FAMILY STRENGTHENING NETWORK FAMILY ADVOCACY EVALUATION

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EXECUTIVE SUMMARY

Through our evaluation over the last eight years, we have observed that Family Strengthening Network (FSN) has a unique approach to family advocacy and service delivery which has resulted in positive changes among families. In an effort to evaluate this, we created a comprehensive survey to measure the relationship between family advocates and the families they serve, and how this relationship is related to families' outcomes. We also interviewed family advocates that work for FSN to better contextualize the quantitative findings. Results indicated that families served by FSN reported high levels of relationship quality with their family advocate, high levels of perceived social support, and high levels of interpersonal mattering. As a whole, people who work with family advocates have significantly positive outcomes that may be attributed to the efficacy and strength of the relationship they have with their family advocate. Interviews with family advocates provide context on the process through which the strength of the relationship between advocates and the families is built and fostered. This data sheds light on the effectiveness of FSN's implementation of the WFA in this context and better details the ways that families engage with collaboratives as a result of the WFA. For example, results show that trust is built with the families through a variety of means, one of which is the family advocate engaging the whole family whenever possible.

OVERVIEW

The Family Strengthening Network (FSN) is a non-profit organization that focuses on fostering the self-sufficiency of families by offering holistic support to help families develop strengths, achieve goals, and navigate the most important facets of family life. Family advocates provide individualized supports to families on a one-on-one basis, forming personal relationships with families to increase accountability to goals and build community. Family advocates are community members themselves and provide support through informal supports. FSN focuses heavily on community, family, and youth development, and offers a variety of informal and formal events and educational opportunities to support families in their individual goals. FSN aims to improve the family unit as a whole, thus improving the quality of life of all family members. The family advocates coordinate with each other to identify local opportunities to help families meet established goals and empower families in the following targeted areas: financial, employment, health & wellness, academic excellence, service-learning, and healthy relationships.

The goal of this evaluation was to understand the efficacy of the family advocacy model employed by the Family Strengthening Network and what specifically contributes to that efficacy. To achieve this goal, this evaluation employed a mixed-methods approach to get a holistic perspective on the work that family advocates do with the families they serve. Quantitative data was collected through the use of a survey given to those who work with family advocates, and analyzed in comparison with families' scores on a tool used by FSN to track family goal attainment. Qualitative data was collected through interviews conducted with family advocates, in an effort to further understand the effective ways in which they support families. Part I of this report details the quantitative findings, while Part II details the qualitative findings. Part III is a discussion of the findings detailed in Parts I and II.

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FAMILY ADVOCACY QUANTITATIVE EVALUATION

INTRODUCTION

Family advocates provide individualized support to families on a one-on-one basis, forming personal relationships with families to increase accountability to goals and build community. FSN focuses heavily on community, family, and youth development, and offers a variety of informal and formal events and educational opportunities to support families in their individual goals.

Previous research has identified that the central goals of family advocacy work is to help families access formal and informal support in their communities and to foster feelings of self-efficacy among the families that advocates serve. Family advocates achieve these goals by providing emotional, affirmational, and instrumental support to the families. Additionally, this is achieved by assisting families in forming collaborative relationships with the service providers and community members (Anthony, Serkin, Khan, Troxel, & Shank, 2019).

To assess how effective family advocates are in achieving the above-mentioned goals, the outcomes to consider are:

1

The quality of the relationships between the family advocates and the families they serve.

2

Social support that families gain as they collaborate with the family advocates.

3

The degree to which families feel important and feel they are able to rely on others.

Due to the individualized nature of services that family advocates provide, the ultimate success of the collaboration between family advocates and families is contingent upon the quality of the relationships between them. In their research, Canevello and Crocker (2010) define responsiveness as "the perception that a partner understands, values, and supports important aspects of the self" and partners' responsiveness is a defining factor of the relationship quality. That means that the degree to which partners understand, value, and support each other defines how close, satisfied, and committed they are in the relationships (Canevello & Crocker, 2010). The mutual exchange of trust and respect between service providers and their community members could signify the strength of their professional and personal relationships. Moreover, the research suggests that being reliable resources for partners will, in turn, make those partners more reciprocally responsive. This suggests that, in the context of the social service provision, the reliability and responsiveness provided to the recipients may encourage a reciprocal relationship for the families to work harder to achieve their joint goals with the service provider. Therefore, we used the adapted Relationships Quality Scale (Canevello & Crocker, 2010) to measure how satisfied, close, and committed family members felt in their relationships with the family advocates.

Social support has been associated with better mental and physical health outcomes (Heaney & Israel, 2008; Stephens, Alpass, Towers, & Stevenson, 2011), and providing resources to access formal and informal support through assistance in relationship building is one of the central goals of family advocate work (Anthony et al., 2019). Research in the area of social psychology, health, and aging suggests that comprehensive support services may improve the social networks for engaged family members, which has been shown to increase feelings of social connectedness and perceived social support while decreasing feelings of social isolation. Further, Stephens et al. (2011) indicated that it is perceived social support rather than objective measurable factors of social networks that have a strong influence on well-being. Thus, we used the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988) to evaluate the respondents' perceptions of available social support.

Another construct that is closely related to social support is mattering, which has been defined as "the perception that, to some degree and in any of a variety of ways, we are a significant part of the world

around us" (Elliot, Kao, & Grant, 2004). Mattering can occur on various levels, and the interpersonal level of mattering involves both one's importance to and reliance on others. By accomplishing one of the central goals of the family advocate work of fostering families' self-efficacy, providers have the potential to bolster the crucial perceptions of family members as being important, feeling supported, and knowing they have someone to rely on (Anthony et al., 2019; Elliot et al., 2004). The research findings substantiate this claim by indicating that mattering is positively related to self-esteem and is an integral part of the individual's self-concept (Elliot et al., 2004). Therefore, we used the Interpersonal Mattering Scale (Elliott et al., 2004) to assess the degree to which respondents feel important to other people in their lives.

The goal of this evaluation is to determine the efficacy of Family Strengthening Network's family advocacy model and to understand the relationship between the family advocates and the families they serve, which provides comprehensive support to families. To achieve this, we provided families with a brief survey that was composed of items from the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) which assessed individual's perceptions of available social support, items from the scale for interpersonal mattering (Elliott et al., 2004) assessed the degree to which a person feels that they are important to other people in their lives, and items from a relationship quality measure (Canevello & Crocker, 2010) which provided a general sense of the quality of the relationship between families and their family advocates. This data was compared with families' scores on a tool used by FSN to track family goal attainment to provide clarity on the effectiveness of FSN's individualized advocacy model and further our understanding of the impact of broader-reaching advocacy efforts.

METHODS

To achieve the goals of the present evaluation study and assess the effectiveness of the family advocacy model implemented by the Family Strengthening Network (FSN), two instruments were used. Firstly, the Family Assessment Tool (FAT) was used by Family Advocates at the FSN to evaluate the progress of the families they serve. The tool was filled out at two-time points (Intake and 6 Months) by the family advocate on their perception and evaluation of the family's progress and status over time. The areas of the evaluation included stability in income, employment, and housing; budget, home, and time management; access to transportation and insurance; adult and children's education; mental, emotional, and physical well-being; family relationships, social supports, and community involvement; families' motivation to achieve the set goals as well as their ability to take independent action; whole family engagement in collaboration with the family advocate; and legal issues.

The Working Together Survey was constructed by WRI and used to evaluate the impact of the comprehensive family advocacy provided by FSN. The Working Together Survey was comprised of three measures: the Relationships Quality Scale (Canevello & Crocker, 2010), the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), and the Interpersonal Mattering Scale (Elliott et al., 2004). The Relationship Quality Scale (Canevello & Crocker, 2010) measured how satisfied, close, and committed family members felt in their relationships with the family advocates and was divided into three respective subscales. The relationship satisfaction subscale consisted of six items rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with the higher score indicating higher relationship satisfaction. The closeness component was measured by two items, rated on a scale from 1 (not as close as others) to 5 (much closer than others). Lastly, the family advocate relationship commitment was assessed by three items scored on a 7-point Likert scale from 1 (strongly agree) to 7 (strongly disagree). The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) evaluated the respondents' perceptions of available social support and contained twelve statements scored from 1 (very strongly disagree) to 7 (very strongly agree). Finally, the Interpersonal Mattering Scale (Elliott et al., 2004) was included to assess the degree to which respondents feel important to other people in their lives, as was measured by four items with the scores ranging from 1 (not at all) to 4 (very much). The Working Together Survey was provided in English and Spanish. WRI worked with FSN and family advocates to identify families to take the survey and make contact with these families. Data collection

was performed from January 2021 to June 2021. Data collection was originally going to run from April 2020 to June 2021, the effects of the COVID-19 pandemic caused us to alter our timeline and adjust accordingly. Despite the moved timeline, the project was still completed within the Rutgers COVID-19 return to research safety guidelines and fidelity was intact for the duration of the project.

