



## THE SWAG FAMILY RESOURCE CENTER: 2022 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 SWAG Family Resource Center (SWAG FRC) in 2022. The SWAG FRC is part of a network of Family Resource Centers (FRC) operated by Partnership for Strong Families (PSF). In 2007, PSF began developing a network of FRCs that emphasize a strengthening families 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 safely reducing entries into foster care.

## **The SWAG Family Resource Center**

The SWAG FRC was opened as part of a collaboration between Partnership for Strong Families (PSF), the Southwest Advocacy Group (SWAG), and the Alachua County government, along with tremendous support and financial contributions from community partners. At the time of initial collaboration, SWAG was already an established entity in the community with the goal of improving the lives of residents in southwest Gainesville. As a show of support, the Alachua County Board of County Commissioners donated the building that houses the FRC. The SWAG Family Resource Center opened its doors to the community in 2012 and has been providing continuous supports and services to individuals and families since that time.

The SWAG FRC is one of three FRCs in Gainesville that partner with a network of over 75 community partners (across all sites) to provide services that are free of charge and are responsive to the needs of the surrounding community, as identified by community partners, stakeholders, and community 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 for the benefit of these Gainesville communities, who have historically experienced limited access to family support services.

## **Methods**

This report summarizes findings from a descriptive analysis of secondary data obtained from the SWAG Family Resource Center in 2022. Analysis was conducted on de-identified data and in accordance with an approved IRB protocol<sup>1</sup> that was also approved by the Florida Department of Children and Families, Office of Child Welfare.

### **Community Module Data System**

Historically, when a patron visited one of the FRCs, they were asked to sign-in, using a computer kiosk, to provide select information about themselves and the reason for their visit. As of June 10, 2020, in response to safety issues related to the COVID pandemic, (it is important to note that SWAG FRC did not close during the period of the pandemic), the FRCs began collecting patron demographic information and service needs using a paper form, instead of the kiosk. The "Getting to Know You" form mimics the electronic system and collects the same patron information. All information collected on the form is

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<sup>1</sup> Advarra IRB: Children's Bureau, Protocol Number PSF-2021-CB

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. On March 22, 2021, the FRCs started collecting information to identify if patrons are “caregivers to children under the age of 18”<sup>2</sup>. Once the patron is identified as a repeat visitor, they are not prompted to repeat this data entry, only to provide updates, if applicable. Additional information is collected regarding if a child or any other adults are with the patron for the purpose of receiving services. Further, the patron is asked to identify if they have been at the FRC in the past and the reason they are visiting so that SWAG FRC personnel can properly assist.

Collectively these data allow the SWAG FRC to track and monitor service utilization trends and expressed need 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<sup>3</sup>. 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 for a more effective itemization of service requests and utilization trends, including an unduplicated count of patrons. Data elements/variables that remained consistent (pre-2021 to present) include 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 Number<sup>4</sup>. Gender and Race categories within the Community Module were expanded on March 22<sup>nd</sup>, 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 choice prior to March 22, 2021, included: Black/African American, White, Multiracial, Hispanic, Asian, Other, Unknown. Race choice since March 22, 2021 (now in alignment with the information collected by the Census Bureau) includes: 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

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<sup>2</sup> Although this data element was added to the Community Module Data System in March of 2021, it was not added to other paper sign-in sheets at Resource Centers and for event-based activities until August 2021.

<sup>3</sup> Retrospective analyses on service trends focused specific service requests as the primary unit of analyses given the inability to match most patrons over time across individual service requests. For more details regarding retrospective service trends in the five years prior to the formal start of the approved implementation and evaluation plan for the project, please see: Perry, R., Mikaela D-J., Merritt, S., Spoliansky, T. & Edelman, P. (2022). *Service Utilization Trends at the SWAG Family Resource Center (2016-2020)*. Tallahassee: Institute for Child and Family Services Research.

<sup>4</sup> 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.

Hawaiian, Other Asian, Other Pacific Islander, Prefer not to answer, Samoan, Unknown, or Vietnamese (available when Asian is selected).

