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**WHAT WORKS**  
**and**  
**WHY WE DON'T HAVE ENOUGH OF IT**

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Voices of Families from Allegheny County's  
Family Support Centers

*Phase I Evaluation: What Matters Most to Families*

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## Purpose of Study

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To listen to families about *what* mattered most to them and *how* family support has impacted their lives. Let families' voices inform policy, service delivery, and outcome evaluation.

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## Who are the Families?

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The findings of this report represent a synthesis of families' voices from 8 focus groups and 35 individual interviews, conducted at centers, office meetings, and homes – with **over 100 family members across 13 family support centers** in Allegheny County.

The majority of families we spoke with were **enrolled in intensive services** in family support. Participants –

- 83% mothers/grandmothers, 17% fathers/grandfathers
  - 64% African American, 35% Caucasian
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## What Families Talked About

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- The basic necessities and services they needed
- What was provided and what was still missing from their centers
- Why family support matters to them and their children
- Concerns about “aging out”
- The impact of “relationship building” on them and their families
- The needs and barriers for home visiting
- Why some parents were engaged and others were not
- Wondering why services and/or staff at their center were “cut”

**What major outcomes are most important to families *across* the entire family support system?**

1. Concrete material *resources* and basic human *services* made accessible and obtainable through family support center to meet families' basic needs.
2. *Relationships* with both staff and peers that reduce life strain and enable families to weather crises, sustain self-sufficiency, and reach for growth.

**What aspects of family support services are most mentioned and valued by the families? (in the order of frequency)**

- Help to access basic resources and human services
- Social and emotional support by staff and peers
- Social and recreational events to bring families together
- Respite child care and after-school programming
- Developmental Assessments as early screening for developmental delays and reassurance for healthy growth
- Home visiting programs that are flexible enough to address adult needs, adapt to crises, and promote child development

**What *additional* individualized outcomes for families are made possible by family support, on a *case by case* basis?**

- Obtaining or maintaining employment/housing
- Pursuing and succeeding in education (adults and children)
- Strengthening, preserving, or reuniting families
- Promoting and supporting emotional/social well-being of children and parents

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## Families' Voices: What Works

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### *Basic Needs*

Parents spoke passionately about the overwhelmingly important role family support centers had in providing them with basic material resources and enhancing their access to basic human services in times of need. The staff's ability to help meet immediate and basic needs, above all other factors, opened the center doors to draw in new families.

*"I told her (a friend) to come because they have a van that can take her to her appointments (for prenatal checkups)."*

*"I had nothing and nobody ... my kids and I lived in the car. If it hadn't been for this place a lot of the time me and my kids probably [too choked up to finish]"*

*"They have the numbers to tell you how to get things you need."*

*"I first came 'cause my friend told me that I can get diapers and bottles ... I stayed because of the people I met here."*

*"They can link you to all kinds of other things (services), sometimes in the center, sometimes just down the street." (including Food Bank, Healthy Black Families, DART, Boys and Girls Club, Three Rivers Adoption, Healthy Start, athletic associations.)*

### *Supporting Relationships*

For parents actively involved in center activities and for parents who had merely come in for basic needs, the strong supportive relationships with staff and other parents became the invisible glue that kept them there and sustained them through everyday challenges.

*"When my husband lost his job, I was really scared. ... I sat next to another parent, and she had just gone through the same thing last year. ... I didn't feel so alone anymore."*

*"When my kid was suspended from school and they wouldn't give him special ed, I was mad and I didn't know what to do. My FDS and the others (parents) told me I could fight it. She (FDS) even went with me to the school to make sure (the child) got the services."*

*"The support you get from the staff stands out from other support systems. They are always there."*

### ***Focusing on the Children***

Parents appreciated that the center was a place for children to be together, whether in organized group activities, or as respite child care, or simply for older children to wait for their working parents after school. Parents were thankful that staff took the time to build relationships with the children in addition to providing services such as parenting training, child development activities, and developmental assessments.

