

## ***United Way Family Center***

### ***An Innovation Station Promising Practice***

**Purpose:** This document supports MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

### **Section I: Practice Overview**

<b>Location:</b>	<b><i>Maryland</i></b>	<b>Title V/MCH Block Grant Measures Addressed</b>
<b>Designation:</b>	<b><i>Promising</i></b>	<ul style="list-style-type: none"> <li>• NPM 4: Breastfeeding</li> <li>• NPM 5: Safe Sleep</li> </ul>
<b>Date Submitted:</b>	<b><i>10/2020</i></b>	<i>Do not receive Title V/MCH Block grant Funding.</i>

#### **Practice Description**

The United Way Neighborhood Zone in Brooklyn is a strategy of United Way of Central Maryland, operating within Ben Franklin High School in the Brooklyn-Curtis Bay community of Baltimore, Maryland since 2014. Developed through deep-listening and the community school strategy, the Neighborhood Zone strategy aims to increase stability and success for the greater community by supporting the basic needs of children and families. Identified areas of support range from behavioral health, housing, nutrition, workforce development and education. The Neighborhood Zone is committed to building a network of partnerships, through evidence-based practices, that will support steady, high rates of attendance, boost student achievement and engage families and community stakeholders. Born within this strategy, the United Way Family Center (UWFC) pairs embedded clinical supports with high quality early childhood education to promote the educational attainment of young parents and their children while developing parenting and leadership skills. The UWFC utilizes a trauma-informed, attachment-based model to increase safety and stability for its families and to support families in overcoming barriers to their educational success.

In 2010, Ben Franklin High School was selected as a Turnaround School by Baltimore City Schools using the community school strategy. As part of this strategy, community needs assessments and focus groups were completed to identify resources to bring to the school to address community needs. In 2011, trauma responsive mental health programming was implemented to reduce stigma related to mental health services and promote a culture of mental wellness within the school. In 2012, Ben Franklin High School added school-linked health services and the Family Stability Program, which is focused on eviction prevention and building financial stability, as support services to students and families. The Teen Parenting Committee identified the needs of teen parents in exploring chronic absenteeism. This need triggered over two years of research, fundraising, and partnership development to begin the United Way Family Center programming in October 2014.

The United Way Family Center (UWFC) pairs embedded clinical supports with high quality early childhood education to promote the educational attainment of young parents and their children while developing parenting and leadership skills. The UWFC utilizes a trauma-informed, attachment-based model to increase safety and stability for its families to support families in overcoming barriers to their educational success.

The UWFC is unique within the city of Baltimore. It serves expecting and parenting students enrolled in Ben Franklin High School and their children to be successful educationally through embedding clinical intervention, resources, and support into the educational setting of the parent. This promotes increased school attendance and engagement for both parent and child.

The UWFC provides high quality, early childhood education to 18 children of Ben Franklin students per day. Ranging from eight weeks to four years, the children enrolled in the UWFC build their educational foundation while their parents are earning their high school education within the same building. The UWFC utilizes the Creative Curriculum and ongoing assessment through Teaching Strategies Gold and Ages and Stages Questionnaires. Individualized lesson plans are developed for each child to best support their development and support school readiness. The UWFC utilizes the Circle of Security curriculum as a theoretical base to guide interactions and decision making. This attachment-based, trauma informed parenting program supports parents' ability to be a secure base for their child. All UWFC staff (bus drivers, teachers, teacher aides, interns, management, and clinicians) are trained in Circle of Security to support the clinical model of the program from morning pick up through the entire day. All staff are coaches and models for parenting students, leveraging the importance of healthy relationships with consistent adults, to support building strong parenting skills.

Clinical interventions (also known as Family Services) are embedded into the school day to support educational and parenting success. Many of the systems in which parenting students are involved impose a barrier to school attendance, as they are located throughout the city and often only are available during school hours. The UWFC utilizes on-site clinicians and community partnerships to provide as many services as possible within the school building to support parenting students in increasing school attendance. The Family Services Coordinator (a clinical social worker) and MSW interns provide individual, family, group, school, and community level interventions to support parenting students meet their goals. The Family Services Coordinator also works to assist the student parent in building a stronger social support network within their respective communities.

