**CALIFORNIA STANDARDS FOR FAMILY STRENGTHENING AND SUPPORT**

**INTRODUCTION**

**1. THE SIGNIFICANCE OF FAMILIES**

Families represent the foundation of, and the most fundamental unit within, a society. Thriving communities are comprised of healthy and strong families. There are many diverse kinds of families, and therefore many definitions of “family.” People, who are significant to one another, whether related by blood, legal bonds or bonds of friendship and community, may identify as a family. Ultimately, “family” is self-defined.

*What makes these standards unique is that they integrate and operationalize the 9 Family Support Principles and the Strengthening Families: 5 Protective Factor Framework.*

The focus of the California Standards for Family Strengthening and Support is on families that have the responsibility for raising children. These families consist of at least one adult and one child who are related biologically, emotionally, or legally. Families may consist of one parent, two parents, grandparents, foster parents, legal guardians, or form a need for mutual support. The Standards may also be applicable for working with individuals and family members across the lifespan. As the primary responsibility for the development and well-being of children lies within the family, we believe that all segments of society must support families as they raise their children. These Standards are offered as one way to ensure that families are supported.

**2. IMPORTANCE OF STANDARDS**

The California Network of Family Strengthening Networks (CNFSN) has determined that the development of shared statewide standards is an important and strategic step towards defining and promoting quality practice for families. The childcare, healthcare, mental health, and education fields each has a structure, such as a set of standards, which provides practitioners with a shared definition of the elements required in quality practice. The Family Strengthening and Support field has long held a shared philosophy – Principles of Family Support, and more recently a key theory of change – Strengthening Families: A Protective Factors Framework. Yet the field has not had one shared set of standards that operationalizes these frameworks.

The CNFSN created the California Standards for Family Strengthening and Support to define how the nine Principles of Family Support, the Strengthening Families approach, and its evidence-based Protective Factors can be applied together programmatically. Five key areas of practice are identified with associated standards, indicators and examples of how to implement these areas of practice.

**3. HOW STANDARDS ARE USED**

The California Standards for Family Strengthening and Support are designed to be used by all family strengthening stakeholders as a tool for planning, providing, and evaluating quality services.

Some examples of the ways various stakeholders can utilize the Standards include:

Family Strengthening and Support Programs can use the Standards as a blueprint for implementing best practices, whether they are setting up a new Program or strengthening an existing one. Programs can use the Standards for self-evaluation and to demonstrate the quality of their work with families. The reference to Program includes staff, management, board and families.

Direct Service Staff can use the Standards to enhance their work with families.

Networks of Family Strengthening Providers can promote and use the Standards as a tool for quality assurance and capacity building for network members.

Policy Makers can endorse the Standards for application in their areas of influence.

Funders can adopt the Standards for use in requests for proposals, monitoring, and quality assurance.

Families can provide feedback about how well Program is applying the Standards. Partnering with families in the application of the Standards is key to their being implemented in high quality ways.

**4. ORIGIN OF THE CALIFORNIA STANDARDS FOR FAMILY STRENGTHENING AND SUPPORT**

The California Network of Family Strengthening Networks was founded in 2009. Its mission is to connect family strengthening networks across California to promote quality practice, peer learning, and mutual support.

The California Standards for Family Strengthening and Support were developed by the California Network of Family Strengthening Networks from the San Francisco Family Support Network Family Support Standards that were created in 2007.

**5. INTEGRATION OF FRAMEWORKS**

The California Standards for Family Strengthening and Support are built upon and reflect a unique integration of the following 9 Principles of Family Support, the Strengthening Families Approach and its evidence-based Protective Factors. Because the California Standards for Family Strengthening and Support have a strong emphasis on working with the whole family across the lifespan, the language throughout the Standards reflects building supports and protective factors for all family members.

*INTRODUCTION TO FAMILY SUPPORT*

Family Support is all of the following:

* An approach to strengthening families and communities so that they can foster the optimal development of children, youth, and adult family members.
* A type of grassroots, community-based Program designed to prevent family problems by strengthening parent-child relationships and supporting parents to be good nurturers and providers.
* A shift in human services delivery that encourages public and private agencies to work in partnership with families to become more preventative, responsive, flexible, family-focused, strengths-based, holistic, and effective.
* A movement for social change that urges policymakers, service providers, parents, and employers to take responsibility for improving the lives of children and families and ensuring they get what they need to succeed.

Family Support is based on the premise that the primary responsibility for the development and well-being of children lies within the family, and that all segments of society must support families as they raise their children. Family Support services include a broad array of activities designed to strengthen families, help parents to raise their children successfully, become self-sufficient, and take an active role in their communities. (Adapted from a definition by *Family Support America*)

*FAMILY SUPPORT PRINCIPLES & PREMISES*

Principles of Family Support

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families’ capacity to support the growth and development of all family members– adults, youth, and children.
3. Families are resources to their own members, to other families, to Programs, and to communities.
4. Programs affirm and strengthen families’ cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all Program activities, including planning, governance, and administration.

Premises of Family Support

1. Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
2. Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support Programs and services.
3. Children and families exist as part of an ecological system.
4. Child-rearing patterns are influenced by parents’ understandings of child development and of their children’s unique characteristics, personal sense of competence, and cultural and community traditions and mores.
5. Enabling families to build on their own strengths and capacities promotes the healthy development of children.
6. The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
7. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

*INTRODUCTION TO STRENGTHENING FAMILIES APPROACH*

The Strengthening Families approach is a research-based, cost-effective strategy that is aimed at increasing family stability, enhancing child development, and reducing child abuse and neglect. The approach is based on 5 Protective Factors that, when present in families, reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress.

The Center for the Study of Social Policy developed the nationally known framework in 2005. More than 30 states now use the accessible language of the approach to engage a broad range of professional disciplines, parent leaders, and community organizations in prevention work. The Strengthening Families Framework is based upon building the 5 Protective Factors around children. Research shows that when these 5 Protective Factors: **Social Connections, Knowledge of Parenting and Child Development, Social and Emotional Competence** **of Children, Concrete Support in Times of Need and Parental Resilience** are present, families are less likely to experience child abuse or neglect and are more equipped to create environments for children’s optimal development.

