacity to provide additional services for families. Because it has operated since 1938, has had the same executive director for 30 years, and has run programs for infants and toddlers, children, youth, adults and families, CCS has long-standing connections with both the community and the public/private service delivery system for children and families.

Required Staff Training, Coaching, Supervision

All staff involved with Fostering Hope participated in training and/or discussions related to:

- Early childhood development and brain development, including information on executive function, self-regulation, toxic stress, and adverse childhood experiences from Harvard's Center on the Developing Child.
- Strengthening Families Protective Factors, based on information and presentations from the Center for the Study of Social Policy and the National Alliance of Children's Trust and Prevention Funds.
- Trauma informed care, initially incorporating concepts disseminated by the Mid-Valley Behavioral Care Network, and later adopting the Sanctuary Model, with training provided by ANDRUS Sanctuary Institute.
- Neighborhood Mobilization, including Community Café Training and community organizing.
- Collective Impact, including presentations by FSG at the Fostering Hope--Closing the Gap Summit.
- Participatory Evaluation and Planning and strategies for Continuous Quality Improvement, with support and training by PRE and Dean/Ross Associates.

All home visitors in the research project—whether employed through Yamhill County or CCS--met the Healthy Families America criteria for training, coaching and supervision. This included:

- All Healthy Start~Healthy Families (HS~HF) staff and volunteers with responsibilities relating to families or their files were required to have a criminal background check before contact with families, following the policies of their employing agency for staff doing similar work with families. Staff may participate in home visits with another already cleared staff member pending the completed criminal background check.
- One of the HS~HF Critical Elements (#10) defines staff training requirements:
 - “10a. Service providers have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers receive basic training in areas such as cultural competency, substance abuse, reporting child abuse and neglect, domestic violence, drug-exposed infants, and services in their community.”

- “10b. Service providers receive intensive training specific to their role to understand the essential components of family assessment and home visitation.”
- HS~HF programs must maintain training documentation for each staff person, including orientation, core training, training delivered within six months of hire, training delivered within 12 months of hire, ongoing training topics, training for screeners, and cultural sensitivity.
- Maintaining appropriate caseload sizes so that home visitors have adequate time to spend with each family is another critical element of the HFA model. Based on the frequency of visits needed by a family, home visitors receive “caseload points” toward goal and maximum levels. Higher points are given for families requiring more frequent visits. This weighting method allows caseloads to vary with the intensity of service. Full time home visitors are allowed to carry no more than 15 families at the most intensive levels, and programs prorate caseloads for part-time home visitors or home visitors in their first year of service.
- Healthy Families America also defines staff supervision as a critical model element. “Service providers should receive ongoing effective supervision so that they are able to develop realistic and effective plans to empower and meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so they can see that they are making a difference and in order to avoid stress-related burnout.” Drawn 11/30/2013 from http://www.umchs.org/umchsresources/administration/pandp/Healthy_Start/HS1_Oregon%20Healthy%20Start%20Policies%20&%20Procedures%20Manual/Oregons_HS_PPPM.pdf
- HFA requires a minimum of 1.5-2 hours per week of regularly scheduled individual supervision for home visitors working more than half time, and at least one hour per week for those who work 20 hours or less per week. A face-to-face supervision session must be conducted at least monthly. In addition, a supervisor must be available at all times to debrief if a home visitor is working with families.

FHI management staff was supervised through each organization’s management structure, policies and procedures. At CCS, the executive director supervised the FHI project director and, collective impact coordinator through individual meetings scheduled to occur once per week. Other FHI staff members were supervised by the project director. Management staff was involved in discussions of the FHI Theory of Change as it evolved throughout the project. Therefore, these staff had continuing discussions related to the increased focus on safe, stable, nurturing relationships as the key social determinant of children’s safety, health and success at school. Discussions also included the significant role “toxic stress” plays in disrupting safe, stable, nurturing relationships. As time went on, supervisors increasingly raised issues of stress, adverse childhood experience, trauma informed approaches, and promoting protective factors as the key strategy for mitigating the sources of stress and helping parents become more resilient in the face of stress.

Description of and Rationale for Target Population; Eligibility Requirements

The target population for the Fostering Hope Initiative is families with young children, living in high poverty neighborhoods that are experiencing toxic stress and most at risk for child maltreatment.

Just prior to the start of the funded project, during Federal Fiscal Year 2007, an estimated 794,000 children nationally were determined to be victims of child abuse or neglect. Of these, 20.7% of victims and 3.8% of non-victims were placed into foster care (U.S. Department of Health and Human Services, 2009). In two Oregon counties, a total of nearly 600 children were victims of substantiated child abuse/neglect, representing nearly 17.0 per 1000 children in Marion County and 9.3 per 1000 in Yamhill County. Of these, 6.2 per 1000 and 5.5 per 1000, respectively, suffered recurrence of maltreatment. In Marion County, 2145 (2.53 %) children and 199 (.89%) of Yamhill County children were in foster care at least once during 2007 (Children First for Oregon, 2008). Based on data provided by Oregon's Department of Human Services (DHS), approximately 70 children entered or re-entered Marion County foster care every month due to parent drug abuse, cycle of child abuse and neglect, or other issues making their lives unsafe. Most of those came from neighborhoods with high rates of poverty and limited assets that allow children and families to thrive.

Economic conditions over the past several years have dramatically increased family stress in Oregon, where the unemployment rate was 6th worst in the nation, according to the Bureau of Labor Statistics (<http://www.bls.gov/web/laumstrk.htm>) at the time of the proposal. Between November 2007 and November 2008, the number of unemployment claims in Marion County rose 52%. The state Department of Human Services' 2012 Child Welfare Data Book (covering 2011 data) indicates that 34.5% of children removed to foster care are removed due issues of neglect rather than abuse. Many of these are issues related to providing adequate food, clothing and shelter to their children.

Supporting families reduces costs now. At the time of the proposal for the Quality Improvement Center on Early Childhood research project, it was estimated by the Children and Families Commission that the cost of placing one child in foster care for one year was \$18,000, considering the cost of caseworkers from DHS, protective services investigations, and the cost of foster care itself. In 2013, at a meeting sponsored by the governor's office to develop a legislative strategy for "Pay for Prevention," the average cost of one year of foster care was given as \$29,000. Neither figure includes the cost of the other systems that must step in when children fail to thrive in foster care, e.g., psychiatric hospitals, detention centers, remedial education, mental health services, addictions services, and medical services to restore physical health. We believe that strengthening families, promoting optimum child development, and reducing child maltreatment will lead to cost reductions in foster care, remedial education and health care. Our goal is to convince government to reinvest those cost reductions into strengthening families and promoting optimum child development.

Eligibility Requirements

The research project included the following enrollment criteria:

1. Children had to be less than 24 months of age at intake.
2. There could be no substantiated report of abuse/neglect related to the target child.
3. The primary caregiver(s) needed to be willing to participate in the program and/or evaluation.
4. The family's home address had to fall within the boundaries of one of the target neighborhoods.
5. The family needed to meet criteria that characterized members as "high-risk" for abuse/neglect.

Because the home visitation component employed the HS~HF research-based home visiting model, the *New Baby Questionnaire* (NBQ), the tool used by HS~HF, was used to identify high-risk families during the screening process. Families were identified as high-risk if NBQ responses to items 1, 2, or 3, below, were present:

1. They report depression
2. They report drinking/drug use issues
3. They have any two or more risk factors in the bulleted list below:
 - Mother is 17 years old or younger (teen parent)
 - The primary caregiver is unmarried
 - Prenatal care began more than 12 weeks into the pregnancy
 - Lack of comprehensive prenatal care (less than 5 times)
 - Education of the primary caregiver is less than a high school diploma
 - Primary caregiver and spouse/partner are unemployed or seasonally employed
 - Family experiences trouble paying for basic expenses "some" or "most of" the time
 - "Some" or "serious" problems in marital/family relationships

The results of the NBQ screening process are summarized in Table 1 below for all study participants. As shown, treatment group participants (i.e., those who received Fostering Hope services) were more likely to report feeling down, depressed, or hopeless (87.1%), to be a teen parent (17.4%), for the first prenatal visit to have taken place after 12 weeks of pregnancy (44.1%), to have difficulty paying for basic expenses "some" or "most of" the time (98.6%), and to report "some" or "serious" problems in family relationships (55.7%).

Table 1

New Baby Questionnaire Maltreatment Risk Criteria

| New Baby Questionnaire | Treatment | Comparison |
|--|------------------|-------------------|
| Feeling down, depressed, or hopeless in the past month | (n=70) | (n=63) |
| | 87.1% | 39.7% |
| Caregiver or partner feel a need to cut down on drinking or drugs | (n=69) | (n=64) |
| | 1.4% | 0.0% |
| Teen parent | (n=69) | (n=65) |
| | 17.4% | 3.1% |
| Primary caregiver is unmarried | (n=70) | (n=64) |
| | 48.6% | 50.0% |
| First prenatal visit after 12 weeks | (n=68) | (n=64) |
| | 44.1% | 26.6% |
| Less than 5 prenatal visits | (n=67) | (n=64) |
| | 3.0% | 9.0% |
| Primary caregiver has less than a high school diploma | (n=69) | (n=64) |
| | 55.0% | 64.1% |
| Primary caregiver and spouse/partner are unemployed or seasonally employed | (n=70) | (n=65) |
| | 35.7% | 46.2% |
| Difficulty paying for basic expenses "some" or "most of" the time | (n=70) | (n=64) |
| | 98.6% | 90.6% |
| "Some" or "serious" problems in family relationships | (n=70) | (n=64) |
| | 55.7% | 20.4% |

Fostering Hope Initiative Implementation

Outreach, Identifying, Recruiting, and Building Relationships with Target Population

FHI has used several strategies for outreach and to identify and recruit potential participants for the project.

- CCS subcontracted with a local Latino family support organization—Mano a Mano Family Center—to do outreach to and recruitment in the Latino community within the target neighborhoods in Salem, CCS home visitors also participated in recruitment in “treatment” neighborhoods.
- CCS subcontracted with a local faith-based organization—Salem Leadership Foundation (SLF)—that was well-connected in the target Salem neighborhoods, churches, and other organizations working in the neighborhoods.
- Recruitment in Yamhill County was completed by the home visitor in that county.

Each of these strategies assisted FHI to build relationships with the target population, as both Mano a Mano and SLF were well-known in the Salem neighborhoods, and the Yamhill home visitor was Latina and known in that community.

The FHI Program Director, home visitors and subcontracted outreach workers also used the following strategies to recruit participants from the treatment and comparison neighborhoods:

- Provided flyers to the Department of Human Services for distribution to TANF families (Temporary Assistance for Needy Families), collaborative partner agencies, hospitals, and the elementary schools.
- Contacted pregnancy and family resource centers, childcare providers, county public health, preschools, schools, and churches to leave flyers.
- Talked with elementary school counselors and other school staff involved with community outreach.
- Posted flyers at high-traffic areas in the target neighborhoods (e.g., local markets, laundromats, apartment complexes).
- Recruited program families from the FHI parent education and support groups.
- Carried out neighborhood canvassing, usually in pairs, meeting people on the street pushing a baby carriage or stroller, knocking on doors, or hanging out outside elementary and preschools to meet mothers.

- Made presentations about the Initiative at relevant organizations and service provider locations, during which they asked these organizations to inform families about the FHI research study. These organizations often referred families particularly when they couldn't find other services to provide to the families.
- Distributed flyers, information cards, and coupons describing the program/study and incentives during all activities.
- Attended neighborhood events (e.g., block parties, holiday parties, community dinners) sponsored by the school or other organizations, set up a table or a booth, and shared information about FHI. Staff followed one guideline for these events: Be there and be friendly. When possible, staff introduced families at these events to the FHI staff who conducted screening.
- Provided information at events held at La Casita, the FHI neighborhood house in the Washington neighborhood, Salem. For example, staff would bring books and games to an event and talk with caregivers about FHI.
- Encouraged participating families to bring friends to events such as Community Cafés or dinners.
- Took advantage of word-of-mouth, so that families involved with FHI informed others.
- Recognized when families lived in multi-generational or extended family homes. In some cases, recruiters were able to enroll more than one child from the extended family.
- Invited participants to come with them to knock on the door of their neighbors, as families are more likely to open the door to someone they know.

When talking with families about FHI in treatment neighborhoods, the staff explained that the program would survey their needs, that staff would come to their home so they wouldn't have to travel anywhere, that it was voluntary, and that they could receive referrals to community resources. When home visitors did recruitment, they had the advantage of explaining that they themselves would be coming to the home, rather than that it would be someone else.

When recruitment waned during summer months and the holiday season, partners monitored enrollment closely and identified additional strategies to increase enrollment, including team canvassing, recruitment from large community events, and "friend and family" referrals in which the family member making the referral received a \$20 gift card for every participant enrolled.

While the recruiters could not refer to services in the comparison neighborhoods, they understood that the commitment in these neighborhoods would be less—a visit every six months, compensated with gift cards that increased in value at each visit.

Initial Intake and Assessment; Assessment Tools

Study Screening and Intake Data Collection

If outreach workers or staff found families potentially interested in participating, they tried to determine if the family lived in a target neighborhood and asked them to sign a form, “Consent to Contact for Screening.” Recruiters sometimes accepted a verbal approval to screen, which then would be confirmed with a signature at the first home visit. FHI staff delivered these forms to the external evaluators, as well as contact information on any families who called CCS as self-referrals.

Families interested in participating in the study were screened by telephone. The Healthy Families America model also includes a critical element requiring using a standardized assessment tool to systematically identify families who are most in need of services. The screening process began with administration of the Healthy Start~Healthy Families New Baby Questionnaire (NBQ) by a home visitor (treatment neighborhoods) or a PRE Research Assistant (comparison neighborhoods). The NBQ assesses the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes, based on parent self-report. In addition to the NBQ, potential participants were asked to indicate whether they met the additional QIC-EC criteria of child age and neighborhood residence. We also relied on parent self-report to initially determine whether a substantiated claim of child abuse/neglect existed for the child; these data were confirmed by DHS subsequent to enrollment. Those who met the study criteria were enrolled in FHI (treatment neighborhoods only) and invited to participate in the evaluation (treatment and comparison neighborhoods). During the in-person intake process that followed, evaluators worked with families to complete IRB-approved consent forms, in addition to collecting all baseline outcome measures. All data were managed in compliance with HIPAA regulations.

The assessments completed at intake, including cross-site instruments were:

- Background Information Form
- Adult Adolescent Parenting Inventory
- Caregivers Assessment of Protective Factors
- Caregiver Repeated Measures Survey
- Parenting Stress Index
- Self-Report Family Inventory
- Social Network Map (SNM)
- Ages and Stages Questionnaire, Third Edition (ASQ-3)
- Ages and Stages Questionnaire Social-Emotional (ASQ:SE)

The home visitors completed the ASQ-3, and ASQ:SE with treatment participants according to the HFA model (4, 8, 12, 18, and 24 months). The home visitors also completed the SNM with their clients at intake and 6-month intervals. All other assessments were completed with treatment and comparison group participants by an interviewer from the external evaluator at intake and 6-month intervals, including the SNMs and ASQs for comparison group participants.

Based on Healthy Families America, home visitors conducted a Family Assessment Interview (FAI) using the Kempe Family Stress Checklist within the first three home visits. Issues identified by the family in the Family Assessment Interview are discussed and reviewed during the course of home visiting services. The home visitor and the supervisor discuss and review the information identified by the family during home visits in order to plan the approach to the family and guide the provision of services over time. Documentation of the initial review, including stressors, strengths, concerns, and the initial approach is captured on the Home Visitor Plan (HVP).

