



**Evaluation Study of the Administration for Children Service's
Family Enrichment Center Initiative**

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EXECUTIVE SUMMARY

Youth Studies, Inc. (YSI), in partnership with The Division of Child and Family Well-Being (CFWB) at the New York City (NYC) Administration for Children's Services (ACS), recently completed an evaluation of the Family Enrichment Center (FEC). The FECs are a primary prevention initiative intended to strengthen families' protective factors with the goal of reducing child maltreatment and the need for child welfare intervention. FECs are run by ACS-funded community-based organizations and provide their host neighborhoods with a gathering place for families to voluntarily participate in a caring community of helpers and connect to a robust network of formal and informal supports. Currently, there are three FECs operating in New York City in neighborhoods that have historically experienced high rates of reported child abuse and neglect: East New York, Brooklyn, and Highbridge, and Hunts Point in the Bronx. The programming at these centers focuses on seven key areas: health and well-being, economic stability and employment, child development and education, parenting skills, positive relationships, community engagement, and supportive advocacy. FEC members participation in these activities is intended to bolster a range of protective factors including family functioning, nurturing and attachment, social supports, positive outlook, and concrete supports.

Several studies have found significant relationships between these protective factors and positive developmental outcomes for children and youth. These studies provide evidence that positive familial relationships are associated with children's wellbeing and school engagement (Brownridge, 2008), avoidance of subsequent delinquency (Salzinger & Feldman, 2007), and help to moderate the link between adverse childhood experiences and consequent substance abuse (Bender, 2012). Research has also shown that maltreated children show lower quality attachment than non-maltreated children (Crittenden, 1988; George & Main, 1979; Morton & Browne, 1998; Shonkoff & Phillips, 2004). Moreover, prior research has established that access to concrete supports serve as buffers against parental stress (Cochran & Niego, 1995). Given this extensive research base, YSI set out to assess the impact of the FECs on strengthening participating families' protective factors. YSI's evaluation findings primarily draw on the results of a Protective Factors survey administered to 208 FEC members between November 3rd, 2019 and January 14th, 2020. Surveys were collected from participants at all three centers.

The evaluation found significant evidence that the FECs are having a positive impact on strengthening a range of protective factors associated with reductions in abusive behaviors and reports to child protective services. Surveys of participating adults support the conclusion that the FECs most significant impact has been expanding members' social support network. This finding suggests that the FECs may play a role in reducing the need for future child welfare intervention as prior studies have shown that social support acts as an important buffer against child maltreatment. This evaluation study provides additional preliminary evidence that the FECs are having a significant, positive impact on increasing members' protective factors across other domains, including family functioning, nurturing and attachment, and maintaining a positive outlook. These findings suggest ACS has developed a promising model of a community-based resource hub where families can access supports to promote individual and family health and well-being.

Key Findings

Characteristics of FEC Members

- Each FEC engages between 200-750 individuals each month. Throughout this report, we will refer to participants as ‘members.’
- Adult FEC members span a broad age range (from 18-24 through 65 and older) and are mostly female (72%). The FECs hold offerings that target youth as well, including story-time activities, youth empowerment, and toddler groups.
- Most FEC members (73%) rent their homes.
- Forty-five (45) percent of FEC members report that their highest level of education achieved was a high school diploma/GED or below. An additional 26% of FEC members reported that they had some college experience, but no degree. Twenty-four (24) percent of respondents reported that they had achieved some higher education degree (2-year, 4-year, or an advanced degree).
- At least 40% percent of FEC members report that they participate in the Supplemental Nutrition Assistance Program (SNAP).

Members’ Engagement with the FECs

- Since the launch of the three demonstration sites in 2018, the FECS have held over 1,000 offerings, including a women’s small business development group, therapeutic art groups for the mothers of children impacted by local gangs, a men’s group, an “Our Voice” workshop for police officers and community members that focuses on raising awareness about how police-community interactions are affected by mental health issues, and movie nights for parents and their children. Offerings are held multiple times a week and are co-developed with FEC staff and community members.
- Approximately half of all survey respondents reported that they had over a year of experience participating in events and services at their FEC. Moreover, more than half of all surveyed FEC members reported that they attended events and services at their center on a weekly basis (56%). An additional 29% of respondents participated in FEC events and services on a monthly basis.
- FEC members described a supportive and understanding relationship between participants and staff members/practitioners.
 - Eighty-nine (89) percent of surveyed FEC members agreed with the statement "I feel like staff here understand me."
 - Ninety (90) percent of surveyed FEC members agreed with the statement "The staff here believe that I can change and make my life better."
 - Eighty-seven (87) percent of surveyed FEC members agree with the statement "When I talk to people here about my problems, they understand me and what I am going through."

Impact on Members' Protective Factors and Well-being

- Survey responses from FEC members provide significant evidence that the centers are having a positive impact on strengthening a range of protective factors associated with reductions in abusive behaviors and reports to child protective services. This evaluation provides evidence to support the following conclusions:
 - FECs are having a large, positive effect on members' social supports, defined as perceived positive support (from family, friends, and neighbors) that help provide for one's emotional needs. Seventy-two (72) percent of respondents reported an improvement in their social supports since joining the FEC, as compared to just 4% who reported a decline, and 24% who reported no change.
 - FECs are having a moderate, positive effect on members' family functioning, defined as positive familial relationship. Sixty-one (61) percent of respondents reported an improvement in their family functioning since joining the FEC, as compared to 3% who experienced a decline, and 36% who reported no change.
 - FECs are having a moderate, positive effect on member families' nurturing and attachment, defined in this study as the emotional connection between children and their caregivers. Fifty-two (52) percent of respondents reported an increase in their familial nurturing and attachment since joining the FEC, as compared to 5% who reported a decline, and 45% who reported no change.
 - FECs are having a moderate, positive effect on member positive outlook, defined in this study as a family's ability to organize around a distressing event with the belief that there is hope for the future. Forty-seven (47) percent of respondents reported an increase in their positive outlook since joining the FEC, as compared to 2% who reported a decline, and 51% who reported no change.
- Surveyed FEC members reported significant increases in their access to advice and resources in addressing several life challenges:
 - Access to advice on financial issues increased 47% (from 27% to 74%) since joining the FEC;
 - Access to advice on relationships increased 39% (from 27% to 66%) since joining the FEC;
 - Access to advice on food and nutrition issues increased 52% (from 22% to 74%) since joining the FEC;
 - Access to advice on managing stress increased 51% (from 26% to 77%) since joining the FEC; and
 - Access to advice on parenting increased 48% (from 21% to 69%) since joining the FEC.
- Approximately two-thirds of surveyed FEC members reported that their Center has provided them with help and support in: a) planning for education (64%), b) budgeting and managing expenses (63%), and resume writing, interviewing, and other job-seeking skills (63%).
- FECs are having a small, positive effect on members' concrete supports, defined as a perceived access to tangible goods and services to help families cope with life's

challenges. Thirty-five (35) percent of respondents reported an improvement in their concrete supports, as compared to 9% who reported a decline, and 56% who reported no change.

INTRODUCTION

The New York City Administration for Children’s Services (ACS) is committed to the belief that all families should have access to quality resources and opportunities that enhance their capacity to thrive. Consistent with that goal, The Division of Child and Family Well-Being (CFWB) at ACS provides direct connections to primary supports for families and communities to promote child and family well-being, reduce child maltreatment, and minimize child welfare system involvement. To better serve community needs, ACS has invested in the development of community resource and activity spaces, called Family Enrichment Centers (FECs). The FECs are operated by ACS-funded community-based organizations.

The FECs are a primary prevention initiative intended to strengthen families’ protective factors with the goal of strengthening parental and child protective factors and reducing child maltreatment by providing a neighborhood gathering place for families to voluntarily participate in a caring community of helpers and connect to a robust network of formal and informal supports.

In October 2019, ACS contracted with Youth Studies, Inc. (YSI) to conduct an evaluation study of the FEC Initiative. Currently, three community-based organizations are implementing FECs in communities that experience high rates of reported child abuse and neglect: East New York (Brooklyn), Highbridge (Bronx), and Hunts Point/Longwood (Bronx). Modeled after the Family Resource Center approach, the FEC model is a primary prevention strategy, intended to strengthen families’ protective factors by maximizing their collective assets while building social connections and reducing isolation. This study is intended to inform ACS about the effectiveness of the FEC initiative in improving participating families’ protective factors and well-being.

Methods

Three central questions guided YSI’s evaluation: 1) What are the characteristics and needs of families who are currently utilizing the FECs; 2) To what extent are the FECs having an impact on strengthening families’ protective factors to prevent child abuse and neglect?; and 3) To what extent are the FECs having an impact on improving families’ well-being concerning their financial stability and permanency outcomes? The first question asks whether FECs are carrying out their mission and serving the population anticipated by ACS and the participating community-based organizations. The second and third questions ask whether FEC resources and services result in outcomes that reflect the agency’s goal of reducing abuse and neglect.

To answer these questions, YSI’s evaluation drew on multiple sources of data, including a review of program materials, and a Protective Factors survey co-developed with the FEC directors and ACS leadership (YSI-PFS). This report will also refer to findings from a qualitative implementation study conducted by the Division of Child and Family Well-Being at ACS. That

study consisted of interviews with FEC agency leadership, the FEC directors, ACS staff, and focus groups with community members.

Protective Factors Survey (YSI-PFS)

YSI collaborated with a working group of the FEC program directors and leadership from the Division of Child and Family Well-Being at ACS to adapt a Protective Factors survey modeled after the PFS-2, a self-report measure completed by caregivers participating in child maltreatment prevention programs. The PFS-2 was created by the FRIENDS National Center in collaboration with the University of Kansas Center for Public Partnerships and Research to measure changes in family-level protective factors across five major areas, including: family functioning and resilience, social supports, concrete supports, nurturing and attachment, and caregiver/practitioner relationship. The main purpose of the PFS-2 tool is to provide information to agencies and institutions providing child maltreatment prevention programs regarding their effectiveness in bolstering families' protective factors to decrease the likelihood of child abuse and neglect. Also, the tool allows programs to understand which protective factors to focus on with families. Researchers have found that the tool is a valid and reliable measure of several family protective factors (Counts et al., 2010).

YSI engaged in design sessions with ACS and FEC staff to determine whether any additional protective factors are relevant to the work done by the FECs. Ultimately, the survey administered by YSI measured six malleable protective factors relevant to the work of the FECs: Family functioning, nurturing and attachment, social supports, positive outlook, caregiver/practitioner relationships, and concrete supports (see Table 1).

YSI administered its Protective Factors Survey (YSI-PFS) using a retrospective design, meaning that the survey was administered only once. The survey form was formatted in such a way that respondents were asked to think back or reflect on and answer how they felt and what they experienced before they began participating in the FEC. Responses to these items served as a pre-test measure. Respondents were then asked to answer those same questions based on how they felt at the time they were completing the survey. Those responses served as a post-test measure.