*The 5 PROTECTIVE FACTORS THAT STRENGTHEN FAMILIES AND PROTECT CHILDREN*

Protective Factor #1 – Social Connections

Whenever a family is isolated from family or community, the children are more at risk. Many parents naturally develop friendships with other parents they meet in the childcare Program, but others may need help establishing those social connections. Building trusting relationships with all families and helping isolated families connect with other parents strengthens parenting skills and protects the children.

Protective Factor #2 – Knowledge of Parenting and Child Development

Parents with knowledge about parenting and their own child’s development have more appropriate expectations and use more developmentally appropriate guidance techniques. Parents learn best when they are talking about their own child right now.

Protective Factor #3 – Social and Emotional Competence of Children

Children who have appropriate supports learn how to identify their feelings, empathize with the feelings of others, share emotions appropriately, and problem solve with peers and adults. The children bring these skills home and affect the ways they interact with their families and how others interact with them.

Protective Factor #4 – Concrete Support in Times of Need

When families are in crisis, the children are more protected if the family gets access to the resources they need relatively quickly. Family Resource Centers can provide key services and linkages for families who need immediate support. Additionally, they may work to change social and community conditions in order to increase access to support for all families.

Protective Factor #5 – Parental Resilience

Resilience is the ability to bounce back from difficulties. There are two parts to resilience. The first is to be able to recognize and acknowledge difficulties and the feelings that go along with challenging events and situations. The second part of resilience is the ability to have hope, to problem solve and to take action in the midst of difficult events and feelings.

*STRATEGIES FOR BUILDING THE 5 PROTECTIVE FACTORS*

Programs can employ the following 7 strategies to build the 5 Protective Factors in families:

1. Facilitate friendships and mutual support
2. Strengthen parenting
3. Respond to family crises
4. Link families to services and opportunities
5. Value and support parents
6. Facilitate the social and emotional development of children
7. Observe and respond to early warning signs of child abuse or neglect

For more information on the Strengthening Families Approach, please see [www.cssp.org/reform/strengthening-families](http://www.cssp.org/reform/strengthening-families)

**6. HOW THE CALIFORNIA STANDARDS FOR FAMILY STRENGTHENING AND SUPPORT ARE ORGANIZED**

The 17 Standards are organized into 5 sections, each with indicators and examples.

STANDARDS

The 5 sections of the Standards are:

* 1. Family Centeredness – Working with a Family Centered approach that values and recognizes families as integral to Program.
  2. Family Strengthening – Utilizing a family strengthening framework to support families being strong, healthy and safe, thereby promoting their optimal development.
  3. Embracing Diversity - Acknowledging and respecting families’ diversity, including cultural traditions, languages, values, socio-economic status, family structures, and individual abilities.
  4. Community Building - Contributing to building a strong and healthy community by facilitating social connections, developing leadership and collaborating with other Programs.
  5. Evaluation - Looking at areas of strength, as well as areas for further development, in order to guide continuous quality improvement and to achieve positive results for families.

INDICATORS

Each Standard includes 1-2 pairs of indicators of both minimum quality and high quality. The Minimum Quality indictors demonstrate the basic application of the Standard. Programs build upon the Minimum Quality indicators to achieve the High Quality indicators.

The figures below illustrate the elements necessary to move from minimum to high quality indicators, demonstrating a deeper level of application of the Standards.

Arrow 1: Family Centeredness, Family Strengthening, Embracing Diversity, and Community Building sections. High Quality indicators demonstrate one or more of the following elements:

* a formal structure for the implementation of the standard
* staff training to support the implementation of the standard
* partnership with families in the implementation of the standard

Arrow 1

**Family Centeredness, Family Strengthening, Embracing Diversity, and Community Building sections**

* *Formal structure*
* *Staff training*
* *Family partnership*

**Minimum Quality Indicator**

**High Quality Indicator**

Arrow 2: Evaluation. The High Quality indicators demonstrate the presence of one or more of the following elements:

* data analysis
* sharing out evaluation results
* Program modification
* training for evaluation integration

Arrow 2

**Evaluation**

* *Data analysis*
* S*haring out* *evaluation results*
* *Program modification*
* *Training for evaluation integration*

**Minimum Quality Indicator**

**High Quality Indicator**

ITALICIZED LANGUAGE IN THE INDICATORS

The italicized language in the Standards document also highlights which of the above elements in the figures is present in the High Quality indicators.

EXAMPLES

In order to illustrate the application of indicators, some examples from the field have been included. The examples show some or all of the elements in the indicators. In each of the high quality examples there is at least one element present from the arrow that distinguishes it as high quality. These 2-4 examples, some general, some more specific, are not meant to be an exhaustive list or a checklist. As they apply the Standards, Programs are encouraged to identify their own examples that demonstrate the indicators in ways relevant to their communities.

**7. APPLYING THE CALIFORNIA STANDARDS FOR FAMILY STRENGTHENING AND SUPPORT**

The California Standards for Family Strengthening and Support are designed for Programs serving families, and may also be applicable to their work with individuals as well.

"Program" refers to an organization or an individual component of it that provides family strengthening and support services and activities.  It may be public, private or faith-based. It may serve individuals, families and communities.

Meeting the Minimum Quality indicators will create a Family Strengthening and Support Program with a solid foundation. Programs are encouraged to strive to meet the High Quality indicators, in order to serve families most effectively.

The Minimum Quality indicators are designed to be met within a reasonable scope of resources of a Family Strengthening and Support Program. Some High Quality indicators may require more investment to meet.

Implementing the Standards is a developmental process and it is common that Programs may see aspects of their work on different points along the continuum of Minimum and High Quality.

Successful application of the Standards requires the commitment and support of all levels of Program responsibility – Executive Directors, Managers, Coordinators, Direct Service Staff, and Families. Each has a key role to play.

**8. IMPLEMENTING THE STANDARDS**

The California Network of Family Strengthening Networks is committed to providing technical assistance and training to support the successful implementation of the Standards.  Tools and training resources are forthcoming.

