



THE LIBRARY PARTNERSHIP RESOURCE CENTER: 2023 PROFILE OF SERVICES AND SUPPORTS

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Introduction

This report summarizes key findings from an analysis of secondary data related to services and supports received by patrons from the Library Partnership Resource Center (LPRC) in 2023. The LPRC is part of a network of Family Resource Centers (FRC) developed by Partnership for Strong Families (PSF). In 2007, PSF began developing a network of FRCs that emphasize a strengthening family approach while utilizing a Protective Factors Framework to provide prevention services and supports to families. The PSF Resource Center Model is built upon a multi-system collaborative focusing on primary prevention that works toward strengthening families with the goal of preventing child maltreatment and reducing entries into foster care.

The Library Partnership Resource Center

In June 2008, PSF partnered with Alachua County Library District (ACLD) to identify a place to open a Resource Center with a goal to reduce the stigma people may feel about going into a social services center and encourage community members to seek out resources before a crisis occurs, subsequently preventing risks to child safety. The Library Partnership Resource Center opened its doors to the community in July 2009 and is housed in the same building as the Library Partnership Branch (LP). The LPRC is one of two Resource Centers in Gainesville that partner with a network of over 85 community partners (across all sites) to provide services that are free and are intended to be responsive to the needs of the surrounding community as identified by community partners/stakeholders and parents/household members (referred to as patrons) within the targeted areas. It is this multi-system collaborative, with representation from across the five sectors (public, business, philanthropy, community, and nonprofit), that has allowed a blending of funding, expansion of services to meet the needs of patrons, and enhancement of the community's ability to leverage resources to benefit some Gainesville communities with historically limited access to family support services.

Methods

This report summarizes findings from a descriptive analysis of secondary data obtained from the LPRC in 2023. Analysis was conducted on de-identified data and in accordance with an approved IRB protocol¹ that was also approved by the Florida Department of Children and Families, Office of Child Welfare.

Community Module Data System

When a patron visits one of the FRCs, they are asked to provide select information about themselves and the reason for their visit. Notably, patrons can receive services without providing much or any information, and this won't impact the quality or extent of the services they receive. The information received is either entered directly into the Community Module Data System (via the use of a computer) or collected through the "Getting to Know You" (GTKY) form which is completed by the patron and mimics the electronic system, collecting the same information. All information collected on the form is then entered into the Community Module Data System. Personal/identifying information collected (by the FRC) includes Name, Date of Birth (DOB), Age (automatically calculated in the Module using DOB and date of visit), Gender, Race, Veteran Status, Contact Information (including physical address and e-mail), and Neighborhood of Residence. Starting March 22, 2021, the FRCs started collecting information to

¹ Advarra IRB: Children's Bureau, Protocol Number PSF-2021-CB

identify if patrons are caregivers to “children under the age of 18”². Once the patron is identified as a repeat visitor, they are not prompted to repeat this data entry, only to provide updates, if applicable. If a child or any other adults are with the patron for the purpose of receiving services, additional information is collected. To ensure the LPRC personnel can properly assist, the patron is asked to identify if they have been at the FRC in the past and the reason they are visiting.

Collectively these data allow the LPRC to track and monitor service utilization trends and expressed needs within the neighborhoods and households served. It is these service trends (secondary data) that are the focus of this report. Prior to 2021, it was difficult (for analyses purposes) to determine, with confidence, an unduplicated count of individual patrons that accessed services and supports over the course of a year. Following a series of data cleaning efforts, some modifications to the Community Module Data System took place between March and August 2021. These efforts occurred along with additional staff trainings related to intake/sign-in procedures and protocols that would allow a more effective itemization of service requests and utilization trends, including a sub-group of an unduplicated count of patrons. Since then, regular staff training and data cleaning efforts have continued. Data elements/variables that remained consistent (pre-2021 to present) included: Visit ID Number, Visit Date, Resource Center Identifier, Age of Patron Requesting Service/Support, Service Category, Protective Factor Category for Requested Service, If Service/Support was Event-based, and Client ID Number³. Gender and Race categories within the Community Module were expanded on March 22, 2021. Gender choice prior to March 22, 2021, included: Female / Male / Unknown. Gender choice since March 22, 2021, includes Female / Male / Transgender / Gender Non-Conforming / Prefer Not to Answer / Unknown. Race options prior to March 22, 2021, included: Black/African American, White, Multiracial, Hispanic, Asian, Other, Unknown. Race options since March 22, 2021, include American Indian or Alaska Native / Asian, Black or African American - non-Hispanic origin / Hispanic, Latino, or Spanish origin / Multiracial / Other / Prefer not to answer / White - non-Hispanic origin. Ethnicity choices added March 22, 2021 include: Cuban, Mexican/Mexican American/Chicano, Other Hispanic/Latino/or Spanish, Prefer not to answer, Puerto Rican, or Unknown (available when Hispanic, Latino, or Spanish origin is selected), and Asian Indian, Chinese, Filipino, Guamanian or Chamorro, Japanese, Korean, Native Hawaiian, Other Asian, Other Pacific Islander, Prefer not to answer, Samoan, Unknown, or Vietnamese (available when Asian is selected).

Although staff report that most services and supports requested are delivered, efforts were made to integrate an indicator of service delivery associated with each service /support request into the Community Module Data System. This was completed, along with training of staff for documenting “Services Delivered” (new data element/variable) prior to July 1, 2021. Again, no names, dates of birth, and contact information (or other potentially identifying information) known to agency staff were made available or used for analyses in this report.

² Although this data element was added to the Community Module Data System in March of 2021, it was added to other paper sign-in sheets at Resource Centers and for event-based activities through August 2021.

³ The Client ID Number is a unique system-generated number for individual patrons. This unique number is utilized for matching service requests over time within the secondary data used for analyses in this report. Specific identifying information related to a patron is not used as a foundation for generating this number; thus, no identifying information can be deduced from the number. The link between this number and any identifying information related to patrons is only known by select/approved FRC and PSF staff/employees who manage and utilize the Community Module Data System as part of their job responsibilities. No identifying information (names, addresses, date of birth) of individual patrons was provided for analyses conducted in this report.

Community Research Coordinators work with the Principal Investigator, PSF leadership, and Module programmers on a semi-regular basis to clean and maintain the data system, resolve issues that are found, and suggest changes for system improvements.

Classification of Services and Supports by the Protective Factors Framework

PSF's network of FRCs (including the LPRC) are strategically implemented within neighborhoods and communities with families who are experiencing increased risk factors and a disproportionate concentration of past involvement with the child welfare system. Services at these FRCs are structured (and classified) in alignment with a Protective Factors Framework. This motivation is guided by evidence linking the presence and enhancement of protective factors with a reduction in the likelihood of abuse and neglect. Protective factors, as constructs, are "...conditions or attributes..." of individuals, families, communities, or the larger society that lessen the risk of maltreatment and promote healthy development and well-being of children and families (Capacity Building Center for States, 2020b; Child Welfare Information Gateway, 2020). Strengthening and supporting families through services and activities that promote protective factors, it is held, mitigates the impact of and/or decreases the exposure to risk factors correlated with (and subsequently preventing) the likelihood of maltreatment (Administration for Children and Families, 2018; Development Services Group, Inc., & Child Welfare Information Gateway, 2015).

Although there are a number of different protective factors approaches (Child Welfare Information Gateway, 2020; Centers for Disease Control and Prevention, 2020; Center for the Study of Social Policy, 2015a; FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2011; Sege et al., 2017)⁴ there were two Protective Factors models/frameworks historically considered as an organizing principal for services at the PSF Family Resource Centers (i.e., services would be implemented to address select protective factors). These included those developed by the Center for the Study of Social Policy (CSSP, 2015, n.d.-c) and the FRIENDS National Center for Community-Based Child Abuse Prevention (2018, 2011). The Center for the Study of Social Policy (CSSP) focuses upon parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (2015, n.d.-c). The FRIENDS National Center for Community-Based Child Abuse Prevention identified (initially) parallel protective factors of family functioning/resiliency, social emotional support, child development/knowledge of parenting, concrete support, and nurturing and attachment. An itemization of the conceptual definitions, similarities, and differences in these two models is denoted in Table 1.