*“My child would sit by the window waiting for her (FDS) to come. He gets so excited to have a visitor. He was perfect when she’s there.”*

*“The neighborhood is not safe and I wouldn’t let them out. Coming here was the first time my kids played with other kids.”*

*“I know they (the kids) can come (to the center) after school, get a snack to hold them over until I can get home from my job and make dinner.”*

*“My child was never delayed. It just felt so good to know that.”*

*“They (staff) helped me understand my daughter (who is developmentally delayed) and helped us get along better.”*

### ***Going Above and Beyond for the Entire Family***

Parents were grateful that the staff cared about the adults’ needs as well as those of the children. Such caring was reflected in staff’s flexibility to balance child-related home visiting activities with taking time to listen and work with parents. When there was a need, staff always found a way to meet it with whatever resources they could find.

*“I was having a terrible day and I just want to be locked in my house and really did not want a (home) visit. When she (FDS) came, she saw what was wrong and just put away her stuff and stayed with me for two hours. I felt so much better just from her listening.”*

*“(Staff helped to bring children from school to home) She (FDS) doesn’t get to go home until 8 or 9 at night and she has her own family and kids to take care of, too!”*

*“I just had my baby and didn’t have a car and didn’t know anybody. They used the van to bring me to the center and took me to my appointments (check-ups for the newborn).”*

*“(Activities like movies, field-trips, fresh air camps) allows our families to spend more quality time together as a whole.”*

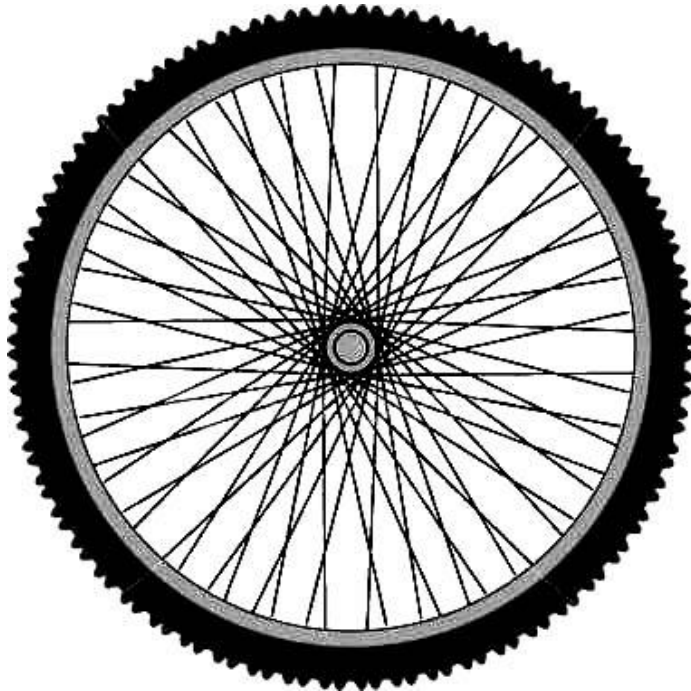
## *Giving Back*

Engaged parents found many ways to give back to family support. They provided outreach to new families, helped fundraise for special events, and joined and stayed in parent council long after their own children had grown. If the center and staff served as the “hub” of a wheel, then engaged parents were the connecting “spokes” radiating outward to the “rims” of the community.

*“I am a grandfather. I want to be here to help the other families, just like when I was helped when my kids were young.”*

*“Now I have a job, car ... I’m married and I give back by going to community voices and do playground safety work.”*

*“I came here when I just moved to Pittsburgh ... now I just go out and tell all my friends about this place and get them to come.”*



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## Families' Voices: Why We Don't Have Enough of It

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### *Aging Out*

Although all families knew about the “birth to five” focus of family support centers, the various implementations of “aging out” left families feeling abruptly “cut off” even as their needs continued or even increased. There were not enough opportunities to engage and retain aged-out families who wished to stay. The needs of the older children were not being met at the centers or elsewhere.

*“I have two older children already. I just feel lucky that we still have (a child younger than five). We can still get the visits and we can still come to the centers for special things.”*

*“But once mine age out, we are out of luck. They tell you that there is after school in the building. But we can't pay for it.”*

*“Now I have to pay for my older ones. Only the younger one is included (in the free program).”*

*“My friend was there when I first came. Now her youngest is six and she said she's not getting anything. ... I think she'll probably leave or go to another center.”*

*“We need to keep the (older) kids busy or we'll lose them.”*

### *Where's the Money?*

Families perceived that the centers' budgets were often on the “chopping block” and were either flat or reduced over time. They experienced budget woes through reduced and restricted services. Many felt that the kinds of activities (e.g., recreation) and services (e.g., transportation, after-school) that were cut “pulled the rugs from under” efforts to build relationships and community. They wondered why such services were considered “non-essential”.