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| **Section A: Family Centeredness** |
| Families are valued as a core part of Program. **Families are involved in the planning, development, and implementation of Program.** Activities and services are developed in response to the needs and interests of families and the communities in which they live. **Program is accessible and welcoming to families.**  **Program conducts outreach with families. Staff members develop and sustain constructive relationships with families.**  **Program models family-centeredness with staff members and in its related administrative practices.** Program considers staff members’ own family needs and interests such as childcare, flexible schedules for working parents, and dependent benefits.  *This section reflects Family Support Principles 1 and 9. It also reflects the following Protective Factors: Concrete Support in Times of Need, Social Connectedness, and Social and Emotional Competence of Children.* |

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| **Standard A.1 – Program encourages families to participate in Program development and implementation.** | |
| **A.1.1 – Minimum Quality Indicator**  Program solicits input from families to shape and plan Program and services.  *Some examples may include*:   * Methods of collecting families’ input are used, such as surveys, focus groups, and interviews. * Staff members survey participants to determine which workshop topics they would like Program to offer. * Program welcomes participants to use a suggestion box to provide ideas and feedback. | **A.1.1 – High Quality Indicator**  *Program’s design* supports *partnering with* *families* to have *an active role* in the development and implementation of Program.  *Some examples may include*:   * Program has a Parent Advisory Committee which meets regularly and impacts Program development. * Participants are trained to facilitate or co-facilitate with staff a support group or parenting class. * Participants are included as part of an employee hiring process, such as identifyingthe skills and qualities needed for the job or participating on an interview panel. * Parent Advisory Committee fundraises to provide childcare for families during parent workshops. |

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| **Standard A.2 – Program is accessible and welcoming to families.** | |
| **A.2.1 – Minimum Quality Indicator**  Program offers services at an accessible place and time convenient to families.  *Some examples may include*:   * Program’s regular hours of operation are accessible to families. * Program is located in a space that is readily accessible to families by public transportation or walking. * Program space is accessible for people using wheelchairs or strollers. * Program provides childcare space for families during a parenting workshop. | **A.2.1 – High Quality Indicator**  *Program is structured* to provide for variation of service delivery (such as time, location, and method) in order to meet the unique needs or circumstances of families.  *Some examples may include*:   * Program increases intensity of services in times of greater need, such as family crisis. * Program conducts home visits to reach families. * Program intentionally increases accessibility by supporting staff members to reach families at locations convenient to them, such as hospitals, schools and places of worship. * Program provides transportation to Program location. |
| **A.2.2 – Minimum Quality Indicator**  Program creates a welcoming environment for families.  *Some examples may include*:   * Staff members greet families in a helpful, welcoming way. * Program has a well-maintained and child-safe service area. * Program’s mission, expressed in language readily understood by families, is displayed in its reception area. * Posters and resource materials at reception area reflect the diversity of the families served. | **A.2.2 – High Quality Indicator**  *Program partners with families* to help develop and maintain a welcoming environment for families, promoting their sense of ownership of Program.  *Some examples may include*:   * Families maintain Program playroom. * Families are involved in making improvements to Program environment. * Program recruits participants who are fathers to greet other fathers at events. |
| **Standard A.3 – Program conducts outreach to families and sustains constructive relationships with them.** | |
| **A.3.1 – Minimum Quality Indicator**  Program provides outreach and information to potential participants.  *Some examples may include*:   * Staff members outreach to families in the community. * Program publicizes its services through e-mails, flyers, and informal networking. * Program has a booth at a community fair. | **A.3.1 – High Quality Indicator**  Program *implements an outreach plan* for potential participants *with intentional strategies and committed resources*.    *Some examples may include*:  • Staff members are trained to do outreach to underserved families.   * Program conducts home visits to isolated families. * Program develops and conducts a social media campaign.   • Program trains and supports participants to do peer to peer outreach at schools, WIC offices, and community gathering places, such as laundromats and soccer games. |
| **A.3.2 – Minimum Quality Indicator**  Program maintains constructive relationships with families.  *Some examples may include*:   * Program staff members are consistently warm and respectful, fostering a sense of participants’ belonging. * Staff members invite families to participate in multiple Program activities. * Participants who complete Program activity are encouraged to participate in other activities. * Staff members get to know family members by name and check in about their well-being. | **A.3.2 – High Quality Indicator**  Program implements *a system to sustain* constructive relationships with families.  *Some examples may include*:  • Staff members and participants are trained to follow-up with families who have completed a service activity.  • Program has a system to distribute monthly activities flyers to both current and past participants.  • Program engages parents as leaders in Program.   * Program has a practice of inviting parents who complete a parenting workshop series to speak about their experiences in a subsequent series. |

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| **Standard A.4 – Program models family-centered approach with staff and in its related administrative practices.** | |
| **A.4.1 – Minimum Quality Indicator**  Program demonstrates that it considers the family needs and interests of its staff.  *Some examples may include*:   * Program tries to schedule staff retreats and trainings so they do not conflict with family time. * Staff members are welcome to bring their families to a holiday party. * Staff members are asked about their own family needs, such as childcare. | **A.4.1 – High Quality Indicator**  Program implements *policies, procedures, and benefits* that address the family needs and interests of its staff.  *Some examples may include*:   * Program offers flexible schedules to its staff to accommodate working families. * Staff members and their families are welcome to participate in skill-based trainings offered by Program, such as parenting education and financial management. * Program has a menu of benefits to address various family needs, such as medical benefits for dependents, training allowances, and pre-tax flexible spending accounts for childcare needs. |

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| **Section B: Family Strengthening** |
| This section highlights how Program, in partnership with families, can build the Strengthening Families’ 5 Protective Factors and other developmental assets throughout the life cycle of the family. The 5 Protective Factors include: Parental Resilience, Social Connections, Social Emotional Competence of Children, Knowledge of Parenting and Child Development, and Concrete Support in Times of Need. The Protective Factors are typically implemented with 7 key strategies. (See Page 3 of Introduction)  The 5 Protective Factors form the Family Strengthening Framework that supports families being strong, healthy, and safe. Program uses this framework to enhance families' capacity to understand and promote their own optimal development – cognitive, social, emotional, and physical.  Staff and families form a mutually respectful partnership by bringing together their strengths and skills to address issues and create opportunities for success. Program uses a strengths-based approach, which focuses on families' assets and abilities, as well as their needs and interests. This is a shift away from a deficit approach in which staff members are expected to be the “experts” fixing “problem” families.  Recognizing families as significant resources for each other, Program facilitates opportunities for families to build relationships for mutual and peer support. Services are designed to include the whole family rather than an individual member. This supports better outcomes for children and caregivers.  *This section reflects Family Support Principles 1, 2, 3, and 7, as well as the 5 Protective Factors.* |