### **Core Components and Activities**

The core components of the UWFC model include co-creation of programming with the community and participants; leveraging partnership; high-quality, early childhood education; attachment-based, trauma informed programming; embedded clinical supports and resources; and participant leadership. The community has much innate strength and leadership. The UWFC fosters these relationships and deeply listens to join in development of programming and resources to best serve the community. Leveraging partnerships with organizations, individuals, the faith community, service providers, elected officials, the school system, and government organizations supports a wide range of perspective, resources, experiences and opportunities for participants and partners. High quality, early-childhood education promotes school readiness and has many long-term benefits for children. Utilization of attachment-based, trauma informed programming supports building strong relationships between parent and child, decreases the impact of trauma for parent and child and builds resiliency against trauma. Embedding clinical supports within the school setting of the expecting or parenting student supports their educational success and removes barriers to school attendance. Engaging other family members in the home in services is a key element of the program. Empowering participant leadership within the program and the greater community uplifts their voice and expertise. This builds leadership skills and confidence that participants can utilize to advocate for themselves while in the program and in their futures.

The intended outcome of the UWFC is increased educational success for parent and child and a stronger parent-child attachment. Expecting and parenting students participating in the UWFC have a higher graduation rate than the 40% graduation rate that has been attributed to teen parents nationwide (Shuger, L., 2012) and a similar five-year graduation rate to Baltimore City Public Schools students (Baltimore City Public Schools, 2019). UWFC expectant and parenting students also had slightly higher school attendance than their non-parenting peers at Ben Franklin High School. This indicates the impact that nesting clinical and supportive interventions into the school setting of expectant and parenting students has on removing the barriers to education that are imposed by the conflicting responsibilities and conflicting systems within which parenting students exist. Research has found that expectant and parenting students often report increased motivation to achieve their educational goals after a pregnancy, but this shift is often devalued and not met with the necessary support to be successful (Texas Comprehensive Center at SEDL, 2011). Providing these necessary supports leverages this increased motivation to change the trajectory for parenting students and their children.

Additionally, children that participate in high-quality early childhood education tend to have positive outcomes in the future. They are less likely to repeat a grade, have lower teen pregnancy and incarceration rates, and increased graduation and employment rates (García, J., Heckman, J., Leaf, D., and Prados, M., 2017). Therefore, nesting supports to support the education of parent and child within the educational setting of the parent have long-term, positive affects beyond parent’s graduation.

Families enrolled in the UWFC displayed increased attachment skills and richer interactions with one another as indicated through their increase in NCAST scores. Parent-child attachment is a protective factor for trauma. Conversely, insecure attachment is connected to increased anxious and depressive symptoms and lower self-esteem (Lee, A., & Hankin, B. L.,2009). Building parent-child attachment promotes physical and mental wellness, decreasing the impact of generational trauma.

**Table 1. Practice Activities and Core Components**

Core Component	Activities	Operational Details
Co-creation of programming with community and participants	Focus groups, needs assessments, participant feedback and leadership	Partnering with community members, participants, and partner organizations from the beginning to identify need and develop programming that leverages the community strength to meet that need. Utilization of ongoing communication through focus groups, conversation, and surveys to support the evolution of programming.
Leveraging partnership	Relationship building and support, connection to existing community assets	Explore non-traditional partnerships to uplift the expertise of community partners. Act as a connector to established resources and identify gaps to connect with new services or partners.
High quality, early childhood education	On-site early childhood education for children of parenting students, developmental assessment, utilization of approved curriculum	Programming follows licensing standards for childcare (COMAR regulations in Maryland). Utilization of a developmental screeners (ASQ-3 and ASQ-SE) and check points (Teaching Strategies Gold) to provide early intervention and individualized teaching. Development of lesson plans that align with curriculum to support individualized teaching. Ongoing training and classroom coaching to support development of skills. Staff hold Child Development Associate (CDA) or higher within a year of hire.
Attachment-based, trauma informed programming	Staff training Attachment-based groups Reflective Supervision	Provide annual staff refreshers related to trauma, Circle of Security, and child/ adolescent development. Daily attachment-based lunch groups are held to teach and support practice of attachment skills, provide modeling, coaching and peer support. Utilization of a reflective supervision model with staff individually and in group meetings to reinforce attachment skills and provide parallel process to work with participants.
Embedded clinical supports and resources	Individual counseling and case management, group intervention, school and community level intervention	Develop individualized service plans with expecting and parenting students to identify strengths and areas of support needed, utilize individual counseling and case management to increase educational success, promote wellness, and build parenting skills. Provide psychoeducation and support groups to increase