⁴ Although there are different classification frameworks of protective factors that can be used for at-risk families and children/youth (and other child welfare populations), many of the identified individual factors (and associated indicators) for each model are represented in alternative models referenced. For example, the Social-Ecological Model endorsed by the CDC (which serves as a foundation for their Essentials for Childhood model) classifies protective factors as individual protective factors, family/relationship protective factors, and community or societal protective factors (Centers for Disease Control and Prevention, 2020; Centers for Disease Control and Prevention, Division for Violence Prevention, 2019). Included as individual factors (among others) in this model are stress management, hopefulness, problem-solving skills, and resilience. These individual factors are closely aligned with the parental resilience factor/construct as conceptualized by the CSSP model that demarcates resilience as being related to general life stressors and parenting stressors that (collectively) can be influenced by typical events and life changes (e.g. moving, a crying baby), unexpected events (e.g. job loss, medical problems, etc.), individual factors (e.g. substance abuse, traumatic experiences, etc.), social factors (e.g. relationship/marital problems, etc.) and community, societal or environmental factors (generational poverty, crime, racism, etc.) (Center for the Study of Social Policy, 2015; n.d.-c).

Table 1: CSSP and FRIENDS Protective Factors Frameworks/Models

CSSP Protective Factor	CSSP Protective Factor Definition	FRIENDS Protective Factor	FRIENDS Protective Factor Definition
Parental Resilience	Managing stress and functioning well when faced with challenges, adversity, and trauma.	Family Functioning / Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Social Connections	Positive relationships that provide emotional, informational, instrumental, and spiritual support.	Social Emotional Support (PFS-1) Social Supports (PFS-2)⁵	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support in Times of Need	Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges.	Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Knowledge of Parenting and Child Development	Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.	Child Development / Knowledge of Parenting	Understanding and using effective child management techniques and having age-appropriate expectations for children’s abilities.
Social and Emotional Competence of Children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.		
		Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

Sources:

Center for the Study of Social Policy (2015). *Core Meanings of the Strengthening Families and Protective Factors*. Washington, DC: Author. Available at: <https://cssp.org/resource/core-meanings-of-the-strengthening-families-protective-factors/>
 FRIENDS National Resource Center for Community Based Child Abuse Prevention (2011). *The Protective Factors Survey User’s Manual*. Chapel Hill, NC: Author.
 FRIENDS National Resource Center for Community Based Child Abuse Prevention (2018). *The Protective Factors Survey. 2nd Edition User’s Manual*. Chapel Hill, NC: Author.

PSF’s historical adoption of a hybrid classification of protective factors was reportedly guided by discussions, considerations, and feedback from PSF staff and leadership, community partners and collaborators, and consultation with child welfare specialists. Although initially considering the CSSP model, PSF had utilized the FRIENDS Protective Factors model in past efforts not associated with the

⁵ Although the name of the construct changed from *social emotional support* to *social supports* from the 1st to 2nd edition of the Protective Factors Survey, the definition/conceptualization of the construct remains the same.

FRCs, including an evaluation of Family Team Conferencing models. A final selection (and associated conceptualization) of protective factors represented those areas that PSF believed services should focus upon within the FRCs, given identified community/neighborhood needs and associated risks for child maltreatment and Florida DCF involvement.

PSF adopted the following protective factors as a guide for a service framework for the existing Family Resource Centers between 2016 and 2020: *concrete supports* (CSSP and FRIENDS), *knowledge of parenting and child development* (CSSP and FRIENDS), *nurturing and attachment* (FRIENDS), *social connections* (CSSP), and *family functioning/resiliency* (FRIENDS). The *nurturing and attachment* protective factor is considered a unique construct associated with the FRIENDS Protective Factors model (as measured by the Protective Factors Survey). Although the *social connections* and *family functioning/resiliency* protective factors (see above table) are specific to CSSP and FRIENDS classifications (respectively), each organization has parallel/similar classifications/constructs (*social emotional support* and *parental resilience* respectively). Beginning in 2021, PSF aligned their conceptualization of services solely with the CSSP protective factors framework, namely, concrete support in times of need, knowledge of parenting and child development, social connections, parental resilience, and social and emotional competence of children⁶.

The value and importance of the *nurturing and attachment* protective factor is reinforced by the Protective Factors framework highlighted by the Children’s Bureau which adds this factor (focusing on six protective factors) to those identified by the Strengthening Families framework developed by CSSP (Child Welfare Information Gateway, 2019). Taken together, four of the six protective factors are primarily focused on parents/caregivers, whereas *social and emotional competence of children* and *nurturing and attachment* “complement these parent-directed services by focusing on the developmental needs of children and the quality of their primary relationships” (Center for the Study of Social Policy, 2003, p.7)⁷.

As services and supports were structured and implemented at each FRC, PSF and FRC administrators classified each in accordance with the protective factor for which it was thought to be primarily associated, given the intent and focus of the service or support. Interviews and communication with PSF and FRC administrators (including the Director of Resource Centers, Chief of Clinical and Community Services, and FRC Managers) indicate that these were consensus decisions. Efforts were made to allot distinctive names to select services linked to each protective factor; however, there may have been occasions when select service or support names were associated/classified with different protective factors, across different years and FRCs, as the specific focus of or activity associated with the service or support may have varied.

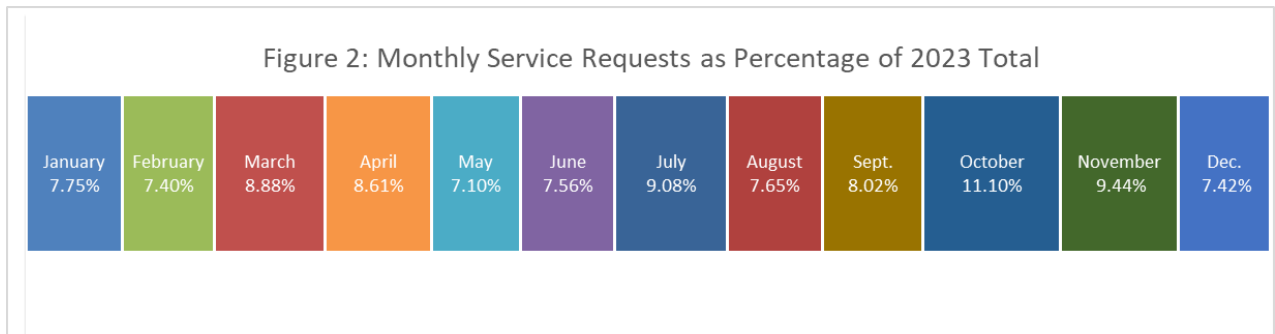
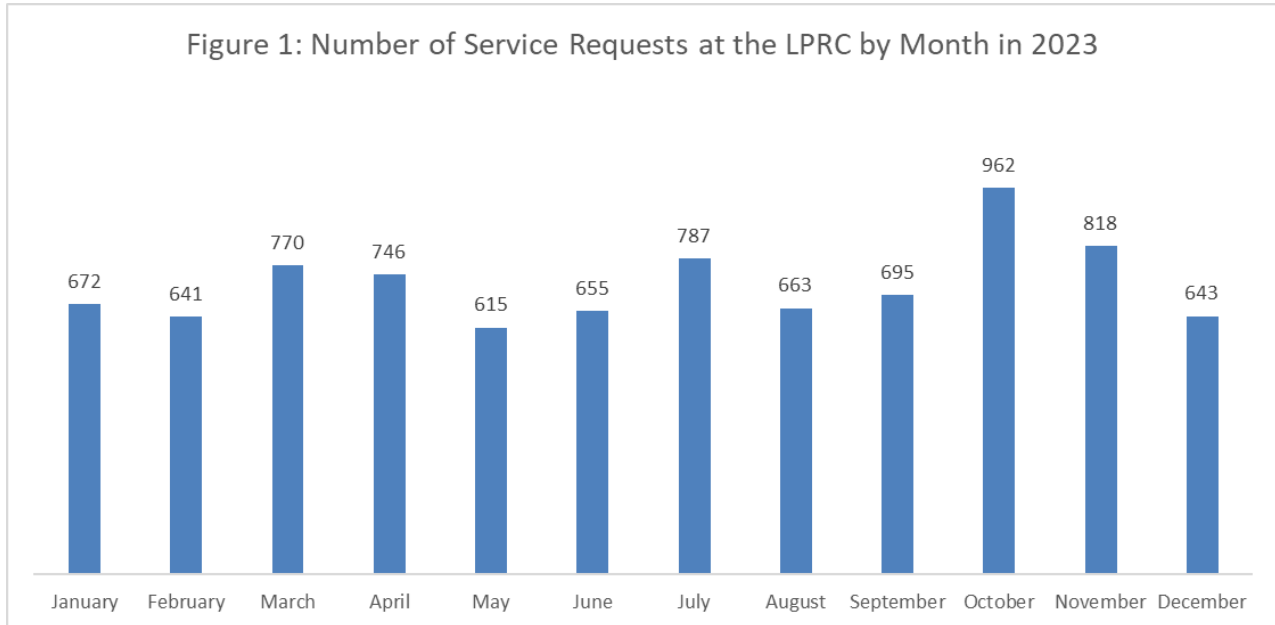
Service Requests as Unit of Analysis