YSI's Protective Factors Survey (YSI-PFS) measures changes in family-level protective factors across six major areas. **Family functioning** refers to the family's ability to perform as a unit. Respondents are asked to rate how much they agreed or disagreed with statements such as, "The future looks good for my family." **Nurturing and attachment** refer to the quality of the relationship between children and caregivers in one's household. A sample item for this area includes, "The children and adults in my family feel very close to one another." **Social Supports** refers to the respondent's perception that his/her social network provides support that helps provide for a family's emotional needs. A sample item for this area includes, "I have someone in my life who gives me advice, even when it's hard to hear." **Positive outlook** refers to a family's ability to persevere in the face of challenges and distressing events. A sample item for this area includes, "My family can thrive even if a problem comes up." **Concrete supports** refer to resources such as food, cash, childcare assistance, and clothing that a caregiver's social network

may provide. A sample item for this domain includes, “In the past month, were you unable to play for ... Rent or mortgage, Childcare, etc.” Finally, **Caregiver/Practitioner Relationship** refers to perception of supportive relationships between respondents and FEC staff. A sample item for this domain includes, “When I talk to people here about my problems, they understand me and what I am going through.” While the Caregiver/Practitioner Relationship is not often identified as a protective factor, this subscale was included to help provide feedback on the quality of relationships between FEC members and staff.

Table 1: Protective Factors Assessed by YSI

Protective Factor	Definition	Research Basis
<i>Family Functioning</i>	Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.	Research has shown that neglectful families show significantly lower levels of functioning than non-neglectful families (Gaudin, Polansky, Kilpatrick, & Shilton, 1996). Studies have also shown that assessments of family functioning, including structure, organization, cohesion, conflict management, and communication and corresponding interventions can lead to improved parenting quality (Gaudin et al., 1996).
<i>Nurturing and Attachment</i>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.	Maltreated children show lower quality attachment than non-maltreated children and exhibit higher rates of aggression, and lower social competence and empathy (Crittenden, 1988; George & Main, 1979; Morton & Browne, 1998; Shonkoff & Phillips, 2004).
<i>Social Supports</i>	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.	Individuals with emotionally supportive environments feel they have opportunities for emotional expression and venting (Rodriguez & Cohen, 1998). Social supports benefit families by providing parents with information on appropriate childrearing methods (Bronfenbrenner & Crouter, 1983; Moncher, 1995), moderating maladaptive parenting and stresses (Voight, Hans, & Bernstein, 1996), and supporting positive environments for infants and children.
<i>Positive Outlook</i>	A family’s ability to organize around a distressing event with the belief that there is hope for the future and persevering to make the most out of their options.	Maintaining a positive outlook is an important component of family resilience, which is the ability to manage and survive a stressful event and also using adversity to forge positive personal and relationship growth (Sixbey, 2005).
<i>Caregiver/Practitioner Relationship</i>	The supportive, understanding relationship between caregivers and practitioners that positively affects parents’ success in participating in services.	While the Caregiver/Practitioner Relationship is not often identified as a protective factor, this subscale can help service providers better assess their ability to effectively engage with caregivers and support improved service delivery.
<i>Concrete Supports</i>	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.	Access to tangible goods and services serve as buffers against parenting stresses (Cochran & Niego, 1995). Also, parents experiencing financial difficulties suffer from elevated levels of depression and, in turn, lower psychological functioning, increasing the likelihood of

The PFS-YSI was administered between November 3rd, 2019 and January 14th, 2020. Eligibility criteria for completing a survey were specified as any adult (18 and older) FEC member who had either attended their center for at least one month or participated in at least 3 program offerings. Although an online form was made available to the FECs, all respondents chose to complete a paper and pencil version. Survey forms were provided in English, Spanish, and French. FEC directors were provided the following script to introduce the survey to their members:

“I am going to ask you to complete a survey. This survey will help us better understand the needs of the families we serve and what members are gaining from our offerings. We want to provide the best offerings that we can to all of our families, and this is one way to help us keep on track. The survey contains questions about your experiences as a parent or caregiver and your outlook on life in general.

You will not lose access to offerings or be penalized in any way if you prefer not to complete the survey or prefer not to answer some of the questions.

The surveys will be anonymous, which means no one will know how you answered the questions. The researchers who will analyze these surveys will not share your answers with staff members, or anyone else at the FEC center. Once the surveys are collected, they will use the information you and your fellow members have provided to write a report; however, your name will not be mentioned anywhere in their report.”

In total, 208 surveys were completed by FEC members across all three centers. The distribution of surveys was fairly equal across the centers as seen in Table 2.

Table 2: YSI-PFS Survey Collection by FEC Center

FEC Center (Neighborhood)	CBO Service Provider	Surveys Completed	
		#	%
Circle of Dreams (Highbridge, Bronx)	Bridge Builders/Children’s Village	67	32
O.U.R. Place (Hunts Point, Bronx)	Graham Windham	78	38
The C.R.I.B. (East New York)	Good Shepherd Services	63	30
<i>Total</i>		<i>208</i>	

The reliability of YSI’s Protective Factors Survey (YSI-PFS) was estimated using an internal-consistency measure, Cronbach’s coefficient alpha, and all six subscales demonstrate acceptable levels of internal consistency (see Table 3).

Table 3: Protective Factors Survey (YSI-PFS) Reliability Measures

Protective Factors Survey Subscale	Number of Items in Subscale	Reliability (Chronbach’s Alpha)
Family Functioning	3	.88
Nurturing and Attachment	3	.91
Social Supports	4	.83
Positive Outlook	3	.90
Caregiver Well-being	3	.92
Caregiver/Practitioner Relationship	3	.94
Concrete Supports	11	.72*

* Although the concrete supports subscale had a lower reliability measure, a reliability coefficient of .70 or higher is considered “acceptable” in most social science research situations.

Qualitative Evaluation Activities Conducted by CFWB Staff

In March 2019, ACS and the FEC staff co-designed a qualitative implementation evaluation of the FECs. The evaluation documented FEC program operations, described participant outcomes and stakeholders’ experiences with the program, identified best practices, and developed recommendations to address program challenges. The evaluation drew upon qualitative data, including focus groups and interviews with FEC members, FEC staff, and ACS staff.

This qualitative evaluation sought to learn about year one challenges and successes and identify opportunities for the future, based on staff and community member experiences at the FECs. It also allowed ACS and the community to begin to understand the value and impact of a primary prevention, demonstration program, designed to build protective factors and help families thrive without the need for child protection involvement. Researchers at the Division of Child and Family Well-Being outlined the following goals for their evaluation:

1. Design a community-driven evaluation, in keeping with the FEC philosophy.
2. Co-design a qualitative evaluation with FEC staff and members of the FECs.
3. Train FEC and ACS staff on how to conduct qualitative focus groups and interviews, so they could be part of the process.
4. Conduct focus groups and interviews at the FECs, in multiple languages, so any FEC member who wished to participate was able to.
5. Avoid the collection any identifying information, so all members of the FECs would feel comfortable participating.
6. Analyze themes that came out of the FEC evaluation project to learn about implementation, experiences of those who work at the FECs, and families who attend FEC Programs, as well as indicating opportunities for future research.

Table 4 describes the following evaluation activities that were carried out to achieve these goals.

Table 4: Qualitative Evaluation Activities Carried Out by the Division of Child and Family Well-Being

Evaluation Activities	Number of Participants
Interviews with FEC Agency Leadership	3
Interviews with FEC Agency Executives	3
Interviews with FEC Directors	3
Interviews with ACS Staff	3
Interviews and Focus Groups with FEC Staff	4
Focus Groups with Community	3
Qualitative Surveys	49

New York City’s Family Enrichment Centers

FECs are run by ACS-funded community-based organizations that partner with families to co-design “offerings” responsive to their needs and interests, providing resources and supports across various domains of child and family well-being. The offerings are developed through an open dialogue with the community to address individual and community needs. The FECs have adopted an *Appreciative Inquiry* model to guide this process. Appreciative Inquiry is a framework for change and improvement that seeks to identify and enhance what is already good and right about an individual, family, or community, rather than seeking to “fix” identified problems, deficits, and/or challenges.

Currently three FECs are operating in New York City, intentionally placed in communities that experience high rates of reported child abuse and neglect. These demonstration sites are located in the East New York, Highbridge and Hunts Point/Longwood neighborhoods. The current study includes an outcome evaluation of the three FECs, referred to as: Circle of Dreams, O.U.R. Place, and the C.R.I.B. The programming at each of these centers focuses on seven key areas: health and well-being, economic stability and employment, child development and education, parenting skills, positive relationships, community engagement, and supportive advocacy. Community members and parents lead each of the programs by determining what services are offered, and how the program is designed, organized, and run. The staff members at each program work closely with parent and community leaders to implement activities and offer opportunities that interest and engage the members of the community.

The Circle of Dreams program is located in the Highbridge section of the Bronx, and it is managed by Bridge Builders, a non-profit agency that offers community-based services to children and families living in the Bronx. The offerings provided by Circle of Dreams are available to all members of the community, including children, youth, families, and other adults. Please see the table below for the activities offered from July to September at the Circle of Dreams FEC.

Table 5: Circle of Dreams: Activities, July to September 2019

○ Art Healing Group	○ Grameen American (financial planning)
○ Autism Support Group	○ Immigration Support Group
○ Coffee with Friends	○ Knitting Group
○ Community Outreach	○ Men’s Group
○ Youth Empowerment (G.E.M.)	○ Movie Nights
○ Gardening Club	○ Storytime (partnership with NYPL)
○ Toddler Group	○ Cultural Events & Activities (Pansa Pansa: Kimi Forum; African Empowerment)
○ Community-wide Events (Backpack 2 School Giveaway, Brides March, Father's Day Celebration, Free Market)	

The O.U.R. Place FEC is located in the Hunts Point section of the Bronx, and it is managed by Graham Windham a non-profit agency founded in the 1800s and currently serving

over 5,000 children and families in New York City annually. The offerings provided by O.U.R. Place are available to all members of the community, including children, youth, families, and other adults. Please see the table below for the activities offered from July to September at O.U.R. Place.

Table 6: O.U.R. Place: Activities, July to September 2019

○ Advisory Council Leadership	○ Identifying Service Gaps
○ Economic Democracy Training Series	○ Kids Cafe
○ Field Trips (Yankees Games, New York Aquarium, i-Play America)	○ Latinas Talk, First Aid Training
○ Graham Windham Preventive Services	○ National Night Out
○ Healthy Hunts Point Action Group	○ O.U.R. Place Pop-Up Closet
○ Parent Cafe	○ Senior Caregivers Connect
○ Community Events (Back to School Events, Health Fair, Breastfeeding and Family Expo, Community Resource Fair, Community Walk to Food Box, CPP Community Meeting, Family Fun Day, Family Movie Night, Hunts Point Recreation Center Summer Fest)	○ Youth & Family Justice Community Advisory Board

The C.R.I.B. (Community Resources in Brooklyn) FEC is located in the East New York section of Brooklyn, and it is run by Good Shepherd Services, a non-profit agency based in New York City and serving approximately 30,000 young people and their families each year. The offerings provided by The C.R.I.B. are available to all members of the community, including children, youth, families, and other adults. Please see the table below for the activities offered from July to September at The C.R.I.B.