Additional goal(s) were established after the home visitor had spent more time with the family, with at least one additional goal set within 75 days of service. The HVP is kept in the supervisor file and is informed by the home visitor observations, the Family Goal Plan, Parent Survey responses, individual family values and other sources as a framework for supervision. The HVP is a fluid document that is reviewed, revised and updated regularly during supervision.

Method of Determining Protective Factor(s) of Focus for Individual Participants

Participant needs were assessed during the first home visits conducted by the participants' assigned home visitor with the referral form. The form queried a variety of services and community linkages, determining which resources the caregiver was already linked to and those that were needed. During this project, FHI had no tool that was effective for assessing protective factors. However, home visitors report that for nearly all families, "Concrete support in times of need" was the first protective factor that home visitors addressed, and was the focus for at least the first few months of the relationship. Home visitors also provided access to crisis services such as mental health and domestic violence assistance during the first few months. Home visitors believe this focus on basic needs and crisis services was due to two reasons: 1) it is difficult for families to focus on anything else if they have concrete needs that are not being met; and 2) building a trusting relationship with the families took time—even as long as six months. During that time, following through with helping the families with their concrete support needs helped the families to learn to trust the home visitor. Once crisis services and basic needs had been addressed, home visitors reported that they worked with all of the protective factors to some degree, catering services to families' individualized needs. In both home visiting and parent education, special emphasis was placed on nurturing and attachment.

Since the end of direct services in the research project, CCS and PRE have worked with the Center for the Study of Social Policy to develop an instrument to measure progress. The resulting Protective Factors Grid is currently being tested with FHI families served through other funded projects. A copy of the Protective Factors Grid is included in Appendix B.

Fostering Hope Initiative Strategies and Services

The Fostering Hope Initiative uses strategies at each domain of the social ecology. By taking this approach, FHI has been able to organize supports at several levels for changing the experience of vulnerable families living in high poverty neighborhoods. Thus, there are multiple components of FHI, based on these strategies. In some cases, these components were planned to be part of FHI (e.g., home visiting, parent education and support), while for others, FHI recognized an opportunity and built upon it. Thus, in the original planning for FHI, there were no Community Dinners nor La Casita neighborhood center, but each developed over the course of the project.

The Four Fundamental FHI Strategies:

- Support Families to Build Family Protective Factors
- Mobilize Neighborhoods
- Strengthen Collective Impact
- Advocate for Family-Friendly Public Policy

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The following strategies and components are presented in this section. In some cases, a component—such as Community Cafés, could be listed under more than one strategy, as it addresses more than one area of the social ecology. However, these have been placed into the strategy with which each is most associated, rather than repeating the components in each applicable strategy.

Strategy: Support Families to Build Family Protective Factors

- Component: Home visiting with Wraparound Supports
- Component: Parent Education and Support Groups
- Component: Safe Families for Children
- Component: Play Groups

Strategy: Mobilize Neighborhoods

- Component: Community Cafés
- Component: Neighbor Connectors
- Component: Neighborhood Activities
- Component: La Casita Neighborhood Center

Strategy: Strengthen Collective Impact

- Component: Collaboration and Collective Impact
- Component: Participatory Evaluation and Planning

Strategy: Advocate for Family-Friendly Public Policy

- Component: Fostering Hope—Closing the Gap Summits
- Component: FHI Spokesperson
- Component: Advocacy and Lobbying

Fostering Hope Strategy: Support Families to Build Family Protective Factors

| Component | Home Visiting with Wraparound Supports |
|---|---|
| Rationale | Home visiting has been found to be an effective strategy when working with families with young children. Well-trained home visitors support families facing the most significant challenges by providing information and skills training, as well as by connecting them with other resources, people, and wraparound supports such as mental health counseling. |
| Participants | As required by the QIC-EC grant, eligible participants were families who live in a target high-poverty neighborhood <ul style="list-style-type: none"> • with at least one child who is no more than 24 months old at the time of enrollment • who exhibit identified risk factors related to child maltreatment, and • for whom there were no current or previous abuse allegations related to the target child |
| Primary Purpose | <ul style="list-style-type: none"> • Promote safe, nurturing relationships and a stable home (Individual level of the social ecology) |
| Protective Factor(s) Addressed | <ul style="list-style-type: none"> • Social connections • Knowledge of parenting and child development • Concrete support in times of need • Parental resilience • Nurturing social and emotional competence of children |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> • Healthy Families America, with changes related to Oregon's eligibility criteria. Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. The Healthy Families America (HFA) model, adopted in Oregon by the then state Commission on Children and Families, has shown favorable research results in each of the following areas: maternal health, child health, child development and school readiness, reductions in child maltreatment, reductions in juvenile delinquency, family violence, and crime, reductions in juvenile delinquency, family violence, crime, positive parenting practices, family economic self-sufficiency, linkages, and referrals. • <i>Parents as Teachers</i> curriculum |
| Frequency/Duration | The Healthy Families America model starts at Level 1 with one visit per week. As the caregiver's skills increase and they meet the criteria for level changes, the frequency of visits shifts to two per month, and then one per month. Home visitors in Fostering Hope continued to visit families for one year, unless family needs indicated a longer |

| | |
|--|--|
| | period of support was necessary. Their motto has been “Do for, Do with, then Cheer on!” reflecting the caregiver’s growth and level of independence. |
|--|--|

Description

The Healthy Families America Model (HFA) is theoretically rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. Building upon dyadic, attachment, and bio-ecological systems theories, interactions between direct service providers and families are relationship-based; designed to promote positive parent-child relationships and healthy attachment; strengths-based; family-centered; culturally sensitive; reflective, in order to promote the development of autonomous, qualified, and self-directed professionals; and mindful of a child’s interrelated environmental systems.

HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.

HFA includes: (1) screenings and assessments to determine families most likely to benefit from services, and (2) home visiting services. In addition, many HFA sites offer services such as parent support groups and father involvement programs. HFA allows local sites to formulate program services and activities that correspond to the specific needs of their communities and target populations.

Individual HFA sites select the specific characteristics of the target population they plan to serve (such as first-time parents, parents on Medicaid, or parents within a specific geographic region); however, the HFA national office requires that all families complete a comprehensive assessment to determine the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences. The Kempe Family Stress Checklist is the most commonly utilized assessment tool.

HFA requires that families be enrolled prenatally or at birth. Once enrolled, HFA programs provide services to families until the child’s third birthday, and preferably until the child’s fifth birthday.

Drawn on 11/29/2013 from <http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=10&mid=2>

Due to the constraints of the research project, FHI made two important adjustments from HFA and the Oregon version of HFA: children were accepted into the study if they were no older than 24 months (Healthy Families would require enrollment by the end of 3 months) at the time of service initiation and the target child was not required to be the family’s first birth.

The Process

- Community outreach to identify and recruit families who would benefit from services

- Consent to screen
- Screening using the New Baby Questionnaire and other eligibility criteria
- Initial home visits by the home visitor with completion of:
 - Social Network Map
 - Ages and Stages Questionnaire (ASQ-3 and ASQ: SE at 4, 8, 12, 18, and 24 months)
- Home visit by external evaluation staff to complete Background Information Form, Adult Adolescent Parenting Inventory, Caregivers Assessment of Protective Factors, Caregiver Repeated Measures Survey, Parenting Stress Index, and Self-Report Family Inventory. (The Kempe Family Stress Checklist, often used in Healthy Families programs, was not completed.)
- Weekly home visits that faded to twice then once monthly, as parent knowledge and skills improved.
- Repeated assessments at 6, 12, and if still in the program, 18 and 24 months from program entry.

Participants

- One and two-parent families living in high poverty neighborhoods
- Many families who lived in multi-generational or extended family homes
- Teen and adult parents
- Mono- and bilingual parents
- The majority of participants were Hispanic/Latino, with Caucasian/White/European American as the second largest group. A few other ethnic/cultural groups were also represented in the participants.

Tips

- When available, provide concrete supports or information about how to access supports such as food or clothing. This was often the first of the protective factors that home visitors could work with, and provided an avenue for developing a relationship of trust.
- Use a strengths-based approach when working with families. Help them to see what their own strengths and resources are and how they can be used to improve the conditions for the family.

- Use activities during home visits that are culturally and developmentally appropriate.
- Celebrate with families when they achieve goals. In many cases, home visitors found that families had never set goals and did not know how to do so.
- Involve Home Visitors on a long-term basis with families with children birth-5 years old. While the intensity of services may decrease across time as families build their protective factors, maintaining a long-term relationship with a home visitor provides a touch point to ensure that when new issues arise, they have continued access to support.
- Develop and ensure access to a collaborative system of wraparound resources with a wide range of supports and services, and clear referral processes so that home visitors are able to offer supports the family needs.
- Provide books and activities that help parents to support their children to be ready to learn when they enter kindergarten.
- Home visitors used the *Parents as Teachers* evidence-based curriculum as a resource for activities to do with parents and their child during home visits.

Resources

For more information on the *Healthy Families America* model:

Healthy Families America National Office
Prevent Child Abuse America
228 S. Wabash, 10th Floor
Chicago, IL 60604
Phone: (312) 663-3520
Fax: (312) 939-8962
Website: <http://www.healthyfamiliesamerica.org>

The Parents as Teachers National Center helps organizations and professionals work with parents during the critical early years of their children's lives, from conception to kindergarten. In addition to developing the Parents as Teachers curriculum, the national center offers training, materials, and advocacy for early intervention and parental involvement.
Website: <http://www.parentsasteachers.org/>

Ready! Set! School! is a website that provides activities and resources to help parents prepare their preschoolers for kindergarten. It provides information for parents on what a child needs to be ready for kindergarten, a set of activities designed to help children learn and develop skills, a parent idea exchange, and other resources.

Website: www.Readysetschool.org

The site is available in both English and Spanish. *Ready! Set! School!* is a program of the Utah Family Partnership Network and Children's Services Society of Utah. Additional information is available from:

Utah's Parent Information Resource Center (Utah PIRC)

2500 South State, RM D-120

Salt Lake City, UT 84115

Phone: (801) 646-4608

Website: www.ufpn.org or www.utahpirc.org

Fostering Hope Strategy: Support Families to Build Family Protective Factors

| Component | Parent Education and Support Groups |
|---|--|
| Rationale | <ul style="list-style-type: none"> To support optimal child development, parents need to have accurate and timely information about child development, appropriate developmental expectations, and knowledge of alternative discipline techniques. Parents are able to connect with other parents, gain support for new parenting skills, and make new social connections. |
| Participants | Any family with one or more children within the age group targeted by the parent education curriculum. |
| Primary Purpose | <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home (Individual level of the social ecology). Mobilize neighbors to make the neighborhood a great place to raise children (Relationship level of the social ecology) |
| Protective Factor(s) Addressed | <ul style="list-style-type: none"> Knowledge of Parenting and Child Development Social Connections Concrete support in times of need Parental resilience Nurturing Social and Emotional Competence of Children |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> <i>Make Parenting a Pleasure</i> <i>Circle of Security</i> <i>Incredible Child (Incredible Infants)</i> <p>Other curricula that are research- or evidence-based may be used.</p> |
| Frequency/Duration | Weekly training sessions, as defined by the research- or evidence-based curriculum. Classes usually run 6-12 weeks, depending on the curriculum and how the instructor chooses to organize sessions. |

Description

Provide weekly, developmentally appropriate, evidence-informed parent education and informal parent support groups, both with child care, in each neighborhood. Open the classes and groups to anyone from the neighborhood with an interest in learning more about how to parent better.

The Process

- Recruit parents (e.g., from parents receiving home visiting, through FHI partners, through flyers posted in places families frequent in the target neighborhoods)
- Arrange for food at classes

- Follow the evidence- or research-based curriculum for number of sessions, length of sessions, content and materials

Participants

Participants included any parent with a child that falls within the age range for the curriculum being used. Although parents from the target FHI neighborhoods were prioritized for the classes, classes were open to parents attending from other neighborhoods if space was available. Sessions were conducted in English, in Spanish, and in English and Spanish. One class was conducted in English, Spanish, and American Sign Language.

Tips

- Make the parenting classes and support groups open to any interested family, so there is no stigma associated with attending the classes and groups.
- Provide child care during the classes and support groups, or pay stipends to families to arrange for their own child care.
- Empower parents and youth to plan and shape the services and activities that will support them. Gather input related to topics, needs, format, and scheduling. Seek evaluation of programs and services provided.
- Establish effective outreach efforts that connect parents, especially those living in poverty, with parent training, support groups, and respite services.
- Make parenting education classes available for different age groups, e.g., infants and toddlers, 2-6, 7-12, 13-18, based on the focus of the curricula used.

Resources

Make Parenting a Pleasure® and *Incredible Infants*® curricula and training for parent educators are available through Parenting Now! <http://info.parentingnow.org/>

Powell, G., Cooper, G., Hoffman, K., and Marvin, B. (2013). *The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships*. New York: Guilford Press. Available at: <http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/powell.htm&dir=pp/attach>

Cassidy, J., Woodhouse, S., Sherman, L., Stupica, B., & Lejuez, C. (2011). Enhancing infant attachment security: An examination of treatment efficacy and differential susceptibility. *Journal of Development and Psychopathology*, 23, 131-148.

Abriendo Puertas/Opening Doors is a school readiness program that strengthens the leadership and advocacy skills of Latino parents with children ages 0 to 5. AP uses “dichos” (culturally-based sayings) to frame the conversation for each session. The primary objective of Abriendo Puertas is to increase the number of Latino children in the U.S. that enter school ready to learn and able to succeed in life.

Website: <http://www.familiesinschools.org/abriendo-puertas-opening-doors/>

Fostering Hope Strategy: Support Families to Build Family Protective Factors

| Component | Safe Families for Children |
|---|--|
| Rationale | Families in poverty experience periods of high stress, and child care responsibilities can exacerbate that stress. Safe Families allows parents to have the time/space to rest and work out their problems without worry about losing parental custody. |
| Participants | <ul style="list-style-type: none"> Well-vetted and trained volunteer families open their homes to care for children for an afternoon or for a longer period of time. Host families are recruited through faith communities that have agreed to sponsor the program. Families receiving support may be any vulnerable family in crisis or needing support to avoid crises |
| Primary Purpose | Provide respite care, concrete support, and mentoring to help families in times of stress. <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> Social Connections Knowledge of Parenting and Child Development Concrete support in times of need Parental Resilience Nurturing Social and Emotional Competence of Children |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> <i>Safe Families for Children</i> is currently undergoing a research study to provide scientific evidence of its effectiveness |
| Frequency/Duration | As needed by the vulnerable family |

Description

Safe Families for Children (SFFC) is a national faith-based movement to provide vulnerable parents with mentoring relationships and tangible support in times of need. SFFC believes children will be safe and well-cared for if vulnerable families have a network of support, including both crisis and planned respite for their children. Carefully vetted and trained volunteer families, prompted solely by compassion, build relationships with vulnerable families and open their homes to their children. This allows parents to have the time and space to rest and work out their problems without worry about losing parental custody. SFFC started with the Lydia Home Association in Illinois, which is affiliated with the Evangelical Free Church of America. In Marion, Polk and Yamhill Counties, as of the fall of 2013, 11 Protestant and one Catholic parish had signed on since CCS brought SFFC to Oregon in 2010.