The first set of analyses focused on individual service requests from all patrons. At LPRC (only), there were a total of 8,667 service requests made during 8,185 individual visits by patrons in 2023. This

⁶ Please note that PSF FRCs typically refer to this protective factor as social and emotional competence of youth, without any change to the defining features of the construct as conceptualized by CSSP. The term “youth” has been substituted, it was thought, to reflect a broader age range of children (infant to eighteen) for whom select services related to their social and emotional competence are targeted.

⁷ See: Center for the Study of Social Policy (2003). *Strengthening Families Through Early Care & Education: Protective Factors Literature Review*. Available at: https://www.matrixoutcomesmodel.com/EvaluationMenu/Protective_Factors_Literature_Review.pdf

represents an increase in 1,859 service requests and 1,947 unique visits from 2022 figures. There was a 27.3% increase in service requests and 31.2% increase in unique visits to the LPRC between 2022 and 2023. For 2023 data, some variation was observed in the number of service requests for each month, ranging from a low of 615 in May (or 7.1% of total 2023 requests) to a high of 962 (or 11.1% of total 2023 requests) in October (see Figures 1 and 2).



There was a 27.3% increase in service requests and 31.2% increase in unique visits to the LPRC between 2022 and 2023.

During 2023, the majority of service requests (n= 6,305 or 72.7% of all requests) at the LPRC were for concrete support in times of need (see Figure 3 and 4). This was followed by services and supports focused on the social and emotional competence of children (n=1,334 or 15.4% of all requests) and parental resilience (n=792 or 9.1% of all requests). 1.6% and 1.1% of service requests focused on social connections and knowledge of parenting and child development protective factors (respectively).

It is important to note that findings in this report relate only to services and supports distinctly linked to the LPRC. The LPRC and Library Partnership Branch share a physical building and work collaboratively for service and support delivery to enhance the protective factors of families in the community. Past findings (Perry, et al., 2022) have summarized aggregate reports on select Library services and supports aligned with the LPRC objectives. This collaboration, it is thought, aids the maximization of resources and minimization of duplication of efforts in supporting families across both organizations. Although collaborative partners, there is no sharing of any data management system. Information on Library service and support utilization is provided to the LPRC staff each month in aggregate form (with duplicate counts of patrons) from which a classification of these data across protective factor categories is made. These reports suggest that the library was involved in delivering services across three of the five established protective factors; social and emotional competence of children, concrete support in times of need, and social connections. The remaining protective factors, knowledge of parenting and child development and parental resilience, had no requests at the Library Partnership Branch over the course of 2023.

In 2023, available data suggests that the Library Partnership Branch received an average of 7,923 visits each month, with the lowest number of visits occurring in December (n = 633) and the highest number of visits occurring in September (n = 11,550). Service requests within a certain month did not exceed 266 for any individual protective factor identified.

Services and events at the Library Partnership Branch tied to social and emotional competence of children included Story Time at the Library, Music and Movement, and Read with a Dog. At Story Time at the Library, which occurs weekly, library staff read stories, dance, sing, and share activities with youth (infants to 5-year-olds). Occurring twice monthly, Music and Movement is a program allowing toddlers and preschoolers to create music, sing, dance, and play age-appropriate instruments with their peers and family. Read with a Dog occurs twice a month and allows elementary aged youth to read to a therapy dog, with the goal of improving reading skills. Concrete support in times of need services included notary services, a computer basics course, and child literacy and reading materials from the local Gainesville Thrives organization. Social connections events at the Library Partnership Branch included ChillSpace, Anime Club, Morning Movie, and the People's Book Club. ChillSpace is held every day as a space for teens to "chill" and connect with each other, play games, build things, and more, while in a safe environment. Anime Club is a group for teens to come together weekly to watch a selected Anime series. Morning Movie is a weekly event in which adults and their child(ren) or teens can watch a family-friendly movie at the library. The People's Book Club is an all-inclusive monthly book club for adults.

Figure 3: Number of Service Requests at the Library Partnership RC in 2023 by Protective Factor Categories