Table 7: The C.R.I.B.: Activities, July to September 2019

○ Blake Avenue Community Youth Ambassadors	○ Heart Share Visit
○ Chat and Chew	○ Minding Our Business
○ City Council/General Welfare Committee Visit	○ Endurance Mom
○ CPP Monthly Meeting	○ Relationships, Support, Communication, Community
○ Gregory's Garden	○ Safe Families for Children Visit
○ Empoweress Bootcamp	○ Stonehouse WIN Supportive Housing Visit
○ FEC Retreat	○ What Works Visit, ACS
○ Community-wide Events (Back to School events and giveaways, 75th Precinct Council New Board Meet and Greet, Blake Youth Advocate Celebration, Community Board 5 General Meeting, Community Leader Recruitment Event, Dream Team Meeting, DYDC/NAB CNA Training, ENY 5K Walk/Run, ENY Dog Lover Pool Pawty, ENY Dog Lovers Yappy Hour, ENY Family Day, ENY Health Hub Grand Opening, LINC ENY Reads Event, National Night Out, Van Sieten Block Party)	

YSI's Protective Factors survey included items measuring the length and frequency of members' participation in FEC programs and services. As seen in Table 8, approximately half (49%) of all survey respondents had over a year of experience engaging in offerings at their FEC. An additional 29% of respondents had 6 to 12 months of experience with their FEC, and the remaining 22% had less than 6 months of experience with their FEC.

Moreover, more than half of all surveyed FEC members reported that they attended events and services at their center on a weekly basis (56%). An additional 29% of respondents participated in FEC events and services on a monthly basis, and the remaining 15% participated less frequently (less than once a month).

Table 8: FEC Utilization

	FEC Center / Community			
	Circle of Dreams (Highbridge)	O.U.R. Place (Hunt's Point)	The C.R.I.B. (East NY)	All Centers
Length of Participation in FEC (%)				
< 1 Month	8	9	5	7
1-6 Months	13	18	11	15
6-12 Months	30	36	20	29
>12 Months	50	37	64	49
Frequency of Participation in FEC (%)				
> Once a week	20	47	11	29
Once a week	57	23	18	27
Once a month	17	24	41	29
< Once a Month	7	7	30	15

Figure 1: Length of Membership in the FECs

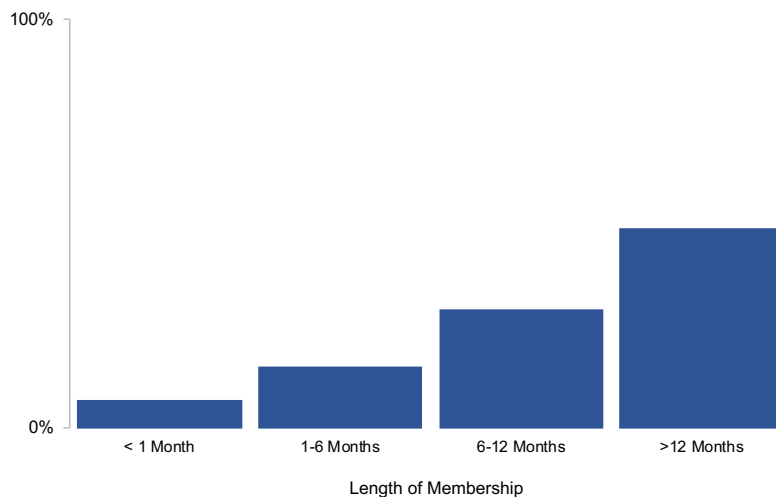
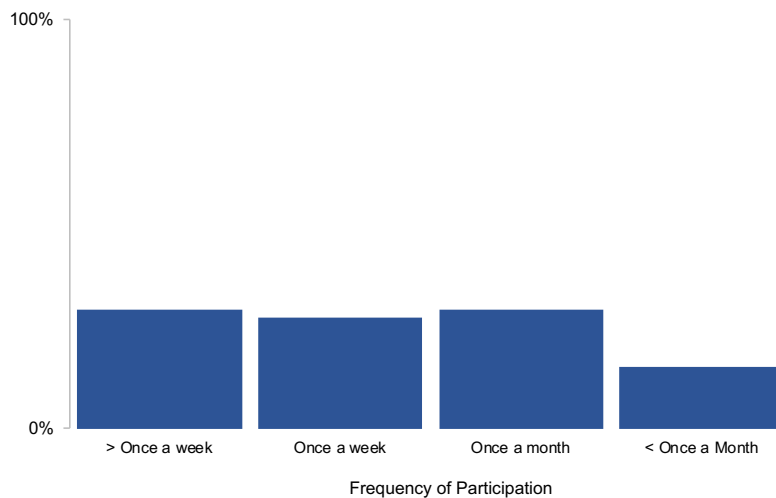


Figure 2: Frequency of Participation in FEC Services and Activities



RESEARCH REVIEW

Family Resource Centers

The settlement house of the late 1800s is considered the precursor to the modern-day family resource center (Russo, 2019). Settlement houses were first established during that time period to help families immigrating to major cities in the United States in several different areas of life to aid in their adjustment to their new surroundings and increase their likelihood of success in their new country. According to Russo (2019), the term “family resource center” was originally coined in the 1970s and was used to describe programs that aimed to support parents of young children by offering a multitude of services. Over time, they evolved to become community-based welcoming hubs offering a wide variety of services and resources to families (Russo, 2019). In particular, today family resource centers (FRCs) are defined as places where families may receive multiple services, such as medical care, parenting classes, and counseling services in one centralized physical location (Pampel et al., 2013). FRCs are also distinguished by their unique mission, which is to improve upon the traditional case-management model of helping families in need. They look to do this by integrating intensive and comprehensive services for families, thereby recognizing and appreciating the complexity of families and the obstacles they may face (Pampel et al., 2013). Not only do they provide a variety of services and opportunities that look to strengthen families, but they also take special care in responding to particular community needs, cultural considerations, and different interests (Russo, 2019). Currently, there are approximately 3,000 FRCs in operation across the country serving more than two million people every year (Russo, 2019).

Pampel and colleagues (2013) recently conducted a review of literature centered on FRCs. In their literature review, several components of FRCs were shown to be particularly important in their success (Pampel et al., 2013). The key components included: 1) inclusion of a diverse population in programs and services, meaning programs serve individuals with a variety

of different needs, skills, and backgrounds 2) strong collaborative relationships between staff and families so that staff and families feel like teammates and families are empowered to engage in the organization and planning of activities offered by their FRC, 3) strengths-based approach to service and delivery, meaning the goals of activities are to strengthen families' protective factors, 4) focus on prevention and long-term growth, instead of intervention only during a time of crisis, 5) involvement of peers, neighbors, and communities, meaning activities and events are offered which enable social bonds to grow between members of the same community, 6) coordination of multiple services, so families receive support in one place for many different areas, and 7) high-quality staff training and coaching which looks to build knowledge and apply key skills such as goal-setting (Pampel et al., 2013).

Several studies have been conducted on the effectiveness of FRCs to help improve a variety of outcomes for children, youth, and their families (see Chand & Thoburn, 2005; Comer & Frasier, 1998; Layzer, 2001; Suter & Bruns, 2009). In particular, Layzer and colleagues (2001) conducted a meta-analysis of 260 family support programs that looked to improve children's outcomes by bolstering their caregivers' parenting ability. The programs they included in their study provided direct services to both children and their parents. Overall, the researchers found evidence that families' participation in these types of programs was positively related to several important child development outcomes, including improved cognitive, social, and emotional development as well as improved parenting attitudes, behavior higher levels of knowledge, and improved family functioning (Layzer et al., 2001). Similarly, Comer and Frasier (1998) reviewed outcome evaluation studies of six different family-support programs, and they found that participation in family-support programs was related to several positive outcomes for parents and their young children, including: better prenatal care, improved parent-child interactions, higher levels of parental knowledge, and improved overall child health and development (Comer & Frasier, 1998).

Suter and Bruns (2009) conducted a meta-analysis of outcome studies evaluating wraparound programs for children and youth with emotional and behavioral disorders and their families. These programs offered services to support children and youth at home, in their schools, and in their neighborhoods (Suter & Bruns, 2009). The researchers found that participation in wraparound programs compared with participation in conventional services yielded better outcomes for young people regarding their mental health outcomes, school functioning, and the prevention of later delinquent behaviors (Suter & Bruns, 2009). Similarly, Chand and Thoburn (2005) conducted a literature review of child and family support programs and their effects on ethnic minority families specifically and found that family centers provided children with a safe place to socialize with peers and helped parents to improve their relationships with their children, spouses, and other family members. In addition, ethnic minority families responded quite positively to staff members from the family centers, and they reported enjoying the activities and services provided to them at these centers (Chand & Thoburn, 2005).

Protective Factors

Family Enrichment Centers (FECs) look to strengthen families by bolstering the presence of several key protective factors. A protective factor is a feature or trait that is associated with a

lower probability for the development of a problem or may guard against the impact of an existing condition that puts one at higher risk for maladjustment (O’Connell, Boat, & Warner, 2009). Protective factors exist in different settings, and may include biological, psychological, familial, and community factors (O’Connell et. al., 2009). The term “risk factor” can be thought of as an antonym for “protective factor,” and is defined as any trait, situation, or circumstance that puts one and/or one’s family at risk for poor outcomes (Child Welfare Information Gateway, 2014). Resilience is defined as the process by which an individual can successfully bounce back after facing severe adversity in his or her life (Luthar, Cicchetti, & Becker, 2000). For a person to become resilient, he or she must adapt effectively to deal with the stressor or stressors at hand. Whereas prevention focuses on minimizing the effects of existing risk factors on negative or unwanted developmental outcomes, primary prevention’s goal is to enhance or strengthen the protective factors that are positively correlated with healthy developmental outcomes and help families build resilience (O’Connell et. al., 2009).

Numerous studies have found significant relationships between several protective factors and positive developmental outcomes for children and youth (Brown & Shillington, 2017; Salzinger & Feldman, 2007; Tyler, Johnson, & Brownridge, 2008; Bender, 2012; Wilkinson & Lantos, 2018). For example, Brown and Shillington (2017) found that experiencing positive relationships with caring adults significantly moderated the relationship between adverse experiences during childhood and later substance abuse. In addition, Salzinger and Feldman (2007) found that strong attachments to parents and positive relationships with peers during childhood were both associated with the avoidance of later violent delinquency during adolescence, especially for children who had previously been abused. Tyler, Johnson, and Brownridge (2008) conducted a longitudinal study of 360 high-risk adolescents. The researchers found that the quality of parenting children received was significantly related to children’s wellbeing and their school engagement during adolescence. Similarly, in a large sample of adolescent youth already involved in the child welfare system, Bender (2012) found that positive school engagement significantly mediated the relationship between child maltreatment and later delinquency, such that positive school engagement protected against the negative impacts of maltreatment on later delinquent behaviors. Wilkinson and Lantos (2018) used data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to study several potential protective factors and their ability to prevent delinquency and later criminal behaviors. The researchers found that a positive connection to school, high-quality relationships with parents, and a positive connection to one’s neighborhood all served as significant protective factors against delinquency and criminal behavior for young people who had experienced maltreatment (Wilkinson & Lantos, 2018). Additionally, the researchers did not find any demographic effects in their study, meaning that protective factors remained significant after accounting for participants’ sex, race/ethnicity, and sexual orientation (Wilkinson & Lantos, 2018).

In the past, those working to eradicate child maltreatment and neglect have traditionally taken a preventive approach to the problem, meaning they have focused on minimizing or eliminating the risk factors of the families involved to reduce the likelihood of poor outcomes (Child Welfare Information Gateway, 2014). On the other hand, a protective factors approach

focuses on strengthening individuals and families by enhancing or promoting key protective factors. This approach is thought to be a better way to engage families positively and avoid stigmatizing them (Child Welfare Information Gateway, 2014).