The Process

- Recruit faith communities and churches, providing information on the need and on the program
- Work with the faith community leaders to recruit a Ministry lead
- Work with the Ministry lead from each faith community to develop a team of volunteers to fill specific roles defined within SFFC: Host Family, Family Coach, Family Friend, Resource Family, and/or other supports.
- Vet all volunteers, including completing background checks, references, applications, interviews, and home visits. CCS—rather than someone from the faith community—carries out the vetting process to ensure that it is objective and meets standards.
- Provide training to all volunteers including Host Families
- Connect families needing support with Fostering Hope’s SFFC
- Provide support to Host Families through their faith community team. Supports for Host Families may include transportation, meals, clothing for children, babysitting, etc.
- Provide supervision to the Family Coaches who support Host Families. CCS staff members provide this supervision and support through face-to-face meetings, email, telephone conversations, on-line data base journaling of hosting, and giving information on other community resources.
- Maintain data on the numbers of children and families served, and other measures.

Participants

- Host families: Families are recruited from faith communities that have agreed to sponsor the program.
- All Fostering Hope families, as well as other families in need, are eligible to receive support from Safe Families.

Tips

- Catholic Community Services serves as an implementer for Safe Families for Children. The organization’s experience with out of home care for children qualifies and equips CCS to provide the safety component of this community ministry.

- CCS vets all families, receives all referrals and serves as a “match maker”, insuring the best match for each family with a volunteer family.
- Referrals must be voluntary by families seeking respite and often times partnering social service agencies will facilitate the process for families in crisis.

Resources

The national *Safe Families for Children* website includes information about Safe Families, locations of Safe Families for Children programs, and information on how to become involved as a church or volunteer, as well information for vulnerable families on how to seek respite in a crisis. Organizations that are sponsoring Safe Families programs also get access to a section of the website that includes training information and resource materials. Monthly webinars are provided to volunteers that cover continuing education, leadership skills, best practices, networking and growth.

Website: www.safe-families.org

Safe Families for Children is now being developed in other countries as well as in the U.S. — United Kingdom, Canada and Kenya for example. <http://www.safefamiliesforchildren.com/> is the website for SFFC in Great Britain.

Fostering Hope Strategy: Support Families to Build Family Protective Factors

| Component | Play Groups |
|---|--|
| Rationale | Play groups are a part of the <i>Parents as Teachers</i> curriculum. They offer a chance for parents and children to get to know each other, for children to learn how to play together, and for parents to learn about playing with their children. |
| Participants | Vulnerable families that live in the target neighborhood and their neighbors and friends |
| Primary Purpose | Provide opportunities for caregivers to get together for mutual support and to learn how to support their children in a play group. <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> Social connections Knowledge of parenting and child development Parental resilience Social and emotional competence of children |
| Model or Practice with Evidence Supporting Effectiveness | <p><i>Parents as Teachers</i> curriculum</p> <p><i>Parents as Teachers</i> is an approved home visiting model meeting the evidence-based criteria of the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program and considered a promising approach for the Tribal Home Visiting Grantees. More than a dozen outcome studies have been conducted on the effects of the Parents as Teachers model. Studies published in peer-reviewed journals show statistically significant and sustained effects. Outcome data have been collected on more than 16,000 children and parents.</p> |
| Frequency/Duration | As desired by the participants, FHI holds play groups twice each month for about 1-2 hours each. |

Description

Parents as Teachers is a trusted resource providing a proven home visiting model for organizations and professionals who deal with the evolving needs of families. *Parents as Teachers* helps young children grow up healthy, safe and ready to learn. *Parents as Teachers* Play Groups are provided as an interactive play and learning session for children and their parents. A variety of age-appropriate toys and books are provided to parents to stimulate the development of their children. Parents also have the chance to network and develop friendships with other families involved in the program. FHI home visitors used the *Parents as Teachers* program to augment HFA.

The Process

- Share a handout with information, e.g., on developmental information, strategies to reduce stress, nutrition, how to build a recipe book.
- Organize an activity that involves both the caregiver and child, such as a cooking project or story time.
- Ensure interaction: the caregiver and child playing together.

Tips

- Have a variety of age-appropriate toys available that encourage the children to use their imaginations.
- Be well-organized with all the materials needed for the planned activity.
- Seek feedback from parents related to improving the play groups, and allow them to take on leadership roles.
- Have healthy snacks available.

Resources

The *Parents as Teachers* website provides information on the development of *Parents as Teachers*, resources, fact sheets, results and other information.

Website: <http://www.parentsteachers.org/>

Searching the internet for “Parents as Teachers play groups” will bring up websites for many schools that offer these play groups. Sites may offer useful ideas for sponsoring play groups.

Fostering Hope Strategy: Mobilize Neighborhoods

The Fostering Hope Initiative believes that families—particularly those living in high poverty neighborhoods—do better when they live in well-connected neighborhoods where residents care about each other and take action to make the neighborhood a safer, friendlier, better place to raise children. Therefore, FHI includes a strategy to improve neighborhoods by engaging residents with each other, and with activities that will result in making the neighborhood a better place to live.

This section of the manual includes information on four specific components: Community Cafés, Neighbor Connectors, Neighborhood Activities, and La Casita Neighborhood Center. The neighborhood mobilization strategy, however, begins with connections with people and organizations within each neighborhood. Many of the specific activities developed as a part of mobilizing neighborhoods were simply opportunities that presented themselves because of those relationships or the particular skills and focus of partners working in those neighborhoods. Thus, a Neighborhood Center was developed in one neighborhood because a church in that neighborhood was partners with an FHI partner, had an available building, and offered it to FHI. The FHI staff did not go into the neighborhood looking for a neighborhood center, although that could be appropriate. Another neighborhood developed a weekly community dinner in another church that stepped up wanting to do something to create community.

Thus, mobilizing neighborhoods is a combination of good planning, strong neighborhood relationships with organizations and individuals, being alert to how neighborhood resources could be used to promote FHI objectives, and being nimble and flexible enough to take advantage of those unplanned opportunities that arise. FHI began with a plan to hold Community Cafés and to work with partners who were well-connected in the neighborhoods. That plan led to many other opportunities, some of which are described in this section.

Fostering Hope Strategy: Mobilize Neighborhoods

| Component | Community Café |
|--|--|
| Rationale/Need: | Social isolation is common among caregivers in the target neighborhoods. Community Cafés have been used to create opportunities for neighborhood residents to meet, build relationships, identify common values and interests, take on leadership roles, and agree on strategies for making their neighborhood rich in family protective factors. |
| Participants | Any resident of the target neighborhood, including vulnerable families who are or have been served by Fostering Hope |
| Primary Purpose | <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> Social Connections Knowledge of Parenting and Child Development Concrete support in times of need Parental Resilience Nurturing Social and Emotional Competence of Children |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> <i>Community Café</i> (www.thecommunitycafe.com) Community Cafés support neighborhood participants to discuss the <i>Strengthening Families Protective Factors™</i>—in their lives and in their neighborhoods (http://www.cssp.org/reform/strengthening-families) The process used at Community Cafés is based upon the group facilitation tool, <i>World Café</i> (http://www.theworldcafe.com/) |
| Frequency/Duration | <ul style="list-style-type: none"> A Community Café is held once each month inside a target neighborhood. Each Café meeting usually lasts for about 2 hours The Café group determines how many times they will continue to meet and whether they will break into smaller café groups if the original becomes too large to manage |

Description

Community Cafés are a series of guided conversations based on the Strengthening Families Protective Factors Framework™, leadership development, and parent partnership. These conversations are hosted by parent leaders who use the World Café technique to increase community wisdom, build parent voice, and facilitate action to improve lives for children.

Drawn 10/25/2013 from: http://ctfalliance.org/initiative_parents-2.htm

The Process

- Welcome participants, give an overview of the process and Café etiquette
- In small, revolving table groups, hold three consecutive conversations related to carefully-developed questions about parenting or one of the protective factors.
- The facilitator may ask participants to draw an image about that factor, based on experiences in the lives of the participants.
- As participants share insights and drawings between tables, a deeper understanding is reached.
- At the end, “harvest” and visually record ideas from all of the participants.
- Express gratitude and closing

Participants

- Families receiving or who have completed home visiting
- Families who participated in parenting education classes
- Families not receiving FHI Home Visiting services who were encouraged to attend by project partners
- Friends and acquaintances of participating families. (Families are told that they can bring others who might be interested in participating in the Café.)
- Individuals from community partner agencies
- Other neighborhood residents

FHI’s intention is that Cafés are viewed as a group that is available to anyone in the neighborhood—it is NOT a group only for “families that need help.” The Café should have no stigma associated with it, if it is treated as a typical neighborhood event that anyone may join.

The Life Cycle of a Community Café

Within FHI, Home visitors (HVs) trained as parent educators teach parenting education classes and use those classes as a recruitment source for Café participants. As the class series ends, HVs discuss Community Cafés and the ongoing role they can play in supporting parenting.

Because class participants often want to have a way to stay together as a group after the parenting series ends, the Community Cafés are a good solution for them.

HVs (or other professional staff) participate in establishing the initial meetings of a neighborhood Community Café, arranging for the site, inviting participants, and facilitating the meetings. Over time, within each Café that has been started, natural leaders emerge. HVs also identify natural leaders in the classes and approach these leaders about their interest in doing more, inviting them to take on a leadership role in a Community Café, initially working with the HV to lead the Café.

As a Community Café matures, HVs shift responsibility for logistics and facilitating sessions to participants. Indeed, it is important that the neighborhood and the Café participants “own” the Café, and being responsible for facilitation and logistics builds that ownership. HVs always are available to fill in if there is a gap, but the intention is for the responsibility for a Café shift to one or more of its participants. Indeed, as a neighborhood’s Café matures, and participants invite others to join, more and more people may be attending. This “problem” should be solved by the participants—will the group stay together, or does it want to split into smaller groups, meeting at different times?

Tips

- Serve food. An important feature that draws neighborhood residents to cafés is offering food. In some Cafés, this is a potluck brought by the participants themselves.
- Provide resource lists for tangible goods. The Café also could have donated tangible goods (such as diapers, children’s books, food boxes) to distribute at meetings when available.
- Provide child care. On-site child care makes it possible for more families to attend.
- Step back. Make sure that the paid staff supporting the Café steps back as soon as possible, to allow for the participants to take over leadership roles.
- Hold the Café in the primary language of the participants. In FHI, that meant holding both English and Spanish language Cafés, or assuring leaders were bilingual and able to use both languages throughout the Café.

Resources

Host Orientation Guide (available In English and Spanish)

This free, downloadable 80+ page orientation guide includes an interactive kit with visuals for conversation, design tools, evaluation tools, sample invitations, handouts, poetry and a sample proposal for grant writing.

Available at: www.ctfalliance.org

Community Cafe Guide for Hosts: Changing the Lives of Children Through Conversations that Matter.

This free, downloadable 20-page guide is intended to accompany a full-day orientation to the Community Café approach and includes a description of a typical planning process along with a tool for each step of the way.

Available at: www.ctfalliance.org

Robyn Higa and Amber Huffstickler. (2013, Spring). *Community Cafés: Building Parent Leadership and Strengthening New York State Families and Communities*. NYS Parenting Education Partnership.

This free, downloadable document, available from the website of the National Alliance of Children's Trust & Prevention Funds, summarizes lessons learned from a series of Community Cafés held in New York State in 2012-2013.

Available at: www.ctfalliance.org

Phone (206) 526-1221

Guide to Forming A Community Café Leadership Team

This free, downloadable 14-page guide encourages the development of new leadership teams across the country to support Community Café best practice. This guide defines what a leadership team can be and describes possible roles and purposes, based on the Washington State leadership team's journey. It describes tools and resources that will help others interested in forming leadership teams to support Community Cafés.

Available at: www.ctfalliance.org

Community Cafés: Changing the Lives of Children Through Conversations that Matter.

This six-page brief summarizes how Community Café facilitators adapt the World Café process to build on the assets in their community.

Available at: http://www.thecommunitycafe.com/documents/CC_FAQ.pdf

Juanita Brown and David Isaacs. (2005). *The World Café: Shaping Our Futures Through Conversations That Matter*. San Francisco: Berret-Koehler Publishers.

Filled with stories of actual Café dialogues in business, education, government, and community organizations across the globe, this book demonstrates how the World Café can be adapted to any setting or culture. Along with its seven core design principles, *The World Café* offers practical tips for hosting "conversations that matter" in groups of any size—strengthening both personal relationships and people's capacity to shape the future together.

Available at: <http://www.bkconnection.com/>

Fostering Hope Strategy: Mobilize Neighborhoods

| Component | Neighbor Connectors |
|---|---|
| Rationale | Friends, family members, neighbors and community members are able to provide emotional support, help solve problems, offer parenting advice, and give concrete assistance to the caregiver. A Neighbor Connector can act as an instigator for getting individuals together, for sponsoring neighborhood events, and for promoting healthy development. |
| Participants | Neighbor Connectors preferably are individuals who live in the target neighborhood. Connectors interact with any and all neighborhood residents and organizations serving the neighborhood. |
| Primary Purpose | In target high poverty neighborhoods, find pregnant women and families living with toxic stress, and link them with resources; connect neighborhood residents around common interests; reduce social isolation; promote healthy development. <ul style="list-style-type: none"> • Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) • Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> • Social connections • Depending on the activities of interest to the neighborhood residents, Neighbor Connectors may become involved with helping families to build other protective factors as well. |
| Model or Practice with Evidence Supporting Effectiveness | The concept of Neighbor Connectors is based on the Assets-Based Community Development approach to community organizing. |
| Frequency/Duration | Ongoing activity |

Description

Neighbor Connectors communicate with and solicit feedback from neighborhood stakeholders, forming personal relationships with residents through door-to-door introductions, informal surveys, neighborhood events, small groups, and one-on-one interactions. Neighbor Connectors identify neighborhood residents who are willing to take action to make their neighborhood a great place to raise children, or to promote healthy development and then support those residents to take action. Although Neighbor Connectors were not a part of the neighborhoods involved with the research project funded by the Center for the Study of Social Policy's Quality Improvement Center on Early Childhood, they have become an important component of FHI. Initial work with Neighbor Connectors was funded by a grant from The Ford Family Foundation to extend FHI into rural neighborhoods.

The Process

- Recruit an individual who gets to know others easily, and, preferably, is a resident of the neighborhood in which they are asked to work.
- Identify strengths and needs within neighborhoods, families, organizations, and businesses (ongoing assets and needs mapping).
- Develop relationships with neighborhood residents, learning about their skills and interests. Then work to connect people with similar interests.

Participants

Neighbor Connectors work with residents of the target neighborhoods.

Tips

- Develop a strategy for employing Neighbor Connectors. Hiring neighborhood residents to assume the role of Neighbor Connector met several barriers, including CCS' own personnel policies and hiring practices.
- Imbed the Neighbor Connector in their assigned neighborhood; actually living in the neighborhood is best.
- If possible, provide a physical office space or similar location for the Neighbor Connector to use as a "home base", assisting community members to find them easily.
- When there are high concentrations of families who are culturally or linguistically diverse, hire a bilingual/bicultural Neighbor Connector, reflecting the residents of the neighborhood.

Resources

The Asset-Based Community Development Institute (ABCD) is at the center of a large and growing movement that considers local assets as the primary building blocks of sustainable community development. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities for the future. The ABCD Institute is located at the School of Education and Social Policy at Northwestern University. The site includes free downloadable resources, including talking point tools, asset-mapping tools, and facilitating tools.

Website: <http://www.abcdinstitute.org/>

The Abundant Community: Awakening the power of families and neighborhoods. This website includes resources, tools, stories of awakening communities, and blogs by Peter Block and John McKnight.

Website: <http://www.abundantcommunity.com>

Additional information on this approach includes:

Kretzmann, J.P., & McKnight, J.L. (1993). *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Evanston, IL: The Asset-Based Community Development Institute. Distributed by ACTA Publications, Chicago, IL.

