Exploring How Family Resource Centers Work With Young Parents

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Executive Summary

Family Resource Centers (FRCs) provide critical services to families in their communities, including access to supports for basic needs (e.g., food), support accessing public benefits, and skill-building classes (e.g., parenting classes). While some studies have shown the effectiveness of FRCs in individual communities or states, less research has examined services provided by FRCs across states. To help fill that gap, this study aims to gain a better understanding of the services FRCs provide across the country—and particularly of how FRCs work with young parents (under age 25), how they help young parent-led families access public benefits (e.g., the Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF]), and whether/how they provide services to young parent-led families involved with the child welfare system.

Through a multi-phase recruitment strategy, FRCs in 32 states responded to a survey and shared information on the services they provide, how they fund those services, how they work with young parents, and how they work with families led by young parents that are involved in the child welfare system.

Key findings include the following:

- **Outreach to young parents**: Slightly more than two thirds (68%) of FRCs reported providing targeted outreach to young parents to engage them in FRC activities and services. Many FRCs that did not report this type of targeted outreach elaborated that, while they do serve young parents, they do not target outreach to this population.
- **Families served**: Among FRCs that provide targeted outreach and services, 9 percent reported that young parents lead 51 percent or more of the families they serve.
- **Type of FRC**: FRCs serving young parents are more commonly structured as community-based than school-based organizations.
- **Services provided to young parents**: Concrete support (e.g., direct provision of clothing or food), access to resources (e.g., referrals to services), and parenting support were the most frequently accessed services by young parents.
- **Supporting access to safety net programs, by family type**: FRCs that serve young parents are significantly more likely to help families access the Children's Health Insurance Program (CHIP); Earned Income Tax Credit (EITC); Head Start; and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), relative to FRCs that did not report serving young parents. We did not find the same results when examining differences across the two groups of FRCs regarding referrals made to Medicaid, SNAP, and TANF, suggesting that these assistance programs might be commonly accessed by families across both types of FRCs.

Introduction

Since the early 1980s, Family Resource Centers (FRCs) have served as hubs of support, services, and opportunities for families in their local communities. Since then, FRCs' funding, emphasis, and focus have varied, but one thing has remained constant—their positive impact within their communities. FRCs aim to work with families, building from their strengths to respond to their needs at no (or low cost), in order to build strong communities and reduce the likelihood of child maltreatment.[1] They do this by providing services, including parenting supports, access to resources, child development activities, parent leadership development, and other services and supports. FRCs have long partnered with child welfare systems and families to prevent child maltreatment, prevent family separation when maltreatment has occurred, and provide services to help reunify families when separation has occurred. Further, FRCs also provide services to young parents and families within their communities.

Evaluations of FRCs report positive impacts associated with the services they provide. An evaluation in Allegheny County, PA examined 25 FRCs and found that families receiving services in neighborhoods with FRCs experienced fewer child abuse and neglect investigations and reported more supportive relationships, relative to those in neighborhoods without FRCs.[2] An evaluation in Colorado demonstrated families' increased ability to meet their basic needs, including sufficient income, cash savings, improved mental and physical health, and improved protective factors (such as ability to access concrete supports).[3] An evaluation in New York reported improvements in parental resilience, nurturing and attachment, social connections, and concrete supports.[4] Despite these and other county and state evaluations, little is known about FRCs nationally, the services they provide, whether and how they serve young parents, or their locations.

As more communities turn to FRCs to provide child welfare prevention services and support economic opportunity among families, it is critical to understand what services they most often provide; how those services may vary for subpopulations of families, such as young parents; and what additional services and supports families may need. The lack of comprehensive information about FRCs across states leaves families at a disadvantage for accessing services and prevents service providers from connecting families to FRCs outside of their existing networks.