A paired t-test was performed to examine the difference in FAT score improvement over time for the 60 observations and determine whether there was a statistically significant mean difference between the baseline (intake) survey and the 6-month follow-up. Correlations were also conducted. Descriptive statistics (frequencies and percentages) were also used to calculate the progress of the families working with family advocates at FSN.

RESULTS

GENERAL

The first FAT Survey Summary Score, which was collected at baseline (74.62 ± 11.44), when compared to the second FAT Survey Summary Score at 6 months (80.97 ± 10.35), shows a statistically significant increase of 6.35 (95% CI, 2.02 to 10.39), t = 3.139, p < .002. As the p-value is less than 0.05, it can be concluded that there is a statistically significant difference between the first FAT Survey Scores to the second FAT Survey Scores, indicating that the results demonstrated significant improvement over the six-month time period. These findings indicate that families made overall significant progress across the areas of assessment, while they were receiving services from the FSN family advocates during the 6-month period.

Within six months from enrollment with FSN, the specific areas of improvement included but were not limited to financial stability, whole family engagement, and mental and emotional well-being. According to the results, families' income became more stable (baseline 56.67%; 6 months 73.34%) and adequate for the monthly bills, regular savings, and some non-essential purchases. The families also demonstrated improvements in employment (baseline 53.33 %; 6 months 65%) and housing (baseline 65%; 6 months 78.43%) stability. The majority of the families acquired permanent employment with adequate compensation and benefits that also provided fulfillment and enjoyment. In addition, more than three-fourth of families had safe and secure homeownership that was well-maintained and did not consume more than 25% of the income. Additionally, mental health scores also increased over time (baseline 46.67%; 6 months 70%), and family advocates reported families successfully coping and following recommendations as well as demonstrating an increase in hopefulness and support.

RELATIONSHIP QUALITY

Based on the results, after six months from the intake at FSN, the majority of families indicated having high-quality relationships with their family advocates. As shown in Table 1, there is a very high average rating on each of the items corresponding to the families' relationship satisfaction with their advocates. Specifically, most of the participants indicated having a high level of relationship satisfaction with their family advocate (90%), and their relationship with their family advocate met or exceeded their original expectations (83.05%). Further, nearly all families reported a strong commitment to the relationship with their family advocate (93.22%), with the average rating of commitment being 6.71 out of 7 (Table 3). Additionally, a majority of the respondents also indicated feeling that their relationship with the advocates was closer than both their relationship with others in general and when comparing to other people's family advocate relationships (Table 2).

In line with our hypothesis and with previous research (Canevello, A. & Crocker, J., 2010), data show that the significant growth demonstrated by the families coincided with the high relationship quality between families and the advocates at the 6-month follow-up assessment. These findings suggest that in the context of comprehensive family advocacy and individualized support provision, relationship quality between the service provider and the recipient is an important factor of productive collaboration.

TABLE 1. FAMILY ADVOCATE RELATIONSHIP SATISFACTION

	Composite		Baseline		6 Month	
	Mean (Range)	SD	Mean (Range)	SD	Mean (Range)	SD
In general, I am satisfied with my relationship with my family advocate.	4.78 (1-5)	0.8	4.73 (1-5)	0.88	4.84 (1-5)	0.68
My family advocate meets my needs.	4.77 (1-5)	0.69	4.73 (1-5)	0.82	4.81 (1-5)	0.45
My relationship with my family advocate is better than most.	4.70 (1-5)	0.76	4.61 (1-5)	0.92	4.82 (1-5)	0.45
My relationship with my family advocate has met my original expectations.	4.75 (1-5	0.69	4.72 (1-5)	0.71	4.79 (1-5)	0.67
There are many problems in my relationship with my family advocate.	1.16 (1-5)	0.63	1.18 (1-5)	0.65	1.11 (1-5)	0.62
I wish I hadn't started working with my family advocate.	1.15 (1-5)	0.63	1.23 (1-5)	0.81	1.02 (1-5)	0.15

LIBERT SCALE KEY

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

Note. Table 1 presents the means and standard deviations of the responses to each of the items of the Relationship Satisfaction subscale used in the present study. The items were rated on a 5-point Likert scale by the participants with the higher score indicating higher relationship satisfaction with the family advocate. Two items at the bottom of the table were reverse coded.

TABLE 2. FAMILY ADVOCATE RELATIONSHIP CLOSENESS

	Composite		Baseline		6 Month	
	Mean (Range)	SD	Mean (Range)	SD	Mean (Range)	SD
Relative to all other relationships, how would you characterize your relationship with your family advocate?	3.81 (1-5)	1.04	3.7 (1-5)	1.03	3.95 (1-5)	1.06
Relative to what you know about other people's family advocate relationships, how would you characterize your relationship with your family advocate?	4.07 (1-5)	0.84	3.96 (1-5)	0.84	4.21 (1-5)	0.83

LIBERT SCALE KEY

| 1	2	3	4	5
Not as close as others	Somewhat less close than others	The same as others	Somewhat closer than others	Much closer than others

TABLE 3. FAMILY ADVOCATE RELATIONSHIP COMMITMENT

	Composite		Baseline		6 Month	
	Mean (Range)	SD	Mean (Range)	SD	Mean (Range)	SD
I am committed to my relationship with my family advocate.	6.66 (1-7)	0.8	6.58 (1-7))	0.64	6.71 (1-7)	0.98
I am attached to my family advocate.	5.88 (1-7)	1.27	5.83 (1-7)	1.19	5.95 (1-7)	1.39
It is likely that I will end my relationship with my family advocate in the near future.	1.72 (1-7)	1.43	1.73 (1-7)	1.48	1.7 (1-7)	1.38

LIBERT SCALE KEY

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither disagree or agree	5 Somewhat Agree	6 Agree	7 Strongly Agree

FAMILY ADVOCATE SATISFACTION
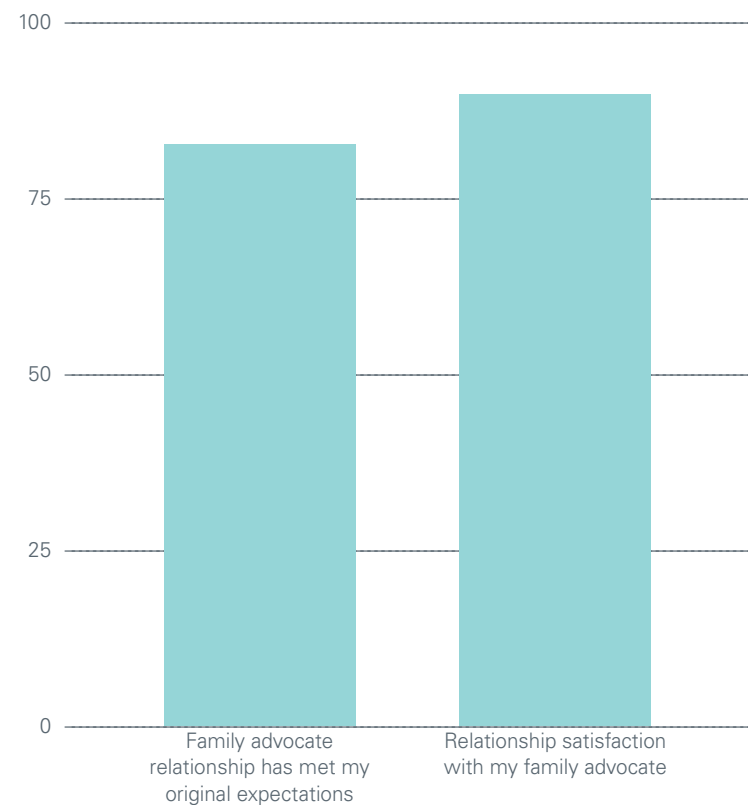
PERCEIVED SOCIAL SUPPORT

Overall, there was an increase in individuals' feelings of social support between baseline and 6-month follow-up assessments (Table 4). It is important to note that while families' total social support scores increased, there was also an increase in specific areas as well. Additionally, our findings indicated that there was a positive correlation (r = .4554) between the satisfaction with family advocates relationships, family support ("*I am satisfied with my relationship with my family advocate; My family really tries to help me*"), and perceived social support among the families at the 6-month follow up assessment. For example, participants indicated a higher score on the ability to talk about their problems with family, also indicated greater relationship satisfaction with their family advocate (r = .424). At the same time, individuals who reported having better relationships and higher relationship satisfaction with their advocates indicated that they can count on friends when things go wrong (r = .402). Likewise, they specified having friends with whom they can share joys and sorrows and also indicated the ability to identify a special person in their life who cares about their feelings as well as the ability to talk about their problems with friends (r = .856).