Strengthening Families is a protective factors approach developed by the Center for the Study of Social Policy. It is currently the most widely used approach in the field, being adopted by more than 40 states around the country in programming designed to prevent child abuse and neglect. This particular approach focuses on five key protective factors that have been associated with lower rates of child abuse and neglect and higher rates of child well-being in the research literature. The five protective factors include: parental resilience (not allowing stress to interfere with one's ability to nurture one's child and maintaining a positive attitude about parenting and one's child), social connections (positive relationships with others that provide support), knowledge of parenting and child development (understanding how children develop and how to support their development in different areas), concrete support in times of need (access to services that will help families when they are in need), and social-emotional competence of children (children develop healthy communication skills, maintain positive relationships with family members and peers, and can regulate their emotions effectively).

Other frameworks include Youth Thrive, Essentials for Childhood, and another currently being developed by the Administration on Children, Youth, and Families (ACYF), Administration for Children and Families, U.S. Department of Health and Human Services. Across all of the frameworks, there is an underlying belief that particular internal traits possessed by children and youth can promote positive development. These internal traits include self-regulation (regulation of their emotions and actions), ability to connect and communicate with others, and their ability to successfully address adverse situations and or make plans to avoid them. All the approaches also highlight the importance of high-quality, positive relationships, of which the parental relationship is particularly important. In addition, each framework emphasizes the importance of societal and community protective factors to promote positive development.

EVALUATION FINDINGS

Research Question 1: What are the characteristics and needs of families who are currently utilizing the FECs?

YSI administered a total of 208 surveys to FEC members. For the purpose of describing the characteristics of FEC members, we assume that the pool of survey respondents is representative of the overall FEC membership.

- Most FEC members who completed a survey are female (72%).
- FEC members span a broad age range from 18-24 through 65 and older.¹ Although the FECs provide offerings that target children and youth, this evaluation focused on the experience of adult members. Seventy percent of respondents are between the ages of 25 to 54. See Figure 3 for the full distribution of age among surveyed FEC members.
- Seventy-nine (79) percent of survey respondents indicated that there were children in their household. Seventy-two (72) percent of those respondents indicated that they are the birthparent to one or more children in their household.
- Seventy-two (72) percent of respondents reported that English and/or Spanish were the primary language spoken in their household.
- Seventy-three (73) percent of respondents indicated that they rent their home. Eight (8) percent of surveyed FEC members indicated that they were either homeless or lived in a temporary shelter. Ten percent of respondents indicated that they are homeowners and the remaining 8% reported that they live in shared housing.
- Forty-five (45) percent of respondents reported that their highest level of education achieved was a high school diploma/GED or below. An additional 26% of FEC members reported that they had some college experience, but no degree. Twenty-four (24) percent of respondents reported that they had achieved some higher education degree (2-year, 4-year, or an advanced degree).
- Forty (40) percent of respondents reported that they participate in the Supplemental Nutrition Assistance Program (SNAP).

Tables 9 and 10 below provide a detailed summary of the demographic characteristics of FEC respondents.

¹ To preserve members' anonymity, the age question asked respondents to identify their age group.
Evaluation Study of the Administration for Children Service's Family Enrichment Center Initiative
Youth Studies, Inc.

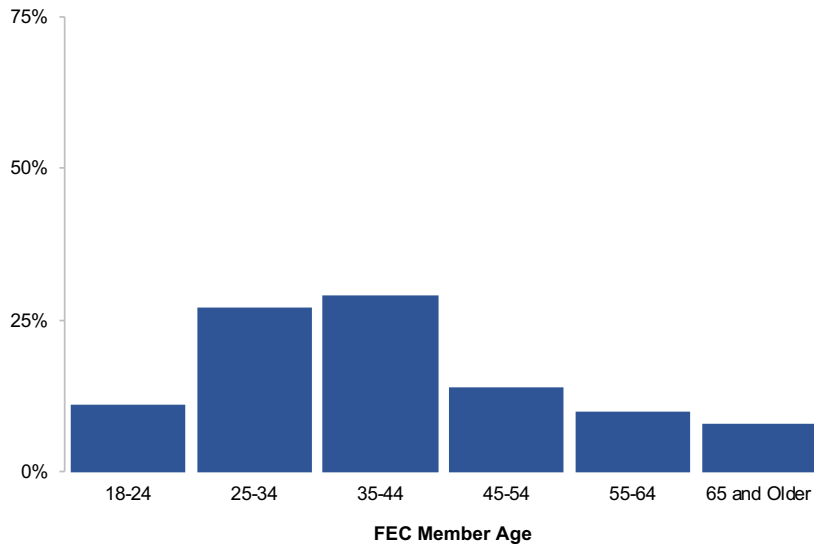
Table 9: Biographical Characteristics of FEC Members

	FEC Center / Community			
	Circle of Dreams (Highbridge)	O.U.R. Place (Hunt's Point)	The C.R.I.B. (East NY)	All Centers
# of children in household (%)				
0	15	24	21	21
1	21	18	20	19
2	32	22	34	29
3	17	11	16	14
4 or more	15	25	9	17
Relationship to children in household (%)				
Birth parent	64	67	84	72
Step-parent	5	3	2	3
Adoptive or Foster parent	2	3	0	2
Grandparent	12	2	0	4
Sibling/Other relative	7	8	6	7
Other non-relative	10	18	8	12
Sex (%)				
Female	88	81	77	81
Male	12	19	20	18
Gender non-conforming/Non-binary	0	0	2	1
Age (%)				
18-24	10	16	6	11
25-34	29	23	30	27
35-44	27	22	40	29
45-54	10	18	13	14
55-64	12	8	11	10
65 and older	12	12	0	8
Primary language spoken at home (%)				
English	42	75	91	72
Spanish	37	22	9	21
French	16	0	0	4
Other	4	3	0	3
Housing (%)				
Own	8	14	7	10
Rent	72	67	80	73
Shared housing w/ relative/friends	11	8	7	8
Homeless	6	3	2	3
Temporary Shelter	3	8	4	5

Table 10: Biographical Characteristics of FEC Members, cont.

	FEC Center / Community			
	Circle of Dreams (Highbridge)	O.U.R. Place (Hunt's Point)	The C.R.I.B. (East NY)	All Centers
Highest level of education achieved (%)				
< High School	18	8	0	8
Some High School	14	17	5	12
High School/GED	35	22	21	25
Trade/Vocational	0	6	5	4
Some College	14	31	30	26
2-Year College	5	6	7	6
4-Year College	12	4	16	10
Advanced Degree	2	7	14	8
Public benefits received (%)				
SNAP/Food stamps	45	49	27	41
SSDI	8	24	7	14
Medicaid	38	44	31	38
Earned Income Tax Credit (EITC)	5	1	13	6
TANF	8	11	11	10
Unemployment benefits	3	3	7	4
Supplemental Security Income (SSI)	3	10	11	8
None of the above	30	29	38	32

Figure 3: FEC Member Age



Research Question 2: To what extent are the FECs having an impact on strengthening families' protective factors to prevent child abuse and neglect?

To address the question of what, if any, impact the FECs are having on members, YSI utilized measures from standardized scales. Those standardized measures came from two primary sources:

- The Protective Factors Survey, 2nd Edition (PFS-2); and
- The Family Resilience Assessment Scale (FRAS).

Given the substantial research evidence pointing to the relationship between protective factors and positive developmental outcomes for children and youth and reducing child maltreatment (see pages 13-14), an appropriate focus of the current evaluation was to study the impact of engagement with the FECs on strengthening family functioning, social supports, and nurturing and attachment.

Table 1 (see page 9 of this report) summarizes each of the outcome measures assessed by YSI. Each outcome measure refers to an essential protective factor relevant to the prevention work carried out by the FECs. Below we summarize impact findings for each of the protective factors measured for this evaluation study. For each outcome, we report impact findings in three ways:

1. *Pre- vs. Post-FEC Mean Score Comparison:* For each protective factor, we compare the mean pre-FEC calculated score – using the scoring protocol detailed in Appendix B – to the mean post-FEC score. A paired-samples t-test was conducted for each protective factor to determine whether any observed change in the outcome measure was statistically significant.
2. *Proportion of Surveyed FEC Members who Improve:* For each protective factor, we tabulated the proportion of surveyed FEC members who reported an improvement in the outcome measure, as well as the proportion who reported no change or a decline.
3. *Effect Size Measures:* For each protective factor, we report an effect size measure to provide the reader with some sense of how large an impact the FEC may be having on members. An effect size is a quantitative measure of the magnitude of the effect an intervention is having on an outcome of study. Effect sizes are helpful because they provide a non-technical audience with a useful measure of how impactful a program or intervention may be. Throughout this section, we report Cohen's *d* effect size measures for each protective factor. Cohen's *d* is an appropriate effect size when comparing two means (in our case, the pre-FEC vs. post-FEC mean scores). Cohen's *d* is calculated simply by dividing the difference in pre- vs. post-test mean scores by the average of their standard deviations. Hence, if we observe a *d* of 1, we know that the pre- vs. post-test means scores differ by 1 standard deviation, and so on. A general rule of thumb when interpreting Cohen's *d* measures follows that a *d* of 0.2 can be considered a 'small' effect size, 0.5 represents a 'medium' effect size and 0.8 a 'large' effect size. This means that if the post-test score does not differ by at least 0.2 standard deviations or more, the difference is trivial, even if it is statistically significant.

Table 11 below provides an overall summary of our analysis of the impact of FECs on members' protective factors.

Table 11: Summary of FEC Impact on Protective Factors

Protective Factor	Pre- FEC Mean Score	Post- FEC Mean Score	Change	Effect Size (Cohen's <i>d</i>)	% Improved/No Change/Declined
<i>Family Functioning/Resilience</i>	2.58	3.27	+ 0.69 [#]	0.70 (Moderate Effect)	61% / 36% / 2%
<i>Nurturing and Attachment</i>	2.73	3.28	+ 0.55 [#]	0.54 (Moderate Effect)	52% / 44% / 3%
<i>Social Supports</i>	2.47	3.34	+ 0.88 [#]	0.88 (Large Effect)	72% / 24% / 3%
<i>Maintaining a Positive Outlook</i>	2.74	3.30	+ 0.56 [#]	0.55 (Moderate Effect)	47% / 51% / 2%
<i>Concrete Supports</i>	3.26	3.55	+ 0.29 [#]	0.35 (Small Effect)	35% / 56% / 9%

[#] Statistically significant change from baseline to follow-up ($p < .00001$).

Family Functioning

Family functioning is defined as the well-being of the family unit in such domains as relationships within the family health/ competence, conflict resolution, cohesion, leadership, and expressiveness. Specific survey items used to measure this outcome include:

- The future looks good for our family.
- In my family, we take time to listen to each other.
- There are things we do as a family that are special just to us.

YSI found that FEC members reported a moderate improvement in their family functioning since joining the FEC. Surveyed FEC members reported an improvement in their family functioning of .69 points on a scale of 0 to 4 ($M_{\text{difference}}=0.69$, $SD=0.81$); $t(161)=10.9$, $p < .00001$). The effect size for this analysis ($d = 0.70$) was found to exceed Cohen's (1988) convention for a moderate effect ($d = .50$). Moreover, 61% of respondents reported an improvement in their family functioning since joining the FEC, as compared to just 3% who reported a decline, and 36% who reported no change.