Although historically, staff report that most services and supports requested were 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) by July 1, 2021. Please note that findings presented in this report are qualified or impacted by the dates for which select data elements started to be collected. 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.

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 SWAG FRC) 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, 2020; 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, 2015; FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2011; Sege et al., 2017)<sup>5</sup> historically there were two Protective Factors models/frameworks considered as an

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<sup>5</sup> 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/martial problems, etc.)

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.

**Table 1: CSSP and FRIENDS Protective Factors Frameworks/Models**

<b>CSSP Protective Factor</b>	<b>CSSP Protective Factor Definition</b>	<b>FRIENDS Protective Factor</b>	<b>FRIENDS Protective Factor Definition</b>
<b>Parental Resilience</b>	Managing stress and functioning well when faced with challenges, adversity, and trauma.	<b>Family Functioning / Resiliency</b>	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.
<b>Social Connections</b>	Positive relationships that provide emotional, informational, instrumental, and spiritual support.	<b>Social Emotional Support (PFS-1) Social Supports (PFS-2)<sup>6</sup></b>	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
<b>Concrete Support in Times of Need</b>	Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges.	<b>Concrete Support</b>	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
<b>Knowledge of Parenting and Child Development</b>	Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.	<b>Child Development / Knowledge of Parenting</b>	Understanding and using effective child management techniques and having age-appropriate expectations for children’s abilities.
<b>Social and Emotional Competence of Children</b>	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.		

and community, societal or environmental factors (generational poverty, crime, racism, etc.) (Center for the Study of Social Policy, 2015; n.d.-c).

<sup>6</sup> Although the name of the construct changed from *Social Emotional Support* to *Social Supports* from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the Protective Factors Survey, the definition/conceptualization of the construct remains the same.

CSSP Protective Factor	CSSP Protective Factor Definition	FRIENDS Protective Factor	FRIENDS Protective Factor Definition
		<b>Nurturing and Attachment</b>	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. 2<sup>nd</sup> Edition User’s Manual*. Chapel Hill, NC: Author.

The historical adoption of a hybrid classification of protective factors (for at-risk and in-risk families) by PSF 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 Family Resource Centers, 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 Department of Children and Families (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 children<sup>7</sup>.

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

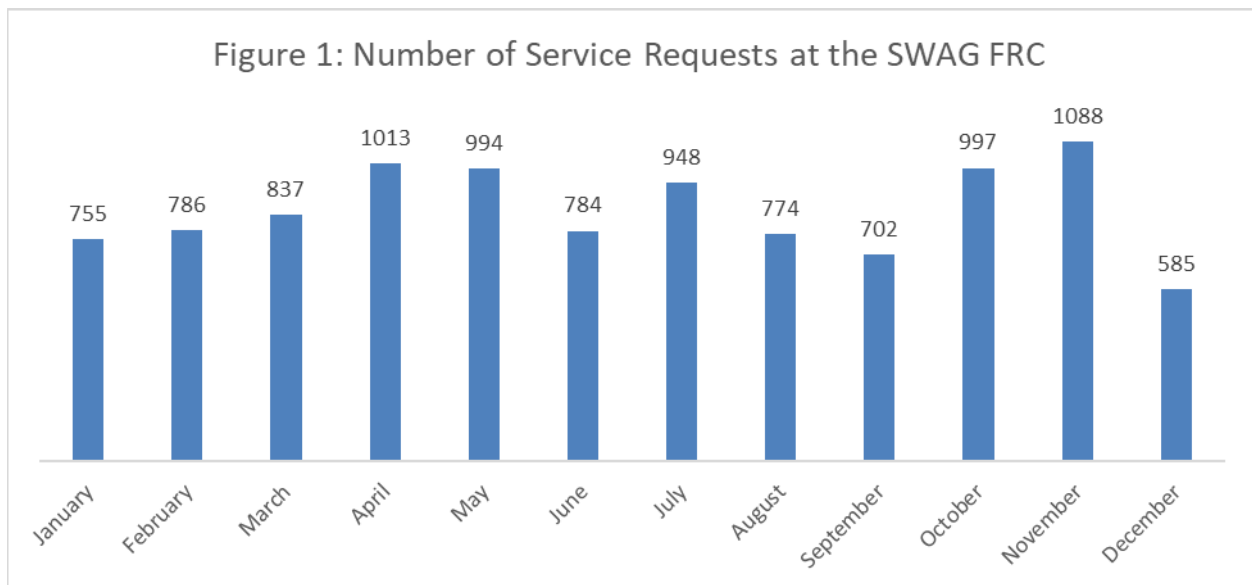
<sup>7</sup> Please note that PSF FRCs typically refer to this protective factor as Social and Emotional Competence of Youth, without any change to the defining features of the construct as conceptualized by CSSP. The term “youth” has been substituted, it was thought, to reflect a broader age range of children (infant to eighteen) for whom select services related to their social and emotional competence are targeted.