Kretzmann, J.P., & McKnight, J.L. with Dobrowolski, S., & Puntenney, D. (2005). *Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity*. Evanston, IL: Asset-based Community Development Institute, Northwestern University.

McKnight, J., & Block, P. (2010). *The Abundant Community: Awakening the Power of Families and Neighborhoods*. San Francisco: Berrett-Koehler Publishers.

Website: www.bkconnection.com

McKnight, J.L. (1995). *The Careless Society: Community and Its Counterfeits*. New York: Basic Books.

Green, M. with Moore, H., & O'Brien, J. *When People Care Enough To Act*.

Available from Inclusion Press (<http://www.inclusion.com/bkwhenpeople.html>)

Phone: (416) 658-5363 Fax: (416) 658-5067 E-mail: inclusionpress@inclusion.com

A Small Group focuses on direct efforts to bring into conversation those groups of people who are not in relationship with each other. Small Group offers powerful tools and strategies of civic possibility, civic accountability and civic commitment; thus increasing the power of associations to engage citizens in their efforts.

Website: <http://www.asmallgroup.net/pages/content/index.html>

Fostering Hope Strategy: Mobilize Neighborhoods

| Component | Neighborhood Activities |
|---|--|
| Rationale | Neighborhood-based activities give opportunities for residents to get to know each other—extending their social connections, a key family protective factor. However, activities also may address healthy development or other neighborhood objectives. |
| Participants | Neighborhood residents and their friends |
| Primary Purpose | Build community by building relationships among neighbors and supporting events that promote objectives of healthy development. <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> Social Connections |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> Strengthening Families Protective Factors are based on research evidence related to what families need to be strong. <i>Asset-Based Community Development</i>, a published strategy for taking a positive approach through social connections to build community strengths (see “Component: Neighbor Connectors” for more information on ABCD). |
| Frequency/Duration | As often as the neighborhood is interested in having an event and someone is willing to organize it |

Description

Within FHI, and in different neighborhoods, there have been many different types of activities, depending on the interests of residents. Some of the activities are:

- National Night Out
- Walking for Exercise group
- Community gardens for growing fresh vegetables and fruits
- Park clean-up
- Play groups
- Crafts activities
- Activities in the park
- Literacy Nights

The Process

- Develop ideas for events. Ideas and the impetus for neighborhood activities have come from interviews conducted by Neighbor Connectors, Community Cafés, FHI staff, faith communities, and FHI partners.
- Identify a leadership/planning group that will ensure the event occurs and is well-attended. While staff may help, as time goes on, more and more of the leadership and planning for these activities should be done by the neighborhood residents, rather than staff.
- Gather resources needed for holding the event. This may include food from the local food share, access to a facility to hold the event, or development of materials to announce the event.
- Hold the event.
- Debrief the event to learn what worked well, what didn't, and what will be helpful to remember for planning the next event.

Participants

- Any neighborhood resident and their families and friends
- Staff from partner organizations
- Home visitors and Neighbor Connectors may encourage or assist families they are supporting to attend neighborhood events to help them to expand their local social connections.

Tips

- The city or neighborhood association may be able to offer support for organizing events.
- Make every effort to ensure that the event is “owned” by the neighborhood.
- Be open and flexible to take advantage of opportunities that arise.

Resources

National Association of Town Watch sponsors the National Night Out program. Information is available on their website.

Website: <http://natw.org/>

Fostering Hope Strategy: Mobilize Neighborhoods

| Component | "La Casita" Neighborhood Center |
|---|---|
| Rationale | A physical location that is integrated within the neighborhood provides a place that gives a local home for the initiative, for Neighbor Connectors, and for holding neighborhood-based activities. |
| Participants | Any neighborhood resident, their families and friends |
| Primary Purpose | Provide a place to hold FHI activities and meetings with residents. <ul style="list-style-type: none"> Promote safe, nurturing relationships and a stable home. (Individual level of the social ecology) Mobilize neighbors to make the neighborhood a great place to raise children. (Relationship level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> Social connections Concrete supports in times of need Knowledge of parenting and child development Parental resilience Social and emotional competence of children <p>Any of these protective factors could be addressed using this center; the primary factor addressed, however, is "social connections".</p> |
| Model or Practice with evidence supporting effectiveness | NA |
| Frequency/Duration | The Neighborhood Center should hold activities geared to family and child interests at different times of the day and on most days of the week. The number and duration of activities depends on the initiative's and neighborhood's interest and resources for sponsoring activities. |

Description

The Holy Cross Lutheran Church, across the street from the Washington neighborhood in Salem, donated the use of a small house to FHI. This "Little House" or "La Casita" is a focus for many small group neighborhood activities, including:

- Coffee groups, simply for conversation and getting together. The group may decide they want to do an activity during their time together (e.g., bake cookies).
- Cooking groups, so participants learn how to make, for example, healthy recipes
- Gardening groups for children, to learn about growing fresh vegetables
- Story time, in which a volunteer reads to the children
- Literacy Nights, in cooperation with the neighborhood elementary school

In addition, La Casita—or the neighboring church building—provides a place to hold:

- A lending library, organized by retired librarians
- Individual counseling sessions provided by an FHI partner
- Parenting education classes
- Community Cafés
- Zumba classes
- Displays of health or child development literature, such as information on preventing diabetes
- A community garden with raised beds. La Casita is adding a hothouse, as well.

La Casita has become a great resource for promoting healthy development in the neighborhood.

The Process

- Recognize any opportunity to develop a neighborhood center, working with neighborhood businesses, the city, landowners, faith communities, or others who might have a property appropriate to serve as a neighborhood center.
- Work with neighborhood residents, organizations, businesses and partners to name the center, determine how it will be used, and to gather the resources needed to outfit the center. For example, students from nearby schools made a large lawn sign to identify La Casita and painted the inside of the house.
- Identify a coordinator and a way to maintain a centralized schedule so activities do not conflict with each other.
- Organize a “steering committee” for the center, for coordination, resource development, etc. Make sure the steering committee includes neighborhood residents as well as partner organizations invested in making the center work. La Casita’s steering committee meets monthly.

Participants

Anyone from the neighborhood or their friends is welcome to attend activities held at La Casita.

Tips

- Encourage neighborhood ownership at all levels. Neighbors who use the space need to be responsible for keeping it picked up and clean. Expect that all users of the center will leave the building at least as clean as it was when they entered it.

- Identify a single person who is responsible for scheduling the house. In the case of La Casita, this was originally a staff person from an FHI partner agency responsible for neighborhood mobilization, and then shifted to a representative of the church that loaned the house.
- Encourage related community groups to offer events or services through the center. For example, FHI recruited the Library Association, which includes a number of retired librarians, to manage the library and story time at La Casita. In addition, encourage partners to schedule space to hold counseling sessions for neighborhood residents, classes, etc.
- Sponsor “clubs” meeting at the center for children of different ages and for families— garden club, reading circles, play groups, exercise club or walking club. For example, La Casita is the location for a Garden Club for third to fifth graders, staffed by Marion Polk Food Share. One mom receiving home visiting had goals to do a cooking project and to develop a mom’s/play group. She now leads a group at La Casita, where they prepare kid-friendly meals and teach their children how to cook.
- Schedule clubs and get-togethers to happen the morning after a community event of interest to the caregiver. At La Casita, caregivers often show up at the Coffee Club to find about what happened the night before at the Parent-Teacher Club at the school.
- Talk with neighborhood schools to find out if they have classes that could make the center their project. For example, a middle school Food Sciences class makes cookies for the Coffee Club; the woodshop class at the high school built the frame for a sign for La Casita; a middle school art class designed and made a mosaic sign to go into the frame.
- Work with the neighbors. In the case of La Casita, a Head Start program sponsored by the Community Action agency sits on property next to the house. FHI has negotiated with Head Start to allow access to their playground equipment during times when the Head Start classes are not operating. In return, Head Start children have scheduled story times in the La Casita library.
- Listen to what the children and parents say they want to do. At La Casita, parents have said they would like to do a dance, and some of the children would like to play volleyball. Both will require working with the next door Holy Cross Lutheran Church to have access to their gym, but neither will be hard to pull off if the families participate in making them happen.

Fostering Hope Strategy: Promote Collective Impact

Critical since the inception of the Fostering Hope Initiative has been a recognition that strengthening families to support optimum child development is a complex issue that requires the collaboration of many sectors of the community. While service providers in the Fostering Hope neighborhoods have long supported each other's work, achieving the vision of the Fostering Hope Initiative would require more. Therefore, FHI has gone beyond supporting collaboration among its partners to supporting development of systems and resources to achieve collective impact. The components following represent FHI's strategy of implementing collective impact to achieve breakthrough outcomes on complex social issues.

Fostering Hope Strategy: Promote Collective Impact

| Component | Collaboration and Collective Impact |
|---|--|
| Rationale | A coalition of partners can achieve more widespread effects within a community than is possible for a single organization to attain. When partners participate in the development and ongoing refinement of the initiative's vision, mission, strategies, and components, they develop a stronger ownership of the initiative as a whole. Systems that support collective impact assist collaborations to become more effective in meeting complex community issues. |
| Participants | <ul style="list-style-type: none"> Representatives from any organization with a "stake" in the goal of the initiative and in the targeted high poverty neighborhoods Neighborhood residents |
| Primary Purpose | <ul style="list-style-type: none"> Continuously improve collaboration, quality, and accountability to strengthen collective impact. (Community level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> NA |
| Model or Practice with Evidence Supporting Effectiveness | The consulting firm FSG has documented effectiveness of collective impact. <i>Strive</i> is a network in the Cincinnati Ohio area that has applied the principles of collective impact to education. See resource list. |
| Frequency/Duration | Strategies addressing collaboration and collective impact require continuous attention of the initiative. |

Description

FHI is based upon the belief that neighborhoods, public agencies, non-profit faith-based and secular organizations, education organizations, and parents and children can work together to create a system of neighborhood services and support that will increase the likelihood that families will be healthy and children will become successful, productive adults. Key features of this collaboration include:

- FHI partners have a history of working in cooperative and collaborative projects. FHI is not the first initiative in which CCS has worked with each of the partners. For example, prior to FHI, CCS had cooperated with most of the eventual FHI partners in planning and conducting staff training, supporting neighborhood associations, subcontracting for service delivery, and collaborating to sponsor community events.
- FHI partners work in alignment around a common vision, core values, and shared objectives. During lengthy and detailed discussions, the partners together developed the vision, core values, goals, objectives and plans represented in this proposal. Through this dynamic process, they built on mutual trust and respect and shared open communication. A document summarizing this initial planning is included in Appendix A.

- FHI partners bring diverse but complementary skills and knowledge to the project. Each organization is responsible for a specified component of the project (e.g., neighborhood outreach, home visiting, parent education and support groups) and was selected to carry out that component due to their unique skills and knowledge. Because the project relies on the collaboration of multiple services within specified neighborhoods, none of the partners would be able to do this project without the others.
- FHI provides powerful leadership to ensure the partners work together most effectively for neighborhood-building. The former superintendent of schools for Salem-Keizer School district, well-known and highly respected by the community, led the initial planning phase. The CCS Director then assumed leadership.
- FHI partners have a sense of urgency and commitment about reducing child maltreatment, which is reflected by the other projects in Marion and Yamhill Counties focused on reducing child maltreatment and the need for foster care, as well as in the political support of important state and local leaders. Based upon the characteristics described above, we believe FHI to be a true collaboration, as opposed to lower-level partnership models, i.e., coordination or cooperation (Pollard, 2005).

FHI meets the five conditions for collective impact as described in Hanleybrown, Kania and Kramer (2012), presented in Table 2.

Table 2

The Five Conditions of Collective Impact

| | |
|---------------------------------|---|
| Common Agenda | All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions. |
| Shared Measurement | Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable. |
| Mutually Reinforcing Activities | Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action. |
| Continuous communication | Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation. |
| Backbone Support | Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies. |

From: Hanleybrown, F., Kania, J., and Kramer, M. (2012). Channeling change: Making collective impact work. *Stanford Social Innovation Review*. Available at: http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work

The Process

- FHI began when CCS invited public and private sector agencies to meet about how to reduce child maltreatment and the need for foster care in high poverty neighborhoods in Salem, Oregon.
- CCS engaged a highly respected community leader to facilitate the initial series of meetings in which participating agencies developed a shared vision, guiding values, and strategies for Fostering Hope.
- CCS sought government and foundation funding to support the collaboration and to move the work forward. The Center for the Study of Social Policy's Quality Improvement Center on Early Childhood was an important early funder, providing support for a research study that extended more than three years to assess the impact of concentrating services in high poverty neighborhoods as a strategy for reducing child maltreatment.
- FHI formed two work groups: 1) Implementation, where the details of coordinating services within the neighborhoods were discussed, and 2) Participatory Planning and Evaluation group that was charged with reviewing data, identifying improvement opportunities, and developing plans for improving performance.
- FHI partners revisited the initiative's vision, strategies and roles in a planning session held a few years after its initial development.
- As the initiative matured, CCS assumed the role of backbone organization, moved out of providing paid direct services and instead focused on enhancing supports from the voluntary sector.
- FHI continues to work on systems to support the collaboration, including quality and accountability. Based on the Strive approach, these systems include: cross-sector stakeholder engagement, partnership accountability structure, strategic communications, evidence-based decision making, collaborative action, investment and sustainability (Drawn 12/9/2013 from http://www.strivetgether.org/sites/default/files/images/Introduction_0.pdf.) The Strive Partnership was launched in 2006 by community leaders in Cincinnati and Northern Kentucky to target improved student outcomes. Strive includes cross sector community leaders committed to prioritizing education for their region. The Partnership engages executive and grassroots partners in the vision, works through turf issues among service providers, and encourages funders to move existing resources to proven strategies, and gets results based on measures of a set of educational outcomes.

Participants

- Originally, organizations invited to the initial planning sessions included:
 - Public agencies with any involvement in poverty or in reducing child maltreatment. Therefore, we invited appropriate city, county, or state agencies related to housing, child and family services, child welfare, early childhood education, public health, and mental health.
 - Private organizations—primarily not-for-profit—that provided child and family services, child advocacy, parenting education, or other related services.
 - Faith-based organizations. Salem Leadership Foundation (SLF) has organized faith communities to become part of their neighborhoods, and has played an important role in FHI. SLF is a part of the Leadership Foundations network, which consists of individuals and organizations throughout the world working together to transform their cities through effective leadership. Leadership Foundation organizations do this by identifying resources and key players in a city — local grassroots organizations, ministries and government agencies — that can make the greatest difference to bring about change in the lives of individuals and communities.
- In the years since its inception, some organizations have become inactive while others have joined the initiative.
- Youth and parents who have been involved with the foster care or child welfare system during their lives were invited to participate in separate Youth and Parents Councils, to ensure that a consumer voice is heard.

Tips

- Develop a compelling vision for the collaboration.
- Clarify what it means to be a “partner.” Early on, a “partner” in FHI was any organization that expressed support for the vision. As time passed, it became important to clarify partner roles and commitments.
- Develop strategies and shared expectations related to how decisions will be made.
- Communicate openly with partners often.

Resources

FSG is a nonprofit consulting firm specializing in strategy, evaluation and research. Their website offers many materials on collective impact, including videos, articles and presentations.

Available at:

<http://www.fsg.org/KnowledgeExchange/FSGApproach/CollectiveImpact.aspx>

Website: www.fsg.org

Stanford Social Innovation Review is an award-winning magazine and website that covers cross-sector solutions to global problems. SSIR has published many articles on collective impact, which are also available on the FSG website.