Figure 4: FEC Members' Family Functioning and Resilience, Pre- vs. Post-FEC

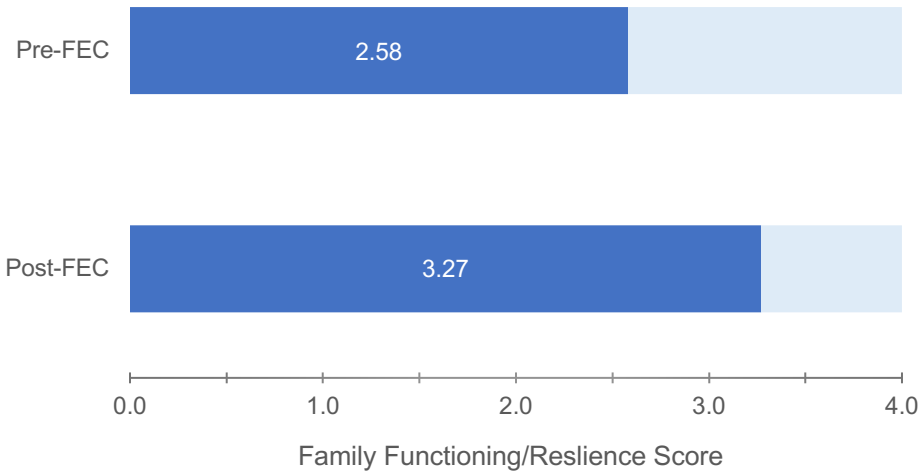
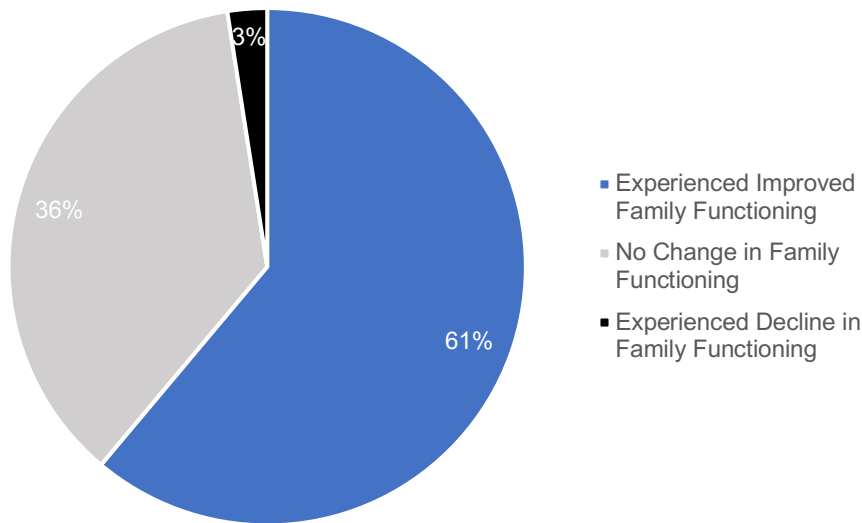


Figure 5: FEC Member Change in Family Functioning and Resilience



Analysis of qualitative interviews conducted by the Division of Child and Family Well-Being provides further evidence in support of the conclusion that the FECs are strengthening family functioning and relationships. Selected quotes related to this theme include:

“Ongoing meetings helped me with my relationship with my daughter.”

“I become less angry, more able to listen and not speak (with the parent’s child).”

“We talk about family issues, immigration issues, domestic violence, financing, employment and education. Especially, the Parent-café is very important to us new immigrants to learn from each other’s.”

Nurturing and Attachment

Nurturing and attachment are defined as the emotional tie that exists between a child and their caregiver. Specific survey items used to measure this outcome include:

- In my family, we spend quality time together.
- In my family, children and caregivers show respect for one another.
- The children and adults in my family feel very close to one another.

YSI found that FEC members reported a moderate improvement in their nurturing and attachment since joining the FEC. Surveyed FEC members reported an improvement in their nurturing and attachment of .55 points on a scale of 0 to 4 ($M_{\text{difference}}=0.55$, $SD=0.83$); $t(165)=8.5$, $< .00001$). The effect size for this analysis ($d = 0.54$) was found to exceed Cohen’s (1988) convention for a moderate effect ($d = .50$). Moreover, 52% of respondents reported an improvement in their nurturing and attachment, as compared to just 5% who reported a decline, and 45% who reported no change.

Figure 6: FEC Members' Nurturing and Attachment, Pre- vs. Post-FEC

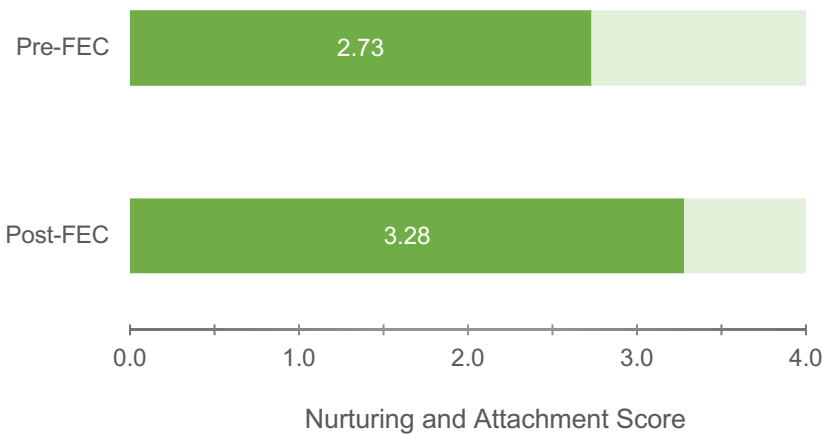
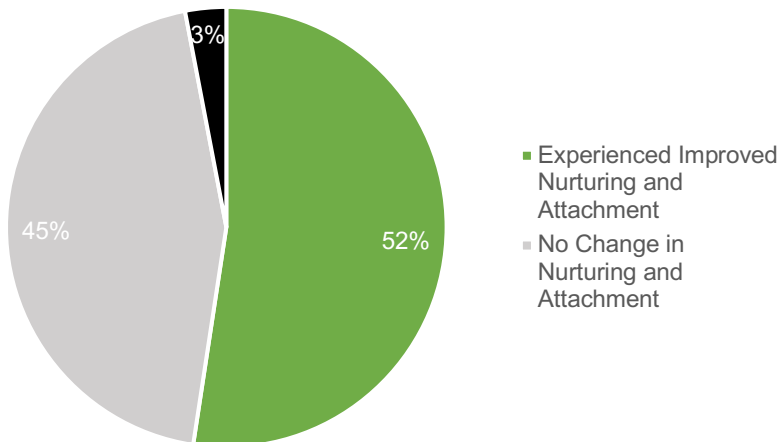


Figure 7: FEC Member Change in Nurturing and Attachment



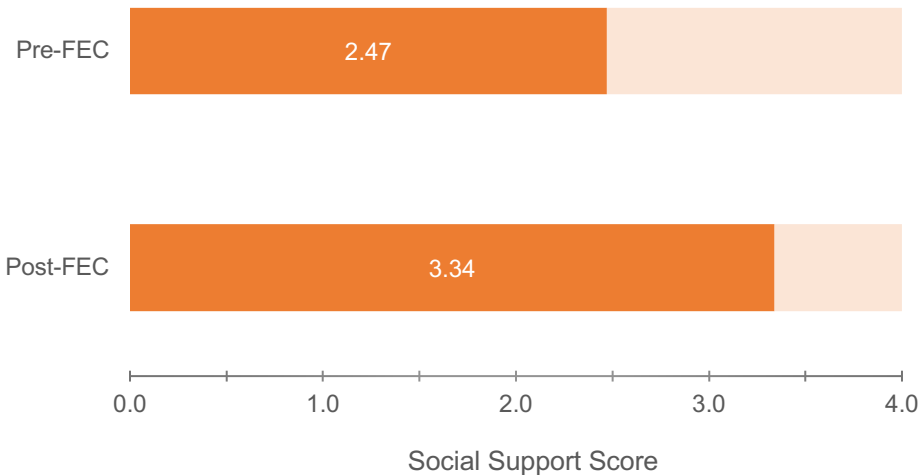
Social Supports

Social supports are defined as perceived positive support (from family, friends, and neighbors) that help provide for one’s emotional needs. Specific survey items used to measure this outcome include:

- I have people who believe in me.
- I have someone in my life who gives me advice, even when it's hard to hear.
- When I am trying to work on achieving a goal, I have friends who will support me.
- When I need someone to look after my kids on short notice, I can find someone I trust.

YSI found that FEC members reported a large improvement in their social supports since joining the FEC. Surveyed FEC members reported an improvement in their social supports functioning of .88 points on a scale of 0 to 4 ($M_{\text{difference}}=0.88$, $SD=0.92$); $t(173)=12.6$, $< .00001$). The effect size for this analysis ($d = 0.88$) was found to exceed Cohen’s (1988) convention for a large effect ($d = .80$). Moreover, 72% of respondents reported an improvement in their social supports, as compared to just 4% who reported a decline, and 24% who reported no change.

Figure 8: FEC Members' Social Supports, Pre- vs. Post-FEC



Analysis of qualitative interview data conducted by the Division of Child and Family Well-being provides further support for the conclusion that the FECs are increasing members’ social support and reducing parental stress. Selected quotes from member interviews include:

“You always think that you are alone and it’s good to hear that you are not ... it was very enlightening... I was able to speak ... this is a place where I can come and be at peace and leave lighter.”

“I feel that FECs have connected me more to my community. I’ve been able to attend and be part of community meetings and groups that I never knew existed or that had so much influence and resources for the community. I’ve also had the opportunity to meet other community members. “

“It has been satisfying to see people connect. Community residents connect. And connect with the staff, the offering, the space.”

YSI’s survey also included a series of questions that asked respondents to report whether there were people in their lives who they could trust to provide support and advice across several challenges including: a) money/bills/budgeting, b) relationships, c) food and nutrition, d) stress, and e) parenting. Members were also asked to indicate whether they had access to these resources before joining the FEC and since they have become FEC members. As seen in Table 12 below, surveyed FEC members reported significant increases in their access to advice and resources across these domains:

- Access to advice on financial issues increased 47% (from 27% to 74%) since joining the FEC;
- Access to advice on relationships increased 39% (from 27% to 66%) since joining the FEC;
- Access to advice on food and nutrition issues increased 52% (from 22% to 74%) since joining the FEC;
- Access to advice on managing stress increased 51% (from 26% to 77%) since joining the FEC; and
- Access to advice on parenting increased 48% (from 21% to 69%) since joining the FEC.