*“When we used to have fresh air camp during the summer, that was the best thing. Everybody came. The kids are outside, with their families. We are told that we can't have that any more. There is just no money and we're all going to have to come up with the money ourselves.”*

*“My kids have been coming here (center, after school program) for years. They are mad now that they can't be here. The after school program is over.”*

*“We used to have a van, and we can bring these families who don't leave their home to come to the center. We've had to cut that ... can't pay for the driver.”*

## *Strain and Burden on Staff*

Parents often had the impression that many of the staff were “in the same boat”—experiencing similar life and financial challenges – as the families they were helping.

Families perceived that the work requirements for staff had increased both in terms of required quota of home visits and the amount of paperwork, even while staff salaries had remained low and unchanged. While families had high expectations of what staff can and should do, they recognized that the staff “could only do so much” and could not do everything *and* do everything well.

Because of the close relationships with staff, many families empathized with the strain felt by the staff and internalized the frustration expressed by the staff. With the staff, parents felt a share in the powerlessness in understanding and influencing funding or program decisions made elsewhere, despite the clear and negative impact they themselves experienced resulting from such decisions. In particular, they described the devastating impact staff turnover had on them and the center, and attributed staff turnovers to low pay and burn-out.

*“I don’t know how she (staff) does it. She can’t be making any more than I am. She needs child care too and she’s helping out with my kids when I am working.”*

*“(addressing the facilitator) Did you get a raise? ‘cause we haven’t seen anything here. The staff here hasn’t had a raise in years, ever since the budget cuts. Where are you getting your raise from? Why don’t they put some money here?”*

*“We do our paperwork. We know it helps the staff. We know how it works. They have to do these things to get paid.”*

*“First we lost the director. They couldn’t find a new one right away. Then the staff started to leave, one by one. The families just don’t want to come anymore. Some followed the staff to another center. Others just left, don’t know where they went.”*

*“When my FDS left, I just quit coming for a couple of years. We were so close. I just didn’t want someone else visiting.”*



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## **An Important but Unanswered Question:**

### ***They are coming ...Why aren't they staying?***

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Engaged families perceived lackluster participation by “new” families at the center. Because most of the parents who participated in interviews and focus groups are at least moderately engaged families, there is only speculative and sometimes *contradictory* information as to why some families choose not to enroll or not to engage actively even when they are enrolled with a center. Nevertheless, they reveal the tensions that currently exist within the system.

- lack of time by working parents to attend events and meetings vs. *decreased center-based activities to draw in entire families;*
- lack of experienced parents to mentor new parents vs. *too many experienced parents making newcomers reluctant to “break into” strong groups already formed;*
- too much required paperwork and home visiting scaring off new families, lack of interest (at least initially) in services beyond basic needs vs. *decreased staff capacity to outreach to isolated families.*

*“Now with all this home visiting, they don’t have to come (to the center) anymore. They can get access to all the services without ever leaving their house. They are still isolated. I thought the whole point is to get them out of their house and into the community.”*

*“(Some parent council members or staff) don’t want to change things. They are not open to new ideas.”*

*“Sometimes when new families come, they saw all that paperwork, the home visiting and all. It’s just too much too soon and it scares them off. They just came for the basics.”*

*“(don’t want home visits) ... already has CYF ... too many agencies coming.”*

*“I didn’t realize the benefit of home visiting until later. At first I just wanted basic resources. Maybe if I started out at the center (... it might help me to ease into it.)”*