Methodology and Data

The current study aims to gain a better understanding of the services FRCs provide across the country, how FRCs work with young parents (under age 25), how FRCs connect families with public benefits (e.g., the Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF]), and whether/how FRCs provide services to families with young parents involved with the child welfare system. In addition to learning more about the services and support FRCs provide to young parents, this study aims to inform a national registry of FRCs across the country. To date, no such list exists, which hinders communities' ability to quickly connect families with a local FRC and for national providers to partner with state and regional FRC networks.

The current study utilized a multi-pronged recruitment strategy by partnering with organizations with existing connections to FRCs across the country. This included sending recruitment materials to 41 National Family Support Network (NFSN) members, FRCs that attended NFSN webinars and events, FRCs that work with Casey Family Programs, and FRCs connected with the Annie E. Casey Foundation.

We sent all FRCs an online survey tool that took no more than one hour to complete and contained questions about whether the FRC is serving young parents, what services they are providing, what funding is

available to the FRC, how they work with young parent families involved in the child welfare system, and whether they have plans to expand their served populations to include young parents or families involved in the child welfare system. Partners at the Annie E. Casey Foundation, Casey Family Programs, and NFSN reviewed the questions and provided input, increasing the relevance to different FRCs.

We utilized both quantitative and qualitative data analyses. Quantitative data analyses were conducted using Stata and focused on descriptive analysis and correlations. Qualitative analyses used a thematic analysis approach following a codebook developed based on literature and initial responses. Codes were updated as transcripts were reviewed.

Sample

The study sample includes FRCs in 32 states. Of the 379 responding FRCs, 259 (68%) provide targeted outreach and services to young parents. Table 1 shows the number of responding FRCs in each state and how many provide targeted outreach to young parents in their communities. A small number of states comprise a larger proportion of the sample, including Kentucky (113 FRCs), Virginia and Alabama (29 FRCs each), and Arizona (26 FRCs). Further, 16 of the 32 states are in the South and Southwest regions of the country.

Table 1: Participating FRC states and targeted outreach to young parents

State	Number of responding FRCs	FRCs that provide targeted outreach for young parents	FRCs that do not provide targeted outreach for young parents
Alabama	29	21	8
Alaska	3	2	1
Arizona	26	19	7
Colorado	12	5	7
Connecticut	18	8	10
Florida	6	6	0
Georgia	5	5	0
Hawaii	5	3	2
Idaho	1	1	0
Illinois	3	3	0
Indiana	7	7	0
Iowa	4	3	1
Kansas	9	6	3
Kentucky	113	71	42
Louisiana	3	1	2
Maryland	15	8	7
Michigan	2	2	0
Minnesota	3	3	0
New Hampshire	5	3	2
New Mexico	4	4	0
North Carolina	7	5	2

State	Number of responding FRCs	FRCs that provide targeted outreach for young parents	FRCs that do not provide targeted outreach for young parents
Ohio	1	1	0
Oklahoma	9	6	3
South Carolina	7	6	1
South Dakota	1	0	1
Texas	14	13	1
Utah	4	2	2
Vermont	5	5	0
Virginia	7	7	0
Washington	29	18	11
West Virginia	5	5	0
Wisconsin	17	10	7
Total	379	259	120

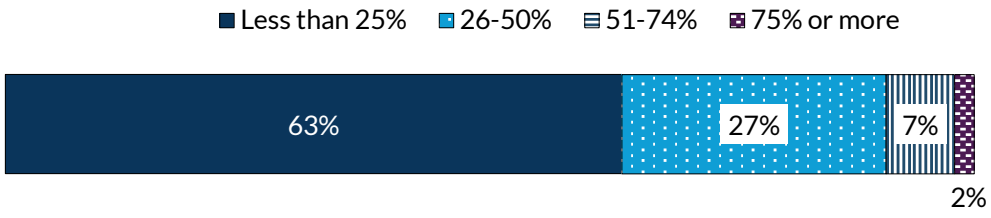
Findings

All FRCs

Targeted services for young parents

Young parent-led families make up less than 50 percent of the families served by FRCs. FRCs report differences in the services that families with young parents access. It's critical that FRCs and communities understand these differences to best serve families with young parents, given that the needs of young parent-led families may differ from families in which the parents are older. We asked FRCs what portion of their served population was young parents, providing four options: less than 25 percent, 25-50 percent, 51-74 percent, or 75 percent or more. Figure 1 shows the proportion of FRCs reporting serving each of these percentage groupings of young parent-led families. For example, 27 percent of the FRCs reported that 26-50 percent of the families they served were led by young parents, and 9 percent indicated this percentage was 51 percent or more.