TABLE 4. MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

	Composite		Baseline		6 Month	
	Mean (Range)	SD	Mean (Range)	SD	Mean (Range)	SD
There is a special person who is around when I am in need.	5.46 (1-7)	1.68	5.24 (1-7)	1.82	5.76 (1-7)	1.44
There is a special person with whom I can share my joys and sorrows.	5.47 (1-7)	1.71	5.32 (1-7)	1.76	5.67 (1-7)	1.64
I have a special person who is a real source of comfort to me.	5.55 (1-7)	1.67	5.44 (1-7)	1.77	5.69 (1-7)	1.55
My friends really try to help me.	5.09 (1-7)	1.56	5.03 (1-7)	1.66	5.16 (1-7)	1.44
I can count on my friends when things go wrong.	4.99 (1-7)	1.6	4.91 (1-7)	1.65	5.09 (1-7)	1.54
I have friends with whom I can share my joys and sorrows.	5.10 (1-7)	1.55	5.04 (1-7)	1.63	5.16 (1-7)	1.44
There is a special person in my life who cares about my feelings.	5.38 (1-7)	1.78	5.19 (1-7)	1.87	5.65 (1-7)	1.64
I can talk about my problems with my friends.	5.09 (1-7)	1.58	5.01 (1-7)	1.63	5.19 (1-7)	1.51
My family is willing to help me make decisions.	5.00 (1-7)	1.93	4.93 (1-7)	1.99	5.09 (1-7)	1.88
I get the emotional help and support I need from my family.	5.01 (1-7)	1.95	4.88 (1-7)	1.95	5.18 (1-7)	1.97
I can talk about my problems with my family.	4.85 (1-7)	1.92	4.59 (1-7)	1.99	5.21 (1-7)	1.78
My family really tries to help me.	5.23 (1-7)	1.84	5.06 (1-7)	1.89	5.46 (1-7)	1.76

LIBERT SCALE KEY

1 Very Strongly Disagree	2 Strongly Disagree	3 Mildy Disagree	4 Neutral	5 Mildly Agree	6 Strongly Agree	7 Very Strongly Agree

Table 4 provides data on perceived social support. The findings indicate that while the average ratings of the items are on the upper side of the score range, there is variability in participants' responses, particularly among the questions inquiring about family. Namely, looking at the statements about families ("*My family is willing to help me make decisions*"; "*I get the emotional help and support I need from my family*"; "*I can talk about my problems with my family*"; "*My family really tries to help me*"), there are substantial standard deviations (SD) of the scores across the baseline, 6-months, and the composite analyses. A higher standard deviation denotes a higher degree of variability, which means that participants' ratings of the scale items were distributed across the spectrum (i.e., from 1 to 7). However, the data also reveal that there is a higher consistency in responses to the items inquiring about the non-familial support ("*There is a special person who is around when I am in need*"; *My friends really try to help me*"). Therefore, while there was an increase in perceived social support among the families within a 6-months period, the difference in consistency of the responses to familial versus non-familial statements suggests that some participants obtain greater support outside the family.

The results presented above have several implications. First, during the period that families were receiving services from the FSN, their perception of available social support increased. Social support has been consistently related to the number of positive outcomes, such as better mental and physical health (Heaney & Israel, 2008; Stephens, et al., 2011). Based on the previous research, one of the central goals of family advocacy is helping family members access formal and informal support (Anthony et al., 2019), and our findings suggest that FSN accomplished this task while serving the target families. Additionally, based on existing evidence (Canevello & Crocker, 2010), we proposed that as a key factor of successful collaboration, the quality of the relationship between the advocates and families would contribute to the social support that families gain. Indeed, our findings revealed that there was a direct positive association between the family advocate relationship satisfaction and perceived social support reported by the participants, over time.

Second, results imply that participants were able to source greater social support outside the family, such as from friends or a special person in their lives. The individualized support that family advocates provide is rooted in building personal relationships and providing emotional and instrumental support to families (Anthony et al., 2019). Further, family advocates also assist family members in building relationships with others, including community members and service providers. (Anthony, et al., 2019). Considering both the fact that family members reported receiving more social support from others and the association between family advocate relationship satisfaction and perceived social support, the data may signify that family advocates served as a source of greater support to families. At the same time, it may also be indicative of families successfully building relationships with other people in their lives and accessing the additional support that they need.

MATTERING
We found that participants experienced high levels of mattering, which also increased from baseline to 6 months (see Table 5). Over time, participants' mean perception of mattering increased, specifically, with respect to the items "How important do you feel you are to other people?" and "How much do you feel other people pay attention to you?" (see Table 5). Participants reported the highest levels of interpersonal mattering when asked about "How much do people depend on you?". Therefore, it can be reasoned that this, in theory, may be indicative of a reciprocal relationship instead of a one-sided relationship. To summarize, people feel like they have others' attention and feel important, while also feeling like they have others who depend on them

TABLE 5. GENERAL MATTERING

	Composite		Baseline		6 Month	
	Mean (Range)	SD	Mean (Range)	SD	Mean (Range)	SD
How important do you feel you are to other people?	3.41 (1-4)	0.72	3.39 (1-4)	0.78	3.44 (1-4)	0.62
How much do you feel other people pay attention to you?	3.10 (1-4)	0.7	3.03 (1-4)	0.77	3.19 (1-4)	0.58
How much do you feel others would miss you if you went away?	3.43 (1-4)	0.85	3.4 (1-4)	0.88	3.42 (1-4)	0.82
How interested are people generally in what you have to say?	3.08 (1-4)	0.78	3.09 (1-4)	0.789	3.14 (1-4)	0.78
How much do people depend on you?	3.76 (1-4)	0.45	3.77 (1-4)	0.46	3.74 (1-4)	0.44

LIBERT SCALE KEY

1 Not at all	2 A little	3 Somewhat	4 Very Much

CONCLUSION

This evaluation sought to determine the efficacy of the Family Strengthening Network's family advocacy model, and to understand the relationship between the family advocates and the families they serve. The findings show that families who work with family advocates make significant progress in many goal areas, including but not limited to, financial stability, whole family engagement, and mental and emotional well-being. In an effort to unpack the efficacy of the family advocacy model, we surveyed families served by FSN in three areas: relationship quality, perceived social support, and interpersonal mattering. Our findings indicate that families served by FSN reported high levels of relationship quality with their family advocate, high levels of perceived social support, and high levels of interpersonal mattering. As a whole, people who work with family advocates have significantly positive outcomes that may be attributed to the efficacy and strength of the relationship they have with their family advocate. For example, Individuals who had a higher/better FAT score for mental health also indicated having a family advocate that meets their needs, also, individuals that indicated higher scores on the mattering scale ("I feel important to other people"; "How much do people pay attention to me") also indicated a higher score in perceived social support ("There is a special person who is around when I am in need", "There is a special person with whom I can share my joys and sorrows").

FAMILY ADVOCACY QUALITATIVE EVALUATION

OVERVIEW

This project is an analysis of family advocate's effectiveness. This analysis will help Family Strengthening Network (FSN) understand both the strengths and challenges of family advocates to better address areas of further development. This information will be used as supplemental to the existing quantitative report to enable FSN to understand the effectiveness and impact of family advocates on families.

INTRODUCTION

The Family Strengthening Network aims to build resilience in the family unit as a whole, thus improving the quality of life of all family members. The Walter Rand Institute (WRI) worked with FSN to quantitatively identify and measure the families' varying outcomes related to the effects of the FSN family advocate relationship, social support, and mattering. The current qualitative report seeks to expand on the analysis to detail what specifically the advocates provide to families that assist families and provide insights on the effective ways that family advocates support and positively impact families.
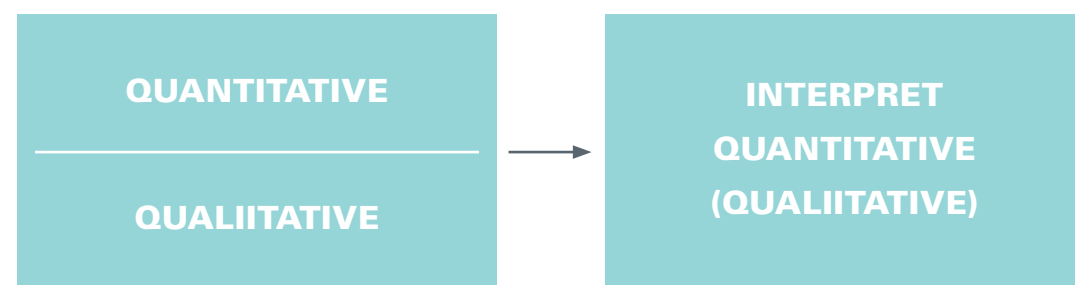
PROJECT TIMELINE

The collection of the qualitative data was conducted during the quantitative intervention. The length of time for completing data collection was from May 25, 2021, to June 17, 2021.