Website: <http://www.ssireview.org/>

Materials available at: http://www.ssireview.org/articles/entry/collective_impact

Edmondson, J., Strive Network, and Zimpher, N.L. (2012, Summer). The new civic infrastructure: The “how-to” of collective impact and getting a better social return on investment. *Community Investments*, 24 (2), 10-13, 38.

O’Neill, C. and Griffiths, S. (2012, September). *Building Capacity for Collective Impact Toolkit Series. Strategy 1: Partner mapping*. Available at:

http://www.wholonomyconsulting.com/PDF/Collective_Impact_Toolkit_Part1.pdf

Their website also has other information on collective impact:

<http://www.wholonomyconsulting.com/collective-impact.htm>

Strive is a network in the Cincinnati Ohio area that has applied the principles of collective impact to education. Their website includes resources and lessons learned from many communities about what has and has not worked when trying to build a Cradle to Career Partnership.

Website: <http://www.strivetgether.org/resources>

Bathgate, K., Colvin, R.L., and Silva, E. (2011). *Striving for Student Success: A Model of Shared Accountability*. Washington, D.C.: Education Sector.

Available at: <http://www.educationsector.org/publications/striving-student-success-model-shared-accountability>

Website: www.educationsector.org

Fostering Hope Strategy: Promote Collective Impact

| Component | Participatory Evaluation and Planning (PEP) |
|---|--|
| Rationale | Experienced community builders know that involving stakeholders - the people directly connected to and affected by their projects - in their work is tremendously important. It gives them the information they need to design, and to adjust or change, what they do to best meet the needs of the community and of the particular populations that an intervention or initiative is meant to benefit. This is particularly true in relation to evaluation. Drawn 12/7/2013 from http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/participatory-evaluation/main |
| Participants | Initiative partners |
| Primary Purpose | <ul style="list-style-type: none"> Continuously improve collaboration, quality, and accountability to strengthen collective impact. (Community level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> NA |
| Model or Practice with Evidence Supporting Effectiveness | Participatory evaluation is a well-recognized method in evaluation literature. |
| Frequency/Duration | FHI held monthly Participatory Evaluation and Planning meetings. |

Description

Participatory evaluation is a partnership approach to evaluation in which stakeholders actively engage in developing the evaluation and all phases of its implementation. Those who have the most at stake in the program — partners, program beneficiaries, funders and key decision makers — play active roles. (Zukoski, A., and Luluquisen, M. , 2002)

The Process

- Determine which stakeholders will participate in the evaluation and the frequency of reviewing evaluation data.
- Provide training on participatory evaluation. Depending on the group involved, this training may need to include, for example, goals and roles in participatory evaluation, meeting skills, understanding data presentation formats, and analyzing data.
- Present current data regarding utilization, project implementation, interim outcomes and outcomes at meetings for review and discussion by stakeholders.

- Use information reviewed to identify and close gaps between what was planned and what is happening related to the project.

Participants

- Initiative partners
- In FHI, neighborhood residents did not participate in the partner participatory evaluation and planning meetings. However, FHI had two other groups—a Parents Council and a Youth Council—that provided opportunities for resident input.

Tips

- Build in the extra time needed to carry out participatory evaluation.
- Agree in advance what data will be collected and shared as evidence that the project is being used by the target population as planned, that supports and services are being provided as planned, and that participants are achieving interim and long term outcomes as planned.
- Provide training so people understand evaluation and how the participatory evaluation and planning and continuous quality improvement process work.
- Consider how you get, record, and report information. If some of the participants in an evaluation are non- or semi-literate, or if participants speak a number of different languages (English, Spanish, and Lao, for instance), a way to record information will have to be found that everyone can understand, and that can, in turn, be understood by others outside the group.

Resources

The Work Group for Community Health and Development at the University of Kansas, along with other collaborators has developed an excellent free on-line guide to community-building. One chapter of that guide is focused on participatory evaluation. Much of the information about this strategy was drawn from this chapter.

Website: <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/participatory-evaluation/main>

Ann Zukoski and Mia Luluquisen. (2002). Participatory Evaluation: What Is It? Why Do It? What Are the Challenges? *Community-Based Public Health Policy and Practice*, Issue #5, April, 2002. Available at: http://www.depts.washington.edu/ccph/pdf_files/Evaluation.pdf

The Research for Organizing toolkit is designed for organizations and individuals that want to use participatory action research (PAR) to support their work towards social justice. PAR helps to analyze and document the problems in communities, allows us to generate data and

evidence that strengthens our social justice work, and ensures that we are the experts about the issues that face our communities. In this toolkit you will find case studies, workshops, worksheets and templates that you can download and tailor to meet your needs.

Website: <http://www.researchfororganizing.org/>

Knowledge Shared: Participatory Evaluation in Development Cooperation is a book of essays and case studies on participatory evaluation (free to read online) by Edward T. Jackson and Yussuf Kassam, from Kumarian Press: Bloomfield, CT, 1998.

Available at:

<http://www.idrc.ca/EN/Resources/Publications/Pages/IDRCBookDetails.aspx?PublicationID=401>

"Participatory Evaluation: How It Can Enhance Effectiveness and Credibility of Nonprofit Work" by Susan Saegert, Lymari Benitez, Efrat Eizenberg, Tsai-shiou Hsieh, and Mike Lamb, CUNY Graduate Center, from *The Nonprofit Quarterly*, 11, 1, Spring 2004.

Available at: <http://www.nonprofitquarterly.org/management/89-participatory-evaluation-how-it-can-enhance-effectiveness-and-credibility-of-nonprofit-work.htm>

Who Are the Question Makers? A Participatory Evaluation Handbook is a resource from the Office of Evaluation and Strategic Planning of the United Nations Development Program.

Available at: <http://web.undp.org/evaluation/documents/who.htm>

Fostering Hope Strategy: Advocate for Family-Friendly Public Policy

The final Fostering Hope Strategy addresses the System Level of the social ecology: Public Policy and Social Norms. For programs such as FHI to be successful, the way in which services are funded needs to change, to remove perverse incentives for placing children into substitute care rather than for providing supports to strengthen families so they can nurture and protect their children. The components listed here reflect the ways in which FHI organized for advocacy on family-friendly policy, practices and funding.

Fostering Hope Strategy: Advocate for Family-Friendly Public Policy

| Component | Fostering Hope: Closing the Gap Summits |
|---|---|
| Rationale | Convene state and local leaders and policymakers to hear and interact with national experts in areas such as child welfare, early brain development, community-building, and parenting to present current research on best practices as a strategy to “close the gap” between what we know from research and what we do in policy and everyday practice. |
| Participants | People representing all four levels of the social ecology including caregivers, neighborhood leaders, practitioners, administrators, funders, and policy makers. |
| Primary Purpose | Create a constituency of well-informed service providers, policy makers, and other stakeholders. <ul style="list-style-type: none"> Continuously improve collaboration, quality, and accountability to strengthen collective impact. (Community level of the social ecology) Advocate for family-friendly public policy and funding that strengthens families. (System level of the social ecology) |
| Protective Factor(s) | <ul style="list-style-type: none"> NA |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> NA |
| Frequency/Duration | Annual one-day summit |

Description

In the fall of 2011, 2012, and 2013, FHI sponsored annual “Fostering Hope: Closing the Gap” summits. Summits were sponsored by the FHI Spokesperson—Chief Justice of the Oregon Supreme Court—and the State Senator from the Salem district. FHI invited legislators, state agency leaders, public and private sector heads of social service agencies, early education leaders, parents, business leaders, and faith community leaders to share in learning about the most up-to-date research related to achieving the FHI vision—that every child and youth in every neighborhood lives in a safe, stable nurturing home; is healthy; succeeds at school; and goes on to financial self-sufficiency.

The Process

- Develop purpose, size, budget, location, marketing, and registration process.
- Develop event sponsors.
- Identify and recruit leading researchers in related fields to present at the Summit.

- Market the event to target audiences, including personal invitations.
- Develop and work with presenters on materials for distribution.
- Organize a tight, information-laden event with time for informal networking and information-sharing.
- Review participant feedback for improving future events.

Participants

- State legislators
- State agency leaders
- Public and private sector heads of social service agencies
- Early Education leaders
- Parents/Caregivers
- Business leaders
- Faith community leaders

Tips

- Confirm dates and location as early as possible to allow arranging for presenters. It may require several months to get onto the calendar of some of the nationally recognized speakers that you wish to have at the Summit.
- Develop policy agenda with key stakeholders and use the conference to test agreement and support.
- CCS pursued funding from individual donors and foundations to make the Summits free for all attendees.
- Keep full group sessions brief and to the point, so that the audience learns about what each presenter has to offer. Follow these with concurrent individual sessions by the presenters.
- Provide morning snacks and lunch.

Resources

A website describing the 2013 Fostering Hope—Closing the Gap Summit:
<http://fosteringhopeinitiative.org/Closing-the-Gap-Summit.html>

Fostering Hope Strategy: Advocate for Family-Friendly Public Policy

| Component | FHI Spokesperson |
|---|--|
| Rationale | FHI needed to be able to get the attention of state leaders to ensure support for the development and expansion of the initiative. A highly respected and well-known spokesperson assisted with this effort. |
| Participants | For FHI, the spokesperson was the Chief Justice of the Oregon Supreme Court. In 2013, he retired from the court and joined Willamette University faculty, where he continues to be FHI spokesperson. |
| Primary Purpose | Present information about FHI to state leaders and other targeted stakeholders and decision-makers. <ul style="list-style-type: none"> Advocate for family-friendly public policy and funding that strengthens families. (System level of the social ecology) |
| Protective Factor(s) | NA |
| Model or Practice with Evidence Supporting Effectiveness | NA |
| Frequency/Duration | NA |

Description

The FHI spokesperson has provided leadership for FHI in several ways:

- Provide access to high level officials in state government.
- Speak on behalf of FHI to a wide variety of audiences.
- Give credibility to the initiative in many sectors.

The Process

- Identify the need for a spokesperson.
- Consider possible business, education, political or judicial leaders who might be an appropriate spokesperson. The spokesperson should be someone respected by both Republicans and Democrats alike.
- Consider who should ask the individual to be the spokesperson. The person asking should be the one most likely to get a “yes.”
- Invite the individual to act as spokesperson.

Tips

- Identify the person who, if they agree to be spokesperson, will command the attention of others you seek to influence.
- Use personal networks to identify the right person or people to present the case for becoming the initiative's spokesperson.
- Assist the spokesperson by developing speaking points and presentation materials for their use.

Fostering Hope Strategy: Advocate for Family-Friendly Public Policy

| Component | Advocacy and Lobbying |
|-----------------------------|--|
| Rationale | <p>We believe that current public policy inadvertently undermines families and communities that could protect and nurture their children's optimum development by surrounding their children and youth with safe, stable, nurturing relationships. One way public policy does so is by building perverse financial incentives that reward families, communities, and the state for drawing vulnerable children and youth—especially those living in poverty—into substitute care.</p> <p>Significant resources must be redirected to non-stigmatizing practices that promote optimum child development, strengthen families, and mobilize natural supports in neighborhoods.</p> |
| Participants | <ul style="list-style-type: none"> • Families affected by the public policy • State legislators and agency heads • Local public and private social service organizations • Business leaders |
| Primary Purpose | <p>Change the current substitute care system for children and youth which now invests public dollars in removing children from their homes, families, and neighborhoods to place them in foster care or even more expensive residential treatment services, rather than supporting healthy families and neighborhoods.</p> <p>Develop cross-sector support for a child welfare substitute care system designed to: Be accountable for results, i.e. child safety, public safety, permanency, physical health, mental health, reading and math skills, social skills, and success at school; Pool and cap all local, state, and federal funds currently being spent for child-welfare substitute care in Marion, Polk, and Yamhill Counties; Grant maximum flexibility to communities in terms of means to accomplish desired results; Allow unspent funds to be invested in prevention initiatives that address social and economic determinants of health and success at school.</p> <ul style="list-style-type: none"> • Advocate for family-friendly public policy and funding that strengthens families. (System level of the social ecology) |
| Protective Factor(s) | <p>This effort could lead to additional resources that could be used to develop each of the Strengthening Families Protective Factors:</p> <ul style="list-style-type: none"> • Social Connections • Knowledge of Parenting and Child Development • Concrete support in times of need • Parental Resilience |

| Component | Advocacy and Lobbying |
|--|---|
| | <ul style="list-style-type: none"> • Nurturing Social and Emotional Competence of Children |
| Model or Practice with Evidence Supporting Effectiveness | <ul style="list-style-type: none"> • NA |
| Frequency/Duration | Ongoing activity |

Description

The Fostering Hope Initiative has adopted the Assets-Based Community Development (ABCD) approach to organizing communities (see information under “Component: Neighbor Connectors”), and Smart Chart 3.0 software for planning communications strategies related to advocacy and lobbying. These efforts were all focused on addressing identified barriers in existing state policy and practices.

The Process

- Develop a strategy for achieving the systems change. FHI used the Spitfire Strategies Smart Chart to help plan the strategy for this systems change.
 - Identify the *key decision-makers* who can make this change a reality.
 - Identify the *assets* available but outside the project to support the change.
 - Identify appropriate “*messengers*” from vulnerable parents and youth, the judiciary, the faith community, minority groups, and children’s advocates to best reach the key decision-makers.
 - Develop the message. In the case of Fostering Hope, the message is:

Many more vulnerable children and youth could thrive at home, at school, and in the community if we spent substitute care funds more responsibly. In fact, well-respected organizations like Casey Family Programs estimate that we have twice as many Oregon children in foster care as need to be there. If that is true, it means we are spending about \$100,000,000 per year on foster care that is doing more harm than good. What we need to do is pool the substitute care funds and give the workers who know the children and families the best the authority to spend the money to protect and nurture children in the most cost effective way possible. This shift would reinvest at least part of the existing funding into strengthening families and neighborhoods’ capacity to protect and nurture the optimum development of their children.
- Establish a “kitchen cabinet” with members who are experienced in legislative advocacy and well-connected.
- If possible, engage a lobbyist. CCS raised donor funds to develop a contract with a lobbyist that could go beyond the limits of “advocacy” in working with legislators to

draft and/or amend appropriate bills, and to gain their votes for the proposed legislation. No public funds were used for supporting the lobbyist's work.

- Use community organizing methods to engage neighbors from target neighborhoods in action that will improve their neighborhoods and support identified policy changes.
- Communicate about the goals, practices, activities, policy agenda, and accomplishments on a regular basis through a monthly newsletter to residents, leaders and other stakeholders or other means.
- Bring together stakeholders to gain momentum for desired policy changes, such as sponsoring a web-based conversation or a one-day Summit.
- Communicate with leaders from health care, education, social services, government, business, and the faith community to gather input, design specific aspects of policy changes, and advocate for desired system changes.
- Develop a concept paper that includes drafts of specific desired system and policy changes to use in discussions for refining desired policy changes. Revise as needed as discussions evolve.

Participants

- Families affected by the public policy
- State legislators and agency heads
- Local public and private social service organizations
- Business leaders

Tips

- Develop Youth and Parents Councils that include residents who are or have been impacted by current public policy and funding. Work with the members to help them develop their stories to present to opinion leaders and policy makers.
- Prepare to develop a pilot study to test the changes in policy and procedures that allow money not spent from reductions in substitute care to be used to strengthen families and neighborhoods so that children grow up to be successful in school, enjoy good health, and go on to be financially self-sufficient.

Implementing the changes at a small level first may assist in gaining support of legislators as well as ensuring that the changes result in desired outcomes.

- Develop a clear message related to the desired policy changes that reflects the current issue and the impact of the proposed changes.
- Be clear about the difference between advocacy and lobbying, and make sure that everyone working on the initiative is aware of the difference. Public funds cannot be spent on lobbying activities.