**SUMMARY OF FINDINGS**

<i>Seven Attributes of Highly Effective Programs<sup>1</sup></i>	<b>What Works in Family Support</b>	<b>Why We Don't Have Enough of It</b>
1. <i>Successful programs are comprehensive, flexible, responsive, and persevering.</i>	Staff helps with the needs of the <i>whole</i> family; adjusts home visiting agenda to incorporate adult needs; is very resourceful. Center provides a safe haven for children and parents in unsafe neighborhoods.	Families feel “ <i>cut off</i> ” when their children “age out”. Their needs persist and continue past age-based “eligibility”. While home visits are liked by many, they can also be burdensome and intrusive for some families and “tolerated” in exchange for other services.
2. <i>Successful programs see children in the context of their families.</i>	Staff respects and understands parents’ needs and prioritizes the resolution and prevention of crises for the whole family.	Younger children are prioritized even though many parents experience significant struggle with and have less resources to address the persisting needs of older children.
3. <i>Successful programs deal with families as parts of neighborhoods and communities.</i>	Parents are linked to resources within and outside the center and are supported by staff and other parents. Staff makes efforts to reach out to reluctant parents in the community. “Word of mouth” is the biggest draw.	Frequent home visiting may keep some families <i>isolated</i> rather than help them to integrate with the community. Working parents had little time to visit the center or receive home visits. Staff gets no “credit” for outreach. Some centers lack “presence” in community.
4. <i>Successful programs have a long-term, preventive orientation, a clear mission, and continue to evolve over time.</i>	Helping families with immediate and basic needs prevents crises. Relationship building forms a supportive network for parents. Developmental activities and assessments educate and reassure parents about their children and enable early intervention when needed.	There is inherent tension between being “comprehensive” and having “a clear mission”. Over time, service goals, paperwork, home visiting have been increased, but without added resources and capacity.
5. <i>Successful programs are well managed by competent and committed individuals with clearly identifiable skills.</i>	Staff is resourceful, has great listening skills, provides emotional support, and communicates sensitively and competently about child needs and adult goals.	Paperwork burden and inflexible requirements strain staff capacity in terms of skill development and time available for each family. Requiring “specialist” across all areas from all staff risks having “expert in none”.
6. <i>Staffs of successful programs are trained and supported to provide high quality, responsive services.</i>	Staff knows resources in the community and links families to services. Children and parents look forward to home visits. Staff can change agenda on a dime and adapt to the needs of the family.	Staff is paid inadequately and many live in conditions “not much different” from the families they serve. This affects retention and recruitment of staff with diverse experience, education, and skills.
7. <i>Successful programs operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect.</i>	Relationships between staff and parents and among parents embody trust, care, support, and acceptance. Such relationships make it possible for parents to talk about problems, seek solutions, and achieve growth.	If family support is a bicycle wheel, staff turn-over removes the “hub” of the relationship network and the exodus of “aged out” families removes the “spokes” that reach out to the rims of the community.

<sup>1</sup> Lisbeth B. Schorr proposed *Seven Attributes of Highly Effective Programs* in her two influential call-to-action books, “Within Our Reach: Breaking the Cycle of Disadvantage” (1988) and “Common Purpose: Strengthening Families and Neighborhoods to Rebuild America” (1997). Schorr was the closing keynote speaker at Family Support America’s 25<sup>th</sup> Anniversary Conference in Chicago, 2006.

## Evaluators' Conclusion

Families need a “hub” that both link them to basic necessities and services and provide a safe and caring place for children to grow and for families to be with each other. These needs are continuous and not bound by age limits.

*When it works*, Family Support plays an enormously important and positive role in the lives of the families. Its comprehensive goals and flexible execution enables continuous and responsive support for the needs of the whole family. The resourceful and persevering staff can support families to grow, give back, and lay solid foundations for caring relationships to develop in the larger community.

But family support *can not do and be everything*. Over time, its mission has been increasingly crowded without added financial resources or expanded human capacity. There are mismatches between what mattered most to families and what is prioritized and “counted” by the system. We hope the voices of families can spur a pragmatic examination of system-wide and site level policies and help refocus the family support mission and service delivery to intersect *the most universally achievable outcomes* with *the most unmet needs*.

## Recommendations for Phase II Evaluation

1. For *service delivery*, refocus accountability by identifying measures that matter most to program management and best reflect families' needs. Make sensible reductions in paperwork and data collection to free up much-needed staff capacity.
2. For *outcome*, quantify families' access to basic material resources and utilization of services provided by or linked through family support.
3. For *policy and practice*, assess current financial, time, and skill capacity for staff to meet and comply with required standards of home visiting services.
4. For *research*, assess the impact that basic resources and supportive relationships have on reducing life strain for families.