developmental needs of children and the quality of their primary relationships” (Center for the Study of Social Policy, 2003, p.7)<sup>8</sup>.

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 with, given the intent and focus of the service or support. Interviews and communication with select PSF and FRC administrators (including the Director of Resource Centers, Chief of Clinical and Community Services, and RC 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 may be associated/classified with different protective factors, across different years and FRCs, as the specific focus or activity associated with the service or support may have varied.

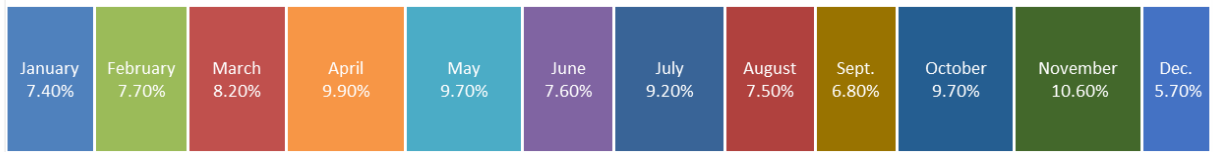
### Service Requests as Unit of Analysis

The first set of analyses focused on individual service requests from all patrons. At SWAG FRC, there were a total of 10,263 service requests made during, 8,678 individual visits by patrons in 2022. Some variation was observed in the number of service requests for each month, ranging from a low of 585 in December (or 5.7% of total 2022 requests) to a high of 1,088 (or 10.6% of total 2022 requests) in November (see Figures 1 and 2).



<sup>8</sup> 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](https://www.matrixoutcomesmodel.com/EvaluationMenu/Protective_Factors_Literature_Review.pdf)

Figure 2: Monthly Service Requests as Percentage of 2022 Total



During 2022, the majority of service requests (n= 7,130 or 69.5% of all requests) at SWAG FRC 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=2,022 or 19.7% of all requests) and social connections (n=679 or 6.6% of all requests). Only 3.4% and 0.8% of service requests focused on the parental resilience and knowledge of parenting and child development protective factors (respectively). Historically, concrete support in times of need have been the most requested service type at all PSF Family Resource Centers, including SWAG FRC; consistently representing more than half of all services requested each month. This trend is to be expected as individuals must meet their own basic needs, and those of their children, prior to being able to effectively identify and meet other needs.

Figure 3: Number of Service Requests at the SWAG FRC in 2022 by Protective Factor Categories