METHODOLOGY

The current report methodology is embedded research design, a mixed-method in which a qualitative data set provides a supportive, secondary role in the primary quantitative study (Creswell, Plano Clark, Gutmann, & Hanson, 2003). The intent of the embedded design is not to converge two different data sets collected to answer the same question (Figure 1). The FSN primary quantitative report analyzes the family's outcomes affected by their FSN family advocate relationship, social support, and mattering. However, the current qualitative report elaborates on effective ways that family advocates help families.

FIGURE 1: EMBEDDED QUALITATIVE RESEARCH DESIGN

QUANTITATIVE / QUALIITATIVE → INTERPRET QUANTITATIVE (QUALIITATIVE)

Interviews were used for this portion of the evaluation. Interviews provide more comprehensive insights and act as a richer source of information. Interviews were conducted with a small group of family advocates at the Family Strengthening Network. The interviews utilized semi-structured, open-ended questions to gain in-depth information from people directly involved with the program and could not be accurately gathered by survey questions (Virginia Tech, 2021).

A literature review was conducted for the process of designing interview questions. 11 family advocates were interviewed and were compensated with gift cards. Interviews were confidential. Family advocates' responses were used to identify the differences and similarities among the interviewees' points of view regarding strengths and struggles in strengthening the family unit as a whole, thus improving the quality of life of all family members.

Due to COVID-19, there were research restrictions and social distancing requirements at the time of data collection. All interviews were conducted remotely, either through Zoom technology or over the phone, from May 2021 through June 2021. All interviews included 1-2 notetakers and were transcribed with hand-written notes during each interview. Each of the study participants was interviewed between 30 minutes to an hour.
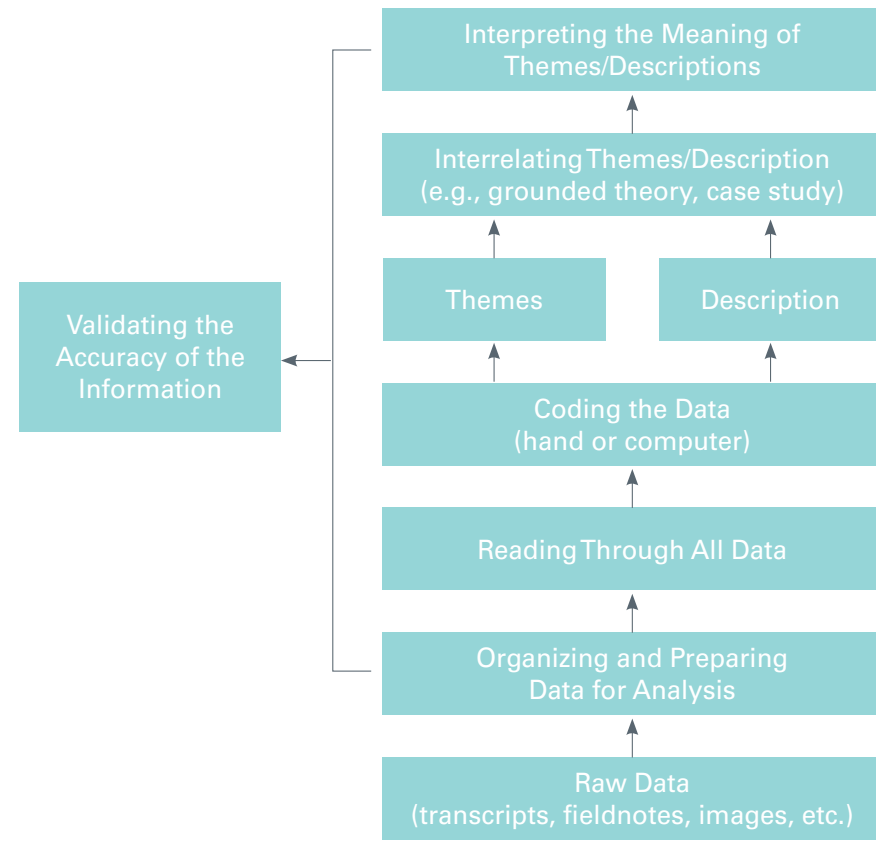
This project was supported by the Rutgers University support with Non-Human Research Certificate, which determined the project to be Non-Human Subject Research in IRB review. Codes were created for the interview data to identify patterns related to identified topic areas from the interviews and previous literature on family advocates. Researchers individually generated a list of themes and categories with content descriptions and then worked collaboratively to compile a final list of themes and categories that emerged from the notes. Specific topics to guide analysis in interviews included respondents' perceptions on:

- Action planning
- Adaptive strategies/holistic approach
- Connecting with resources
- Empowering families
- Family Advocate effectiveness
- Relationship building and maintenance between family advocate and the family
- The relationship within family members
- The difference between social worker and family advocates

Team members then took the interview data and focus lists of thematic codes for coding data through NVivo software. Coding by transcript was reviewed by the analysis team and was interpreted and interrelated with other themes. The accuracy of the information was validated by previous research. To increase the study's rigor and credibility, inter-reliability coding was conducted (Figure 2).

Interpreting the Meaning of Themes/Descriptions

Interrelating Themes/Description (e.g., grounded theory, case study)

Themes | Description

Validating the Accuracy of the Information

Coding the Data (hand or computer)

Reading Through All Data

Organizing and Preparing Data for Analysis

Raw Data (transcripts, fieldnotes, images, etc.)

(Cresswell, 2014)

LITERATURE REVIEW

The following literature review provides insight for the current project and contextualizes the report findings. Approaches to family advocacy began to transform after the 1990s. Social service providers began to shift their view from families seen as recipients of child protection to families as collaborators working with the social workers towards joint goals (Roose, Roets, Van Houte, Vandenhole, & Reynaert, 2013). While there are different philosophies in social work regarding family and child participation with social service providers, the critical difference in this updated approach was that families are seen more as partners than as patients, plus this approach intended to shift ideas away from rigid ideas of children in need of protection (Roose et al., 2013). This partner approach to social services has made for more successful service and resource provision for those in need and alleviates stigma around family resources. Additionally, research in the area of social psychology, health, and aging suggest that comprehensive support services may improve the social networks for engaged family members, which has been shown to increase feelings of social connectedness and perceived social support while decreasing feelings of social isolation (Stephens, Alpass, Towers, & Stevenson, 2011). Stephens et al. (2011) explored the myriad health benefits of strong social networks and perceived social support for adults, including support services and resources.

An individualized concern or feeling about one's importance in the world has coined the term *mattering* originating in the 1980s by Rosenberg and McCullough (1981). It has been defined as "the perception that, to some degree and in any of a variety of ways, we are a significant part of the world around us" (Elliot, Kao, and Grant, 2004). Mattering can occur on various levels, and the interpersonal level of mattering involves both one's importance and reliance on others. Providers of family services have the potential to bolster the crucial

perceptions of family members as being important, feeling supported, and knowing they have someone to rely on. Research indicates that feelings- of importance, support, and reliance are positively correlated with higher self-esteem.

One of the most effective methods for improving family experiences and outcomes is understanding what makes support services effective. It is key to analyze the individual's responsiveness and perception of social support in building relationships. In 2010, research by Canevello and Crocker illustrated that the responsiveness of individuals is a key determining factor of how a potential relationship between individuals will start and grow (Canevello & Crocker, 2010). In their research, Canevello and Crocker (2010) define responsiveness as "the perception that a partner understands, values, and supports important aspects of the self." The mutual exchange of trust and respect between service providers and their community members could signify the strength of their professional and personal relationships. Moreover, research suggests that being reliable resources for partners will, in turn, make those partners more reciprocally responsive. This indicates that, in the context of the social service provision, the reliability and responsiveness provided to the recipients may encourage a reciprocal relationship for the families to work harder to achieve their joint goals with the service provider.