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| **Standard B.1 – Program recognizes and affirms families’ strengths and resilience, and is responsive to their concerns and priorities.** | |
| **B.1.1 – Minimum Quality Indicator**  Staff members work with family members, in relationships based on equality and respect, to identify their existing strengths, resilience, and resources.  *Some examples may include*:   * Staff members comment on a positive interaction between a parent and his/her child during a play group. * Families are informed that all staff members will honor their privacy and confidentiality, within the confines of the law. * Staff members celebrate and recognize families’ achievements. | **B.1.1 – High Quality Indicator**  Staff members, working with family members in relationships based on equality and respect, implement *a formal process* to assess and document families’ strengths, resilience, and resources.  *Some examples may include*:   * Staff members are trained to recognize and document family resilience and strengths. * Staff members conduct intake interviews with participants using tools that record family strengths. * Program has methods of assessment to reflect family strengths, resources, and resilience. |

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| **Standard B.1 – Program recognizes and affirms families’ strengths and resilience, and is responsive to their concerns and priorities. (continued)** | |
| **B.1.2 – Minimum Quality Indicator**  Program engages families to identify their concerns, priorities, and resource needs. It links families with service providers, informal supports, or other families and individuals to address those concerns, priorities, and resource needs.  *Some examples may include*:   * Staff members talk with a family about its priorities and make referrals as needed. * Program encourages families to carpool with one another to get to an activity. * Program provides a resource list to families seeking elder care support. * Program links eligible families to an Earned Income Tax Credit provider. | **B.1.2 – High Quality Indicator**  Program implements *a formal process* to gather information about families’ concerns, priorities, and resource needs. *Program partners with families to set goals. It formally facilitates* *families’ access* to services and activities, and *has a system* to provide them with follow-up support.  *Some examples may include*:   * The assessment tools include family-identified strengths, needs, and goals. * Staff members partner with families to develop service plans and periodically check in with families about progress towards their goals. * Program provides family-centered team meetings with the family, other providers, and community members who are involved with the family service plan. * Program has a 30-day follow-up process on childcare referrals. |

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| **Standard B.2 – Program enhances families' capacity to support the healthy development (cognitive, social, emotional, and physical) of their family members.** | |
| **B.2.1 - Minimum Quality Indicator**  Staff members can demonstrate an understanding of what constitutes healthy family development.  *Some examples may include*:   * Staff members demonstrate an understanding of the stages of child and youth development, by their interaction with a parent who has a crying child at the center. * Staff members can describe the significance of healthy couple relationships in the context of strengthening families. * Staff members can identify risk factors and potential warning signs of abuse and neglect. * Staff members provide linkage to childhood obesity prevention Program. | **B.2.1 - High Quality Indicator**  Program provides staffmemberswith *opportunities to strengthen their knowledge and skills* for supporting healthy family development.  *Some examples may include*:   * Program provides and leverages professional development opportunities to enhance staff members’ understanding of child and youth development. * Program provides opportunities, such as clinical supervision or team meetings, for staff to learn about partnering with families to develop healthy couple relationships. * Program provides staff training on recognizing and responding to signs of stress in families, including addressing issues of child abuse and neglect. * Program trains staff in childhood obesity prevention approaches. |

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| **Standard B.2 – Program enhances families' capacity to support the healthy development (cognitive, social, emotional, and physical) of their family members. (continued)** | |
| **B.2.2 - Minimum Quality Indicator**  Program shares information with families to support their healthy development.  *Some examples may include*:   * Program has information about child development, such as ages and stages, available to families. * Program provides tip sheets to parents on how to talk with teens. * Program newsletter includes an article and resources on healthy couple relationships. * Program has a resource board with flyers that address the physical, emotional, social and cognitive needs of children, such as good nutrition, sign-ups for local soccer league, and counseling resources. | **B.2.2- High Quality Indicator**  Program is *designed* to deliver activities that support the healthy development of families.  *Some examples may include*:   * Program provides evidence-based parenting education classes. * Program has scheduled workshops on developing parent-teen communication skills. * Program develops and provides workshops on healthy couple relationships such as communication, healthy marriage, and co-parenting. * Program partners with another service organization to provide counseling that supports healthy family development. |

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| **Standard B.3 – Program recognizes families as significant resources for their own family members and each other.** | |
| **B.3.1 - Minimum Quality Indicator**  Program recognizes the importance of engaging multiple family members and encourages their participation in Program activities.  *Some examples may include*:   * Staff members ask participants if they have other family members who could be invited to Program activities. * Program flyers indicate that multiple family members are welcome. * Program provides chairs and space to accommodate multiple family members. | **B.3.1 - High Quality Indicator**  Program *design*s and provides activities, events and services that successfully engage multiple family members.  *Some examples may include*:   * Program engages multiple family members in activities and events, such as a Halloween party, Family Literacy Night or Family Movie Night. * Program has records that indicate participation in designed activities and services from a range of family members, such as fathers, partners, grandparents and godparents. * Program has developed outreach strategies that engage key family members as defined by the family. |

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| **Standard B.3 – Program recognizes families as significant resources for their own family members and each other. (continued)** | |
| **B.3.2 - Minimum Quality Indicator**  Program facilitates opportunities for families to build social connections with each other for resource sharing and mutual support.  *Some examples may include*:   * Staff members warmly introduce families to each other. * Program hosts pot-lucks for families to get to know each other. * Program provides space for young people to play games and sports together. * Program provides a support group. | **B.3.2 – High Quality Indicator**  Program facilitates *families to* *create their own opportunities* to build social connections with each other for resource sharing and mutual support.  *Some examples may include*:   * Program provides opportunities for family-led activities, such as cooking or dancing workshops. * Program encourages parents to develop mutual support systems such as phone trees, shared childcare, co-ops, carpools and playgroups. * Program invites fathers on the Parent Advisory Committee to plan an event together, such as a Father’s Day celebration, to increase social connections among fathers in Programs. * Program provides resources for families to organize a sports league. |