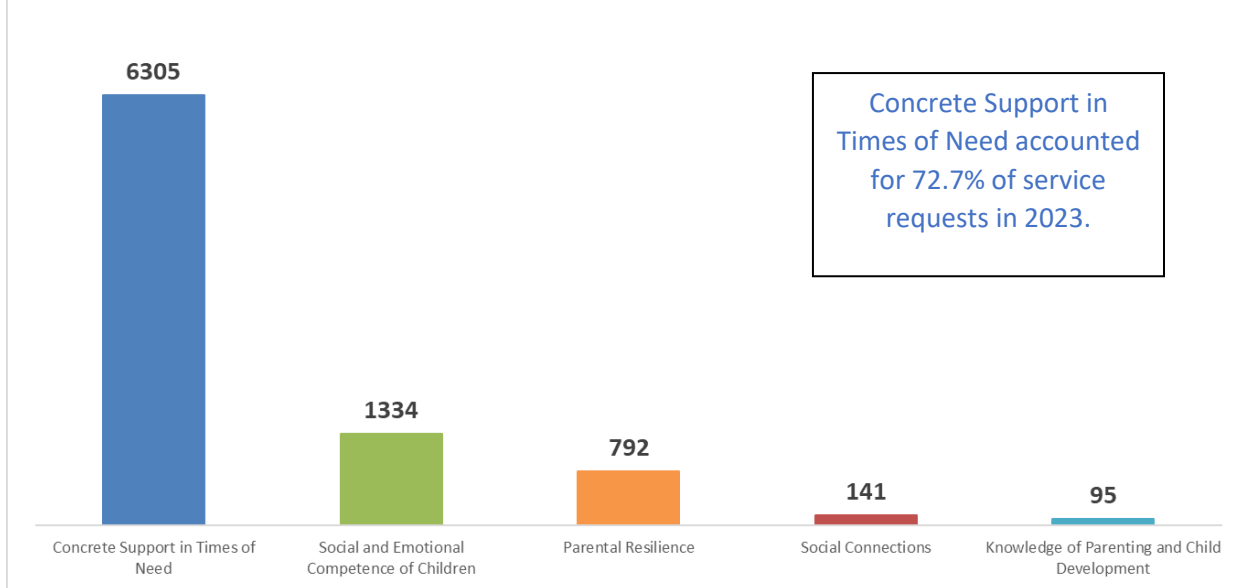
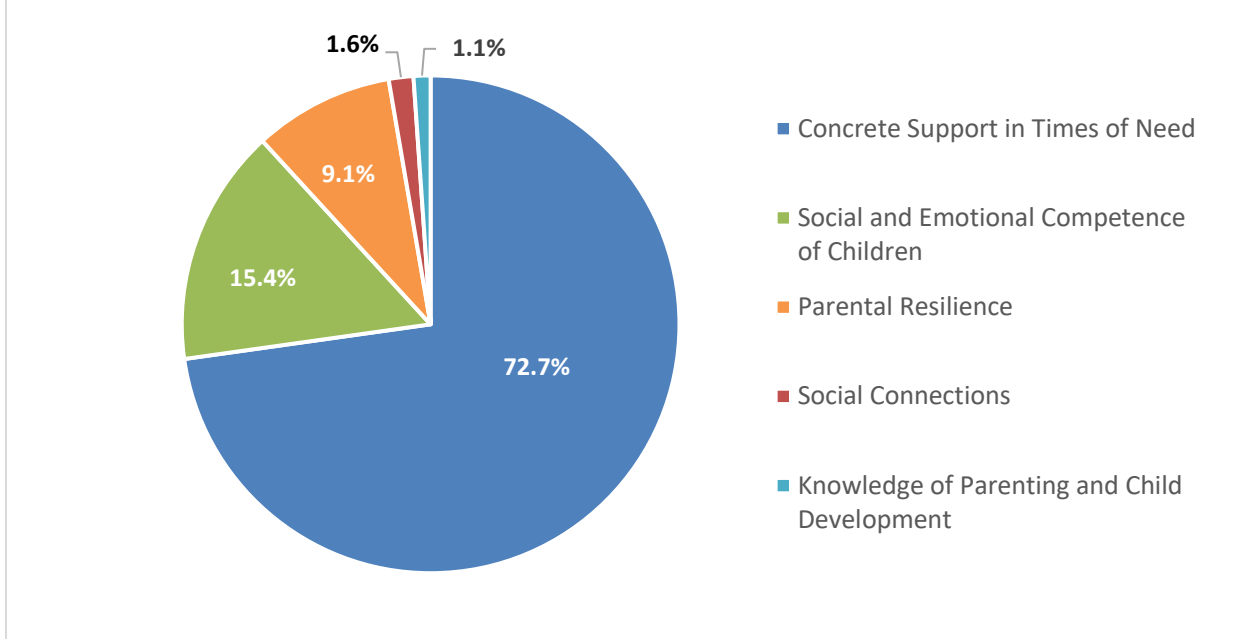


Figure 4: Percent of 2023 Service Requests by Protective Factor



Services and supports can be provided to patrons individually or as part of a specific community event. Table 2 highlights the distribution method of services and supports according to whether they were received as part of an event or provided individually to patrons. Findings suggest that a slight majority of concrete support in times of need (3,364 of 6,305 or 53.3%) were provided to patrons during events, with the vast majority of services linked to all other protective factors being provided as part of events, from a low of 75.8% (72 of 95) for knowledge of parenting and child development services and supports to a high of 95.2% (1,270 of 1,334) for specific services and supports linked to promoting the social and

emotional competence of children⁸. Overall, 62.6% (5,429 of 8,667) of services and supports provided in 2023 were done so through formal events and group activities.

2023		Was Service/Support Received Part of Event?		Total
		No	Yes	
Protective Factor	Concrete Support in Times of Need	2941	3364	6305
	Parental Resilience	187	605	792
	Knowledge of Parenting and Child Development	23	72	95
	Social and Emotional Competence of Children	64	1270	1334
	Social Connections	23	118	141
Total		3238	5429	8667

Table 3 and 4 provide additional details regarding trends associated with the days of the week select services (whether event-based or not and across protective factor categories) are requested by and/or offered to patrons in 2023. There is an active distribution of services (individual and event-based) throughout the weekdays and 125 services provided on Saturdays via events. The number of weekday service requests ranged from a low of 1,034 (11.9% of all requests; 60.3% individual-based) to a high of 2,609 (30.1% of all requests; 78.8% event-based).

Service Request Type	Day of the Week							Total
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Individual	736	784	624	541	553	0	0	3238
Event	1059	619	410	1160	2056	125	0	5429
Total	1795	1403	1034	1701	2609	125	0	8667

Table 4 findings suggest that, for the most part, services and supports are requested and offered each day across all protective factors. There is a disproportionately higher amount of concrete support in times of need services and supports provided on Fridays. This corresponds with popular regularly scheduled events, for example, food distributions which are typically offered two Fridays a month at the LPRC. With respect to services and supports linked to the social and emotional competence of children protective factor, these are typically provided on Monday through Thursday with only a handful (n=13 of 1,334) requested and provided on Friday. Given that many of these activities (see Table 5) linked to this

⁸ This observed distribution was statistically significant with both the Pearson Chi-Square (Chi-square=934.39, 4 df, p<.001) and Likelihood Ratio Chi-Square (Chi-Square= 1132.93, 4 df, p<.001).

protective factor are associated with homework help and other efforts provided after school hours, this is not unexpected.

Table 4: Distribution of Protective Factor Services and Supports Across Days of the Week

Protective Factor Category	Day of the Week							Total
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Concrete Support in Times of Need	1147	750	605	1275	2528	0	0	6305
Parental Resilience	247	260	64	95	63	63	0	792
Knowledge of Parenting and Child Development	35	19	33	6	2	0	0	95
Social and Emotional Competence of Children	314	361	328	318	13	0	0	1334
Social Connections	52	13	4	7	3	62	0	141
Total	1795	1403	1034	1701	2609	125	0	8667

There were a variety of specific services and supports linked to each protective factor. For example, in 2023, there were a total of 39 services and supports provided (that were documented within the Community Module Data System) that were linked to the **concrete support in times of need** protective factors. These included (alphabetically listed): Bike Lock Rental, Bread of the Mighty-Food Distribution, Breakfast, Child Support Info, Child Support Info EVENT, Clothing, Clothing Closet – EVENT, Community Health – EVENT, Computer Classes – EVENT, Copying, Dentist, Family Planning, Fax, Flyer/Calendar, Food, Food Stamps, Free Phone Service, Free Table/Box, Furniture, Healthy Cooking - Kids Event, Holiday Assistance, Holiday Assistance – EVENT, Household Items, Housing Assistance, Infant Care Products, Job Board, Lunch, Medicaid, Personal Hygiene Products, Phone Assistance – EVENT, Phone Use, Professional Clothing, Rent Assistance, Replacement Identification/Birth Certificate, School Supplies, Social Security Benefits, Transportation, Unemployment Benefits Information, and Utility Assistance.

Within Table 5, the highest ranked concrete support in times of need services requested and provided are summarized, including their distribution method (individual or event-based). These categories may represent an amalgamation of select individual services and supports. For example, among the 39 individually classified services and supports, *“Food Assistance”* is represented by the number of requests (denoted in the Community Module Data System) associated with Bread of the Mighty-Food Distribution, Breakfast, Food, Food Stamps, Healthy Cooking – Kids Event, and Lunch. *“Clothing Assistance”* is represented counts associated with Clothing Closet – EVENT, Clothing, and Professional Clothing classifications. *“Holiday Assistance”* includes Holiday Assistance and Holiday Assistance – EVENT counts. *“Housing/Rent Assistance”* is the summed total of Housing Assistance and Rent Assistance. *“Phone Assistance/Service”* is represented by Phone Assistance -Event, Phone Use, and Free Phone Service.

The following represents a list of 26 specific services and supports offered (on-site or by collaborative partners) in response to requests from patrons during 2023 that were linked to the **parental resilience** protective factor (as classified within the Community Module Data System): Adult Counseling, Adult Education Info, Adult Literacy, Budgeting, College / Professional Training, Community Scholarship, CRC Visit, Disability Benefits Info, Domestic Violence Assistance, Employability Workshop, Financial Literacy-EVENT, GED Info, Health Info, Health Info – EVENT, Health/Doctor Information, Homelessness Outreach, Insurance, Job Assistance – EVENT, Job Searching, Legal Assistance, Meridian, Meridian Outreach, Money Management/Budgeting, Resume / Job Application Assistance, Resumes/Interviewing, and Tax Assistance.