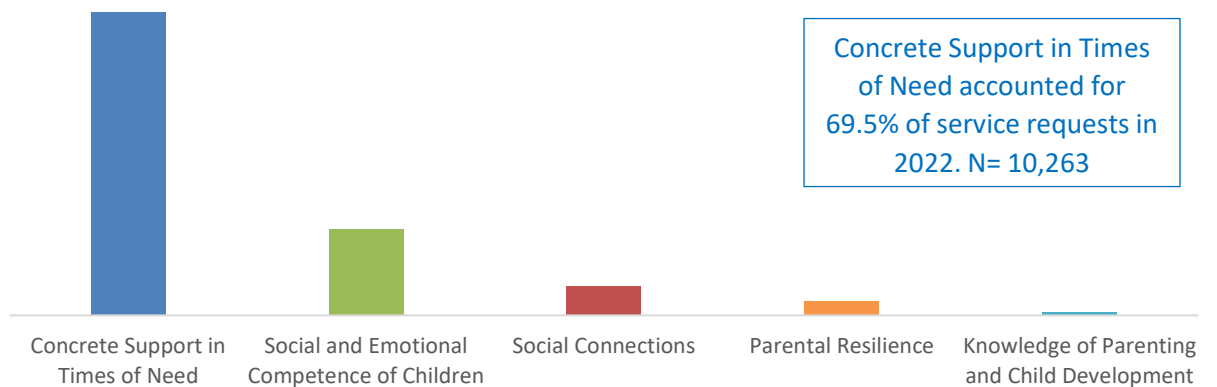
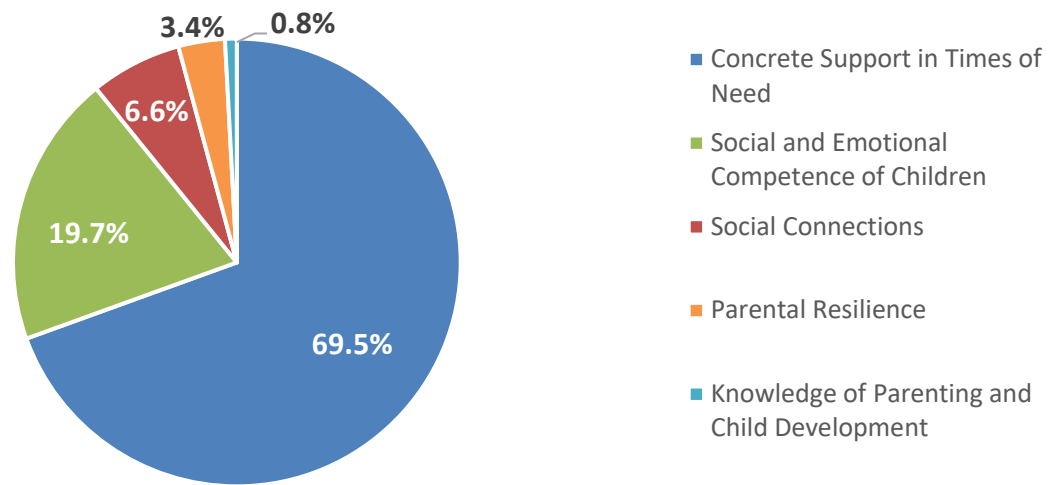




Figure 4: Percent of 2022 Service Requests by Protective Factor



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 the majority of concrete support in times of need (4,581 of 7,130 or 64.2%), parental resilience (179 of 345 or 51.9%), and knowledge of parenting and child development (62 of 87 or 71.3%) services were provided individually to patrons, although a notable amount were also provided (especially for concrete support in times of need and parental resilience protective factors) as part of events. Overwhelmingly, specific services and supports linked to promoting the social and emotional competence of children (1,929 of 2,022 or 95.4%) and social connections (676 of 679 or 99.6%) were provided as part of specific events<sup>9</sup>.

2022		Was Service/Support Received Part of Event?		Total
		No	Yes	
Protective Factor	Concrete Support in Times of Need	4581	2549	7130
	Parental Resilience	179	166	345
	Knowledge of Parenting and Child Development	62	25	87
	Social and Emotional Competence of Children	93	1929	2022
	Social Connections	3	676	679
Total		4918	5345	10263

<sup>9</sup> This observed distribution was statistically significant with both the Pearson Chi-Square (Chi-square=2916.8, 4 df, p<.001) and Likelihood Ratio Chi-Square (Chi-Square= 3538, 4 df, p<.001).