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| **Section C- Embracing Diversity** |
| The diversity of families encompasses their cultural traditions, languages, values, socio-economic status, structures, sexual orientation, religion, individual abilities, and other aspects. Diversity is multi-layered – families with similar backgrounds may differ in numerous ways. An effective Program addresses these multiple layers, for example, by being responsive to both language needs and family structures.  Program sees the diversity of families as both an important part of their identities and as a form of strength. In order to thrive and fully participate in a diverse society, both staff members and families need the ability to interact meaningfully with those who differ from them.  Program, which effectively embraces diversity, understands that it is an ongoing developmental journey for *individuals* and *organizations* to move through, and within, the stages of **Learning**, **Valuing Difference**, and **Adaptation**.  **Awareness and Learning:** Program has an ongoing commitment to be aware of, and learn about, the diversity of the families and communities they serve. Similarly, Program is aware of its own cultural norms and engages in learning about the diversity of its staff.  **Valuing Difference:** Valuing difference includes an ability to navigate the dynamics of difference. Navigating the dynamics of difference involves understanding, empathy, listening, self-awareness, recognizing and addressing conflict, and being aware of systemic inequalities. Program helps families to find common ground with other families. It works within and is responsive to the diversity of the populations it serves. Program provides resources and support to staff members and families to promote and sustain an ongoing commitment to valuing difference.  **Adaptation:** Program identifies and integrates ways to be responsive to aspects of diversity in service planning, programming, provision, and evaluation. High quality implementation of the diversity Standards requires the ongoing adaptation of multiple aspects of embracing diversity.  *This section reflects Family Support Principle 4: Programs affirm and strengthen families’ cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.*  **Developmental Journey of Embracing Diversity** |

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| **Standard C.1 – Program continuously learns about the diversity of the families and communities they serve, including their cultural traditions, languages, values, socio-economic status, structures, sexual orientation, religion, individual abilities and other aspects.** | |
| **C.1.1 – Minimum Quality Indicator**  Program learns about the diversity among families.  *Some examples may include:*   * Staff members ask questions of families to increase understanding of the families’ diverse norms and preferences. * Staff meeting is used to identify and discuss the various aspects of diversity that exist within the surrounding community. * Staff members participate in local cultural events and celebrations to increase their knowledge of the families they serve. | **C.1.1 – High Quality Indicator**  Program implements *formal systems and practices* to learn about the diversity among families.  *Some examples may include:*   * Staff members are trained to interview families in order to increase understanding of families’ diverse norms and preferences. * Program conducts a community assessment that identifies the various aspects of diversity that exist within the area served. * Program holds panels to develop awareness of specific communities, such as Lesbian, Gay, Bisexual and Transgender families. |

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| **Standard C.2 – Program enhances the ability of families and staff to value diversity and the dynamics of difference.** | |
| **C.2.1 – Minimum Quality Indicator**  Program offers opportunities for families to value diversity and the dynamics of difference.  *Some examples may include:*   * Program provides space for partner organizations to conduct cultural and heritage celebrations, such as Children’s Day (Día del Niño), Lunar New Year, and Martin Luther King, Jr. Day. * Program distributes flyers about diverse community events in order to promote family participation. * Program fosters intercultural social connections by encouragingfamily participation incommunity building activities (dance classes, block parties, sports, arts, and community garden). | **C.2.1 – High Quality Indicator**  Program implements *formal structures* to support families in valuing diversity and the dynamics of difference.  *Some examples may include:*   * Program partners with parents to design and organize a parent café series to encourage the sharing of diverse cultural perspectives on parenting practices. * Experiences and wisdom are shared between youth and elders through intergenerational reading and mutual visiting Programs.      * Program organizes a series of field trips for families to attend events hosted by communities different from theirs. * Program partners with families to develop a workshop on Western medicine and traditional healing, with the goal of bridging cultural divides. |

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| **Standard C.2 – Program enhances the ability of staff and families to value diversity and the dynamics of difference. (continued)** | |
| **C.2.2 – Minimum Quality** **Indicator**  Program enhances the ability of staff members to value and affirm the diversity of families.  *Some examples may include:*   * Staff members are encouraged to share past work or life experience that is similar to the families served. * Staff members seek advice from community elders on how to reach out to families in a culturally appropriate way. * Program provides an opportunity for a brown-bag lunch that brings staff members together for the purpose of sharing and valuing differences. | **C.2.2 – High Quality Indicator**  Program implements *formal structures* and *professional development opportunities* that enhance the ability of staff membersto value and affirm diversity of families.  *Some examples may include:*   * Program employs multiple resources to provide ongoing professional development on diversity issues. * Program conducts an educational site visit for staff members to an organization that serves a different community. * Program has a policy that staff members regularly participate in trainings on diversity. |

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| **Standard C.3 – Program adapts its practices to embrace diversity on an ongoing basis.** | |
| **C.3.1 – Minimum Quality** **Indicator**  Program demonstrates the awareness and knowledge necessary for ongoing adaptation related to the diversity of families and staff.  *Some examples may include:*   * Issues of accessibility (disability, transportation, and geographic proximity) to families served inform service delivery methods. * Discussions of how cultural differences impact working with families are part of staff meetings, clinical reviews and administrative meetings. | **C.3.1 – High Quality** **Indicator**  Program creates ongoing adaptation by *formally integrating practices* related to diversity of families and staff.  *Some examples may include:*   * Program implements a *Promotora* model to train local community leaders to provide peer education for hard-to-reach communities. * Program’s hiring practices adapt to changes in the community so that staff members’ work experiences and language capacities are reflective of the families served. |