Figure 1. Proportion of FRCs serving various percentages of families led by young parents



FRCs that provide targeted outreach to young parents compared to those that do not

Services provided

To gain a better understanding of the type of services that FRCs provide to their communities and to families with young parents, we explored 13 service types based on categories provided by the NFSN. These include:

- Parenting supports (e.g., parenting workshops, parenting support groups, co-parenting resources)
- Access to resources (e.g., enhanced information and referrals, including warm handoffs and follow-up to services such as child care resource and referral, food, or rental assistance)
- Concrete supports (e.g., direct provision of food, clothing, rental assistance, transportation assistance)
- Assistance accessing safety net programs (e.g., SNAP, Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], TANF, Head Start, Medicaid, Children's Health Insurance Program [CHIP], Earned Income Tax Credit [EITC])
- Family development services (e.g., working with parents to identify goals, case management)
- Child development activities (e.g., child-focused activities)
- Parent leadership development (e.g., leadership training, advocacy training)
- Family economic success activities (e.g., job skills training)
- Education activities (e.g., family literacy, GED preparation/tutoring)
- Physical and mental health (e.g., health screenings, therapy, lactation support, family planning, pregnancy prevention)
- Wellness activities (e.g., cooking classes)
- Multiple family member engagement (e.g., grandparent-focused activities, parent involvement activities)
- Community strengthening activities (e.g., voter registration, civic engagement)

FRCs that serve young parents are significantly more likely to provide parent leadership development and wellness activities than FRCs not serving young parents. Across both groups of FRCs, the most frequently provided service types are access to resources, parenting supports, and concrete supports. The least frequently reported services are community strengthening activities and family economic success activities. Table 2 shows the percentage of FRCs in each group that provide each type of service.

Table 2. Services provided by population served

Service	All FRCs, N=379	Serves young parents, n=259	Does not serve young parents, n=120
Access to resources	96%	96%	96%
Parenting supports	92%	93%	89%
Concrete supports	89%	90%	85%
Child development activities	82%	83%	78%

Service	All FRCs, N=379	Serves young parents, n=259	Does not serve young parents, n=120
Supporting access to safety net programs	81%	82%	78%
Family development services	72%	73%	68%
Multiple family member engagement	69%	71%	64%
Education activities	62%	64%	59%
Wellness activities*	57%	61%	49%
Parent leadership development*	55%	59%	48%
Physical and mental health	57%	57%	56%
Family economic success activities	45%	47%	40%
Community strengthening activities	38%	40%	33%

*statistically significant at p<.05

FRC location

FRCs are either school-based or community-based. FRCs that serve young parents are more likely to be community-based (62%) than those that do not (50%).

Geographic setting

The number of FRCs serving young parents does not significantly differ by geographic setting. Across rural, suburban, and urban areas, the proportion of FRCs that serve young parents remains relatively consistent, with no clear pattern.

Table 3. Geographic setting of FRCs

Category	All FRCs, N=379	Serves young parents, n=259		Does not serve young parents, n=120	
Rural	117	86	74%	31	27%
Suburban	150	103	69%	47	31%
Urban	112	70	63%	42	38%

Supporting access to public benefits

FRCs that serve young parents are significantly more likely to support families' access to public benefits—for example, via referrals to CHIP, EITC, Head Start, Medicaid, and WIC—than FRCs that do not serve young parents. Differences in access to SNAP and TANF were not statistically significant, suggesting that these programs are commonly accessed by families regardless of whether they are led by a young parent. The differences in public benefits accessed by young parents may indicate differences in need; for example, young parents accessing public benefits for the first time may need greater navigation support, as may young parents who work entry-level jobs with lower pay and no or unaffordable health insurance or young

parents with children of a particular age (e.g., WIC and Head Start support children ages 5 and younger). Table 4 shows the safety net programs to which FRCs report referring families.