Importantly, research also suggests that when recipients of support services, especially children, feel a sense of belonging and understanding in the relationship with their social service providers, they are more likely to overcome adversities. Goodwin-Smith et al. (2017) outline the benefits, particularly for adolescents and young adults, to experience feelings of belonging and perceived social support to buffer the effects that childhood adversity may have on their future. In their study, children and young adults expressed the need for feeling welcome, included, and wanted as key factors in their supportive peers (Goodwin-Smith et al., 2017). In addition to relationships with social service providers, family advocacy programs are designed to improve parent-child bonding and create a community of support from which parents can draw over time. Caspe and Lopez (2006) insist that a successful family advocacy intervention needs to understand the relationship between parents and children. They highly value parent-child relationships in the family and children's development. Many family strengthening programs allow parents to learn new parenting skills and engage in activities developed appropriately by the programs. Some activities designed by the programs for parent-child bonding let parents and their children eat dinner together, work on homework together or tell stories about the family experience and history in a community space. Also, the family advocacy programs offer separate parent and child skills training classes. In the parent skill training section, parents meet with advocates to learn skills and strategies to effectively communicate with their children and teach their children their desired way. All the techniques and activities that the advocacy programs offer aim to make families focus on improving parent-child bonding. Caspe and Lopez's (2006) review on many family advocacy programs shows that most of the programs in their review can improve parents' involvement, bonding, and communication with their children and strengthen parent-child relationships

Hess, Barr, and Hunt (2009) also emphasize the importance of mobilization of family members themselves. In most cases, family members know and love one another more than a professional ever will—even in an extended therapy relationship. Family members offer a lot of health and social care to each other. The professionals need to awaken to this sense of capacity to support each other within the families. As Cox (2005) said, the longest of "long-term" professional relationships rarely compares to the duration of relationships within an intact network of family or friends. At the heart of family advocacy, it is significant to establish more bilateral, collaborative helping between family networks. When realizing that, it takes partnership and empowerment to a new level that could assist families in the struggle to reach their full potential through family advocacy.

Moreover, the effectiveness of support services also relies on inclusiveness, where Kalbfleisch, Anderson, and Noor Al-Deen (1997) argues that family advocacy programs should change the scope of intervention and focus on the entire family and its surrounding system rather than at-risk individuals themselves. Traditionally, many advocacy programs put their effort into helping at-risk individuals for positive development over

time. However, it won't sometimes work because of family and community, where negative encounters may dilute the positive progress. More importantly, the joint effort from family members and mentors to set a list of goals for each family member highlights the family capacities and assets and their expertise and wisdom in the family. In this way, the program can ensure the needs and voices of at-risk individuals and their families are heard and impact family relationships.

The family advocacy programs need to pay attention to the place of intervention. It should be enacted within the place of residence or other natural settings, such as community centers, churches, and individual homes. Studies showed that comfortable and accessible family or community settings improve the relationship between families and their family advocates (Hess et al., 2009; Baffour, Jones, & Contreras, 2006). Moreover, intervention on-site could make family advocates have more influence over the family and connect the family with essential support external to the community.

Within inclusivity, the consideration of cultural adaptation also plays a fundamental role in effective support services. Kumpfer, Alvarado, Smith, and Bellamy (2002) assert that culture cannot be ignored and should be a critical ingredient in the family strengthening programs while the programs try to launch comprehensive family-based advocacy in the cultural-diverse communities. Many family advocacy programs are based on popular American culture or youth culture, heavily influenced by the white and the middle class. Therefore, there is a lack of culturally appropriate interventions in family-based programs. Kazdin (1993) suggests that adapting the existing program with culturally appropriate principles is better than developing separate ethnic models. Research from Kumpfer et al. (2002) shows that culturally adapted programs effectively improve engagement and acceptability, leading ethnic families in the communities.

The previous literature review shows strong social networks, mattering, reliability, and responsiveness provided to the recipients, reciprocal relationship, parent-child bonding, mobilization of family members, inclusiveness, place of intervention, and cultural competency are contributing factors to family advocates' effectiveness. The interviews were conducted along these lines to expand on the existing literature.

DATA ANALYSIS

The family advocates' effectiveness can be understood in their work process and the outcomes they work to empower the families to achieve. In general, the process of family advocate's work shows how and why a certain outcome is achieved. The outcomes measure the success of the program. Family advocates' relationship building and maintenance, as well as their advocacy role, are central to their work process for empowering families and delivering the FSN outcome, "thrive amidst life's challenges." It should be considered that COVID-19 has impacted this process during the pandemic. Understanding family advocates' work process provides insights on family advocates' barriers and how the advocacy is implemented as intended. This could explain why the desirable outcomes were or were not achieved (Figure 1). Other influential factors impact family advocate's effectiveness, such as the family advocates' expertise and where they visit families. To fully understand the family advocate's role, it is noteworthy to indicate their professional tasks and responsibilities and the differences between family advocates and social workers (Figure 2) on page 16.

FIGURE 1. FAMILY ADVOCACY EFFECTIVENESS

FIGURE 1. FAMILY ADVOCACY EFFECTIVENESS
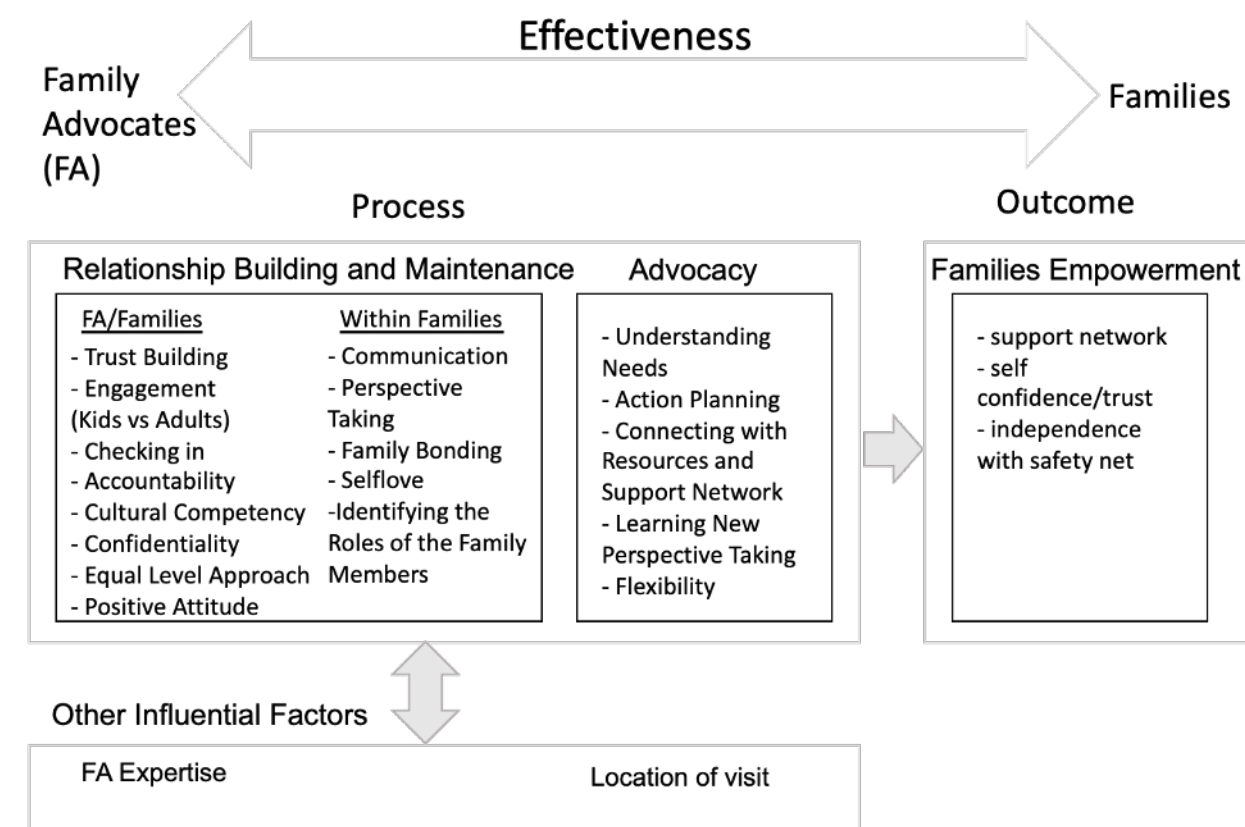
PROCESS

Family advocates work on relationships and do advocacy, undertaking activities to empower families. The process of the family advocate's work includes relationship building and maintenance as well as advocacy. The impacts of the COVID-19 pandemic on the process put limitations on the advocates.