Resources

The interactive Smart Chart 3.0 is an online tool that can help non-profit organizations make smart choices and develop high impact communications strategies. The tool is free for all non-profit organizations. Designed specifically for foundations and nonprofits, the Smart Chart walks through six logical steps to a truly strategic communications plan. It is available in both English Spanish. See more at: <http://www.spitfirestrategies.com/spitfire-tools/smart-chart-30.html#sthash.1dAfLukX.dpuf>

Available at: <http://www.smartchart.org/> and <http://www.spitfirestrategies.com/spitfire-tools/smart-chart-30.html>

How Project Strategies/Services Provided Support for the Building of Protective Factors

The FHI theory of change assumes that safe, stable, nurturing relationships are the key social determinant of optimum child development, that toxic stress experienced by parents and other caregivers is most significant barrier to safe, stable nurturing relationships, that parents and other caregivers that experienced adverse childhood experiences are likely to be hyper-sensitive to stress, and that promoting the Strengthening Families Protective Factors in high poverty homes and neighborhoods is a cost effective way to mitigate the sources of stress and help parents and other caregivers to become more resilient in the face of stress.

The FHI theory of change allows parents, other caregivers, family members, friends, neighbors, social service providers, educators, health care professionals, administrators and policy makers across the four levels of the social ecology to use the Protective Factors Framework to guide and align their work. This alignment creates synergy and allows a wide range of people and organizations to make significant contributions.

Two of the four fundamental FHI strategies, Support Families to Build Family Protective Factors and Mobilize Neighborhoods, provide the most direct support to families to help them build protective factors. Both of these strategies include components that address protective factors through education, in-home, or in-neighborhood supports. In some cases, a neighborhood event or activity may be developed specifically because it addresses one or more of the protective factors. For example, a Garden Club at La Casita may address both Concrete Supports in Times of Need and Social Connections. The remaining two fundamental strategies, Strengthen Collective Impact and Advocate for Family-Friendly Public Policy address structures that could promote any of the protective factors.

With growing awareness of the impact of social determinants on education and health outcomes, social services providers, health care professionals, and educators are more inclined than ever to work collaboratively. The Strengthening Families Protective Factor Framework is a common sense approach that, in our experience, allows not only traditional health, education, and social service providers to work together, but also makes sense to members of the business and faith communities.

It seems self-evident that that public policy can either support or undermine a Strengthening Families Protective Factor approach. In Oregon, for example, it was public policy that Healthy Family-Healthy Start home visiting services could only be delivered to first birth parents. That policy has been changed. In addition, Oregon is now challenging federal and State policy that provides financial incentives for placing children in foster care. Governor John Kitzhaber's Pay for Prevention Initiative, the Department of Human Services' strategy for working with at-risk families, and Senate Bill 964¹ being just three important examples.

¹ Senate Bill 964, signed into law on June 29, 2011, requires Department of Human Services and county partners to implement Strengthening, Preserving and Reunifying Families programs to provide family preservation and reunification child welfare services.

How Project Strategies/Services Provided Relate to the Various Domains of the Social Ecology

The four fundamental FHI strategies are directly related to the four domains of the social ecology:

- Support Families to Build Family Protective Factors
- Mobilize Neighborhoods
- Strengthen Collective Impact
- Advocate for Family-Friendly Public Policy

Each of the components described above is presented within one of these strategies. Table 3 summarizes FHI strategies and components by level of the social ecology.

Table 3

Fostering Hope Strategies and Components Addressing Each Level of the Social Ecology

| LEVELS OF THE SOCIAL ECOLOGY: | Primary Caregiver & Target Child <i>Individual Level</i> | Social Support (Family, Friends, & Neighbors) <i>Relationship Level</i> | Community Connections (Organizations & Associations) <i>Community Level</i> | Public Policy and Social Norms <i>System Level</i> |
|---|---|---|---|--|
| FOSTERING HOPE STRATEGIES: | Promote safe, nurturing relationships and a stable home | Mobilize neighbors to make the neighborhood a great place to raise children | Continuously improve collaboration, quality, and accountability to strengthen collective impact | Advocate for family-friendly public policy and funding that strengthens families |
| FOSTERING HOPE COMPONENTS | | | | |
| Home Visiting with Wraparound Supports | ✓ | | | |
| Parent Education and Support Groups | ✓ | ✓ | | |
| Safe Families for Children (respite care) | ✓ | ✓ | ✓ | |
| Play Groups | ✓ | ✓ | | |
| Community Cafés | ✓ | ✓ | | |
| Neighbor Connectors | ✓ | ✓ | | |
| Neighborhood Activities | ✓ | ✓ | | |
| La Casita Neighborhood Center | ✓ | ✓ | ✓ | |
| Collaboration and Collective Impact | | | ✓ | |
| Participatory Evaluation and Planning | | | ✓ | |
| Fostering Hope--Closing the Gap Summits | | | ✓ | ✓ |
| FHI Spokesperson | | | | ✓ |
| Advocacy and Lobbying | | | | ✓ |

| LEVELS OF THE SOCIAL ECOLOGY: | Primary Caregiver &Target Child <i>Individual Level</i> | Social Support (Family, Friends, & Neighbors) <i>Relationship Level</i> | Community Connections (Organizations & Associations) <i>Community Level</i> | Public Policy and Social Norms <i>System Level</i> |
|--------------------------------------|--|--|---|--|
| FOSTERING HOPE STRUCTURES | | | | |
| FHI Leadership Team | | | ✓ | ✓ |
| FHI Executive Council | | | ✓ | ✓ |
| FHI Strategy Council | | | ✓ | ✓ |

Incentives and Retention

Study participants from the comparison neighborhoods received a gift card following each completed interview (\$25, \$50, and \$75 for the intake, 6-month, and 12-month interviews, respectively). Study participants who received home visiting services received tangible goods such as books, clothing, and diapers to incentivize their participation. Retention strategies also included “creative outreach,” the structured retention process defined by the Healthy Families America evidence-based model (treatment families), and ongoing contact through telephone and visits to the home, and through distribution of reminder items such as flyers and refrigerator magnets with study information and incentive reminders (comparison families).

Tangible goods and incentives for participation were occasionally provided during parent education and support groups. Parent education groups offered on-site child care and food. Some of the groups were scheduled to occur immediately after the weekly Community Dinner held at a church in the Swegle neighborhood.

Termination Plan

In the Healthy Families America model, transition planning begins well in advance of the target child reaching the age limit for the program (at least 180 days before the birthday). This includes gradually reducing the level of service and assuring the family has other resources in place. Home visitors make and document referrals and track linkages.

While the frequency and intensity of services decreased over time as families built protective factors and exhibited greater skills at managing parenting, families were not asked to leave the program. Most terminations were due to the family leaving—moving out of the neighborhood or deciding to end their participation. However, by March, 2013, with the end of project funding for direct services, home visitors took several steps to smooth the transition for families served by FHI:

- Gave families information at least a few weeks prior to the end of service that the project was ending and that they would no longer receive home visits after the end of March.
- Reminded families that they had been told from the beginning that the program would be time-limited.
- Connected families with other resources to ensure that they had other strategies and supports available to help them.
- Distributed the remaining “tangible goods” (e.g., diapers, books) to families.
- Invited families to participate in a focus group with the cross-site evaluation team as a way of debriefing their involvement with the project.
- Held a formal “graduation ceremony” to celebrate the accomplishments of the families during their participation with FHI.

Challenges in Implementing the Fostering Hope Initiative

- Recruitment challenges
 - *Family dynamics/domestic violence.* Families experiencing toxic stress sometimes engage in unlawful behavior, such as drug use, or other dysfunctional behavior that they fear will get them in trouble if authorities find out. Some of the families most at risk for child maltreatment, therefore, are the least likely to sign up for support and services. FHI has had moms who originally turned down the service when their partner was present. FHI stayed available to these families until the child was 24 months old, however. In a few cases, the mom later contacted FHI and asked for visits to occur when the partner wasn’t present. Hiring Neighbor Connectors, preferably who live in the FHI neighborhood also helps to engage families at the highest risk. Referrals from the Department of Human Services, schools, and health care providers also helped engage high risk families with the FHI.
 - *Undocumented immigrants.* Families fear being reported to immigration if they get connected to services. In addition, many services must operate under rules that do not allow them to serve families who are undocumented. FHI staff had to explain that this was not true of Fostering Hope, and that while staff members are required to report abuse or neglect, they are not required to report a family that is undocumented. One way to overcome the fears was to have other neighborhood residents provide information to the family about FHI.

- *Time constraints and other challenges.* Families in high poverty neighborhoods face many stresses and have many demands on them. Being able to tell families in comparison neighborhoods that they would receive gift cards was a great help. Arranging to meet with the treatment families in locations and at times they preferred also assisted with this challenge. However, some families chose not to participate due to time constraints.
- *Stigma.* There has been a stigma associated with the name of the program, as some families mistakenly associated “Fostering Hope” with the foster care system, the Department of Human Services, and the removal of children from the home. To address this challenge, recruiters had to explain the program more clearly.

In addition to work that the home visitors and outreach/recruitment workers did to try to build trust with families so that they would enroll in the project, the Participatory Evaluation and Planning group reviewed data on recruitment each month during the recruitment phase of the project. When recruitment lagged, the group reviewed strategies that had worked to recruit participants, those that had not worked, and devised other strategies for increasing the number of families recruited. In the end, many different recruitment strategies were employed:

- Recruitment through elementary schools in the neighborhoods
 - Recruitment by Catholic Community Services or partner staff member
 - Local health clinic
 - Referral by partners such as Healthy Start and the Department of Human Services
 - Church event
 - Mailed letter
 - Parenting class
 - Door knocking
 - Approaching moms pushing strollers
 - Face-to-face (neighborhood canvassing, informational meetings, school visits)
 - Word-of-mouth/ask parents to tell their friends
 - “Friend and Family Referrals” in which a caregiver was compensated with a \$20 gift card for every referral that resulted in a participant being enrolled.
- Service challenges
 - *Mobility.* Many families living in the high poverty neighborhoods experience housing insecurity. Therefore, families moved—sometimes within the neighborhood, sometimes to other locations. Occasionally families returned to the neighborhood at a later date. For the research project, services ended if the family moved out of the neighborhood and did not return within three months. If the family returned within three months, services were resumed.

- *Extended Family Needs.* Home visitors employing the Healthy Families America model focus on the child and the primary caregiver. However, many of the families had multiple caregivers because extended families were living together. Therefore, FHI home visitors provided supports to other family members—usually referrals to services—when needed. Addressing issues in the entire family helped to build trust.

Flexible scheduling allowed the home visitors to work with parents when and where it was convenient for them. Home visits were held in the evenings and on weekends, at homes, the park, or neighborhood elementary schools. Flexibility in matching home visitors with families also was helpful. If the first home visitor to work with a family “wasn’t a match,” a different home visitor may be a better fit.

Persistence was central to successful rapport building and achieving positive client outcomes, especially with high-need families in domestic violence situations or with mental/physical health needs. Home visitors provided one-on-one assistance with self-care. They also sent cards, left notes, worked creatively to make visits fun and engaging, and provided home visits specifically intended to “pamper” hard-working, isolated mothers.

Consistency also was important. Home visitors always arrived as scheduled, and if the family was not home, left a note. Scheduling at the same time each week also was useful.

- **Collaboration challenges**

This research project was conducted across three treatment and three comparison sites located in two counties in Oregon—Yamhill and Marion counties. It is about a 45 minute drive between the neighborhood locations in the two counties. Partners from Yamhill County initially were invited to attend meetings in Salem in Marion County. However, information gained through the collaboration survey conducted by the cross-site evaluation team made it clear that this approach was not working well for partners from Yamhill County. As a result, CCS staff—as the backbone agency— began meeting with Yamhill County partners in that county, attending their meetings. This approach was well-received. In fact, Yamhill County partners invited the FHI Project Director to facilitate the planning meetings to establish the Yamhill County Early Learning Hub.

a) Project products developed

Over the course of the QIC-EC funded project, project products were developed and many were revised several times. These products included:

- FHI Theory of Change (available at: <http://fosteringhopeinitiative.org/images/Theory%20of%20Change.pdf>)
- FHI Newsletters
- FHI Neighborhoods Map (available at: <http://fosteringhopeinitiative.org/file%20sharing/>)
- Brochure on kindergarten readiness (available at: <http://fosteringhopeinitiative.org/file%20sharing/>)
- Willamette Education Service District/FHI brochure in English and Spanish (available at: <http://fosteringhopeinitiative.org/file%20sharing/>)
- FHI Website (www.fosteringhopeinitiative.org)
- FHI Video: Brande's Story (available at: <http://youtu.be/e7liGpOUWRE>)
- Powerpoint files to support presentations
- Materials for each of the Fostering Hope: Closing the Gap Summits
- Materials for a reception for Dr. Melissa Brodowski of the federal Children's Bureau

Evaluation of Implementation

Data related to the process evaluation is included in the Final Report for the Fostering Hope Initiative project. The process goals and objectives, the activities or interventions designed to address those, and the process measures used are summarized in Table 4.

Achievement of the process objectives was monitored through the PEP process. During monthly meetings the local evaluators worked with the CCS data liaison to present data to the Implementation Team. Then the group collectively determined the meaning of the findings and identified action steps to address areas in which the implementation process was not on track. Subsequent meetings were used to follow up on the results of adjustments made in response to the findings, a cyclical process that supported the Initiative to increase enrollment and retention.

Qualitative data garnered from the parent interviews and home visitor focus groups also was helpful when interpreting preliminary results of the outcome measures. Specifically, the visitors shared that the first six months of home visiting is heavily focused on rapport-building, addressing financial and other crises, and meeting basic needs. These comments were affirmed by parents who contributed to the telephone interviews. During the discussions caregivers repeatedly mentioned how much they appreciated the visitors' assistance to get various basic needs met.

These discussions also served to build capacity in data interpretation and continuous quality improvement within the partnership, a practice that was valued due to its alignment with one of the core characteristics of Collective Impact, shared measurement.

Table 4
Process Goals and Objectives

| Goal(s) | Objective(s) | Activities/ Interventions | Process Measures |
|---|---|---|--|
| Individual/Parent/Caregiver Domain | | | |
| Collect background information from participants | Generate a description of the program and comparison participants targeted by the program and the evaluation. | Collect evaluation data on enrolled participants. | Demographic data (Background Information Form) |
| Recruit the targeted number of participants | Recruit 100 program and 100 comparison participants. | Participant recruitment activities in the neighborhoods | Enrollment data |
| Maintain acceptable retention rates | 70% of enrolled families will complete at least <u>one year of service</u> . | Healthy Families America creative outreach activities | – Retention data – Parent telephone interviews – Home visitor focus group data |
| Maintain acceptable participation rates | Caregivers will receive the number of home visits identified in their service plan. | Home visiting | Home visitor service tracking data |
| Facilitate parent involvement | Parents will participate in the Parents' Council. | Invite parent attendance | Parents' Council attendee tracking |
| Refer clients to support services | Address caregiver needs. | Referrals made as needed | Resource/ referral data |
| Community Domain (Service Providers) | | | |
| Document Implementation Team meeting frequency and attendance rates | Support collaborative functioning. | Monthly Implementation Team meetings | Meeting attendance |

Lessons Learned

Parents and other Caregivers:

- The families experiencing the most stress and at highest risk for maltreatment may want to remain “under the radar” of authorities. It is important to partner with local public and private partners to do outreach. In addition, outreach by a Neighbor Connector during the time of pregnancy may be effective.