Table 4. Supporting access to public benefits

Supporting access to public benefits	All FRCs, N=306	Serves young parents, n=212	Does not serve young parents, n=94
Supplemental Nutrition Assistance Program (SNAP)	84%	85%	81%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*	72%	81%	52%
Medicaid*	65%	70%	52%
Head Start*	51%	59%	33%
Temporary Assistance for Needy Families (TANF)	51%	53%	46%
Children's Health Insurance Program (CHIP)*	41%	46%	30%
Affordable Care Act (ACA) Health Plans	22%	24%	17%
Earned Income Tax Credit (EITC)*	9%	11%	3%

*statistically significant at p<.05

FRCs that provide targeted outreach to young parents

Funding source

Regardless of the type of families they serve, FRCs report several different funding sources and consistently report that funding represents a barrier to expanding their work in the community. FRCs serving young parent families were asked to check all funding sources for services to young parents. The most common source reported was state and local government funds. Table 5 shows the number and percentage of FRCs indicating that a given funding type was one of their top three sources for services to young parents.

Table 5. Funding type for services to young parents

Funding type	Number of FRCs with funding source in top 3	% of FRCs with funding source in top 3
State and local government	178	69%
Individual giving	89	34%
Private foundations	87	34%
All other ongoing federal funding	49	19%
Time-limited federal grants/cooperative agreements	47	18%
Earned income	6	2%

Referral sources and services provided

Young parents are connected to FRCs via a range of referral sources, including direct outreach from the FRC, young people seeking services themselves through self-referral, and referrals from other family members, child welfare case workers, teachers, or medical providers. FRCs reported whether a referral source was one of the three most common referral sources among the families they serve.[1]

Referral source was associated with the services provided through the FRC. FRCs reporting that self-referral was a top source of referrals among young parents are significantly more likely to offer wellness activities than FRCs not reporting self-referral as a top source (67% vs. 50%). This may suggest that families who self-refer to an FRC are more likely to be interested in or in need of holistic well-being supports, prompting this group of FRCs to prioritize wellness programming. Alternately, it could suggest that self-referred families are more likely to request specific services and that FRCs are more likely to respond by providing the requested services. Other services—such as parenting supports, access to resources, and education activities—are offered at similar rates across referral sources, indicating that the need for core family support services is consistent across families.

Table 6 shows each service provided by FRCs serving young parents, by whether or not they list self-referral as one of their top referral sources.

Table 6. Self-referral and services provided by FRCs serving young parents

Service	FRCs with self-referral in the top three referral sources, n= 165	FRCs without self-referral in the top three referral sources, n= 94
Parenting supports	93%	94%
Access to resources	97%	94%
Concrete supports	92%	87%
Support accessing safety net programs	81%	83%
Family development services	73%	73%
Child development activities	83%	84%
Parent leadership development	56%	65%
Family economic success activities	48%	44%
Education activities	64%	64%
Physical and mental health	57%	57%
Wellness activities*	67%	50%
Multiple family member engagement	73%	68%
Community strengthening activities	39%	43%

*statistically significant at p<.05

[1] The current study does not examine differences between self-referral and direct outreach because the same FRC may report both among their top three sources. Therefore, direct comparison between the two sources is not recommended. Rather, the comparisons are presented separately: FRCs with versus without self-referral in the top three referral sources, and FRCs with versus without direct outreach in the top three referral sources.