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 2022. Most of all services and supports are offered between Monday and Thursday of most weeks with some variation in the distribution of services and supports that are individual and event based. A higher rate of individual services and supports requested are utilized Monday and Fridays (64.5% and 94.6% respectively), whereas event-based service requests represent 51.1%, 63.1%, and 53.9% of all requests for Tuesday, Wednesday, and Thursday (respectively) over the course of the year. Regular hours for the SWAG FRC are on weekdays. The itemized activities and requests for Saturdays represent special community events that included: St. Francis Pet Care Days (n=170 participants) and a School Supply Giveaway (in August, n=84).

**Table 3: Distribution of Individual and Event-based Services and Supports Across Days of the Week**

Service Request Type	Day of the Week							Total
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Individual	1128	1271	1162	967	387	3	0	4918
Event	622	1328	1990	1129	22	254	0	5345
Total	1750	2599	3152	2096	409	257	0	10263

Table 4 findings suggest that, for the most part, services and supports are requested and offered each weekday across all protective factors with some variation for select protective factor category activities. When weekdays are considered, concrete support in times of need are more frequently accessed on Mondays through Thursdays, but available on Fridays and during select Saturday events. Supports promoting the social and emotional competence of children are also more frequent on Mondays through Thursdays. Social connection activities are almost exclusively (95.1% of all yearly counts) taking place on Thursday. These represent event-based activities, including the SWAG Community Dinner (n=633) that typically happens once a month, community meetings (n=28), and a community preservation/enhancement event (n=15). Parental resilience activities (less frequent) take place throughout the week with more frequent counts on Mondays through Thursdays.

Protective Factor Category	Day of the Week							Total
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Concrete Supports	1253	1824	2487	943	366	257	0	7130
Family Functioning/Resiliency	43	64	103	119	16	0	0	345
Parenting and Child Development	47	21	8	8	3	0	0	87
Social and Emotional Competence of Youth	406	684	528	386	18	0	0	2022
Social Connections	1	6	26	640	6	0	0	679
<b>Total</b>	<b>1750</b>	<b>2599</b>	<b>3152</b>	<b>2096</b>	<b>409</b>	<b>257</b>	<b>0</b>	<b>10263</b>

There were a variety of specific services and supports linked to each protective factor. For example, in 2022, there were a total of 43 services and supports provided (that were documented within the Community Module Data System) that were linked to the **concrete support in time of need** protective factor. These included (alphabetically listed): Broadband/Internet Connection, Cash Assistance, Clothing, Clothing Closet – EVENT, Computer Use, Day Bus pass for emergencies, Dentist, Family Planning, Fax, Flyer/Calendar, Food, Food Stamps, Free Phone Service, Furniture, Gainesville Harvest, Holiday Assistance, Holiday Assistance – EVENT, Household Items, Housing Assistance, Infant Care Products, Job Board, Lunch, Medicaid, Meeting Room Usage, Notary Services, Notary Services/Code Enforcement, Personal Hygiene Products, Pet Food, Phone Assistance – EVENT, Phone Use, Printer / Copier, Rent Assistance, Rental Assistance Outreach-EVENT, Replacement Identification/Birth Certificate, School Supplies, School Supply Giveaway, Social Security Benefits, St Francis Pet Care, Thanksgiving Basket Giveaway, Transportation, Unemployment Benefits Information, Utilities Assistance Event, 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). The provision of food assistance (including Gainesville Harvest, Food, Food Stamps, and the Thanksgiving Basket Giveaway) is the most frequent (n=1,899) concrete support in times of need provided, the majority of which are provided during scheduled events. This is followed by computer use (n=987), clothing assistance (n=764), printer copier use (n=696), fax use (n=611), and housing, rent, and utilities assistance (n=542). There were an additional 351 services and supports provided related to the provision of pet food and assistance with pet care, followed by holiday assistance (n=294).