		knowledge in parenting, successful transition to adulthood, and peer support.
Participant Leadership	Quarterly advisory groups with participants, peer-support groups and initiatives, advocacy and speaking opportunities	Empowering participants as the experts on themselves and the program to share their stories, ideas and expertise through various means (supporting connection with each other and other adults). Building leadership through opportunities to meet with programmatic leadership, funders, community stakeholders, and elected officials.

### Health Equity

Individually, the Family Center ensures that all participants are connected to appropriate health care and health education. Health education is provided in a culturally sensitive manner, with sensitivity to the impact racial disparity, immigration status and language have on participants’ treatment within the medical and social systems.

The UWFC addresses the social determinants of health in multiple ways. It promotes strong early childhood education, building a strong educational foundation for children served, while removing barriers for parenting students to achieving their educational goals. The Family Center provides nutritious food to children and parents, exposing them to foods they may not have access to in their home or immediate community. The Family Center’s playground provides a safe, green space for the families to explore and play, allowing for physical activity and acts as an extension of the classroom. The multicultural richness of participants in the program supports development of language and literacy skills in multiple languages for both parent and child. The cross-cultural relationship building that is supported through the shared experience of being student parents helps participants challenge preconceived notions they may have had about their peers.

The Family Center programming is embedded in a wider strategy. The United Way Neighborhood Zone in Brooklyn uplifts the strength of the community and co-creates solutions with its members. Current programming supports housing stability, workforce development, mental wellness, connectivity and access to technology, food access, and continues to expand.

At a systems level, the UWFC addresses health inequity through participation on multiple coalitions to inform decision making at a city and statewide level. An example of this was our role as a partner agency in the Map to Success Project through Baltimore City Health Department and the Maryland Department of Health, which increased access to services for young parents and decreased systemic barriers by streamlining communication, resources and partnership across organizations serving this population. Additionally, we have participated in individual interviews, town halls, collaborations to inform proposed policy to support educational rights of young parents and their children.

### Evidence of Effectiveness (e.g. Evaluation Data)

As of June 2019, the five-year graduation rate of UWFC parents was 74%. Expecting and parenting students participating in the UWFC have a higher graduation rate than the 40% graduation rate that has been attributed to teen parents nationwide (Shuger, L., 2012) and a similar five-year graduation rate to Baltimore City Public Schools students (Baltimore City Public Schools, 2019). UWFC expectant and parenting students also had slightly higher school attendance (70%) than their non-parenting peers at Ben Franklin High School (69.4%).

Families enrolled in the UWFC displayed increased attachment skills and richer interactions with one another as indicated through their increase in NCAST scores, with the average score increasing from the 39<sup>th</sup> to the 78<sup>th</sup> percentile as compared to adolescent parenting peers in 2019. Cumulatively between 2015-2019, the average Nurturing Parenting pre-test score was 69% and the average post-test score was 83% for the year, indicating increased knowledge in multiple areas of parenting, such as child development, discipline, nurturance, and health. Also, between 2015-2019, there was a 16.2% increase in scores between pre- and post-tests on the Circle of Security Curriculum.

### Lessons Learned

There have been many important lessons learned over the six years of implementation. The importance of relationships in working with expecting and parenting students has been paramount. Taking time to build strong relationships with and between participants, partners, the school, the staff, and community members has been key to implementing strong programming. Without those relationships, it is difficult to maneuver the systems that affect participant lives and build the trust necessary to support the work together.

Another important lesson is flexibility. Changes in school policy, political climate, pandemic, and participant demographics have led to changes in programming to best meet the objectives of the model. While the specific interventions may shift, the core components and intention of interventions do not change. Using data and participant feedback has been key to ensuring that any shifts to programming made continue to have this impact.