Figure 9: FEC Member Change in Social Supports

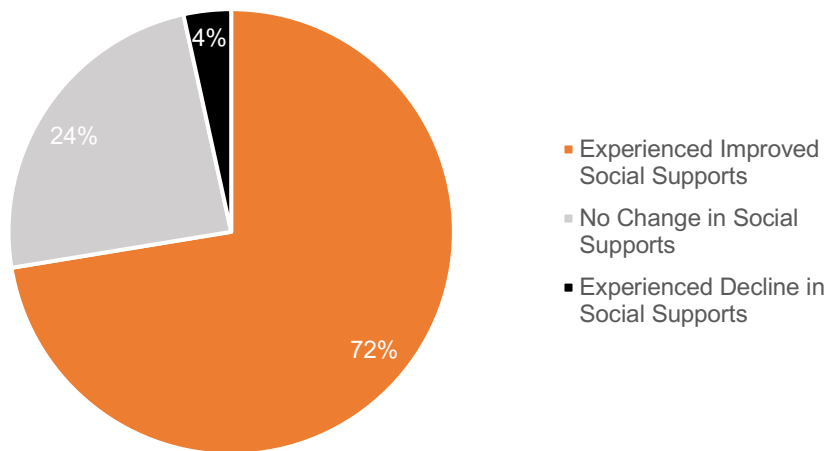


Table 12: Availability of Trust and Support for Various Challenges, Pre- vs. Post-FEC

	Before Joining FEC (% Yes)	Now (% Yes)
I have people I trust to ask for advice about ...		
<i>Money/Bills/Budgeting</i>	27	74
<i>Relationships</i>	27	66
<i>Food/Nutrition</i>	22	74
<i>Stress</i>	26	77
<i>Parenting</i>	21	69

Maintaining a Positive Outlook

Positive outlook is defined as a family’s ability to organize around a distressing event with the belief that there is hope for the future and persevering to make the most out of their options. Specific survey items used to measure this outcome include:

- In my family, we believe we can handle our problems.
- In my family, we trust things will work out even in difficult times.
- My family can thrive even if a problem comes up.

YSI found that FEC members reported a moderate improvement in their positive outlook since joining the FEC. Surveyed FEC members reported an improvement in their social supports functioning of .56 points on a scale of 0 to 4 ($M_{\text{difference}}=0.56$, $SD=0.85$); $t(170)=8.6$, $< .00001$). The effect size for this analysis ($d = 0.55$) was found to exceed Cohen’s (1988) convention for a moderate effect ($d = .50$). Moreover, 47% of respondents reported an improvement in their social supports, as compared to just 2% who reported a decline, and 51% who reported no change.

Figure 10: FEC Members' Positive Outlook, Pre- vs. Post-FEC

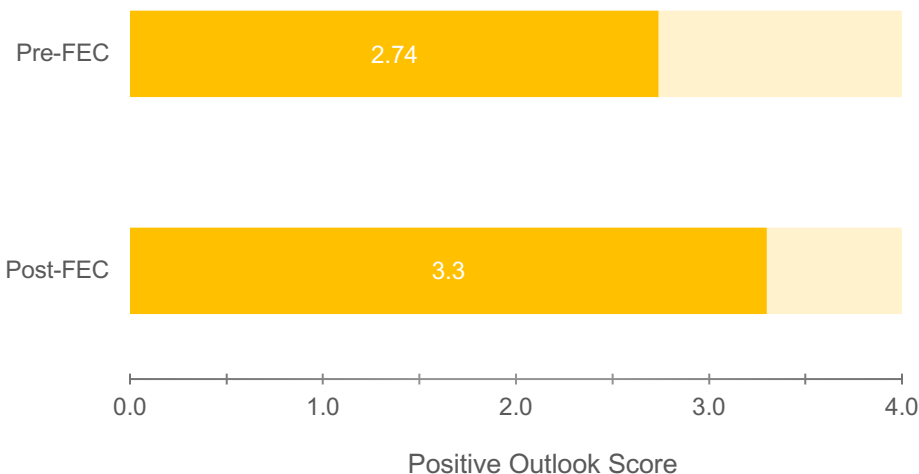
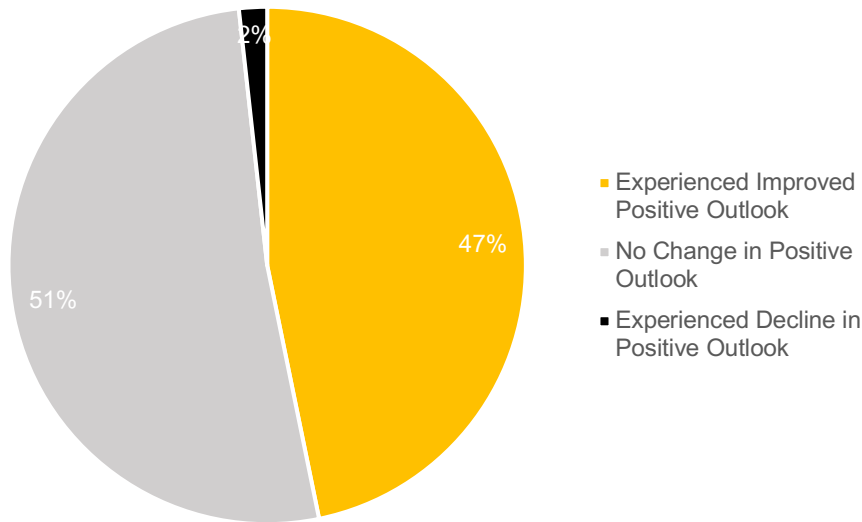


Figure 11: FEC Member Change in Positive Outlook



Research Question 3: To what extent are the FECs having an impact on improving families' well-being?

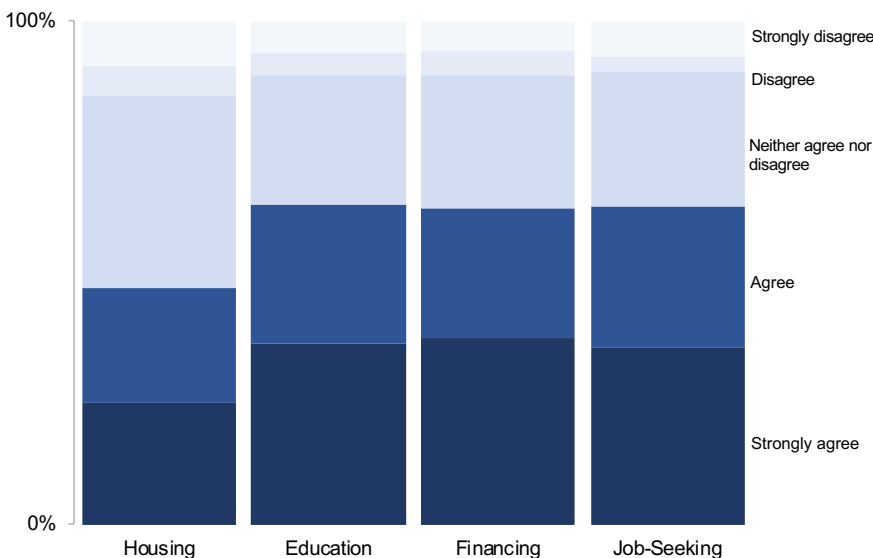
One of the goals of this evaluation was to assess the extent to which the FECs are having an impact on families' well-being including their financial stability. Research has confirmed that concrete supports in the form of access to tangible goods and services to help families manage their needs, may serve as buffers against parental stress (Cochran & Niego, 1995). Parents experiencing financial challenges suffer from higher levels of depression and, in turn, lower psychological functioning (Jackson, Brooks-Gunn, Chien-Chung, & Glassman, 2000). These elements contribute to a less than optimal home environment, increasing the likelihood of inconsistent, coercive, and punitive discipline (Cole & Cole, 1993; McLoyd, 1998).

Given this research basis, YSI's evaluation examined the extent to which the FECs have provided specific concrete supports to members and whether there is evidence that those supports have contributed to improved stability and well-being. As seen Table 13 & Figure 12 below, approximately two-thirds of surveyed FEC members reported that their Center has provided them with help and support in: a) planning for education (64%), b) budgeting and managing expenses (63%), and resume writing, interviewing, and other job-seeking skills (63%). Moreover, approximately half (47%) of surveyed FEC members reported that their center helped them with seeking and obtaining housing.

Table 13: Specific Concrete Supports Received from FEC

The FEC has helped and supported me with ...	FEC Center / Community			
	Circle of Dreams (Highbridge)	O.U.R. Place (Hunt's Point)	The C.R.I.B. (East NY)	All Centers
<i>seeking and obtaining housing.</i>	60	43	38	47
<i>planning for education (either for myself or my child).</i>	75	58	58	64
<i>budgeting and managing my expenses.</i>	68	55	66	63
<i>resume writing, interviewing, and other job-seeking skills.</i>	64	56	69	63

Figure 12: Specific Concrete Supports Received from FEC (All Centers)

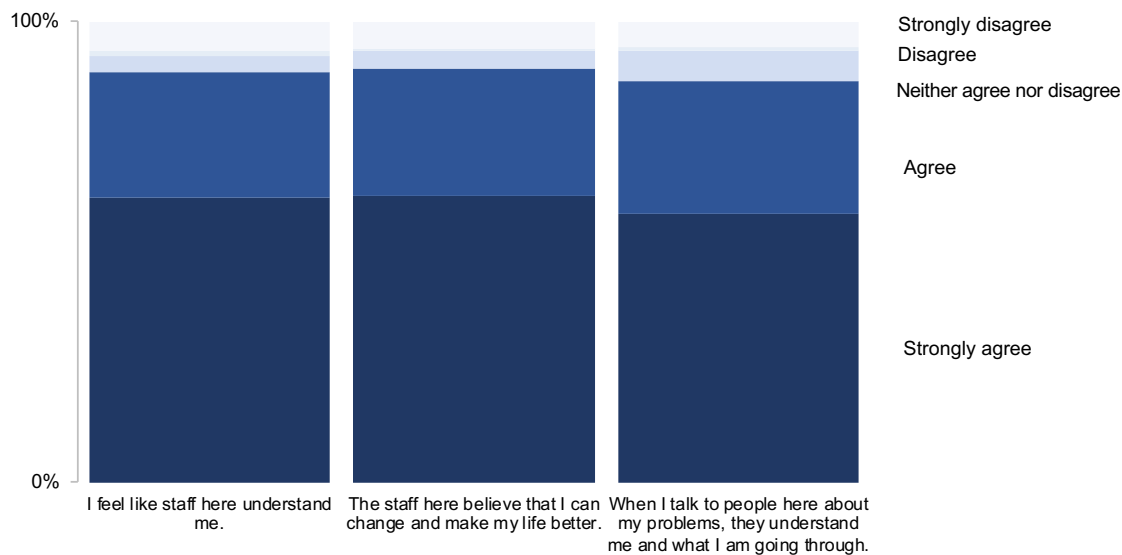


One of the core elements of the FEC model, as planned by ACS, was to have center staff reflect the characteristics of the communities they serve, have familiarity and direct experience working with those communities, have the belief that members possess the qualities to improve their lives. The research conducted by YSI provides support for the conclusion that this strategy has helped to promote strong connections between community members and FEC staff. Survey respondents reported a high level of trust and positive connection to the FEC staff members.

- Eighty-nine (89) percent of surveyed FEC members agreed with the statement “I feel like staff here understand me.”
- Ninety (90) percent of surveyed FEC members agreed with the statement “The staff here believe that I can change and make my life better.”

- Eighty-seven (87) percent of surveyed FEC members agree with the statement “When I talk to people here about my problems, they understand me and what I am going through.”