RELATIONSHIP BUILDING AND MAINTENANCE

In respect to building relationships, many family advocates highlighted the importance of the Whole Family Approach. The Whole Family Approach allows the advocates to engage with the whole family, understand the barriers experienced by the family, and the interrelation of the family's issues; then, advocates can start building relationships with the family. In this way, advocates are better equipped to accomplish their advocacy mission. The following sections elaborate on how family advocates build relationships with families and how they improve relationships within families.

FAMILY ADVOCATES AND FAMILIES

Understanding the relationship between the family advocate and families is essential to understand what makes family advocates effective. Key elements of the relationship-building process mentioned were trust-building, engagement with kids and adults, checking in, accountability, cultural competency, confidentiality, using an equal level approach, and the positive attitude of the family advocate. When referring to family advocate's relationship with families, they described how they could build and maintain relationships with the families by establishing trust and emphasizing communication. Many advocates pointed out that building trust with families is not easily achieved. "The key essential is time. The first meeting [they're] not going to hurry up and open up. It takes time and trust to build that relationship." First, the stigma attached to social service

agencies and the similarity of family advocates' work to social service agencies makes it harder for families to trust family advocates. Second, families are in a vulnerable position when they first meet the advocates, and trust doesn't come easily for them. Therefore, time is a significant factor in making the relationship happen. Once a family's circumstances improve, they have better faith and trust with their advocates.

> **"** So it's really rewarding to be that extra pair of hands and eyes for families. To teach them how to do that for themselves. **"**

Family advocates emphasized the importance of communication with families to provide them with resources and continue building trust, providing constant reassurance, and exhibiting dependability. Family advocates use communication to understand what the family is looking for in the program to work with them to achieve it. They try to accommodate the family's needs, whether some families need weekly check-ins, some every other day, and depending on the situation and the family's experience. Having constant check-in, communication, and having an extra hand to guide them helps maintain relationships with families. Based on research by Canevello and Crocker (2010), this mutual exchange of trust and respect between service providers and their community members could signify the strength of their professional and personal relationships and make partners more reciprocally responsive.

When researchers asked family advocates how they engage families, they pointed out that using the Whole Family Approach provides a practical perspective by focusing on various factors to engage the family. The family advocates also detailed their multiple forms of engaging families, beginning with the engagement of parents. Family advocates hold meetings and conversations to engage parents, emphasizing the importance of involving both parents equally but also involve the whole family whenever possible.

Finally, family advocates agreed that engagement essentially depends on the needs of the family. "One of my first things is meeting with the whole family. We are taking it at your pace. You are steering the boat, and I am your first mate. You need to tell me what your priority is and build that trusting relationship." One family advocate explains that, for instance, dealing with self-care can look different for each family member. Another family advocate explained that sometimes you walk into a family where the younger brother is in elementary school and needs an IEP (Individualized Education Plan), and the oldest sibling is getting ready for college. The needs of both family members highly differ; the younger sibling will need school meetings to set up those plans, while the older sibling will be more independent. Moreover, it was emphasized that when the whole family is engaged and accepts the goals, they will reach those goals faster together as a unit.

Engagement with kids is more linear compared to adults. Family advocates expressed the importance of engaging children by being accessible to them and placing value in their perspective. Initially, engagement can be challenging if the child has decided that they don't want to be part of the family service scenario, as they will not engage. For this reason, the family advocate will begin by meeting with the parent so the children can see them as a friend of their parent—not related to social services. Other times, family advocates will use incentives like bringing them lunch or a gift card to help children engage at first. Most children will notice they enjoy the activities and continue attending. Another family advocate shared the experience of helping a mother engage with her two children. The family advocate created a plan to choose one time during the month to be with just one child and provide them with her undivided attention. At the end of the day, the family came together and discussed their day. These strategies exemplify the family approach, where it empowers the kids to be involved, find family time, and shape their family. Also, the family advocacy programs offer separate parent and child skills training classes. Goodwin-Smith et al., 2017 indicate that children and young adults expressed the need for feeling welcome, included, and wanted as key factors in their supportive peers. Caspe and Lopez (2006) insist that a successful family advocacy intervention needs to understand the relationship between parents and children. Most family advocates could agree that speaking openly and honestly with families builds a sense of security and trustworthiness. Likewise, it is also essential for the families to be honest with the family advocate, and most importantly, with themselves. When families express authenticity, they may be particularly vulnerable from their experience or situation. Therefore, family advocates told how

important it was to be non-judgemental in what the family may say and reiterate that everything that the family says is confidential. A family advocate said,

> **"** ... We trust people by listening and keeping things confidential, and not judging, and that is what builds trust. **"**

Some family advocates emphasized the importance of meeting families where they're at, using an equal level approach to build relationships with families, accommodate families, and create a sense of partnership. Developing that understanding that the family advocate is not above you genuinely exemplifies the equal level approach and solidifies the trust and partnership between family advocates and families. Regarding positive attitudes, family advocates have the important role of believing in families even when they don't believe in themselves. One family advocate even sends families quotes and positive affirmations, but she reiterates that families need a light at the end of the tunnel. One advocate said:

> I'm going to fight for you, I just need you to fight for yourself. I do more listening than talking. They build trust when I'm authentic, listening, and not judging. [I say] you don't owe me anything other than trying to improve your life, and that's what I owe you. (interview, June 7th, 2021)

The family advocates provide positive support and deep care for families to grow and achieve their goals. Another crucial aspect of the relationship for family advocates was cultural competency. This was pivotal for family advocates who worked with a wide range of families with different values, morals, and belief systems. If the family advocate does not know much about cultural background, they will research the culture, religion, language and take the time to understand it. This aligns with previous research that asserts culturally adapted programs are more effective in improving engagement and acceptability in diverse communities (Kumpfer et al., 2002; Kazdin, 1993). Many family advocates stressed that they were there to listen, build trust, not judge, respect families, and work with families to make their situation better. These are essential contributing factors in relationship building between advocates and families.

FAMILY AND COMMUNITY

Within the relationship of family advocates and families, the family advocate also supports the family in building relationships with themselves and their community network. Family advocates teach healthy communication between family members by emphasizing perspective-taking within the family. Family advocates often reflected on their experience, guiding family members to understand the feelings and experiences of their children, siblings, partners, and parents. This perspective-taking led to family bonding and shared understanding through goals and activities centered on building confidence within the family. The roles of family members and children were also encouraged to instill healthy boundaries and objectives for each member of the family unit. One interesting aspect mentioned is that this approach also empowers the kids and assists in involving them. The shared goals of the family were also encouraged in the context of larger positive community networks, which enabled families to connect with larger support networks. For instance one family advocate mentioned, "I think they are grateful I can advocate but also not jeopardize their relationships with teachers or administrators."

Families should have some agreements and understanding about one another to fulfill their goals as a unit in the Whole Family Approach. Family advocates interfere by improving families' relationships, educating the families to express themselves in healthy ways, help them not to burn out and do more self-care, and providing the space for being heard and transitioning into the healing process. Family advocates encourage families to find that common ground aside from any external responsibilities the family has and helps families to reflect: "What do we want our family to look like?" One family advocate mentions the role of scheduling different events and activities where the family can engage, especially since it can be a challenge

to try and get the family together or interested at once. Events can vary from meetings, a game night, FSN activities, or simple family actions.

> We have parents come in and teach them how to communicate and talk more. We try to limit how much they're on their devices. If they work different shifts, we teach them to carve out time for each other at home. We give them different tools they could use to reconnect.
>
> (INTERVIEW, JUNE 16TH, 2021)

One family advocate believed that outside support might be advantageous for family support: "family members will not always listen to other family members, it's hard to take advice from people that are closest to you." This is certainly important to build healthy relationships among family members.

Most family advocates referred to the Whole Family Approach and the importance of the parent's role to keep families together. However, the advocates' professional boundaries do not allow them to interfere more than they should. One family advocate said: "We're clearly not counselors, that's not part of our duties." In that sense, connecting families with resources and other support networks become important to improving relationship building within the family, which correlates to advocacy work.

The work to connect and improve these support networks corresponds to research by Hess et al. (2009) that emphasizes the importance of mobilization of family members themselves. In most cases, family members know and love one another more than a professional ever will—even in an extended therapy relationship. As Cox (2005) said, the longest of "long-term" professional relationships rarely compares to the duration of relationships within an intact network of family or friends. At the heart of family advocacy, it is significant to establish more bilateral, collaborative helping between family networks.