The relational approach of the model has been a true asset to the work that is done. To teach an attachment-based model, it is necessary to build trust through that parallel process. Therefore, we teach participants how to build strong relationships with their children through how staff interact with them, each other, and outside partners. We have outside consultation with Kennedy Krieger PACT to support this parallel process with program and administrative leadership.

Funding for the program has been challenging at times but has become increasingly stable as more partners learn about the impact of the program. There are higher than average staffing costs to meet the ratio needs of providing care for infants and toddlers and employing wraparound services. As our program has no cost to participants to increase access; grants, foundations, and individual donors have primarily funded the work done for our current site. Additional funding resources have been identified for the new sites that are in the process of opening to help mitigate this issue.

Space has been another challenge. Limited space has impacted the number of children that can be enrolled in programming, thus impacting the number of parenting students that are provided childcare. Our physical space does not meet the square footage requirements to be licensed to provide childcare to participants while they are outside of the building. The program abides by all licensing requirements with the exception of the space requirements due to limitations. The UWFC in Ben Franklin High School runs under an exemption from Maryland State Department of Education. This also limits potential funding sources for the program.

### Replication

This practice has not yet been replicated.

### Next Steps

This practice is in the process of being expanded to two different settings with different populations.

### Internal Capacity

#### Leadership

- Neighborhood Zone Vice President: The Vice President directs the strategy of the Neighborhood Zones, oversees operations at all Zones and identifies potential funding streams. This person maintains strong relationships with partners and funders, working with additional staff to direct strategy and fundraising efforts. (15% of time)
- Neighborhood Zone Director: The Neighborhood Zone Director oversees programmatic implementation, manages budgets, neighborhood relationships, reporting to funders, and fundraising. (60% of time)

#### Programmatic Implementation

- Family Services Coordinator: The Family Services Coordinator is a clinical social worker responsible for implementing clinical services for expecting and parenting students and their families, including individual,

family and groups counseling, case management, home visits, and resource referral. This person is responsible for maintaining attachment-based, trauma informed interventions.

- **Family Center Manager:** The Family Center Manager oversees ECE staff, implementation of curriculum and assessments, manages contracts and permits, and ensures ECE program meets all childcare regulations.
- **Lead Teachers (3):** Each classroom has a Lead Teacher. The Lead Teacher is responsible for implementing high quality ECE programming, conducting assessments, and supporting an enriching, safe environment within the classroom. The ECE staff often act as in the moment parenting coaches to student parents.
- **Teacher's Aides (2 full-time and 1 part-time):** The Teacher's Aides assist implementation of high quality, ECE programming and provide daily care for infants and toddlers.
- **Bus Driver(s):** The Bus Driver is the first face that a family sees in the morning and the last one they see at the end of the day. This person safely transports families to and from school but ensures that our model continues outside of the UWFC space.

There were several supports established that aided in the capacity for all staff to implement the practice. Relational capacity is a key factor identified in hiring successful staff. Staff with high relational capacity can build the relationships necessary to successfully implement the model. Internally, we utilize reflective models in supervision with staff and programmatic decision making. To support this, we have outside consultation with PACT to provide ongoing oversight, training, and assistance to ensure fidelity to the model.

If others were implementing this model, it would be recommended to add in additional administrative support to aid in the day to day administrative tasks of the program, including things such as purchasing and paperwork. Building in an Administrative Assistant position would streamline many administrative tasks that are currently spread between management roles.

### **Stakeholder Empowerment & Collaboration**

Each of our stakeholders provides key insights related to the services we provide and play an important part in ongoing program development and effectiveness. Our primary participants are expecting and parenting students, their children, and families. Their voice is imperative in ensuring services are meeting their needs and engaging their strengths.

Community members and partner agencies are the experts on the community, resources, and strengths inherent within it. Ongoing communication with partners ensures that organizations are invested in a collective strategy and coordinating resources to provide the strongest impact. The school staff and administrators are key to ensure the strategy is supportive of the educational environment. Ongoing communication between teachers, administration and the Family Center staff has been imperative in removing barriers to educational success and developing innovative strategies to meet the unique needs of parenting students.