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| **Section D – Community Building** |
| Families thrive in strong and healthy communities, and have a crucial role in developing these communities.  When families build social connections with each other for resource sharing and mutual support, they begin to move along a continuum from being focused on their own families to supporting other families also. The next step is families collectively taking an active role in the larger community.  Program makes a vital contribution to strong and healthy communities by being involved with **and engaging families in community building, developing community leadership, and building collaborative relationships** **with various stakeholders**.  Program is aware of community issues and priorities. Program provides opportunities for families to engage in community and neighborhood activities. Program is committed to community leadership development, supporting the development of the skills and confidence of families to effect meaningful community change. Program assists families to identify opportunities to build and exercise their leadership capacity to address common issues and create a connected community.  Program develops, participates in, and leverages collaborative partnerships and networks with various stakeholders to strengthen neighborhoods and communities.  *This section reflects Family Support Principles 5 and 6, and the following Protective Factors: Social Connections and Concrete Support in Times of Need.* |

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| **Standard D.1 – Program is involved in and engages families in the larger community building process.** | |
| **D.1.1 – Minimum Quality Indicator**  Program is aware of, and provides families with information about community issues and activities.  *Some examples may include:*   * Program provides information about community issues through a community news bulletin board. * Program representative attends a community meeting regarding safety, housing, etc. * Program distributes fliers about community fairs. | **D.1.1 – High Quality Indicator**  Program has a *formal structure* to be engaged in addressing community needs and priorities.  *Some examples may include:*     * Program engages stakeholders, such as partner Programs and families, in an asset mapping activity to address low-income housing development. * A staff person is a member of a community committee on school safety, and reports about it regularly at staff meetings, in order to inform program implementation. * Staff members work within their organization’s appropriate legal parameters to advocate with families for needed policy changes. |

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| **Standard D.1 – Program is involved in and engages families in the larger community building process. (continued)** | |
| **D.1.2 – Minimum Quality Indicator**  Program connects families to community events that help raise awareness of emerging community needs and assets.  *Some examples may include:*   * Program publicizes a town hall meeting to consider safety concerns. * Program invites families to candidate forums. * Program links families to a “Neighborhood Watch” group by providing a space to meet. | **D.1.2 – High Quality Indicator**  Program *formally facilitates the sharing of community voices* for family and community impact.  *Some examples may include:*   * Program includes families and other community members in an exercise to develop a “Safe Passages to School” Program. * Program engages community members in focus groups to inform them of local child abuse prevention efforts. * Program organizes a forum with families and elected officials to address a community issue. * Program’s Parent Advisory Committee testifies at the school board about the potential impact of reduced school bus routes. |

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| **Standard D.2 – Program supports the development of community-based leadership.** | |
| **D.2.1 – Minimum Quality Indicator**  Program shares information with families about how to advocate for their needs and priorities.  *Some examples may include:*     * Staff members provide information to families about how to understand and navigate systems, such as schools, health care, and government departments. * Program provides materials to parents on understanding their legal rights. * Program invites a presenter to conduct a work­shop for families on how to access healthcare. | **D.2.1 – High Quality Indicator**  Program implements a *formal structure* to *partner with families to develop their leadership skills*, and to facilitate opportunities for using those skills in the community.  *Some examples may include:*     * Staff members are trained and supported to facilitate the leadership development of families including providing ongoing concrete help, emotional support, skill building and knowledge development. * Program trains parents through a series of workshops to understand and effectively advocate for their children’s educational rights. * Families have leadership roles in Program’s activities, such as through a Parent Advisory Committee or serving as Board members. * Program trains fathers to lead parenting workshops. |

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| **Standard D.3 – Program builds collaborative relationships with other organizations and leverages resources that strengthen families and communities.** | |
| **D.3.1 – Minimum Quality Indicator**  Program is aware of, and works with, other services providers and community organizations to share resources and information.  *Some examples may include:*     * Staff members introduce themselves to, and familiarize themselves with, other service providers. * Staff members participate in meetings with other service providers. * Program is knowledgeable about organizations that provide services in a family’s preferred language and provides that information to families and staff. | **D.3.1 – High Quality Indicator**  Program creates *formal partnerships* with service providers and other community organizations to collaboratively strengthen families and communities.  *Some examples may include:*     * Program develops collaborative partnerships to provide a continuum of care for families that addresses service gaps and avoids duplication. * Program works in partnership with other orga­nizations to develop initiatives to address emerging community issues. * Program develops a Memorandum of Understanding with local provider to ensure access to mental health services in families’ preferred languages. |

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| **Section E: Evaluation** |
| Evaluation is the ongoing process of assessing what works and what needs to be modified. Evaluation is an important part of regular Program planning, implementation and achieving positive results for families. Family Strengthening and Support evaluation values incorporating families as partners in the process.  Effective evaluation (A) collects and combines data on **Program participation**, **quality**, and **outcomes**, and (B) reflects a **demonstrated capacity and commitment to conduct evaluation**.  **(A) DATA COLLECTION.**  Program collects, and shares Program participation, quality and outcomes data in partnership with staff, families, and key stakeholders to ensure that it produces meaningful results. Program moves to high quality by analyzing the results to inform Program planning efforts and making appropriate modifications.  **(B) DEMONSTRATED CAPACITY FOR INCORPORATING EVALUATION AS A CORE PART OF PROGRAMMING.** Program develops key questions to be answered that demonstrate understanding of evaluation practices. Program demonstrates a commitment and capacity to incorporate evaluation as a core component of programming. Program builds internal resources and develops a plan for evaluation and continuous feedback.  *This section reflects Family Support Principles 8 and 9, and aligns with the Strengthening Families Framework and the Protective Factors approach. (See Glossary: Evaluation and the Strengthening Families Framework)* |

**EVALUATION ARROW**

The Evaluation section uses a different arrow to describe the move to High Quality. The presence of one or more of the following high quality Evaluation elements indicates high quality practice. The elements are:

**Data Analysis:** Program reviews and interprets data related to Program participation, quality and outcomes. Program may look at qualitative, such as a case study, and quantitative data.

**Sharing Results:** Program shares evaluation data and results with families, staff members, and key stakeholders

**Program Modification:** Program makes modifications to ensure its continuous quality improvement.  This process helps Program to meet the unique and changing needs of the community/population served.