The following represents a list of 32 specific services and supports offered (on-site or by collaborative partners) in response to requests from patrons during 2022 that were linked to the **parental resilience** protective factor: Adult Counseling, Adult Education Info, Adult Literacy, Adult Mental Health Services, Anger Management, Budgeting, College / Professional Training, Community Scholarship, CRC Visit, Credit Repair/Debt Reduction, Dental Care Information, Disability Benefits Info, Domestic Violence

Assistance, Financial Literacy- EVENT, GED Info, Health Info, Health Info – EVENT, Health/Doctor Information, Job Searching, Legal Assistance, Meridian, Meridian Outreach, Money Management/Budgeting, Prescription Assistance, Re-Entry Resources, Resume / Job Application Assistance, Resumes/Interviewing, Safety Information, Special Needs Health Services, Stress Management Help, Tax Assistance, and Unemployment Benefits- Assistance. Table 5 highlights those service/support categories for which at least 20 requests were made in 2022.

Although nine specific service/support categories (i.e., 0-4 Parenting Classes / Information, 5 and Up Parenting Classes / Information, Baby Bag, Child Development Information, Early Childhood Learning and/or Childcare, Head Start-ECS, Parent-Teacher Conference, Prenatal Services, and Youth Education - Info) were represented among the 83 requests associated with the **knowledge of parenting and child development** protective factor, Early Childhood Learning and/or Childcare (n=44) and Head Start-ECS (n=25) represented the vast majority (69 of 87 or 79.3%) of requests (see Table 5). Both of these services are related to the continued need for parents/caregivers to obtain appropriate and affordable childcare and school readiness support for their children. Other related services, such as parenting resources and parenting classes have historically been underutilized by parents/caregivers due in part to negative feelings related to admitting a deficit in this area, along with a perceived connection between mandated parenting classes and formal child welfare involvement. Resource Center staff members continue to strategize ways to increase access to services in this area, while also removing some of the stigma parents/caregivers may experience when seeking such support.

The following service requests were associated with the **social and emotional competence of children** protective factor: Academic Enrichment, After School Enrichment, Book Checkout, Cade Teen STEAM, Capoeira, Child Activity, Counseling for Child, Family Counseling, Girl Scouts, Homework Help, Mentoring, Parent-Child Activity, Parent-Child Activity – EVENT, Playroom, Spring Break Camp, Summer Program – EVENT, SWAG Beautiful, Tutoring for Child, and Tutoring for Child – EVENT. Among the 2,022 service and support requests (predominately offered in event/group settings) linked to this protective factor, homework help (n=804) represented 39.8% of the requests, followed by participation in the SWAG Beautiful events (n=286 or 14.1%), summer programs (n=216 or 10.7%), Capoeira (n=167 or 8.3%), Cade Teen STEAM (n=128, 6.3%), Girls Scouts (n=110, 5.4%), and Tutoring (n=85, 4.2%). Cade Teen STEAM is enrichment provided by the Cade Museum that teaches children about Science, Technology, Engineering, Art, and Mathematics. This enrichment activity is specifically for children in the 6th-12th grades. Capoeira is a Brazilian martial arts program offered onsite once a week by Allied Capoeira League Gainesville for children in 1<sup>st</sup> to 8<sup>th</sup> grade who have completed the pre-registration process. Capoeira gives children the opportunity to connect with their peers and learn fitness techniques, such as breathing, that can be used in their daily lives. Keep SWAG Beautiful is hosted onsite once a week during the school year by a local nonprofit, Keep Alachua County Beautiful. Participation in Keep SWAG Beautiful allows children to learn to take care of their community and gives them time to learn and grow with their peers. Children do not need to be pre-registered for Keep SWAG Beautiful but must be in kindergarten through 5<sup>th</sup> grade and have parent permission to attend. The SWAG FRC homework help program has two levels – elementary and middle/high school. Parents can sign their children up for the homework help program at the end of summer before school starts. Elementary students take part in the homework help program Monday through Thursday each week during the school year. Middle/high school students come to the FRC every Tuesday and Thursday for the homework help program. Both levels of the homework help program are designed to help students work towards identified academic and social/emotional goals in a small group setting.