FRCs that report direct outreach as a top referral source were significantly more likely to provide services such as parenting supports, concrete supports, wellness activities, and multiple family member engagement, relative to FRCs that do not list direct outreach as a top referral source. This suggests that direct outreach is associated with the availability and uptake of certain types of services, particularly those aimed at family involvement and overall well-being. Table 7 shows each service provided by FRCs serving young parents that *do* have direct outreach as one of their top referral sources versus those that *do not*.

Table 7. Direct outreach and services provided by FRCs serving young parents

Services provided	FRCs with direct outreach in the top three referral sources, n=126	FRCs without direct outreach in the top three referral sources, n=133
Parenting supports*	97%	89%
Access to resources	97%	95%
Concrete supports*	94%	86%
Support accessing safety net programs	85%	79%
Family development services	74%	73%
Child development activities	87%	80%
Parent leadership development	61%	57%
Family economic success activities	48%	46%
Education activities	68%	59%
Physical and mental health	63%	52%
Wellness activities	66%	56%
Multiple family member engagement*	80%	63%
Community strengthening activities	38%	42%

*statistically significant at p<.05

Referral source and support accessing public safety net programs

While referral source was associated with differences in services provided by FRCs, it was not significantly associated with whether an FRC provides support accessing safety net programs. This type of support is consistent across referral sources, indicating that families are consistently being connected to needed programs.

FRCs working with young parents involved in the child welfare system

Child welfare services

In addition to information on serving young parents, FRCs were asked whether they provide additional services to families with young parents involved with (or at risk of involvement in) the child welfare system. The additional services could include providing case management, providing approved prevention services,

or supporting families in accessing optional or mandated classes (e.g., parenting classes). Half (51%) of FRCs that serve young parents report providing additional services to young parent-led families involved with, or at risk of involvement with, the child welfare system.

Referral source and services accessed

When the top referral source for young parents involved with the child welfare system was a child welfare caseworker, FRCs were significantly more likely to provide family development services and family economic success services. These results suggest that FRCs reporting frequent referrals from child welfare case workers are more likely to provide services such as family development and economic success activities, and less likely to provide resources and wellness activities, relative to FRCs that did not report case workers as a top referral source. These differences might reflect differences in need among families involved in the child welfare system and those that are not involved.

Referral source and support accessing public safety net programs

FRCs reporting child welfare caseworkers as a top referral source were significantly more likely to help families access the EITC and TANF than FRCs not reporting caseworkers as a top referral source. These findings highlight that when child welfare caseworkers are a top referral source, young parent families are more likely to gain access to financial support programs.

Discussion of Findings

Services targeted to young parents

Most FRCs serve young parents either through targeted outreach or general services, with 9 percent reporting that more than half of the families they serve are led by young parents. However, it is important that FRCs understand the unique needs of these families to ensure they can access the services and resources they need.

FRC location

An FRC's location is important, given that community-based FRCs are more likely to serve young parent-led families than school-based FRCs. Differences in school- and community-based FRCs may be attributable to several reasons; for example, young parents may have children who are not yet school-aged and, as a result, have no ready connection to local schools. Community-based FRCs may be better at reaching young parents through recruitment efforts than school-based FRCs. FRCs operating in both settings should aim to serve all families in their communities while understanding gaps in their reach among certain populations. We found no statistically significant differences in whether FRCs served young parent-led families across rural, suburban, and urban settings, with all three settings serving young parents at similar rates.

Services provided

FRCs provide a variety of services to the families they serve, including parenting support, access to resources, concrete supports, referrals to safety net programs, education activities, and community strengthening activities. The types of services offered by FRCs that serve young parents differ from those offered by FRCs that do not. FRCs that serve young parents are more likely to provide parent leadership

development and wellness activities than their counterparts that do not serve young parents. However, across all FRCs, the most commonly accessed services are connection to resources, parenting supports, and concrete supports. In other words, regardless of whether a family is led by a young parent, most families are accessing similar services and resources from FRCs. Understanding the type of services that FRCs provide is important to ensuring that they meet communities' needs and that, when unable to meet those needs, they can offer referrals and connections to other organizations.