- Reducing parental stress is the essential first step in building parent and other caregiver capability and capacity to protect and nurture their children's optimum development.
- Families that live in homes and neighborhoods rich in protective factors are less likely to experience toxic stress and engage in fight, flight, and freeze behaviors.

Family Friends and Neighbors

- Neighborhood mobilization requires a well-defined structure but must be flexible enough to support neighborhood-specific planning.
- Professional service providers from outside the neighborhood can support neighborhood activities but should not be the primary source of leadership or volunteers.
- Places of worship often have great interest in the quality of life in the neighborhoods in which they are located and may be very helpful resources.
- When neighborhoods have no clear boundaries, an elementary school catchment area is a good starting place.
- Positive social connections with family, friends, and neighbors are a powerful buffer to toxic stress.

Collective Impact

- There is growing awareness among community organizations that malleable social determinants have tremendous impact on child welfare, education, and health outcomes.
- The five conditions of Collective Impact provide a helpful structure for improving collaboration.
- Complex social problems can only be solved through collaboration, but public policy often undermines collaboration.
- The development of a theory of change grounded in credible science and designed to produce breakthrough outcomes in the life prospects of poor and vulnerable children helps to keep everyone aligned and on course.
- Recruiting a high profile spokesperson and strategy council helps bring people to the table.
- Participatory Evaluation and Planning: PEP is a real-time, issues-focused data sharing partnership between evaluation and collaborative partner agency representatives to support continuous learning, facilitate mid-stream strategy adjustment, and ensure achievement of stated outcomes. PEP works best under certain conditions:
 - 1) **Leadership** is willing to take risks, be flexible, and make necessary changes;
 - 2) **Values and culture** support innovation and continuous learning and adaptation to a changing environment;
 - 3) **Resources** including time, people, and funds are sufficient to support the process; and,
 - 4) **Communication** is shared, accessible, and used internally and externally.

In addition to these four conditions, it is critical that the right players are involved, including leadership, project staff, key partner organization representatives, and evaluation staff. Key learnings from the PEP process are:

- Leadership is Essential: Attendance by the backbone organization’s executive director ensured that decisions made during the PEP process were put into action.
- Group Membership Matters: In the case of the current project, partner organization representatives were primarily middle managers responsible for supervision of direct service staff. This was useful when adjusting implementation on the ground, but did not support timely decision-making at the administrative level.
- Change Takes Time: Action seemed to always take longer than expected. Documenting findings and chosen action steps, and then revisiting progress at subsequent meetings was helpful to ensure that momentum for change was maintained.

Public Policy

- Improving public policy is difficult, so set clear priorities and stay focused on those priorities.
- Improving public policy is possible so don’t give up.
- Having a good idea isn’t enough. You must also have support , or at least lack of opposition, from key stakeholders.
- Choosing an official spokesperson with good political ties on both sides of the aisle can be very helpful.

Dissemination/Communication about the Project with the Broader Community

Dissemination beyond the state of Oregon has primarily occurred through presentations at conferences, listed below.

- *Canadian Child and Youth Care Conference in Banff, Canada (October, 2012)*. The theme of the conference was “Inspiring Resiliency”. Dr. Rider and Ms. Winters (PRE) contributed a presentation titled *Fostering Hope: An Innovative Approach to Child Maltreatment Prevention*. The presentation included a description of the program design and interactive discussion about the preliminary results of the evaluation.
- *18th National Conference on Child Abuse and Neglect in Washington D.C. (April, 2012)*. Dr. Rider contributed to a group presentation in which the lead evaluators from each of the four QIC-EC grantee sites provided an update on progress to date.
- *18th National Conference on Child Abuse and Neglect in Washington D.C. (April, 2012)*. Dr. Rider and Ms. Winters (PRE) contributed a presentation titled *Participatory Evaluation and Planning: Engaging Collaborative Partners through Issue-focused Data Sharing in a Place-based, Federally-funded Research and Demonstration Project*. Using the FHI to frame instruction, Rider and Winters presented Participatory Evaluation and Planning (PEP), a real-time, issue-focused data sharing partnership between evaluation and collaborative partner agency representatives that supports implementation and facilitates outcome achievement.
- *Catholic Charities Annual Gathering in San Francisco, California (September, 2013)*. Dr. Rider and CCS staff made a presentation titled *Fostering Hope: Reducing Child Maltreatment through Collective Impact*. The design and implementation of the Initiative were presented by CCS staff. Dr. Rider discussed preliminary evaluation results and shared his perspective about working with an agency engaging in social innovation.
- *Annual Meeting of the American Evaluation Association, Evaluation 2013, in Washington D.C. (October, 2013)*: Dr. Rider and Ms. Winters (PRE) contributed to a panel presentation titled *Evaluating the Use of Evidence-Based Principles across the Social Ecology*. Others contributing to the panel included Dr. Charlyn Harper Browne (Center for the Study of Social Policy), Dr. Patricia Jessup (InSites), Marah Moore (InSites), and Dr. Beverly Parsons (InSites). Using the Protective Factors Framework as an example of evidence-based principles, the QIC-EC R&D projects were used to disseminate implications for single and multi-site evaluations of innovative, complex interventions implemented at multiple levels of the social ecology.

In addition to the above, an article is currently under development for publication in the journal *Zero To Three* (special issue, November 2014).

For the past three years, CCS and FHI have sponsored a Fostering Hope: Closing the Gap Summit, with the purpose of closing the gap between what we know from research and what we do as practitioners. The presenters at the 2013 summit, and their topics are presented in Table 5.

Table 5

2013 Fostering Hope: Closing the Gap Summit Presenters and Topics

| Presenter | Affiliation | Topic |
|--|--|---|
| Dave Anderson, Ph.D. | Executive Director of Lydia Home Association, and Founder of Safe Families for Children | Safe Families for Children—a Movement of Compassion to Reduce Child Abuse |
| Jessica Sager, J.D. | Co-Founder/Executive Director, All Our Kin | Supporting Child Care Providers to Help Children Succeed. |
| Janna Wagner | Co-Founder and Chief Knowledge and Learning Officer, All Our Kin | |
| Sarah Yanosy, LCSW | Director, The Sanctuary Institute | Trauma Informed Care: The Sanctuary* Model |
| Charlyn Harper Browne, Ph.D. | Senior Associate and Project Director, National Quality Improvement Center on Early Childhood, Center for the Study of Social Policy | Increasing Adult Capacity by Building Protective Factors |
| Melanie Berry, Psy.D., Keynote Speaker | Postdoctoral Research Associate, Stress Neurobiology and Prevention Lab, Oregon Social Learning Center | FIND: Using video coaching to increase parenting skills and underlying cognitive capacities |

Sustaining the Fostering Hope Initiative

CCS has been able to obtain support for several aspects of FHI:

- **Safe Families for Children (SFFC):** CCS has recruited 12 faith communities and more than 175 volunteers to participate in this volunteer respite program, in which carefully vetted and trained Host Families open their homes to families in stress who could benefit from a break in child care responsibilities. This program often helps families to get through a difficult time, without needing the intervention of DHS and Child Welfare. CCS has been able to obtain funding from several sources, including Catholic Charities of Oregon, for the coordination, materials, and training for the Host Families and other volunteers.

SFFC is initiating a campaign to recruit 100 additional family volunteers and additional faith communities to increase the capacity of support for families in need. This will not only help to sustain the existing program but will expand it to more communities, as well.

- **Collective Impact:** The Meyer Memorial Trust has funded a Collective Impact Coordinator to expand and deepen relationships with partners, and to develop a health care pilot project.
- **Collaboration:** The United Way, for at least its second two-year cycle, funded FHI to support collaboration across partners. This grant supports subcontracts to FHI partners to support their participation in the Executive Council, data systems and other aspects of FHI. Prior to United Way support, CCS was able to obtain funding from a local donor to provide funds for collaborators.

United Way staff members are now participating in FHI trainings and local partners meetings. Staff from the Department of Human Services, Mano a Mano, a local Farmworkers Association and Salem Leadership Foundation have participated in additional FHI training opportunities including use of the Strengthening Families Protective Factors Grid.

Within the past several months, FHI has added new partners in Polk and Yamhill Counties, as well as two health care partners who have joined the Executive Council. Increasing the number and types of partners, and deepening their roles with FHI, will help to sustain FHI over time.

- **Neighborhood Mobilization:** The Ford Family Foundation has provided support to embed “Neighbor Connectors” within rural FHI neighborhoods in Dallas and Independence (Polk County) and Woodburn (Marion County).
- **Services provided to vulnerable families.** With the end of CSSP QIC-EC funding, all direct services provided to families are funded through typical services funding streams.

As the project moves beyond funding provided by the Center for the Study of Social Policy’s Quality Improvement Center on Early Childhood, FHI will sustain the following components of FHI:

- **Collective Impact Backbone Support for Collaboration.** CCS has chosen to stop providing funded direct services in early childhood, including its contract for providing Healthy Start~Healthy Families services, in order to not compete with partners for service contracts and focus on being a backbone organization for the collective impact initiative. CCS will continue to seek funding to sustain and improve the functions of a backbone organization, as well as to support the collaboration activities of its partners. CCS has had success with regional foundations and local donors to support this work.
- **Collaboration for Collective Impact.** Working with a group of collaborators in a collective impact initiative broadens the range of connections beyond those of a single organization. Therefore, we strongly believe that FHI collaborators have a critical role in

sustaining the Initiative. Indeed, with the addition of a Collective Impact Coordinator—focused on extending and deepening relationships, as well as improving systems to support collective impact, the collaboration is becoming stronger. The new Executive Council, consisting of executive directors of partner organizations, will have an important role in ensuring FHI continues beyond current funding.

In addition, CCS understands the issues that smaller organizations have when they try to collaborate with other organizations—the extra time required to meet with partners and to adjust internal systems to align with collaborative systems are difficult to fund within a small organization’s budget. Therefore, CCS will continue to seek support for collaboration to provide funding to partners for their engagement with FHI. The United Way of the Mid-Willamette Valley has been interested in funding collaborative projects over the last two funding cycles. CCS will continue to seek this funding in the future.

- **Safe Families for Children: Voluntary Respite Care.** CCS is committed to continuing to work with faith communities in the three-county area that are interested in sponsoring this faith-based respite care program. SFFC is now launching a campaign to recruit and train additional host families and volunteers.
- **Neighborhood Mobilization.** CCS and its partners have used several different strategies for mobilizing neighborhoods, particularly to help neighborhood residents be aware of the Protective Factors and support each other to make sure the neighborhood is a great place to raise children. Some of the specific strategies used have emerged from the neighborhoods—e.g., La Casita, Community Dinners. CCS has adopted the Assets-Based Community Development (ABCD) approach to community organizing, and has sought additional funding to support Neighbor Connectors using ABCD for each FHI neighborhood.
- **Advocacy for Family Friendly Public Policy.** Shifting public policy and funding mechanisms to be more family-friendly, as well as to support—rather than inhibit—collaboration across providers will require ongoing effort. CCS is an active participant in the planning group for the governor’s Pay for Prevention initiative, to be presented at the next legislative session. FHI partners will continue to actively advocate at both a local and state level for improving public policy and funding systems.

Practices, Program, Administrative, or Policy Changes to be Sustained after QIC Project Ends

Strengthening Families Protective Factors have been integrated as a fundamental approach of the Fostering Hope Initiative—within direct services supports to families and neighborhoods, as well as in how agencies think about the services they provide. A few of these changes are described here:

- Practices and Programs

- After funding from CSSP ends, many of the practices and programs of FHI will continue. This includes home visiting services and parenting education (now funded through typical funding channels), Safe Families for Children (donor and foundation support), and Community Cafés (CCS sponsored a day-long training session for Community Café facilitators, attended by approximately 20 partners and parents, in October). Each of these now address protective factors.
- A significant development over the last several months has been the increased participation of the health community in FHI activities. Local partner meetings now include representatives from pediatric clinics, public health, dentist offices and a farmworkers health clinic. Health care providers are finding that the neighborhood-based FHI model is an effective way to maximize the impact of outreach efforts.
- School districts are providing increased support to FHI. Working in collaboration with community and school partners to ensure there is an alignment with the school's common core standards increases the number of children prepared to succeed in school.

- Policy Changes

- At least one of the FHI partners, Mano a Mano Family Center, has imbedded the Protective Factors in their organizational policies.
- The Yamhill County Early Learning Design Team designed their county-wide coordinated Early Learning Plan using the Protective Factors. Their application was one of six funded to become an Early Learning Hub by the state's Early Learning Council. Partners in developing the plan included the County Health Department, Education, Lutheran Community Services, Child Care Referral and Resource, Catholic Community Services, Head Start, the Coordinated Care Organization, and the Department of Human Services.
- At a statewide level, FHI succeeded in advocating for legislative changes to expand the eligible families to receive Healthy Start services to any birth meeting risk factor criteria, no longer limiting the service to first birth families only.

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Fostering Hope Initiative

APPENDIX A

**Planning Summary from Initial Development of
Fostering Hope in Marion County, 2009:
“Fostering Hope – An Initiative to Safely Reduce Foster Care”**

Fostering Hope – An Initiative to Safely Reduce the Need for Foster Care

Fostering Hope is sponsored by Catholic Community Services, in conjunction with District III, Oregon DHS, and the Marion County Children and Families Commission. It was conceived during a series of exploratory meetings in 2008 and was proposed as a project by Jim Seymour, Executive Director, Catholic Community Services, with support from Rene Duboise, District 3 Manager, Oregon DHS and Alison Kelly, Executive Director, Marion County Children and Families Commission. The following document is the work of a broad based workgroup that included representatives from the following partnering organizations:

- Catholic Community Services
- Community Members
- Court Appointed Special Advocates, Marion County
- District 3, Oregon DHS
- Exchange Club Parenting Center
- Family Building Blocks
- Foster Care Citizens Advisory Board
- Forever Home Youth Council
- Marion County Foster Parents
- Family Life Lines
- Healthy Start
- Mano a Mano
- Marion County Children and Families Commission
- Marion County Health Department
- Mid-Valley Behavior Care Network
- Options Counseling Services
- Salem Leadership Foundation
- Willamette Educational Service District

Fostering Hope – An Initiative to Safely Reduce the Need for Foster Care

A Description of the Current Reality & a Preferred Future

Current Reality: Approximately 800 Marion County children live in foster care on any given day. Most of those entering foster care come from neighborhoods with high poverty and crime rates, and have limited assets that support children and families to thrive.

Approximately 68 children enter or reenter foster care every month due to parent incarceration, drug abuse, cycle of child abuse and neglect, and a wide variety of other issues that make their lives unsafe. Approximately 72 leave foster care each month. Unfortunately, many of the children who leave foster care ultimately will reenter the system. Some of them simply “age out” of foster care without a lasting family connection, the ability to support themselves or the self-confidence to attend college or a trade school.

The current economic conditions have exacerbated the stress on these fragile families. Between November 2007 and November 2008, the number of unemployment claims in Marion County rose 52%. According to the 2008 Data Book from Children First for Oregon, in Marion County alone 1,287 children were victims of child abuse/neglect, representing 17 in every 1,000 children. In addition, at least 2,145 Marion County children had been in foster care in the previous year.

In response to these conditions, the Oregon Department of Human Resources is collaborating with the Casey Family Foundation and many community partners to improve results for families with children that end up in foster care. These efforts seek to:

- Safely reduce children in foster care by 20%.
- Increase relative placements by 50%.
- Reduce children entering care by 10%.
- Increase foster care exits by 20%.
- Reduce the disproportionality for Native and African American children.
- Maintain or reduce current child abuse/neglect and trauma recurrence.