Table 5 highlights those service/support categories with the five largest number of service requests in 2023. Requests for Job/Employment Assistance (n=252, 86.1% via events) services and supports were the greatest, followed by Mental Health and Stress Management services (n=2046, 92.6% via events), requests for Health and Medical Information (n=159, 93.1% via events), Budgeting and Financial Literacy activities (n=61, 83.6% provided via events), and finally Community Scholarship activities (n=33, 100% provided individually)⁹.

There were nine categories of services and supports representing the **knowledge of parenting and child development protective factor**. These included: 0-4 Parenting Classes / Information, Baby Bag, Brunch and Learn, Child Development Information, Early Childhood Learning and/or Childcare, Early Childhood Learning and/or Childcare – EVENT, Head Start-ECS, Parent/Child Meeting, Youth Education – Info. Early Childhood Learning and/or Childcare (n=45) and Head Start-ECS (n=31) represented the vast majority (86 of 95 or 90.5%) of requests (see Table 5).

The following were service requests associated with the **social and emotional competence of children** protective factor: Academic Enrichment, Boys' Time, Capoeira, Child Activity, Child Resiliency Program – EVENT, Counseling for Child, Family Counseling, Girl Scouts, Homework Help, Kid's Health Info Child Activity, Mentoring, Parent-Child Activity, Parent-Child Activity – EVENT, Summer Program, Summer Program – EVENT, and Tutoring for Child.

Among the 1,334 service and support requests (primarily offered in event/group settings) linked to this protective factor, Homework Help (n=742) represented 55.6% of the requests, followed by, Summer Programs (n=220, 16.5%), Child Resiliency Programs (n=157, 11.8%), Girl Scouts (n=58, 4.4%), Boys' Time (n=44, 3.3%), and Parent-Child Activities (n=30 or 2.2%; individual and event-based). Parents can sign their children up for the homework help program at the end of summer before school starts. Students in grades K through 12th grade take part in the homework help program Monday through Thursday each week during the school year. The Strong Kids Afterschool program, often simply referred to as homework help, is designed to assist students in achieving identified academic and social/emotional goals in a smaller group setting. Students work on their assigned homework, in addition to participating in various enrichment programming throughout the week, including Girl Scouts, Boy's Time, and UF/IFAS Family Nutrition Program, for example.

⁹ "Health/Medical Information" is represented by summed totals from Health Info – EVENT, Health/Doctor Information, and Health Info service classifications. "Job/Employment Assistance" is represented by summed totals from Job Searching, Employability Workshop, Job Assistance – EVENT, Resumes/Interviewing, and Resume / Job Application Assistance service classifications. "Budgeting and Financial Literacy" is represented by summed totals from Money Management/Budgeting, Budgeting, and Financial Literacy- EVENT service classifications.

Girl Scouts allows girls in the afterschool program to participate in fun activities that build confidence, teach them new skills, and promote positive development. While the designated Girl Scout troop leader facilitates these activities with the girls, resource center staff begin 'Boy's Time' with the boys. During Boy's Time, staff engage in fun, skill building activities with the boys including crafts, games, and educational worksheets. The UF/IFAS Family Nutrition Program brings family friendly recipes to the students that they create together, to show that healthy eating can be quick and easy.

Parents can also register their children for the Strong Kids Summer Program during summer break. The Strong Kids Summer Program has two iterations, running for three weeks at a time. During this time, children have the opportunity to participate in activities and programming including Capoeira, CDS Snap, UF/IFAS Family Nutrition Program, and more, while their caregivers are out during the day.

Table 5 details two service activities requested and delivered in 2023 associated with the **social connections** protective factor. These included Activities for Families¹⁰ (n=120 of 141 or 85.1% of all social connections service requests) and Adult Activity (n=19 or 13.5%) all offered as part of events. Social activities for families included the Chill and Grill Father's Appreciation Day, the Mother's Day Off Spring Brunch, and a Cookies and Cards Valentine's Day Events. At the Chill and Grill Father's Appreciation Day event, fathers and male caregivers were shown appreciation through games, food, and music that the whole family could attend. At the Mother's Day Off Spring Brunch, mothers were able to relax, listen to music, eat, and paint with other local moms while their children were taken care of by staff. The Cookies and Cards Valentine's Day event allowed families to enjoy cookies, candy, and music while decorating valentine's day cards for loved ones. The adult activities classified as social connections typically represent visits in which patrons signed up for events that require registration (Brunch and Learn CPR Course or Mother's Day Off Spring Brunch, for example). The remaining 2 service requests are related to individual activities with seniors.

¹⁰ This is a grouping of two categories, including Social Activity-Family (event-based) and Activities for Families (individual-based).

Table 5: Distribution of Services and Supports to Individual Patrons (Individual or Event-based) at LPRC in 2023				
Protective Factor and Services		Service Receipt Method		Total
		Individual	Event	
Concrete Support in Times of Need	Food Assistance*	236	2092	2328
	Clothing Assistance	322	1067	1389
	Fax Use	1135	0	1135
	Holiday Assistance	249	100	349
	Housing/Rent Assistance	288	0	288
	Utility Assistance	187	0	187
	Phone Assistance/Service	39	103	142
	Flyer/Calendar	99	0	99
Parental Resilience	Job/Employment Assistance	35	217	252
	Mental Health/Stress Management	15	189	204
	Health/Medical Information	11	148	159
	Budgeting and Financial Literacy	10	51	61
	Community Scholarship	33	0	33
Knowledge of Parenting and Child Development	Early Childhood Learning and/or Childcare	13	32	45
	Head Start-ECS	0	31	31
	Brunch and Learn	0	9	9
Social and Emotional Competence of Children	Homework Help	0	742	742
	Summer Program	13	207	220
	Child Resiliency Program	0	157	157
	Girl Scouts	0	58	58
	Boys' Time	0	44	44
	Parent-Child Activity	6	24	30
Social Connections	Social Activity-Family	0	118	118
	Adult Activity	19	0	19

*The majority of patrons (n=1,907 or 81.9%) that received food assistance at LPRC benefited from services provided by Bread of the Mighty. Learn more about this provider here: <https://breadofthemighty.org/programs>.

Service Delivery and Providers

Of the 8,667 service requests, information related to whether requested services and supports were delivered exists for 2,503 visit-based requests (or 28.9% of 2023 service requests) of which 2,500 were confirmations of service delivery. The 5,429 events-based requests (62.6% of 2023 service requests) are not recorded in the module as having been received, due to Module limitations. All event-based requests are delivered because it is the staff protocol to only enter a patron on an event log if they are at the event and therefore receive the service of that event. There were 3 indications of non-service delivery for any request, but data was missing (on this indicator) for 8.5% (n=735) of service requests. Staff attest that most service requests are addressed. The delivery rate among valid data (excluding delivery status data missing for 735 individual requests) is 99.9% (n=7,929 of 7,932 service requests). Should it be assumed that service was not delivered for the 735 requests with missing data on service

delivery distinction, then the delivery rate (the most conservative estimate) would be a 91.5% (n=7,929 of 8,667).