Table 5 details the five service activities requested and delivered in 2022 associated with the social connections protective factor. These include the SWAG Community Dinner (633 participants), community meetings (n=28), preservation and enhancement activities (n=15), and activities for families (n=2). Each month, the SWAG FRC hosts a Community Dinner to allow space and place for families to bond, for community members to get to know one another, and for the community to learn more about the resources available at the SWAG FRC. Community events hosted by the FRC are meant to be responsive to community needs.

<b>Table 5: Distribution of Services and Supports to Individual Patrons (Individual or Event-based) at SWAG FRC in 2022</b>				
Protective Factor and Services		Service Receipt Method		Total
		Individual	Event	
Concrete Support in Times of Need	Food Assistance*	475	1424	1899
	Computer Use	987	0	987
	Clothing Assistance	116	648	764
	Printer / Copier	696	0	696
	Fax	611	0	611
	Housing/Rent/Utilities Assistance	514	28	542
	Pet Care/Food Assistance	151	200	351
	Holiday Assistance	267	27	294
Parental Resilience	Health Information	16	124	140
	Behavioral/Mental Health Services/Assistance	22	21	43
	Job Searching	36	0	36
	Financial Literacy	4	21	25
	Resume / Job Application Assistance/Interviewing	20	0	20
Knowledge of Parenting and Child Development	Early Childhood Learning and/or Childcare	44	0	44
	Head Start-ECS	0	25	25
Social and Emotional Competence of Children	Homework Help	0	804	804
	SWAG Beautiful	0	286	286
	Summer Program - EVENT	0	216	216
	Capoeira	0	167	167
	Cade Teen STEAM	0	128	128
	Girl Scouts	0	110	110
	Tutoring	50	35	85
Social Connections	SWAG Potluck	0	633	633
	Community Meeting	0	28	28
	Preservation & Enhancement	0	15	15
	Activities for Families	3	0	3

\*The majority of patrons (n=1,281) that received food assistance at SWAG FRC events benefited from services provided by Gainesville Harvest.

### Service Delivery and Providers

Revisions to the Community Module Data System were made in July of 2021 in effort to provide a more effective and detailed itemization of service delivery and provider indicators associated with each service request. These changes were made with accompanying training of staff at the SWAG FRC associated with data entry and management functions. Of the 10,263 service requests in 2022, information related to whether requested services and supports were delivered exist for 4,499 requests (or 43.8% of 2022 service requests) of which 4,424 were confirmations of service delivery. Events-based requests (n=5345) are not recorded in the Module due to software limitations. All event-based requests

are delivered because it is staff protocol to only entry a patron on an event log if they are at the event and therefore receiving the service of that event. There were only 75 indicators of non-service delivery for any request, but data was missing (on this indicator) for 8.6% (n=425) non-event service requests. Among these 75 cases/situations, services were not delivered because the patron did not qualify for the requested service (n=43 or 57.3%), a follow-up visit was required and scheduled at the time of the request (n=12 or 16%), the service was not available (n=6 or 8%), or a variety of “other” reasons (n=14 or 18.7%). All 75 non-delivered requests involved some form of concrete support. Staff attest that most service requests are addressed. The delivery rate among valid data (excluding delivery status data missing for 425 individual requests) is 99.2% (n=9,763 of 9,838 service requests).

Several community partners come onsite each month to the FRC to provide services or inform the community of resources available. The SWAG FRC Manager ensures that community partners available onsite are responsive to community needs. When community partners come onsite, patron visit data is collected by creating an event in the Community Module Data System and patrons are added as event attendees. Having community partners come onsite to meet with patrons is part of the place-based provision of services that removes barriers such as access to transportation and increases patron access to an array of supports. For example, each week Episcopal Children’s Services comes onsite to meet with caregivers to provide information on Head Start and help caregivers enroll their children in the early learning program. The SWAG FRC also partners with St. Francis Pet Care which provides SWAG neighborhood residents pet services at no-cost, helping to eliminate monetary and transportation barriers and catering to patrons who have other obligations such as work during the week, as the event takes place on the weekend.