Funding sources

A little over two thirds (69%) of FRCs serving young parents rely on state and local government funding, followed by individual giving (43%) and private foundations (37%). Understanding more about various funding sources available to FRCs is important to ensuring that FRCs can utilize all possible funding streams. Further, some funding sources may only be available for specific services or populations served by the FRC. For example, FRCs providing child maltreatment services may be able to access public funds through federal or state child welfare agencies to cover the cost of these services. Having diverse funding streams allows FRCs to provide a range of services while increasing the sustainability of their work.

Access to funding was a consistent barrier to expanding services. FRCs reported needing additional funding to address families' barriers to services, such as a lack of child care during classes and the need for expanded transportation options to get to FRCs for services. FRCs also reported needing funding to cover operational costs such as staffing, office space, and materials.

Referrals to services

The top three reported referral sources among FRCs serving young parents are self-referral, direct outreach from the FRC, and other family members. In our analysis, referral source was statistically significantly related to the type of services families access. FRCs that serve young parents are more likely to provide wellness activities to those families. This may suggest that when young parents self-refer, they are seeking holistic supports from the FRC rather than one specific service, and that they feel more comfortable advocating for the services they need.

Support accessing public benefit programs

FRCs report providing families with warm handoffs or referrals to needed safety net programs such as CHIP, EITC, WIC, and Head Start. Further, both FRCs that serve young parents and those that do not frequently reported providing referrals for Medicaid, SNAP, and TANF. The consistent referral across most safety net programs indicates that FRCs play a critical role in connecting families with needed assistance. Further, differences between FRCs that serve young parents and those that do not highlight the need for ongoing outreach to young parents to ensure adequate access to all assistance programs for which they are eligible.

Referrals for child welfare-involved families

In addition to asking FRCs whether they serve young parents, we also asked how they work with young parent-led families who are involved in (or at risk of being involved in) the child welfare system. About half of FRCs that serve young parents report providing services to young parent-led families involved in the child welfare system. FRCs reporting child welfare case workers as a top referral source are more likely to provide services such as family development and economic success activities, and less likely to provide resources and wellness activities, relative to FRCs that did not report case workers as a top referral source. These differences might reflect differences in need among families involved in the child welfare system and families not involved.

Additionally, when child welfare case workers represent a top referral source, FRCs are more likely to help families access EITC and TANF. These differences may indicate that young parents involved in the child welfare system who are referred by a case worker may have more defined needs than families who are referred by other sources.

Study Limitations and Future Research

The current study begins to fill a knowledge gap by identifying the services FRCs provide, how they serve young parents, and how they partner with young parent-led families involved with the child welfare system, but it is not without limitations. First, we could not identify and engage all FRCs in the United States, so our findings may not be fully representative. Although FRC networks in 41 states and Washington, DC are members of the National Family Support Network, our main source of recruitment, nine states and Puerto Rico are not. Further, among states that are members, several states (including California and New Jersey) were unable to participate due to timing constraints and additional research approval requirements at the state level.

In addition to some states not being represented, other states are overrepresented in the study population. For example, Kentucky has a large number of FRCs, and many responded; this could skew the results to reflect more of what is happening in one state than any implications that might be universally applicable across states. As a check, we re-ran our analyses excluding FRCs in Kentucky and uncovered only slight changes in the results. Additionally, while we did reach out to FRCs in Tribal communities, none were able to participate.

Further research should aim to include all FRCs across the country, including those serving Tribal communities, to more comprehensively examine similarities and differences in service provision for young parents. Additionally, future research should aim to understand the effectiveness of services for young parents, including how different services may be associated with young adult outcomes such as economic opportunity, well-being, justice system involvement, educational attainment, and employment. Future research should further explore the relationship between FRCs and economic opportunity for young parents across the country and across different types of FRCs (e.g., geographic location, urbanicity, community-based or school-based).

Contributions

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