Individual Patrons as Unit of Analysis

As denoted earlier, each individual patron is provided a unique “ClientID” number within the Community Module Data System upon making their first service/support request. Patrons are asked to sign-in upon subsequent visits; this is a voluntary activity that assists the LPRC in identifying service trends and associated needs of individual patrons, select households, and the community at large. Services and supports are, however, provided to patrons regardless of their willingness to identify themselves during the sign-in process. Subsequently, there may not be a ClientID number affiliated with every service request documented within the Community Module Data System. For example, in 2023, among the 8,667 service requests, “ClientID” numbers are not affiliated with 344 of these requests¹¹. Regardless, “ClientID” numbers exist for 96.0% of all service requests for 2023 at the LPRC. These data allow for the analyses of service trends for a subgroup of a non-duplicated count of patrons. The remaining findings relate to a non-duplicated count of patrons linked to 8,323 service requests. In sum, the total number of service requests by those with documented ClientID numbers (8,323) were made by 2,564 individual patrons (non-duplicated count). When the estimate of patrons affiliated with the service requests without ClientIDs (n=107, see footnote 11) is added to confirmed patrons, the estimated number of non-duplicate patrons served in 2023 is 2,671. This represents a 30% increase from the estimated number of unique patrons that accessed the LPRC in 2022. Please note that findings presented for the remainder of the report apply only to the confirmed number of non-duplicate count of patrons (2,564).

The number of service requests across patrons ranged from a low of 1 to a high of 138 during the year with an average of 3.25 service requests per patron per year. In total, 57.8% (n=1,482) made only 1 service request during 2023, with an additional 22.3% (n=572) making 2 or 3 requests (see Table 6) with 94.8% of all patrons making between 1 and 10 service and support requests in 2023.

¹¹ It is unknown if the patrons affiliated with these service requests are among those identified with other service requests and, subsequently how many non-duplicated counts of patrons are represented by these 344 requests. Should this number of patrons parallel the non-duplicated rate affiliated with data with known Client IDs, then it might be conjectured that an additional 107 (344 x .31, the ratio of non-duplicate count patrons by their aggregate service requests) patrons are possibly represented by these 344 service requests.

Table 6: Number and Percentage of Patrons Making Select Service Requests in 2023

Annual Service Requests	Number of Patrons	Percent of Patrons
1	1482	57.8
2	378	14.7
3	194	7.6
4	111	4.3
5	80	3.1
6 to 10	185	7.2
11 to 15	66	2.6
16 to 20	27	1.0
21 to 30	16	0.7
31 to 50	12	0.3
51 to 100	10	0.1
100 +	3	0.0
Total	2564	99.4

A summary of the average and range of service requests across protective factor categories for the total number of patrons (n=2,564) is denoted in Table 7. Although patrons on average make 3.25 service requests each year, this average is influenced strongly by the need and utilization of concrete support in times of need services offered. On average, patrons made 2.39 requests for **concrete support in times of need** in 2023 (see Table 7) with 85.1% of all patrons making at least one request for concrete support in times of need (see Table 8). In total, 48.1% (n= 1,233) of all patrons made one request for concrete support in times of need, 27.0% (n=691) made between 2 and 5 requests, 6.4% (n=164) made between 6 and 10 requests, and 3.6% (n=91) made more than 10 requests in 2023. Patrons made (on average) 0.51 service requests in 2023 for services related to promotion of the **social and emotional competence of children** (see Table 7), 96.2% of all patrons did not make any request for services for this protective factor (see Table 8). The low average annual rates per patron for services linked to **parental resilience** (0.21 average requests per patron), **knowledge of parenting and child development** (0.03 requests), and **social connections** (0.05 requests) protective factors in 2023 are impacted by the percentage of patrons that did not make any requests for these services (80.2%, 97.1% and 95.6%, respectively) (see Table 8). In total, there were 507 patrons (of which 410 made 1 request) and 74 (of which 66 made one request) patrons that made requests for services linked to the parental resilience and knowledge of parenting and child development protective factors respectively. There were 113 (4.4% of) patrons that sought services associated with promoting **social connections** of which 103 sought these services once in 2023 (see Table 8).

Table 7: Average Number of Service Requests —Total and Across Protective Factor Categories

Service Category	Average	Grouped Median	Range	Std. Deviation
Concrete Support in Times of Need	2.39	1.36	0-59	3.99
Parental Resilience	0.26	0.21	0-7	0.64
Knowledge of Parenting and Child Development	0.03	0.03	0-3	0.20
Social and Emotional Competence of Children	0.51	0.04	0-129	5.93
Social Connections	0.05	0.04	0-5	0.25
Total Service Requests	3.25	1.58	1-138	7.44

Table 8: Number and Percentage of All Patrons (N=2,564) Making Select Service Requests in 2023 Across Protective Factor Categories

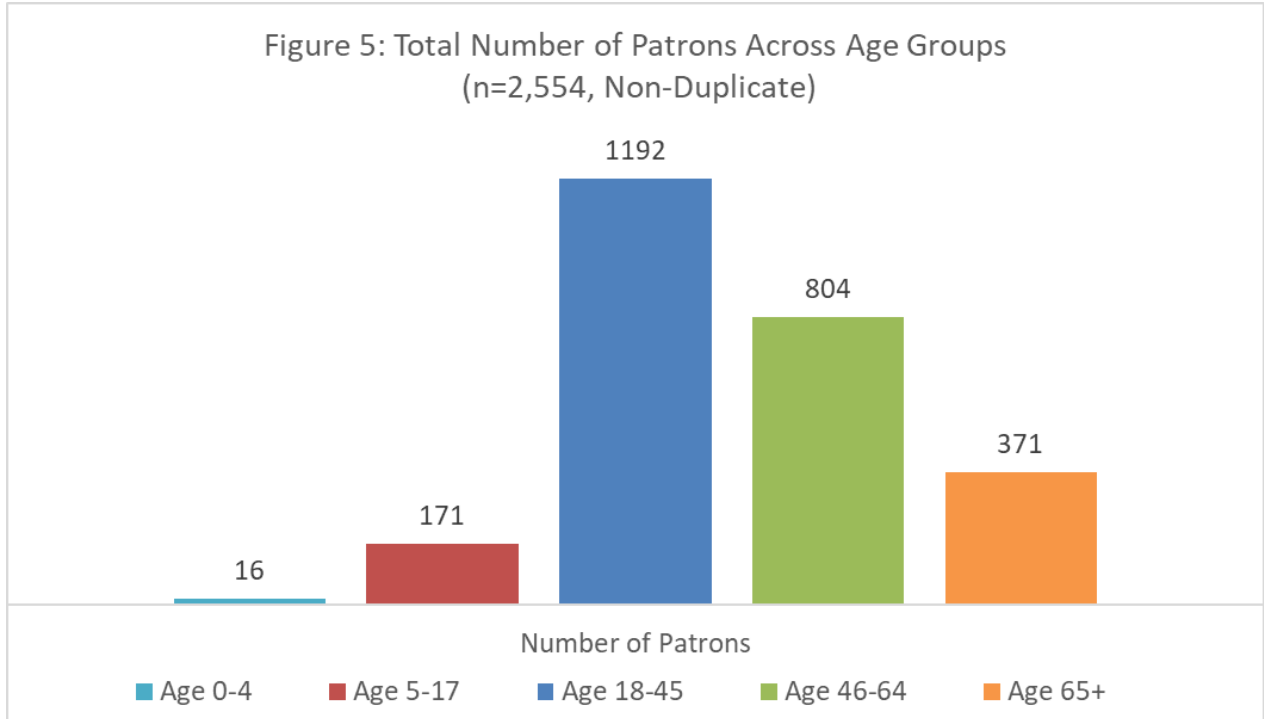
Annual Service Requests	All Protective Factors	Concrete Support in Times of Need	Parental Resilience	Knowledge of Parenting and Child Development	Social and Emotional Competence of Children	Social Connections
0	0 (0.0%)	383 (14.9%)	2057 (80.2%)	2490 (97.1%)	2466 (96.2%)	2451 (95.6%)
1	1482 (57.8%)	1233 (48.1%)	410 (16.0%)	66 (2.6%)	53 (2.1%)	103 (4.0%)
2	378 (14.7%)	332 (12.9%)	59 (2.3%)	6 (0.2%)	10 (0.4%)	9 (0.4%)
3	194 (7.6%)	184 (7.2%)	0 (0.0%)	2 (0.1%)	4 (0.2%)	0 (0.0%)
4	111 (4.3%)	104 (4.1%)	13 (0.5%)	0 (0.0%)	1 (0.0%)	0 (0.0%)
5	80 (3.1%)	71 (2.8%)	0 (0.0%)	0 (0.0%)	2 (0.1%)	1 (0.0%)
6 to 10	185 (7.2%)	164 (6.4%)	4 (0.2%)	0 (0.0%)	4 (0.2%)	0 (0.0%)
11 to 15	66 (2.6%)	52 (2.2%)	0 (0.0%)	0 (0.0%)	5 (0.2%)	0 (0.0%)
16 to 20	27 (1.0%)	19 (0.7%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	0 (0.0%)
21 to 30	16 (0.7%)	12 (0.4%)	0 (0.0%)	0 (0.0%)	2 (0.1%)	0 (0.0%)
31 to 50	12 (0.3%)	7 (0.3%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	0 (0.0%)
51 to 100	10 (0.1%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	8 (0.4%)	0 (0.0%)
100 +	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	0 (0.0%)