ADVOCACY

A fundamental building block of the process in which family advocates work with families is advocacy. Within the overarching scope of advocacy, it was identified that the elements of understanding needs, action planning, connecting with resources, developing support networks, and learning new perspective-taking were all tools that family advocates actively instilled in families to lead to the outcome of family empowerment. In interviews with family advocates, understanding the needs of the family was often communicated through action planning. As one family advocate stated, "...in the first conversation you have to find out what they're struggling...then have a conversation with them...come up with (an) action plan and help them achieve those goals to get to positive outcomes." This strategy of action planning is supported by prior research with findings that show the joint effort of family members in goal planning ensures that the needs and voices of the most at-risk individuals in the families are heard and acknowledged within the action plan (Kalbfleisch et al., 1997).

Family advocates also prioritize creating support networks and connecting families to the appropriate resources. In connecting families with resources, a family advocate described their approach to identifying resources when working with families, "When I am trying to connect them with other resources, I try to connect them to their community first, because they are more likely (to go) then..." another family advocate commented that for each family the focus is "using resources and finding a different approach." Connecting families to resources also helps to build important support networks which enable resources and empowerment of the family long-term. A family advocate commented, "I call (support) networks safety nets, that is your safety net." A family advocate explained the importance of the safety net as a way to prevent families from "...fall(ing) through the cracks and get(ting) lost...." Many family advocates commented that family support networks were vital, " Without support, some of these families might never make it. Families may have all the tools, but they don't know how to put them together." Previous research also underscores the importance of support networks and connection to resources with findings

that suggest that comprehensive support services may improve the social networks for engaged family members, which has been shown to increase feelings of social connectedness and perceived social support while decreasing feelings of social isolation (Stephens et al., 2011).

> **"**There's no cookie-cutter family, but what I have found, families often experience the same issues in different ways.**"**

Family advocates also work with families to develop perspective-taking within the family unit, which helps family members develop an understanding of each other's differences and overcome challenges. Perspective-taking also aids in developing shared family goals in which all family members have active roles in achieving an important milestone for the success of the family unit. Family advocates have described different ways in which perspective-taking is utilized while working with families. A family advocate commented, "When you try to (put) things into perspective for them, you're a support for each other, as opposed to compete and bash heads, it puts it in a whole other light, to look at it positive." Another family advocate shared an experience working with a family in which they assessed the needs and mindset of children within the family:

> ...we tried to pivot the situation...(I) made the comment of this is a fresh start – I found out by talking to them, they were the kind of kids who wanted a challenge. Usually, kids who are in that environment, if they don't have a challenge, they will make one. So, I gave them challenges. Wouldn't it be cool if in this new house, you were like hey maybe I can look for a job, something to look forward to, to strive for (INTERVIEW, JUNE 16TH, 2021)?

> Providers of family services have the potential to bolster the crucial perceptions of family members as being important, feeling supported, and knowing they have someone to rely on (ELLIOT ET AL., 2004).

COVID-19

COVID-19 has had a substantial impact on the systems and methods family advocates use to work with families. In particular, engagement and the resources were some of the recurring themes where COVID-19 had a considerable impact. One family advocate described her experience becoming a family advocate shortly before the pandemic hit. She explained that before the pandemic, they would hold meetings in the house while everyone is there having a conversation. Because of COVID-19, engagement has transformed into mainly zoom or phone calls, which hasn't been engaging for some families. Sometimes families pop in for a couple of sentences of a conversation, or they talk to one family member for a few minutes, then the other person will pop on, but that's about it. Most of the time, the family advocate has to just work with the parents instead of engaging everyone. Family advocates also express the difficulty with building relationships and how difficult it became for people dealing with depression.

Similarly, COVID-19 has impacted availability and access to resources. Some of the support and resources have only been available online, which has made families harder to reach out to. One family advocate said, "It's been tough this past year with meetings on the phone or IEP meetings on Zoom, in that respect, it was harder to build relationships." There was also a difficulty in building groups for families to meet each other. Since everything has been virtual and in the house, it has been challenging to have a sense of community.

Additionally, many family advocates look for churches, civic engagements, and community organizations to rely on for support, but the pandemic has also impacted them. However, even with these challenges, the family advocates continue to accommodate their families and find what works best.

OTHER INFLUENTIAL FACTORS

The expertise of the family advocates and the location in which they met with families were both influential factors that contributed to the family advocate's process of relationship building and advocacy. Family advocates often described their specialized skill sets as uniquely preparing them for working with families. The expertise of family advocates ranged from training in drug and alcohol counseling, special education, domestic violence, IEP law, school system administration, and pastoring. A family advocate commented that as a pastor, "People are a little more willing to talk…even though when I am meeting them it is not in that capacity…people are more willing to talk to a Pastor, than (even though we are not), someone who could be perceived as involved in social services." Family advocates also connected their expertise with the overall positive value they found in their work.

The location in which family advocates met with families was an influential factor for establishing trust. The location in which family advocates described meeting with families varied between their homes, church settings, and school settings. The church setting was mentioned as a positive environment for families to meet with their family advocates. In one interview, the family advocate attributed the church setting as a contributing factor for the family to talk openly. The value in developing trust with families and being viewed by families as a safe resource outside of traditional establishments such as schools and social services was also mentioned as a unique and important aspect of advocacy. Studies showed that comfortable and accessible family or community settings improve the relationship between families and their family advocates (Hess et al., 2009; Baffour et al., 2006).

OUTCOMES

Family empowerment and prosperity are the results of family advocates' work. Building support networks, self-confidence, and trust in families and improving their independence with safety nets are some of the possible avenues that family advocates alluded to in terms of empowerment. For many of the family advocates, the experience of empowering families was a treasured part of their work.

A common consensus about families' situation when they first met their advocates was that they are operating in "survival mode" and "autopilot." A family advocate described how they work with families operating in a scarcity mindset, "You have to stop and make a change, so they aren't barely making it. Seeing them have that revelation that they can do things differently. I help them thrive." One of the steps to assist families in thriving is building support.

Building support comes from the resources advocates provide to families. One family advocate said that working with families "…people feel like they are not alone. Makes them not stuck.", "the extra care makes a big difference." Another family advocate described working with families as being "that extra pair of hands and eyes for families… to teach them how to do that for themselves. To advocate and not to take no for an answer whenever faced with struggles." another said: "I give them incentive or initiative to do things on their own, I don't do it for them." empowers the kids to be involved, find family time, and shape their family.

Holistic support for family members may improve their social networks. According to Stephens et al. (2011) holistic support is positively related to feelings of social connectedness and perceived social support while reducing social isolation. Furthermore, these authors show social connectedness and perceived social support results in mattering; feelings- of importance, support, and reliance. These outcomes consequently increase self-esteem (2011).

One family advocate recalled an experience with a family, "…once parents become more involved, you see confidence grow." When working to empower families, family advocates found the balance between teaching new skills and letting families use their new skills as a method for gaining confidence in their abilities. When confidence is built, families are empowered, and within that process, the mindset of the family would shift as a family advocate commented, "Once it becomes a long monitoring stage, there isn't a certain amount, when they feel ready…" Another family advocate said, "When people realize the safety and unity with their family, they can get that belonging, pride, and strength." As seen, advocacy work by the family advocate leads to confidence and independence, which is an important positive outcome. Research indicates that feelings of importance, support, and reliance, are positively correlated with higher self-esteem (Elliot et al., 2004), and providers of family services have the potential to bolster these crucial perceptions of family members and reassure them that they have someone to rely on. Hess et al. (2009) emphasize on the importance of professional role in strengthening family relationships. Family members are better able to support each other and the mobilization of family members serves their overall health.

FAMILY ADVOCATES PROFESSIONAL ESTABLISHMENTS AND DIFFERENCES

FIGURE 2. FA KEY DIFFERENCES

SOCIAL WORKERS	FAMILY ADVOCATE	FAs ARE
• Short term/constrained by time • Focused on a single goal • Do not adopt Whole Family approach • Report issues of what is current in a family and take action/intrusive	• Long term/not constrained by time • Adopt Whole Family approach	• Not therapists/counselors • Not social workers • Resource guide • More linear with kids

When researchers asked family advocates how they are different from social workers, they pointed out several key factors: They are long-term, meaning that they are committed to the families in a more extended period. The long-term commitment enables them to follow up with families, hold them accountable, and make them more reliable. They offer various resources to families, they are flexible; not predetermined with protocols and time-sensitive achievements, they are caring, there is no age limit, they use a holistic approach to work with the whole family to set the goals, and finally, they have a better reputation compared to social service agencies that make families trust them better. One family advocate said:

> **"**Social services is the bandaid. We are the healing process.**"**

Almost all family advocates agreed that the time pressure of social service agencies does not allow them to fully support and tackle family issues. Social service agencies are confined to 90 days of commitment, with social workers having to "pick and choose." According to one family advocate, "In CMO [Case Management Organization] or DCP&P [Department of Child Protection and Permanency] and BAs and mentors from other programs, the hot number is 90 days. They are with a family for 90 days and see a massive improvement in those 90 days." However, family advocates work together with the families to set the goals and do action planning and have the ability to prioritize, and problem solve the issues within families in the long term. Furthermore, they "help to prevent the cycle to keep spiraling out of control…I [family advocate] can work on each thing and work on each thing, I have the time to do so. Time and the building of a personal relationship with them." One family advocate said, "the extra care makes a big difference."