Baltimore City Public Schools has been a key partner in providing in-kind space and supportive services and coordination. The ability to work collaboratively with the Office of Enrollment, Choice and Transfers for students attending other schools who need to be transferred into Ben Franklin in order to take advantage of the program has been key in program access. Funders, such as the Maryland State Department of Education, Baltimore City Health Department, Krieger Fund and Maryland Department of Health have supported our ongoing growth through providing information, insight and connecting our practice to the larger systems in which it exists. Kennedy Krieger PACT has provided training and monitoring for our program, deepening our theory base, and providing accountability. Services providers, such as WIC, have partnered to identify strategies to remove barriers to access, such as bringing services onsite for parenting students.

Our stakeholders are our best storytellers and play a vital role in disseminating information about our work. Our participants, partners, and funders share the impact of this work with their peers, personal networks, and other agencies.

Parenting students participate in quarterly Advisory meetings to provide direct feedback to the leadership of the program. This ongoing contact provides space to build confidence, comfort, and leadership to address concerns and develop additional participant led initiatives. Participants also learn self-advocacy skills within this group. Teacher Conferences are held with parenting students with their child's teacher, reinforcing the student parent's role as expert on their child's education and providing individual opportunity to provide feedback on services.

We hold tours and informational sessions to connect with external stakeholders (international, national and community partners, potential funders, community leaders and agencies) to learn about our programming and provide feedback on strategies. Participants and school staff often participate in these sessions to provide their experiences and ideas. This supports additional collaborations and partnerships that grow programming in new ways.

## Practice Timeline

Practice Timeline				
Phase	Description of Activity	Activity Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
<b>Planning/ Pre-implementation</b>	Community Engagement (focus groups, community outreach to identify community strength and need, partner development, identify location/school partner)	Begin at least two years before implementation, On-going through all phases		Vice President, Director
	Fundraising for capital improvements and programmatic implementation	Begin at least two years before implementation, On-going through all phases		Grants, Development, Vice President, Director
	Capital improvements (RFPs, environmental assessments, design plans, MOUs with school system, permits) and furnishing space	9 months		Vice President, Director, Administration
	Hire and train programmatic staff	4 months		Director and HR
<b>Implementation</b>	Engage and enroll participants (outreach, enrollment support, paperwork)	3 months before open (on going after)		Family Center Manager
	Begin providing clinical supports concurrently with engagement to support barrier removal.	2 months before open (on going after)		Family Services Coordinator
	Begin providing ECE and attachment programming	On-going		Family Center Manager, Family Center Staff, Family Services Coordinator
	Begin assessments and data collection	On-going		Family Center Manager, Family Services Coordinator
<b>Sustainability</b>	On-going fundraising and resource development through grants	On-going		Grants, Development, Vice President, Director

	Utilize assessments, participant advisory groups/feedback, additional stakeholder feedback, and CQI to adjust programming to best meet evolving need.	On-going		Director, Family Center Manager, Family Services Coordinator (Vice President)
	Continue building partnerships in the community to provide additional resources and opportunity	On-going		Vice President, Director

### Practice Costs

Budget			
Activity/Item	Brief Description	Quantity	Total
Capital improvements	Construction to transform space to be suitable to provide childcare, install playground, permits, and inspections.	Start-up expense	\$1,000,000
Furniture and furnishings	Cost to furnish ECE program	Start-up expense	\$75,000
Salary related costs	Salaries for administrative and programmatic staff	Annually	\$470,000
Lunches	Catered lunches for ECE children	\$800 per month	\$7,100
Additional Contracts and Consultants	ECE related contracts and consultant fees	Annually	\$30,000
Shuttle	Purchase shuttle	Start-up expense	\$65,000
Transportation	Gas and maintenance for Shuttle	\$500 per month	\$6,000
Professional Development and training	Trainings and continued education requirements for staff	\$5,000 annually	\$5,000
Program Supplies	All cleaning supplies, educational materials, office supplies, food,	\$1,000 per month	\$12,000
Food Costs for groups and special events	Food for parenting groups, advisory groups, quarterly family engagement events	Annually	\$2,700
<b>Total Amount:</b>			<b>\$1,672,800</b>

## Resources Provided

- [The Family Center at United Way's Neighborhood Zone in Brooklyn Analysis of Benefits and Return on Investment](#)

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