Patron Demographics

When demographic characteristics are observed (see Figure 5), the largest group (n=1,192 or 46.5%) of patrons requesting/needing services are adults between the age of 18 and 45¹². The next age group most represented are adults between 46 and 64 (n=804, 31.4%), followed by seniors 65 and older

¹² Please note that since the age of a patron may change over the course of the year and time frame for which they requested services, the age used for this analysis was the patrons age at time of the first service request in 2023.

(n=371, 14.5%), children and youth between 5 and 17 (n=171, 6.7%), and children 4 and under (n=16, 0.6%). It is important to note that while most of the patrons directly receiving services are adults, children in the home also benefit (directly and indirectly) from the services provided to parents. Data on age group was missing for 10 patrons (not summarized in Figure 5).



Supplemental analyses explored the number of unique/individual visits associated with patrons within each age group and the likelihood of these patrons returning to the LPRC for services and supports after a first visit during 2023. Findings in Table 9 identify patrons aged 5 through 17 to have the highest average number of unique/individual visits (8.91) to the LPRC, followed by patrons aged 65 and over (average = 3.85), those 46-64 (average = 3.15), those between 0 and 4 (average=2.75), and those 18 and 45 years of age (average = 2.31). The high average number of return visits of those 5-17 is skewed by select outliers of patrons with high visit counts¹³, hence the large standard deviation (SD = 23.14) in the distribution of average number of revisits/returns to the LPRC. When the percentage of patrons that make at least one return visit to the LPRC is examined in 2023 (see Table 9), the highest percentage of patrons revisiting the LPRC are among those 65 and older (51.8%), followed by aged 46-64 (47.3%), those aged 5-17 (38.0%), those 18-45 (36.7%), and those 0-4 years of age (18.8%). In total, 42.2% of all patrons returned at least once to the LPRC for services and supports in 2023. A series of analyses revealed statistically significant differences in the average number of unique/individual visits and the distribution of number/percentage of those patrons likely to return to the LPRC in 2023¹⁴.

¹³ Three patrons had between 131 and 138 visits and an additional 8 had between 50 and 90 return visits.

¹⁴ Initial ANOVA models (fixed and random effects) were run examining the average number of unique/individual visits to the LPRC across age groups. Although the result was statistically significant (F=31.54, df=4, p<.001), the sample was unbalanced with a violation of the homogeneity assumption (Levene Statistic=112.61, p<.001). Given such, a parallel non-parametric test was done (Independent-Samples Kruskal-Wallis Test) that proved significant (Test Statistic=53.83, df=4, p<.001, asymptotic 2-sided test), suggesting the observed distribution in the average number of unique visits across age groups is significantly different.

Table 9: Average Number of Unique Visits and Percentage of Patrons Returning to Library Partnership RC Across Age Groups in 2023 (N=2,554)

Age Group	N	Mean / Average	Std. Deviation	Std. Error	Minimum Visits	Maximum Visits	Number (%) Returning
Age 0-4	16	2.75	5.35	1.34	1	22	3 (18.8%)
Age 5-17	171	8.91	23.14	1.77	1	138	65 (38.0%)
Age 18-45	1192	2.31	3.35	0.10	1	46	438 (36.7%)
Age 46-64	804	3.15	4.95	0.17	1	61	380 (47.3%)
Age 65+	371	3.85	5.30	0.28	1	52	192 (51.8%)
Total	2554	3.24	7.45	0.15	1	138	1078 (42.2%)

Given the number of age groups (5) and variation in average visits (and their standard error) and likelihood (percentage) to return to LPRC in 2023, differences between each age group were more closely examined (see Table 10)¹⁵. Findings in Table 10 suggest that observed differences in the average number of revisits/returns to the LPRC are statistically significant between the three sets of age groups compared. The average number of visits by those aged 18-45 (Mean 2.31) was significantly lower (statistically) than the average observed for those 46-64 years old (Mean=3.15; Standardized Test Statistic= -5.12, $p < .001$), and those 65 and older (Mean=3.85; Standardized Test Statistic= -6.33, $p < .001$). Finally, the average number of visits by those aged 65 and older (Mean=3.85) was significantly lower than the average number of visits by those aged 5-17 (Mean = 8.91, Standardized Test Statistic= -2.99, $p = .028$).¹⁶

¹⁵ The Kruskal-Wallis Test with Pairwise Comparisons was computed using asymptotic significances (2-sided tests) and significance levels of .05 for hypotheses testing. Each row in Table 10 summarizes a test of the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Adjusted significant tests should be used where the adjusted $p < .05$ would require a rejection of the null hypothesis.

¹⁶ **Understanding Statistical Significance:** In evaluation and research studies, statistical analyses are frequently done to objectively understand the distribution and relationship among and between different variables of interest and/or populations and/or subgroups. Different statistic tests/models exist for different hypotheses and for different types of variables and given assumptions and knowledge about how the data were collected and how representative the data is of specific populations or subgroups. Most statistical tests are structured to help determine whether a null hypothesis should be accepted or rejected. A null hypothesis is an assertion that there are no significant differences, effects, and/or relationships between select variables and/or populations under study (using available/observed data). A p-value (or probability-value associated with each statistical test) aids in decisions about whether to accept or reject a null hypothesis and is, thus, a measure of statistical significance. The p-value represents the probability that observed results (or those more extreme/greater) would happen if the null hypothesis was true. Research and scientific norms typically use a p-value $< .05$ as a threshold standard for rejecting the null hypothesis for a specific statistical test, thus accepting an alternative hypothesis related to what is being studied making the finding statistically significant.