**Training for Evaluation Integration:** Program ensures that staff members get appropriate training for the integration of evaluation processes into its practices.

**Evaluation**

* *Data analysis*
* *Sharing evaluation results*
* *Program modification*
* *Training for evaluation integration*

**High Quality Indicator**

**Minimum Quality Indicator**

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| **Standard E.1 – Program collects and analyzes information related to Program participation.** | |
| **E.1.1 – Minimum Quality Indicator**  Program tracks Program activities, participant characteristics, and service utilization.  *Some examples may include:*   * Program uses a sign-in sheet for Program activities. * Program records progress toward contract/grant participation targets. * Program records information about Program services (e.g., number of hours of service, number of referrals families connect with, case plans, etc.). * Program utilizes an intake form to capture participant characteristics that are relevant to Program. (e.g., ethnicity, gender, age, family needs and strengths assessment, etc.) | **E.1.1 – High Quality Indicator**  Program tracks *and intentionally analyzes* Program activities, participant characteristics, and service utilization in relation to its goals and objectives, as well as community needs. *Appropriate Program modifications are made as a result.*    *Some examples may include:*   * Program uses a database system to generate an analysis of demographics and participation to support necessary Program modifications. * Staff members are trained and responsible for maintaining a database system. They are able to produce reports and analyze results to enhance Program/community services. * Program routinely analyzes participant data in relation to its goals and objectives, as well as changing trends. * After reflecting on data, Program changes a parent education class schedule to achieve increased participation. |

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| **Standard E.2 – Program collects and analyzes information related to Program quality.** | |
| **E.2.1 – Minimum Quality Indicator**  Program utilizes the California Family Strengthening and Support Standards Program Self-Assessment tool and other Program assessment tools, as appropriate.  *Some examples may include:*   * Staff members at all levels are familiar with the process of implementing the California Family Strengthening and Support Standards Self-Assessment tool. * Staff members hold an annual Program review meeting to complete the California Family Strengthening and Support Standards Self-Assessment tool. * Program utilizes additional assessment tools to measure the quality of the particular services/activities they provide (e.g., Strengthening Families Self Assessment or the Father Friendliness Assessment tool). | **E.2.1 – High Quality Indicator**  Program conducts a self-assessment, at least annually, utilizing the California Family Strengthening and Support Standards Program Self-Assessment tool, and other Program assessment tools, as appropriate. *Program analyzes results t*o *inform Program planning efforts* *and makes appropriate modifications.*  *Some examples may include:*   * Annual Program review meeting involves staff members at all levels, and it incorporates reflection on results within the context of research-based practices. * Program provides professional development for staff members to address areas of needed service improvement and enhancements. * As a result of reflecting on and analyzing data, Program increases opportunities for parents to build social connections. |

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| **Standard E.2 – Program collects and analyzes information related to Program quality. (continued)** | |
| **E.2.2 – Minimum Quality Indicator**  Program invites and records feedback of family and other stakeholders (e.g., service provider partners) regarding Program quality.  *Some examples may include:*   * Methods of collecting feedback from families are in place, such as surveys, focus groups, and interviews. * Program utilizes the participant assess­ment tool of the California Family Strengthening and Support Standards. * Program solicits feedback from other service providers to gather feedback on its quality. | **E.2.2 – High Quality Indicator**  Program analyzes and *shares with families and other stakeholders* (e.g., service provider partners) feedback regarding Program quality. *Appropriate Program modifications are made as a result.*    *Some examples may include:*   * Feedback regarding Program quality is discussed with Program’s Parent Advisory Committee and their input is solicited to make appropriate modifications. * Feedback regarding the quality of Program is compiled and reported in Program newsletter along with a plan to build on strengths and address concerns. * Based on the survey results, staff members increase efforts to invite multiple family members to participate in Program activities. |

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| **Standard E.3 – Program collects and analyzes information related to Program outcomes.** | |
| **E.3.1 – Minimum Quality Indicator**  Program tracks data on participant and Program outcomes*.*    *Some examples may include:*   * Program records progress toward contract/grant deliverables. * Program identifies and tracks participant progress relevant to its services and the needs of the community. * Program administers pre- and post-tests for a parent education series. | **E.3.1 – High Quality Indicator**  Program tracks data on participant and program outcomes, and *analyzes it in partnership with stakeholders. Information is compiled and used for Program modification, accountability to stakeholders, and to inform policy change as needed.*    *Some examples may include:*   * Program has been evaluated by an outside evaluator, and Program shares out the summary/results.      * Program utilizes participant outcome data to continuously refine its activities, policies, staffing, and professional development. * Program presents annual report with outcome data at a board of supervisors meeting to raise awareness about the need for increased services within the community. |

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| **Standard E.4 – Program demonstrates that it incorporates evaluation as a critical part of programming.** | |
| **E.4.1 – Minimum Quality Indicator**  Program has identified key questions to be answered through evaluation.  *Some examples may include:*   * Staff members and stakeholders have developed questions for evaluation of a parent workshop series. * Staff members ask the Parent Advisory Committee what data the committee members need in order to help plan future programming. | **E.4.1 – High Quality Indicator**  Program implements an *evaluation plan* based on key questions that lead to measurement of progress toward Program goals.  *Some examples may include:*   * Staff members have developed an evaluation plan, such as a logic model to show the connection between Program goals, participant outcomes, and scheduled activities. * Staff members and the Parent Advisory Committee work with a consultant to develop evaluation questions and a plan based on a theory of change. * Staff members have participated in an evaluation training, which has led to the development of evaluation questions and a plan for obtaining, analyzing, and sharing data related to those questions. |

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| **Standard E.4 – Standard E.4 – Program demonstrates that it incorporates evaluation as a critical part of programming. (continued)** | |
| **E.4.2 – Minimum Quality Indicator**  Staff members demonstrate a basic understanding of evaluation practices.  *Some examples may include:*   * Staff members understand evaluation terms and concepts, and how they are relevant to their work. * Staff members know how to use data collection tools such as intake forms and surveys. * Staff members understand that focus groups can be used to get descriptive, informal feedback. | **E.4.2 – High Quality Indicator**  Program ensures that *staff members receive training to support the integration of evaluation processes into its practices*.  *Some examples may include:*   * Program provides training regarding evaluation to build skills and clarify evaluation roles of staff members, board and parent advisory committee members. * Program ensures that staff members have information and skills to access evaluation resources, such as websites, professional organizations and relevant training. * Program promotes and facilitates staff members’ learning and reflection in evaluation planning, implementation, and the discussion of findings. |

**APPENDIX**

Glossary

This glossary explains the specific ways that words and concepts are used within the context of these Standards.