Some family advocates believe social workers are not well received by families, and those service agencies compared to family advocates, are less trustworthy and reliable. According to one of the family advocates, "I'm not there to get in your business and deny you service…They [families] fear the unknown and that someone might take something away from them rather than helping them."

Family advocates find a different approach for each family and use various resources to address their needs. One family advocate said: "Social service agencies are one and done." They are like an "org you come, get the service, and then leave." On the other hand, one advocate commented on how families think about family advocates is more flexible and holistic; "FSN can help with my child who needs counseling, FSN can help me with needs around schooling, because they might be undocumented and they don't want to get in trouble." Another advocate highlighted that social service agencies have so much to do, and their limitation to fulfill the services is not always their fault. Advocate's professional boundaries differentiate them from other professionals. They are not therapists or social workers. They are resource guides and more linear with kids. According to Canevello and Crocker (2010) family advocates' reliability and responsiveness builds on family members' responsiveness and reciprocal relationship to achieve their established goals with their provider.

EFFECTIVENESS

Using the Whole Family Approach provides a practical perspective by focusing on one factor and engaging the family. " Another family advocate commented that the focus is "using resources and finding a different approach for each family." One interesting aspect mentioned is that this approach also empowers the kids and assists in involving them. Family advocates had mainly positive comments regarding the effectiveness of their work with families. However, some family advocates did mention that not every family was a "success story" with a family advocate commenting, "They're not all success stories. …. They're in denial situations, they think that it will just get better by itself…" in contrast, another family advocate stated, "(I've been) doing this for 5 years and seen so many positive results and (they) start at rock bottom and get them here." Many of the family advocates described the highlights of their effectiveness with families "Seeing the families achieve their goals and how happy they are, and how rewarding they are...so it's amazing…" Some family advocates defined effectiveness in terms of the internal processes within the family advocate model rather than focusing on the family's success. A family advocate described their approach to working with families as "effective" stating, "If my families were to describe me in one word, I would say effective." Another family advocate commented:

What we are trying to do, and what we are doing, will in many cases provide more change and be more effective than many other organizations that are out there because of the model. In that vein, the way that we're doing things, and whoever came up with this model, should be admired for their work, because it does work. I am glad that it is here, that it is ongoing, and that I am a part of it. (Interview, June 16th, 2021)

Effectiveness was interpreted in differing ways by the family advocates, with some choosing to highlight internal processes that guide how they interacted with families and others highlighting the success stories of many of the families they had worked with responsiveness (Canevello and Crocker, 2010), and mattering (Rosenberg & McCullough, 1981; Elliot et al., 2004).

One family advocate mentioned that:

> **"**It makes people feel like they are not alone. Makes them not stuck, takes them off auto-pilot.**"**

Another advocate describes the words of her one family, saying that:

> **"**Thank you so much for not giving up on me, everyone has given up on me except for you." That is what is valuable, I am somebody that is not going to give up on them, I am here, even if it's making little steps. **"**

LIMITATIONS

Due to the time constraints of this project and out of respect for the limited time availability of the sample of families receiving services from FSN, interviews with family advocates were conducted and allowed data gathering, which better reflected the research subjects' experiences and opinions. However, the respondents' answers may be biased with their values, personal perspectives, and interests (Brown & Hale 2014).

CONCLUSION

The current embedded qualitative research project was intended to evaluate the family advocate's work effectiveness through the lens of the family advocates. Family advocates' approach includes several stages from process to outcome. First, they establish trust and build relationships with families, then improve communication skills within families, instill new perspective-taking, and finally, they do their advocacy work which includes the assessment of a family's needs and prioritizing the action steps to achieve goals that are specific to each family. One family advocate described their work process as, "It's not always talking the talk, it's walking the walk, and demonstrating that." This process comprises family advocates' responsiveness (Canevello and Crocker, 2010), mattering (Rosenberg & McCullough, 1981; Elliot et al., 2004), and building reciprocal relationships with family members. The desirable outcome is empowering families with possible resources and choices and boosting families' confidence. The project was carried out during the COVID-19 pandemic that impacted family advocates' advocacy and communication method with families. Despite the remote communication barrier, family advocate's integrity, commitment, and passion for their work and their knowledge and expertise in connecting families with the right resources impact family's lives. In essence, the long-term nature of advocacy work and holistic approach that result in family inclusiveness (Kalbfleisch et al., 1997), relationship building and mattering (Elliot et al., 2004), mobilization of the family (Hess et al., 2009), and responsiveness (Canevello and Crocker, 2010). Empowering families results in family advocacy effectiveness. In respect to future recommendations, interviews with families could shed more light on the possible avenues for lifting families' barriers regarding family advocate's work and resources to improve the FSN program.

FAMILY ADVOCACY QUANTITATIVE AND QUALITATIVE EVALUATION DISCUSSION

The three pillars of the Whole Family Approach are well-defined by the Pascale Sykes Foundation: financial stability, child well-being, and healthy relationships. The current evaluation of the Family Strengthening Network's implementation of the Whole Family Approach reveals the effectiveness of the approach in ways and which families' lives improves. The result of the FSN qualitative evaluation identify that within their implementation of the Whole Family Approach family advocates establish relationships and build trust with families, systematically improve communication skills within and among families, instill perspective taking among family members, and then assess family needs, prioritize action steps to achieve goals that are specific to each family. The importance of the relationship between family advocates is evident in a variety of relationship quality tools. Results from the relationship quality scale indicate that family members are better able to collaborate with one another as family advocates establish and improve positive relationships with families. The MSPSS identified that perceived social support increased over time for target families, that relationships with family advocates improved over time, and that relationship improvement correlated with increased familiar support. Improvements in participants' scores on the Interpersonal Mattering scale indicated that families' felt more valued by family advocates over time, and that the reciprocity in mattering was influential in relational changes. The results of those scales identify the importance of the reciprocal relationship between family advocates and families. Finally, an improvement in the Family Assessment Tool scale scores over time reveals the ways that target families grew within FSN during the COVID-19 pandemic despite the challenges FSN and families faced during this time. Critically, families who participated with FSN and set goals with their family advocates to address their needs during this time experienced positive changes in income, employment, and housing, budget home, and time management, and mental, emotional, and physical well-being.

STUDY CONCLUSION AND FUTURE DIRECTIONS

WRI has concluded primary data collection from the longitudinal, large-scale quasi-experimental study of the Whole Family approach, and will conclude all primary data collection from all collaboratives in Spring, 2022. Data from this report is useful in determining the ways in which the Whole Family Approach supported families during the COVID-19 pandemic. In addition, the Whole Family Culturally Responsive Approach evaluation highlights the importance of a family-centered intervention that can meet the needs of clients through self-directed goal-setting and individualized supports. The Family Strengthening Network evaluation identified the ways in which family advocates improve relationships within and between family members and collaboratives, and that families who work with family advocates experienced positive changes in income, employment, and housing, budget home, and time management, and mental, emotional, and physical well-being.

Over the next several months, WRI will produce multiple user-friendly reports for the Pascale Sykes Foundation, and will pivot to aggregating results from all phases of the study. In addition, WRI staff are available to disseminate reports in appropriate venues in collaboration with Pascale Sykes Foundation staff. We will prepare and deliver a final report on all findings throughout the course of the evaluation in September, 2022.

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The Senator Walter Rand Institute for Public Affairs (WRI) is a research center at Rutgers University-Camden that collaborates with community and university partners to conduct evaluations of programs and services, leverage data for action, and support the development of community-based initiatives. Using social science research methods ranging from data-motivated storytelling to complex statistical analysis, and guided by core values of curiosity and collaboration, the WRI specializes in transforming fractured data into actionable information. The WRI supports Rutgers' mission of research, teaching and service by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in southern New Jersey.

For more information, about the Strengthening Families Evaluation, please contact Ross Whiting at ross.whiting@rutgers.edu

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