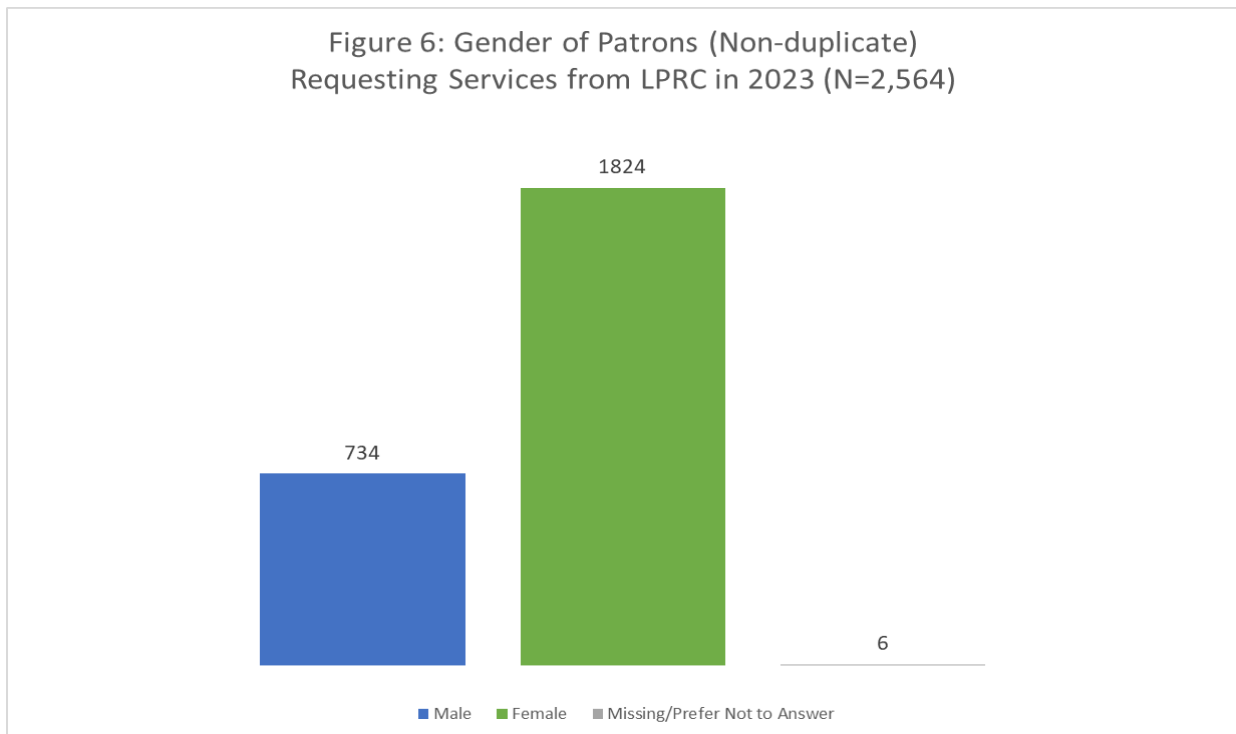
Table 10: Pairwise Comparisons of Age Groups in Terms of Number of Unique Visits/Revisits to LPRC in 2023 (N=2,554)

Sample 1 Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. *
Age 0-4 Age 18-45	-181.99	166.32	-1.09	0.274	1.000
Age 0-4 Age 46-60	-336.46	166.86	-2.02	0.044	0.438
Age 0-4 Age 65+	-430.58	168.74	-2.55	0.011	0.107
Age 0-4 Age 5-17	-269.88	172.78	-1.56	0.118	1.000
Age 18-45 Age 46-64	-154.47	30.16	-5.12	<.001	0.000
Age 18-45 Age 65+	-248.59	39.29	-6.33	<.001	0.000
Age 18-45 Age 5-17	87.89	54.04	1.63	0.104	1.000
Age 46-64 Age 65+	-94.12	41.48	-2.27	0.023	0.233
Age 46-64 Age 5-17	-160.70	61.09	-2.63	0.009	0.085
Age 65+ Age 5-17	204.845	68.483	2.991	0.003	0.028

* Significance values have been adjusted by the Bonferroni correction for multiple tests.

Highlighted findings indicate statistically significant differences in average number of visits between compared age groups.

As noted earlier, gender choice (by patrons) categories include Female, Male, Transgender, Gender Non-Conforming, Prefer Not to Answer, and Unknown (if data missing). When the gender of patrons requesting services in 2023 is examined (see Figure 6), the majority self-identify as female (n= 1,824, 71.1%) followed by males (n= 734, 28.6%). There were two patrons that preferred not to state their gender, and four patrons not identifying their gender (missing).



Black or African American (Non-Hispanic) patrons represented 69.3% of the total patrons seeking services in 2023 (see Table 11). An additional 525 (20.5%) patrons were White (Non-Hispanic origin) followed by 159 (6.2%) self-identified as Hispanic, Latino, or Spanish origin. When the preliminary estimates of the residences/neighborhoods primarily served by the LPRC are contrasted against Census Tract and Census Block Group classifications, these data provide a more accurate profile of the target population for this Resource Center. Here, racial/ethnic distribution is 46.9% Black, 45.13% White, 5.8% Hispanic, and 1.9% Asian perhaps suggesting an underrepresentation of White patrons requesting service at LPRC and potential over representation of Black or African American (Non-Hispanic) patrons. However, caution needs to be exercised prior to making such an assertion. The geospatial area served is an estimate based on limited data related to the addresses LPRC staff have for patrons, interviews with LPRC staff and administrators, and a qualitative review of the geospatial focus of historical community outreach and engagement activities by the LPRC. It is hoped that with the planned utilization by PSF and its Resource Centers of geo-spatial software to help better identify community need and service utilization trends, more valid estimates of the representative nature of patrons requesting service (and variation of need) across demographic characteristics can be made.

Race/Ethnicity	Number of Patrons	Percent of Patrons
American Indian or Alaska Native	1	<.1
Asian	13	0.5
Black or African American - Non-Hispanic	1776	69.3
Hispanic, Latino, or Spanish origin	159	6.2
White - Non-Hispanic origin	525	20.5
Multiracial	53	2.1
Other	22	0.9
Prefer not to answer	9	0.4
Missing	6	0.2
Total	2564	100.1

*Total percentage does not equal 100% due to rounding error. Percentages have been rounded to the nearest tenth of a percent (or one decimal point) from one hundredth of a percent (or two decimal points). Rounding multiple categories/times can typically create small errors when summing the totals of multiple rounded figures.

References

Administration for Children and Families. (2018, November 16). *Memorandum 18-05: Reshaping Child Welfare in the United States to Focus on Strengthening Families Through Primary Prevention of Child Maltreatment and Unnecessary Parent-Child Separation*. (ACYF-CB-IM-19-05). Available at: <https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

Capacity Building Center for States (2020b). *Center Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families*. [https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?w=NATIVE\(%27SIMPLE_SRCH+ph+is+%27%27Protective+Factors+and+Protective+Capacities:+Common+Ground+for+Protectin+g+Children+and+Strengthening+Families+\[Infographic\]%27%27%27\)](https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?w=NATIVE(%27SIMPLE_SRCH+ph+is+%27%27Protective+Factors+and+Protective+Capacities:+Common+Ground+for+Protectin+g+Children+and+Strengthening+Families+[Infographic]%27%27%27))

Centers for Disease Control and Prevention. (2020). *The Social-Ecological Model: A Framework for Prevention*. <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

Centers for Disease Control and Prevention, Division for Violence Prevention. (2019). *Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments for all Children*. <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

Center for the Study of Social Policy. (2015). *Core Meanings of the Strengthening Families Protective Factors*. <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-ProtectiveFactors-2015.pdf>

Center for the Study of Social Policy (2003). *Strengthening Families Through Early Care & Education: Protective Factors Literature Review*. https://www.matrixoutcomesmodel.com/EvaluationMenu/Protective_Factors_Literature_Review.pdf

Center for the Study of Social Policy. (n.d.-c). *Protective Factors: Action Sheets*. <https://cssp.org/resource/protectivefactorsactionsheets/>

Child Welfare Information Gateway. (2020). *Protective Factors Approaches in Child Welfare*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Child Welfare Information Gateway (2019). *Protective Factors to Promote Well-Being*. <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>

Development Services Group, Inc., & Child Welfare Information Gateway. (2015). *Promoting protective factors for in-risk families and youth: A guide for practitioners*. Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau

FRIENDS National Resource Center for Community Based Child Abuse Prevention (2011). *The Protective Factors Survey User's Manual*. Chapel Hill, NC: Author.

FRIENDS National Resource Center for Community Based Child Abuse Prevention (2018). *The Protective Factors Survey, 2nd Edition User's Manual*. Chapel Hill, NC: Author.

Perry, R., Snow, E., & Merritt, S., Spoliansky, T., & Edelman, P. (2022). *Service Utilization Trends at the Library Partnership Resource Center (2016-2020)*. Tallahassee: Institute for Child and Family Services Research.

Sege, R., Bethell, C., Linkenbach, J., Jones, J., Klika, B., & Pecora, P. J. (2017). *Balancing adverse childhood experiences with HOPE: New insights into the role of positive experience on child and family development*. <https://cantasd.acf.hhs.gov/wp-content/uploads/Balancing-ACEs-withHOPE-Report.pdf>



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