Figure 13: FEC Member/Practitioner Relationship



In terms of estimating the impact that the FECs may have had in improving the financial stability and well-being of FEC members, YSI adapted the Concrete Supports subscale from the PFS-2. This sub-scale measures perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need. Response choices for our protective factors survey (PFS-YSI) were modified to make them more relevant to the needs and circumstances of a New York City-based population. Specific survey items used to measure this outcome include (see Appendix B for details on how this measure was scored):

- Before you first attended [FEC Center]/In the past month, were you unable to pay for ...
 - Rent or mortgage;
 - Child Care/daycare;
 - Transportation (including gas, bus passes, shared rides, MetroCard, etc.);
 - Utilities or bills (electricity, gas/heat, cell phone, etc.);
 - Medicine, medical expenses, or co-pays;
 - Groceries/food (including baby formula, diapers, etc.); and/or
 - Basic household or personal hygiene items.
- Before you first attended [FEC Center]/In the past month, have you ...
 - Delayed or not gotten medical or dental care;
 - Lost access to your regular transportation;
 - Been evicted from your home or apartment; and/or
 - Been unemployed when you really needed and wanted a job.

YSI found that FEC members reported a small improvement in their concrete supports since joining the FEC. Surveyed FEC members reported an improvement in their concrete

supports of .29 points on a scale of 0 to 4 ($M_{\text{difference}}=0.29$, $SD=0.74$); $t(163)=5.0$, $< .00001$). The effect size for this analysis ($d = 0.35$) was found to exceed Cohen's (1988) convention for a small effect ($d = .20$). Moreover, 35% of respondents reported an improvement in their concrete supports, as compared to 9% who reported a decline, and 56% who reported no change.

Figure 14: FEC Members Overall Concrete Supports Measure, Pre- vs. Post-FEC

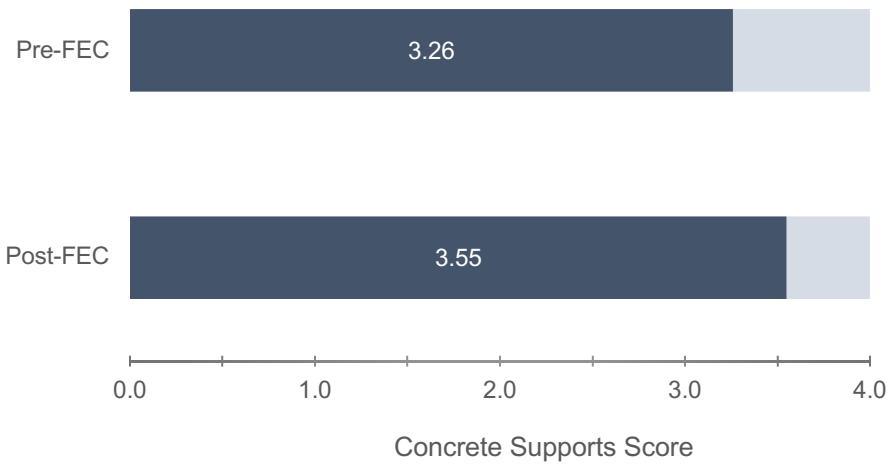
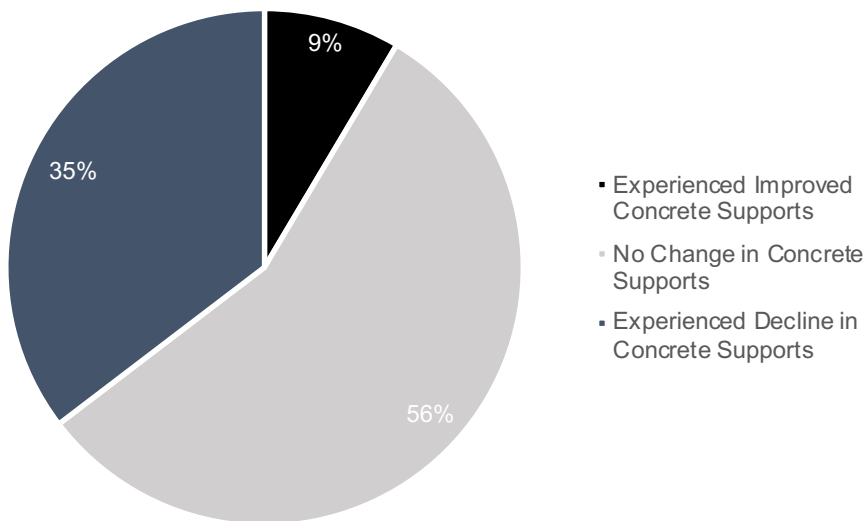


Figure 15: FEC Member Change in Social Supports



DISCUSSION

Limitations of the Evaluation's Design

The FEC evaluation leveraged a diverse set of data sources, including a content review of program materials, a Protective Factors survey co-developed with FEC directors and ACS leadership, and qualitative interviews with a wide range of program stakeholders (conducted by ACS staff). There are, however, limitations to the analysis we were able to conduct:

- **Limited post-FEC participation follow-up period.** This evaluation was limited, by design, to assessing the impact of FEC participation on members' self-reported protective factors. There is a substantial amount of research evidence to support the hypothesis that promotion of these protective factors will reduce subsequent need for child welfare system intervention. However, we do not have the benefit of a significant follow-up period that would allow us to determine whether members, in fact, experience fewer child protective interventions than they would have had they not had access to an FEC.
- **Potential history and maturation effects.** Current evaluation findings should be considered within the context of several methodological limitations that are inherent in a single group, pre- post-test evaluation design. These limitations include history and maturation. A single group, pre- post-test design cannot control for the contemporaneous effects of changes, unrelated to the FECs, that may account for some or all of the observed changes in protective factors. These may include access to other interventions, resources, and policy changes that may have been introduced simultaneous to the development of the FECs. Furthermore, the current evaluation design cannot account for improvements in protective factor domains that may have occurred as a function of members' maturation. In the absence of a control group we cannot control for maturation effects because these will tend to affect post-test scores regardless of any new intervention being evaluated.
- **Sample limitations.** YSI administered a total of 208 surveys to FEC members between November, 2019 and January 2020. FEC directors asked all members they encountered at the center to complete a survey provided they met the following eligibility criteria:
 - They were age 18 or older; and
 - Had either attended their center for at least one month or participated in at least 3 program offerings.

These procedures have methodological limitations inherent in convenience sampling, namely high vulnerability to selection bias and sampling error. Given the procedures used, which were the only viable option for the current study, the findings presented here may be most applicable to members who are more highly engaged and who are more frequent attendees of FEC offerings.

Despite these limitations, this study provides important evidence that the FECs may be having a significant impact on strengthening members' protective factors. A valuable next step

would be to conduct a quasi-experimental, longitudinal study tracking members' child welfare interactions as compared to a matched comparison group of demographically similar adults living in New York City neighborhoods who do not have access to an FEC.

Implications of Evaluation Findings

This study represents the first attempt to systematically document the effectiveness of the FEC model as currently implemented across three centers in New York City neighborhoods that have historically struggled with high rates of child welfare intervention. Findings from this evaluation will provide policymakers with preliminary information about the effectiveness of the FEC model and its potential impact on reducing child maltreatment.

With the FEC demonstration initiative, ACS and its community-based partner organizations have created warm, vibrant, and inviting community spaces that provide opportunities for family members to connect with each other, access resources, share interests, and seek emotional support to help manage life challenges. Surveys of participating adults support the conclusion that the FECs most significant impact has been expanding members' social support network. This finding suggests that the FECs may play a role in reducing the need for future child welfare intervention as prior studies have shown that social support acts as an important buffer against child maltreatment. Parents who exhibit abusive behaviors toward their children are typically more isolated than parents who do not.

This evaluation study provides additional preliminary evidence that the FECs are having a significant, positive impact on increasing members' protective factors across other domains, including family functioning, nurturing and attachment, and maintaining a positive outlook.

REFERENCES

- Bender, K. “The Mediating Effect of School Engagement in the Relationship between Youth Maltreatment and Juvenile Delinquency.” *Children & Schools*, vol. 34, no. 1, 2012, pp. 37–48.
- Brown, S. M., and A. M. Shillington. “Childhood Adversity and the Risk of Substance Use and Delinquency: The Role of Protective Adult Relationships.” *Child Abuse & Neglect*, vol. 63, 2017, pp. 211–221.
- Chand, A., and J. Thoburn. “Research Review: Child and Family Support Services with Minority Ethnic Families: What Can We Learn from Research?” *Child Family Social Work*, vol. 10, no. 2, 2005, pp. 169–178.
- Child Welfare Information Gateway. *Protective Factors Approaches in Child Welfare*. Washington, D.C.: U.S. Department of Health and Human Services. 2014.
- Cochran, M., and S. Niego. “Parenting and Social Networks.” *Handbook of Parenting*, by Marc H. Bornstein, Lawrence Erlbaum Associates, 1995, pp. 393–418.
- Cohen, J. *Statistical Power Analysis for the Behavioral Sciences*. L. Erlbaum Associates, 1988.
- Cole, M., and S. R. Cole. *The Development of Children*. New York: Scientific American Books, 1993.
- Comer, E. W., and M. W. Fraser. “Evaluation of Six Family-Support Programs: Are They Effective?” *Families in Society: The Journal of Contemporary Social Services*, vol. 79, no. 2, 1998, pp. 134–147.
- Counts, J. M., et al. “The Development and Validation of the Protective Factors Survey: A Self-Report Measure of Protective Factors against Child Maltreatment.” *Child Abuse & Neglect*, vol. 34, no. 10, 2010, pp. 762–772.
- Crittenden, P. M. “Relationships at Risk.” *Clinical Implications of Attachment*, edited by J. Belsky and T. Nezworski, Hillsdale, NJ: Erlbaum, 1988, pp. 136–174.
- Gaudin, J. M., et al. “Family Functioning in Neglectful Families.” *Child Abuse & Neglect*, vol. 20, no. 4, 1996, pp. 363–377.
- George, C., and M. Main. “Social Interactions of Young Abused Children: Approach, Avoidance, and Aggression.” *Child Development*, vol. 50, no. 2, 1979, p. 306.
- Jackson, A., Brooks-Gunn, J., Chien-Chung, H., & Glassman, M. “Single mothers in low-wage jobs: Financial strain, parenting, and preschoolers’ outcomes.” *Child Development*, vol. 71, no. 5, 2000, pp. 1409–1423.
- Layzer, J. L., et al. *National Evaluation of Family Support Programs*. Cambridge, MA: Abt Associates Inc., 2001, *National Evaluation of Family Support Programs*.