**Assessment**

Assessment for family-centered practice is a formal process that includes initial non-judgmental evaluations of family capacities and goals, as well as ongoing monitoring of the family’s progress.

**Asset Mapping**

The process of intentionally inventorizing the human, material, financial, entrepreneurial and other resources in a community. The Asset Mapping process identifies local resources, such as organizations, businesses and schools that have the potential to provide Programs, services, funds or in-kind gifts.

**Capacity for Evaluation Integration**

The ability and potential of Program to grow and develop, as well as to receive, perform, and produce quality evaluation results as part of programming. This capacity includes: building internal resources, expertise, time, financial resources and leadership from initial Program development, with the goal of sustaining high quality evaluation practices.

**Cultural Norms**

The agreed-upon expectations and rules of a group, which guide the behavior of its members in any given situation.

**Culture**

A set of practices and beliefs that is shared among members of a particular group. It is what distinguishes that group from others. Culture is defined broadly to include all shared characteristics of human description, including age, gender, geography, ancestry, language, history, sexual orientation, faith, and physical ability, as well as occupation and affiliations. Defined as such, each person may belong to several cultural groups. (*Randall B. Lindsey, Kikanza Nuri Robins, Raymond Terrell, Delores Lindsey, et. al.*)

**Developmental Assets**

Abilities that human beings develop over time that enable them to thrive. These abilities are typically grouped in the areas of cognitive, emotional, social, and physical development.

**Direct Service Staff**

Staff members of Program who provide services or conduct activities with clients of Program.

**Dynamics of Difference**

An approach to navigating differences. It entails learning effective strategies to resolve conflicts, particularly among people whose cultural backgrounds and values differ. It encourages one to understand the effect that historic distrust has on present-day interactions, and to realize that one may misjudge others’ actions based on learned expectations. (*Randall B. Lindsey, Kikanza Nuri Robins, Raymond Terrell, Delores Lindsey et al.*)

**Family**

A group of people who are significant to one another, whether related by blood, legal bonds, or bonds of friendship and community. Ultimately, “family” is self-defined.

**Family Strengthening**

The process of building the Strengthening Families’ 5 Protective Factors and other developmental assets throughout the life cycle of a family. The 5 Protective Factors include: Parental Resilience, Social Connections, Social Emotional Competence of Children, Knowledge of Parenting and Child Development, and Concrete Support in Times of Need. These factors form the Family Strengthening Framework that supports families to be strong, healthy, and safe. Program may use this framework to enhance the capacity of families to understand and promote their own optimal development.

**Family Structure**

The composition and membership of the family, as well as the organization and patterns of relationships among individual family members.

**Logic Model**

A planning tool that clarifies and graphically illustrates what a project does, what it hopes to accomplish, and its intended impact. A logic model is the theory and assumptions that underlie Program. It is a map that shows and communicates both short and long-term Program outcomes.

**Outcomes**

Outcomes answer the question: "So what?" based on what happened as a result of services and activities provided by Program. Participant outcomes measure changes in an individual’s or family’s knowledge, behavior, attitudes, skills or condition, as a result of participation. Program outcomes measure how well Program is meeting its objectives and fulfilling its mission.

**Parent Advisory Committee**

A group of parents, family members, and caregivers selected from the clientele of Program that provides input, guidance, and feedback to Program on a regular basis.

**Parent Cafés**

Conversations among parents about what it takes to keep their families strong. Trained parents lead the discussion to explore questions that really matter—about taking care of themselves, raising strong children, and building strong relationships with their children. Parent Cafés are modeled from the World Café Model, [www.worldcafe.org](http://www.worldcafe.org).

**Peer Learning**

Learning about a topic of common interest with and from others as fellow learners, without implied authority to any individual.

**Policy Change**

A shift in thinking, principles and action at Program, local, state, or federal levels.

**Program**

An organization or an individual component of it that provides family strengthening and support services and activities.  It may be public, private or faith-based. It may serve individuals, families and communities.

**Program Representative**

A staff person, board member, volunteer or community member who represents Program’s mission, vision and interests.

**Program Self-Assessment**

An evaluation of Program’s effectiveness in meeting its goals and objectives. Such an evaluation is conducted by Program, and may include staff, board and other stakeholders.

**Program Self-Assessment Tools**

Evaluative tools that are used by Program to discover how well it is meeting its outcomes.

**Resilience**

The ability to manage and bounce back from all types of challenges that emerge in every family’s life.

**Stakeholders**

All internal and external parties, such as [person](http://www.businessdictionary.com/definition/person.html)s, [group](http://www.businessdictionary.com/definition/group.html)s, and organizations, which have a direct or indirect stake in Program. They can affect, or be influenced by, [Program’s](http://www.businessdictionary.com/definition/organization.html) [actions](http://www.businessdictionary.com/definition/action.html), [objectives](http://www.businessdictionary.com/definition/objective.html), and [policies](http://www.businessdictionary.com/definition/policy.html), and by the implementation of the Standards. Key stakeholders in a Family Strengthening Program may include: staff, board members, children, families, schools, collaborative partners, networks, [government](http://www.businessdictionary.com/definition/government.html), policy makers, funders, business owners, [suppliers](http://www.businessdictionary.com/definition/supplier.html), and the [community](http://www.businessdictionary.com/definition/community.html) from which Program [draws](http://www.businessdictionary.com/definition/draw.html) its [resources](http://www.businessdictionary.com/definition/resource.html).

**Strength-Based Approach**

An approach to working with families that recognizes that all people have strengths and emphasizes the importance of helping them discover, develop, and utilize those strengths to solve problems and achieve goals.