These children and their fragile families need additional community support if we are to achieve the Casey Project goal of safely reducing the number of children in foster care. The Fostering Hope Initiative will help to provide that support in selected neighborhoods.

Preferred Future: Our vision for the future is a robust neighborhood-based family support system that will reduce the number of children in foster care and truly improve the lives of all children and families in identified neighborhoods. As we accomplish this vision, it will mean that:

- Families will find the supports they need in their own neighborhood to effectively and safely raise their children and keep their families together.
- Fewer than 500 children will live in foster care, including fewer than 400 in Marion County.
- Children of color will not be over represented in the foster care system.
- Every foster child will have a Court Appointed Special Advocate (CASA) to support them in the system.
- Every child will have experienced success at school.
- Every child that leaves foster care at any age will go to a safe, stable nurturing home.
- As children grow to adulthood and leave foster care, they will have experienced a stable, nurturing foster home; they will have received the support needed to be equipped with independent living skills and to have succeeded at school; and they will have established life-long connections with supportive relatives and/or other caring adults.

Guiding Statements

Mission: Build the system of support for families, including foster families, so that it is robust enough to reduce the need for foster care by 50% in Marion Polk and Yamhill Counties by 2020.

Short Term Goal: To help strengthen natural supports and build a system of professional service in two identified neighborhoods that:

- Prevent one child per month in each neighborhood from entering foster care or
- Help one additional child per month to successfully return home from foster care. (Accomplishing this short-term goal will result in at least one less child per month in foster care from each neighborhood, and twelve fewer children per year in foster care from each neighborhood. In all there would be 48 fewer children in foster care at the end of each year across four neighborhoods)

Long Term Goal: To replicate the Fostering Hope model in at least ten neighborhoods.

Related Objectives:

- All children enjoy a stable nurturing home.
- All children enjoy success at school.

Belief Statement: The Fostering Hope Initiative is based upon the belief that neighborhoods, public agencies, non-profit religious and secular organizations, education organizations, and parents and children can work together to create a system of services and support that will increase the likelihood that families will be healthy and children will become successful, productive adults. Core values that support this belief include:

Core Values: A Foundation for Change - Children benefit when:

- Families, and neighborhood, organizational and political leaders share a common vision for the future and have the resources and are empowered to execute the vision.
- Parents and youth direct changes and are empowered to plan and shape the services and activities that will support them.
- Families will find the supports they need in their own neighborhood to effectively and safely raise their children and keep their family together. Systems promote well-being as the goal for each agency, organization, family, and community to pursue within their own venue—they pursue well-being rather than fix problems.

Core Values: Children are the Priority - Children benefit when:

- Parents are engaged in techniques of effective parenting
- Parents are engaged in local educational, social, and religious activities with their children.
- They have long-term, consistent and dependable relationships with adults.
- They have contact/relationships with grandparents and elders.
- They have a valued place in a family
- They are raised in a safe, nurturing family.
- They live within safe caring neighborhoods.
- They are valued partners with family and neighborhood – not simply recipients of services.
- The neighborhood cares about their future and success.
- They are everyone's business.

Core Values: Education - Children benefit when:

- Adults recognize that education is very important to the future of a child.
- Educational success for every child is a priority.
- They can successfully complete high school and some level of post-secondary education.

- They understand early the importance of education and what it can do to help them acquire their life goals.
- They and the adults around them have educational opportunities with special emphasis on literacy.
- There is easy access to information and communication.

Core Values: Services - Children can thrive when:

- Issues are clearly understood and a continuum of developmentally specific, comprehensive services and supports are available to them.
- Comprehensive health care is available to every child from birth.
- Organizations and agencies work together to provide focused, efficient, collaborative and sustainable services, with an emphasis on well-being.
- Support services lead to empowered families and children.
- The culture of the neighborhood is understood and valued, and the adults working with children/youth and their families reflect that diversity and culture. All support and services are provided in the primary language of limited English proficient children and families.
- Community volunteers are available to support children and families (e.g., CASA's, tutors, mentors, and parent aides) and are well trained for their role.
- Wellness services are sustainable in each neighborhood.

A System for Family Support

Introduction: “Children’s early development depends on the health and well-being of their parents. Yet the daily experiences of a significant number of young children are burdened by the untreated mental health problems of their families, recurrent exposure to family violence, and the psychological fallout from living in a demoralized and violent neighborhood.” (From *Neurons to Neighborhoods: The Science of Early Childhood Development*.) As a first step to overcoming these barriers and achieving our vision for the future, the Fostering Hope Initiative will focus on building a comprehensive, enduring system of community-based supports for families in high poverty neighborhoods that is robust enough to reduce the need for foster care 50% by 2020. This collaborative project will integrate eight key components in receptive neighborhoods:

- Neighborhood Outreach Coordination
- Ongoing, developmentally-specific, neighborhood-based parent education and support groups
- Educational support in neighborhood learning centers
- Advocacy to obtain health care services for all children and the whole family, and the development of a Fully Qualified Health Center resource in neighborhoods.
- Home visiting with Support
- A Court Appointed Special Advocate (CASA) to support every foster child.
- A Neighborhood foster care emphasis
- Connecting/Reconnecting foster children with healthy, life long kin and kith relationships.

In the planning and implementation process, Fostering Hope will value and build upon existing supports, and not duplicate supports that already exist in neighborhoods.

Success also will require commitment and coordination on the part of key players, to:

- Advocate for government funding to be reinvested in the services and supports that worked to reduce the number of children living in foster care
- Seek funding from private sources.
- Establish an ongoing structure for collaboration among key partners that allows ongoing planning, evaluation, and accountability.

- Establish public relations, marketing campaigns and neighborhood “champions” who will help to normalize the use of Fostering Hope support services and embrace best practice and innovative reforms that have proven to be effective for children and families.

Components for Family Support

Component: Neighborhood Outreach Coordination

Neighborhood outreach coordination by a local neighborhood person to find the families who need the most help and help them connect with Fostering Hope and other community resources, and to work with neighborhood leaders to continually plan, resource and implement projects that make the neighborhood a safer, friendlier and better place to raise children.

- Conduct a strengths and needs assessment survey to become knowledgeable about neighborhood families, organizations and businesses, and their mutually beneficial needs and assets.
- Recognize, encourage and support neighborhood leaders and potential leaders, to continually plan, resource, and implement projects that make the neighborhood safer, friendlier, and a better place to raise children.
- Reach out to parents, establishing trust and rapport, and engage them in natural supports –“a family of neighbors”—and professional services.
- Become one of the key contacts to consult when people/partners go looking for resources and solutions.

Component: Ongoing, Developmentally Specific, Parent Education and Support Groups

Weekly neighborhood parent education and support groups with child care provided for:

- Parents with children prenatal to five years old
- Parents with children in kindergarten through 5th grade.
- Parents with Middle School age youth.
- Parents with High School age youth.

Component: Educational Support for Success in School

Educational support to parents and children in all grades to ensure school success, including:

- Assistance for parents in preparing their children for kindergarten.
- A community learning center that will work closely with neighborhood schools to provide daily support to children, youth, and their parents to ensure school success.
- Support to parents and children in grades four through eight to consistently do a good job on homework,
- Free or low cost tutoring services.
- Support for youth preparing for entry to college or vocational/trade school.
- Assistance with gaining employment or an internship opportunity.

Component: Health Care Services

Advocacy to obtain health care services for all children and their family.

- A primary care physician and timely medical services will be available to every child.
- Support for new ideas for health care reform being discussed at the state and federal levels, starting with adding children to OHP or another insurance plan.
- A Fully Qualified Health Center (FAHC) resource established in Fostering Hope neighborhoods. Neighborhood based (volunteer operated) medical clinics already exist in some Marion County neighborhoods.

Component: Home Visiting with Support

The home visitor develops a "near kinship" relationship with a family. He or she, with input from the family, helps to pull together material and resources that can assist the family to meet their need for:

- Nutrition, shelter, security, stability or other basic needs.
- Employment through connecting unemployed family members with resources for gaining employment or internship opportunities.
- Health Care for mental and physical health.
- Positive recreational or extra-curricular activities.
- Other needs as identified by the family.

The home visitor will use a "Wrap Around Process" to shore up at least 15 fragile families in each neighborhood so they can keep their children or successfully get them back from foster care. The Wrap Around Process is a way to improve the lives of children in families with complex needs and is used by a home visitor to provide care and support, based on the unique strengths, needs, values, norms, preferences and culture of the children, their family and their community.

It is the intent of this process to develop a sustainable system of natural and professional supports with families in receptive neighborhoods, sufficient to prevent one child per month from entering or re-entering foster care. Each home visitor will have vouchers available for mental health services, addictions treatment, positive behavior support services, and emergency cash assistance.

For families with unmet needs, a decision may be made to refer the family to another agency or organization.

Component: A CASA for Every Foster Child

In the identified neighborhoods, every foster child will be provided with a Court Appointed Special Advocate (CASA).

- CASA volunteers are appointed by judges to advocate for children and youth in foster care.
- CASA volunteers stay with each case until it is closed after the child is placed in a safe, permanent home.
- CASA volunteers will work closely with home visitors and the Neighborhood Outreach Coordinator.

Component: A Neighborhood Foster Care Emphasis

This is a foster care approach, with emphasis on keeping children in the neighborhoods they know. It recognizes that:

- Parents and extended family members have the primary responsibility for children.
- When parents cannot, or will not do what it takes to protect and nurture their children, healthy extended family members (kin) or friends (kith) will be found and encouraged to create life-long positive and supportive connections with the children. Adoption services will be highly valued and will be encouraged for these children.
- Children and youth will attend the same schools they attend when they are with their families.
- Foster parents will be recruited from the neighborhood and will give priority to serving neighborhood youth.
- Neighborhood foster parents will receive additional training on child development.
- Experienced foster parents will be trained to serve as mentors for biological parents, to support the transition back home.

- When no other option is available, Community Homes will provide a long-term stable nurturing environment for neighborhood children who otherwise would not have one.
- Every youth who transitions out of foster care will have had several years of stability in a foster home, support to be successful in school.

Component: Family Finders

Everyone needs family and friends to support us in our lives—people who are there for the long haul, much longer than the typical paid, professional staff.

- Use of the proven model “Family Finders” to use modern methods of research to find relatives who have lost touch with the child
- Develop healthy, life-long kin and kith connections.

Who will have access to the services provided through these components?

Component Use Chart

| Component | Parents | Foster Youth | Non-Foster |
|---|---------|--------------|------------|
| Neighborhood Outreach Coordination | X | | |
| On-Going, Developmentally Specific Parent Education & Support Groups | X | | |
| Educational Support for Success in School | X | X | X |
| Health Care Services | X | X (OHP) | X |
| Home Visiting with wrap-around process | X | | |
| A CASA for every foster child | | X | |
| Neighborhood foster care | | X | |
| Connecting/Reconnecting foster children with healthy , life long kin and kith | | X | |

Fostering Hope Initiative

APPENDIX B

Protective Factors Grid

Time Point (please circle one):

Fostering Hope Initiative

Date: _____

Intake / 6 Month / 1 Year

Strengthening Families Protective Factors™ Grid

| | | | | | |
|---|---|--|--|---|-------|
| Concrete Support in Times of Need includes being resourceful, being able to identify, find, and receive the basic necessities (e.g. healthy food, a safe environment, and medical, mental health, social, educational, and legal services), gaining knowledge of relevant services, navigating through service systems, and seeking help when needed. | | | | | |
| Financial resources, food, clothing, housing, utilities, medical coverage and/or childcare are a fairly constant source of stress in the parents' life. | Parent is accessing needed resources with a high level of assistance from program staff. | Parent is beginning to independently access needed resources. | Parent regularly accesses needed resources without assistance from program staff. Basic needs, including childcare, are consistently met. | Parent accesses needed resources without assistance from program staff. Basic needs, including childcare, are consistently met. Parent is assisting others in the neighborhood to access resources. | Notes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parental Resilience I (general life stress) includes managing stressors of daily life well, meeting personal challenges, managing adversities, healing the effects of one's own trauma, believing that one can make and achieve goals, solving general life problems, having a positive attitude about life in general, managing anger, anxiety, sadness, loneliness, and other negative feelings, and seeking help when needed. | | | | | |
| Engagement in work and/or school is severely limited (e.g., daily) due to parent's significant behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in work and/or school is moderately disrupted (e.g., weekly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in work and/or school is somewhat disrupted (e.g., monthly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in work and/or school is occasionally disrupted (e.g., less often than monthly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Parent is fully engaged in work and/or school. Behavioral health issues associated with toxic stress (e.g., depression, anxiety) are serving as no obstacle. | Notes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parental Resilience II (parenting stress) includes proactively meeting the challenges related to one's child, not allowing stressors to keep one from providing nurturing attention to one's child, solving parenting problems, and seeking help for one's child when needed. | | | | | |
| Engagement in family/childrearing is severely limited (e.g., daily) due to parent's significant behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in family/childrearing is moderately disrupted (e.g., weekly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in family/childrearing is somewhat disrupted (e.g., monthly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Engagement in family/childrearing is occasionally disrupted (e.g., less often than monthly) due to parent's behavioral health issues associated with toxic stress (e.g., depression, anxiety). | Parent is fully engaged in family/childrearing. Behavioral health issues associated with toxic stress (e.g., depression, anxiety) are serving as no obstacle. | Notes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Fostering Hope Initiative Measures

| Income & Savings | | | | | |
|--|---|---|--|---|-------|
| No income. <input type="checkbox"/> | Income does not meet basic needs. <input type="checkbox"/> | Income meets basic needs. <input type="checkbox"/> | Income meets basic needs and allows for some discretionary spending. <input type="checkbox"/> | Income meets basic needs and allows for some discretionary spending. Some money set aside in savings for emergency or goal. <input type="checkbox"/> | Notes |
| Debts | | | | | |
| Defaults or nonpayment on all or most loans and accounts. <input type="checkbox"/> | Debts in excess of ability to pay, behind on payments. <input type="checkbox"/> | Structured payment plans in place and meeting minimum payments. <input type="checkbox"/> | Current in payments and structured payment plans. Paying more than minimum payments. <input type="checkbox"/> | Current on all balances and no outstanding debt other than mortgage, educational and/or car loans. <input type="checkbox"/> | Notes |
| Health Care Coverage | | | | | |
| No medical coverage with immediate need. <input type="checkbox"/> | No medical coverage with no immediate need. <input type="checkbox"/> | Some members (e.g. children) have medical coverage. <input type="checkbox"/> | Some or all members have medical coverage and all household members can get medical care when needed, but may strain budget. <input type="checkbox"/> | All household members are covered by affordable, adequate health insurance. Medical care does not strain budget. <input type="checkbox"/> | Notes |
| Neighborhood Connections | | | | | |
| Parent is focused on the self/family due to immediate needs. <input type="checkbox"/> | Parent is seeking knowledge/information about ways to connect with neighbors/become involved in the neighborhood. <input type="checkbox"/> | Parent has identified appealing opportunities for neighborhood involvement and has initiated contact. <input type="checkbox"/> | Parent is engaged in neighborhood-based activities at least monthly (e.g., attending a parent support group, working on a project, attending a meeting/club/activity, volunteering, etc.). <input type="checkbox"/> | Parent is engaged in neighborhood-based activities at least monthly (e.g., attending a parent support group, working on a project, attending a meeting/club/activity, volunteering, etc.) and reaches out to involve neighbors. <input type="checkbox"/> | Notes |

Name of staff member completing this form: _____ Staff member agency: _____

Participant ID number (specific to agency): _____ Participant name: _____

Participant telephone number: _____ Participant address: _____

Street City State Zip