- Luthar, S. S., et al. "The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work." *Child Development*, vol. 71, no. 3, 2000, pp. 543–562.
- Mcloyd, V. C. "Socioeconomic Disadvantage and Child Development." *American Psychologist*, vol. 53, no. 2, 1998, pp. 185–204.
- Morton, N., and K. D. Browne. "Theory and Observation of Attachment and Its Relation to Child Maltreatment: a Review." *Child Abuse & Neglect*, vol. 22, no. 11, 1998, pp. 1093–1104.
- O'Connell, M. W., and K. E. Warner. *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, D.C.: The National Academies Press, 2009, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*.
- Pampel, F., and K. Beachy-Quick. *Key Components of Family Resource Centers: A Review of the Literature*. Denver, CO: OMNI Institute, 2013, *Key Components of Family Resource Centers: A Review of the Literature*.
- Salzinger, S., et al. "Physical Child Abuse and Adolescent Violent Delinquency: The Mediating and Moderating Roles of Personal Relationships." *Child Maltreatment*, vol. 12, no. 3, 2007, pp. 208–219.
- Shonkoff, J. P., and D. Phillips. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2004.
- Sixbey, M. T. "Development of the Family Resilience Assessment Scale to Identify Family Resilience Constructs." *University of Florida*, 2005.
- Statham, J. *Outcomes and Effectiveness of Family Support Services: A Research Review*. London, England: Thomas Corum Research Unit, 2000, *Outcomes and Effectiveness of Family Support Services: A Research Review*.
- Suter, J. C., and E. J. Bruns. "Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis." *Clinical Child and Family Psychology Review*, vol. 12, no. 4, 2009, pp. 336–351.
- Tyler, K. A., et al. "A Longitudinal Study of the Effects of Child Maltreatment on Later Outcomes among High-Risk Adolescents." *Journal of Youth and Adolescence*, vol. 37, no. 5, 2007, pp. 506–521.

APPENDIX A: Protective Factors Survey

Protective Factors Survey, 2nd Edition (PFS-2) Adapted for the NYC Family Enrichment Centers Evaluation						
FEC Center: <input type="checkbox"/> The C.R.I.B. (East New York)		Survey ID # ____		Date: ____/____/____		
<input checked="" type="checkbox"/> CIRCLE of Dreams (Highbridge)						
<input type="checkbox"/> O.U.R. Place (Hunts Point)						
<ul style="list-style-type: none"> Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff. Please think back to before you first attended the Circle of Dreams Family Enrichment Center. For each of the following items, mark the first row based on how you felt or what you experienced BEFORE you first attended Circle of Dreams. On the second row, respond based on how you feel or what you experience NOW. 						
		A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
1. The future looks good for our family.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In my family, we take time to listen to each other.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are things we do as a family that are special just to us.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In my family, we spend quality time together.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In my family, children and caregivers show respect for one another.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The children and adults in my family feel very close to one another.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have people who believe in me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have someone in my life who gives me advice, even when it's hard to hear.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I am trying to work on achieving a goal, I have friends who will support me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I need someone to look after my kids on short notice, I can find someone I trust.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In my family, we believe we can handle our problems.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In my family, we trust things will work out even in difficult times.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My family can thrive even if a problem comes up.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue answering questions on the next page.

		A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
14. I feel hopeful about my future.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel that my life has purpose.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel a sense of balance in my life.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have people I trust to ask for advice about (check all that apply):						
Before	Now					
<input type="radio"/>	<input type="radio"/>	Money/Bills/Budgeting				
<input type="radio"/>	<input type="radio"/>	Relationships and/or My Love Life				
<input type="radio"/>	<input type="radio"/>	Food/Nutrition				
<input type="radio"/>	<input type="radio"/>	Stress				
<input type="radio"/>	<input type="radio"/>	Parenting/My Kids				
<input type="radio"/>	<input type="radio"/>	None of the above				
<ul style="list-style-type: none"> • The following questions are about your experiences so far attending Circle of Dreams. • Your answers to these questions can help staff improve offerings for you and others like you, so it's important you answer honestly. 						
18. When did you first become a member of Circle of Dreams or begin to participate in offerings at Circle of Dreams?						
<input type="radio"/> A. Within the past month		<input type="radio"/> B. More than a month ago, but less than six months		<input type="radio"/> C. Between six months to a year ago		<input type="radio"/> D. More than a year ago
19. How frequently do you attend or participate in offerings at the Circle of Dreams?						
<input type="radio"/> A. More than once a week		<input type="radio"/> B. Once a week		<input type="radio"/> C. Once a month		<input type="radio"/> D. Less than once a month
		A. Strongly Agree	B. Agree	C. Neither Agree nor Disagree	D. Disagree	E. Strongly Disagree
20. I feel like staff here understand me.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The staff here believe that I can change and make my life better.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I talk to people here about my problems, they understand me and what I am going through.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Circle of Dreams Family Enrichment Center has helped and supported me with the following:						
23. Seeking and obtaining housing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Planning for education [either for myself or my child]		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Budgeting and managing my expenses		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Resume writing, interviewing, and other job-seeking skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please continue answering questions on the next page.						

- Sometimes it's hard for families to afford everything they need.
- For each of the following, check all that apply.

27. Before you first attended Circle of Dreams, were you unable to pay for:

- | | | |
|---|--|--|
| <input type="radio"/> A. Rent or mortgage | <input type="radio"/> B. Child Care/daycare | <input type="radio"/> C. Transportation (including gas, bus passes, shared rides, MetroCard, etc.) |
| <input type="radio"/> D. Utilities or bills (electricity, gas/heat, cell phone, etc.) | <input type="radio"/> E. Medicine, medical expenses, or co-pays | <input type="radio"/> F. I was able to pay for all of these |
| <input type="radio"/> G. Groceries/food (including baby formula, diapers, etc.) | <input type="radio"/> H. Basic household or personal hygiene items | |

28. In the past month, were you unable to pay for:

- | | | |
|---|--|--|
| <input type="radio"/> A. Rent or mortgage | <input type="radio"/> B. Child Care/daycare | <input type="radio"/> C. Transportation (including gas, bus passes, shared rides, MetroCard, etc.) |
| <input type="radio"/> D. Utilities or bills (electricity, gas/heat, cell phone, etc.) | <input type="radio"/> E. Medicine, medical expenses, or co-pays | <input type="radio"/> F. I was able to pay for all of these |
| <input type="radio"/> G. Groceries/food (including baby formula, diapers, etc.) | <input type="radio"/> H. Basic household or personal hygiene items | |

29. Before you first attended Circle of Dreams, had you:

- | | | |
|--|---|---|
| <input type="radio"/> A. Delayed or not gotten medical or dental care | <input type="radio"/> B. Lost access to your regular transportation | <input type="radio"/> C. Been evicted from your home or apartment |
| <input type="radio"/> D. Been unemployed when you really needed and wanted a job | <input type="radio"/> E. None of the above apply to me | |

30. Since becoming a member of Circle of Dreams, have you:

- | | | |
|--|---|---|
| <input type="radio"/> A. Delayed or not gotten medical or dental care | <input type="radio"/> B. Lost access to your regular transportation | <input type="radio"/> C. Been evicted from your home or apartment |
| <input type="radio"/> D. Been unemployed when you really needed and wanted a job | <input type="radio"/> E. None of the above apply to me | |

Please continue answering questions on the next page.

- These last few questions are about you and your household.
- They will be used to help program staff understand the needs of the people and families they are serving, and improve the services offered.
- Remember your responses to this survey are confidential and you can skip any question you are not comfortable answering.

31. How many children live in your household?

- A. 0 (No children)
 B. 1 Child
 C. 2 Children
 D. 3 Children
 E. 4 children
 F. 5 or more children

32. What is your relationship to the children living in your home?

- A. Birth parent
 D. Foster parent
 G. Other relative
 B. Step-parent
 E. Grand/Great-parent
 H. Caregiver/Nanny/Childcare provider
 C. Adoptive parent
 F. Sibling
 I. Other

33. Sex: A. Female B. Male C. Gender non-conforming/Non-binary D. Prefer not to say

34. Age (in years):

- A. 18-24 years old
 B. 25-34 years old
 C. 35-44 years old
 D. 45-54 years old
 E. 55-64 years old
 F. 65-74 years old
 G. 75 years or older

35. Primary Language Spoken at Home:

- A. English
 B. Mandarin
 C. Hindi
 D. Spanish
 E. Arabic
 F. French
 G. Creole
 H. Russian
 I. Other: _____

36. Family Housing:

- A. Own
 C. Shared housing with relative/friends
 E. Temporary (shelter, temporary with friends/relatives)
 B. Rent
 D. Homeless

37. **Highest** Level of Education Achieved:

- A. Elementary
 D. High School Diploma or GED
 G. 2-Year College Degree (Associate's)
 B. Junior High School
 E. Trade/Vocational Training
 H. 4-Year College Degree (Bachelor's)
 C. Some High School
 F. Some College
 I. Advanced Degree

38. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/food stamps)
 E. Temporary Assistance for Needy Families (TANF)
 I. Supplemental Security Income (SSI)
 B. Social Security Disability Income (SSDI)
 F. Head Start/Early Head Start Services
 H. None of the above
 C. Medicaid
 G. Unemployment Benefits
 I. Other: _____
 D. Earned Income Tax Credit (EITC)
 H. State Health Insurance (including children's health insurance)

APPENDIX B: Scoring Parameters for YSI Protective Factors Survey (YSI-PFS)

Family Functioning	Item Score
1. The future looks good for our family.	
2. In my family, we take time to listen to each other.	
3. There are things we do as a family that are special just to us.	
Response Choices: Not at all like my life = 0 Not much like my life = 1 Somewhat like my life = 2 Quite a lot like my life = 3 Just like my life = 4	
Total Score	
Mean FF Subscale Score (Total score, divided by 3)	

Nurturing and Attachment	Item Score
4. In my family, we spend quality time together.	
5. In my family, children and caregivers show respect for one another.	
6. The children and adults in my family feel very close to one another.	
Response Choices: Not at all like my life = 0 Not much like my life = 1 Somewhat like my life = 2 Quite a lot like my life = 3 Just like my life = 4	
Total Score	
Mean NA Subscale Score (Total score, divided by 3)	

Social Supports	Item Score
7. I have people who believe in me.	
8. I have someone in my life who gives me advice, even when it's hard to hear.	
9. When I am trying to work on achieving a goal, I have friends who will support me.	
10. When I need someone to look after my kids on short notice, I can find someone I trust.	
Response Choices: Not at all like my life = 0 Not much like my life = 1 Somewhat like my life = 2 Quite a lot like my life = 3 Just like my life = 4	

17. I have people I trust to ask for advice about (check all that apply):	
0 boxes checked or None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4	
Total Score	
Mean SS Subscale Score (Total score, divided by 5)	

Positive Outlook	Item Score
11. In my family, we believe we can handle our problems.	
12. In my family, we trust things will work out even in difficult times.	
13. My family can thrive even if a problem comes up.	
Response Choices: Not at all like my life = 0 Not much like my life = 1 Somewhat like my life = 2 Quite a lot like my life = 3 Just like my life = 4	
Total Score	
Mean PO Subscale Score (Total score, divided by 3)	

Caregiver Well-being	Item Score
14. I feel hopeful about my future.	
15. I feel that my life has purpose.	
16. I feel a sense of balance in my life.	
Response Choices: Not at all like my life = 0 Not much like my life = 1 Somewhat like my life = 2 Quite a lot like my life = 3 Just like my life = 4	
Total Score	
Mean CW Subscale Score (Total score, divided by 3)	

Concrete Supports	Item Score
Q27, Q28. Before you first attended [FEC Center], were you unable to pay for ... 0 boxes checked or I was able to pay for all of these = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0	

Q29, Q30. Before you first attended [FEC Center], had you ... 0 boxes checked or None of these apply to me = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0	
Total Score	
Mean CS Subscale Score (Total score, divided by 2)	