### **Individual Patrons as Unit of Analysis**

As denoted earlier, many individual patrons are provided a unique “ClientID” number within the Community Module Data System upon making their first service/support request. Patrons are asked to sign-in to the system upon subsequent visits; this is a voluntary activity that assists the SWAG FRC in identifying service trends and associated needs of individual patrons, select households, and the community at large. However, services and supports are provided to patrons regardless of their willingness to identify themselves during the sign-in process when making each service request. Additionally, patrons are not given a ClientID if their account is not considered “complete”, including First Name, Last Name, Date of Birth, Gender, Race & Ethnicity, and Zip Code. Subsequently, there may not be a ClientID number affiliated with every service request documented within the Community Module Data System. For example, in 2022, among the 10,263 service requests, “ClientID” numbers are not affiliated with 247 of these requests<sup>10</sup>. Regardless, “ClientID” numbers exist for 97.6% of all service requests for 2022 at the SWAG FRC. 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 10,016 service requests. In sum, the total number of service requests (10,016) were made by 1,797 individual patrons (non-duplicated count).

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<sup>10</sup> 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 247 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 45 (247 x .18; rounded to the next whole number) patrons are possibly represented by these 247 service requests.

The number of service requests across patrons ranged from a low of 1 to a high of 201 during the year with an average of 5.57 service requests per patron per year. In total, 41.0% (n=736) made only 1 service request during 2022, with an additional 25.8% (n=464) making 2 or 3 requests (see Table 6) with 88% of all patrons making between 1 and 10 service and support requests in 2022.

**Table 6: Number and Percentage of Patrons Making Select Service Requests in 2022**

Annual Service Requests	Number of Patrons	Percent of Patrons
1	736	41.0
2	311	17.3
3	153	8.5
4	107	6.0
5	84	4.7
6 to 10	190	10.5
11 to 15	69	3.9
16 to 20	46	2.5
21 to 30	57	3.2
31 to 50	22	1.4
51 to 100	16	1.3
100 +	6	0.6
<b>Total</b>	<b>1797</b>	<b>100.90*</b>

\*Percentage does not total 100 due to rounding procedures for individual categories

A summary of the average and range of service requests across protective factor categories for the total number of patrons (n=1,797) is denoted in Table 7. Although patrons on average make 5.57 service requests each year, this average is influenced strongly by the need and utilization of concrete support in times of need offered at SWAG FRC. On average, patrons made 3.89 requests for **concrete support in times of need** in 2022 (see Table 7) with 86.1% of all patrons making at least one request for concrete support in times of need (see Table 8). In total, 35.3% (n= 635) of all patrons made one request for concrete support in times of need, 32.8% (n=588) made between 2 and 5 requests, 9.0% (n=163) made between 6 and 10 requests, and 9.3% (n=161) made more than 10 requests (between 11 and 106) in 2022.

Although, on average, patrons made 1.11 service requests in 2022 for services related to promotion of the **social and emotional competence of children** (see Table 7), 92.7% of all patrons did not make any request for services for this protective factor (see Table 8). It is important to note only 13% (n=233) of the unduplicated patron count are eligible to receive services that promote the **social and emotional competence of children**, as these services are intended for children, though caregivers can request these services for their children. The average rate per patron was impacted by select patrons (n=14) that made between 45 and 194 requests in 2022. The low average annual rates per patron for services linked to the **parental resilience** (0.18 requests) and the **knowledge of parenting and child development** (0.05



requests) protective factors in 2022 are impacted by the percentage of patrons that did not make any requests for these services (88.8% and 96.2%, respectively) (see Table 8). In total, there were 202 patrons (of which 133 made 1 request) and 68 (of which 57 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 340 (18.9% of) patrons that sought services associated with promoting **social connections** of which 222 (12.4%) sought these services only once in 2022 (see Table 8).

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

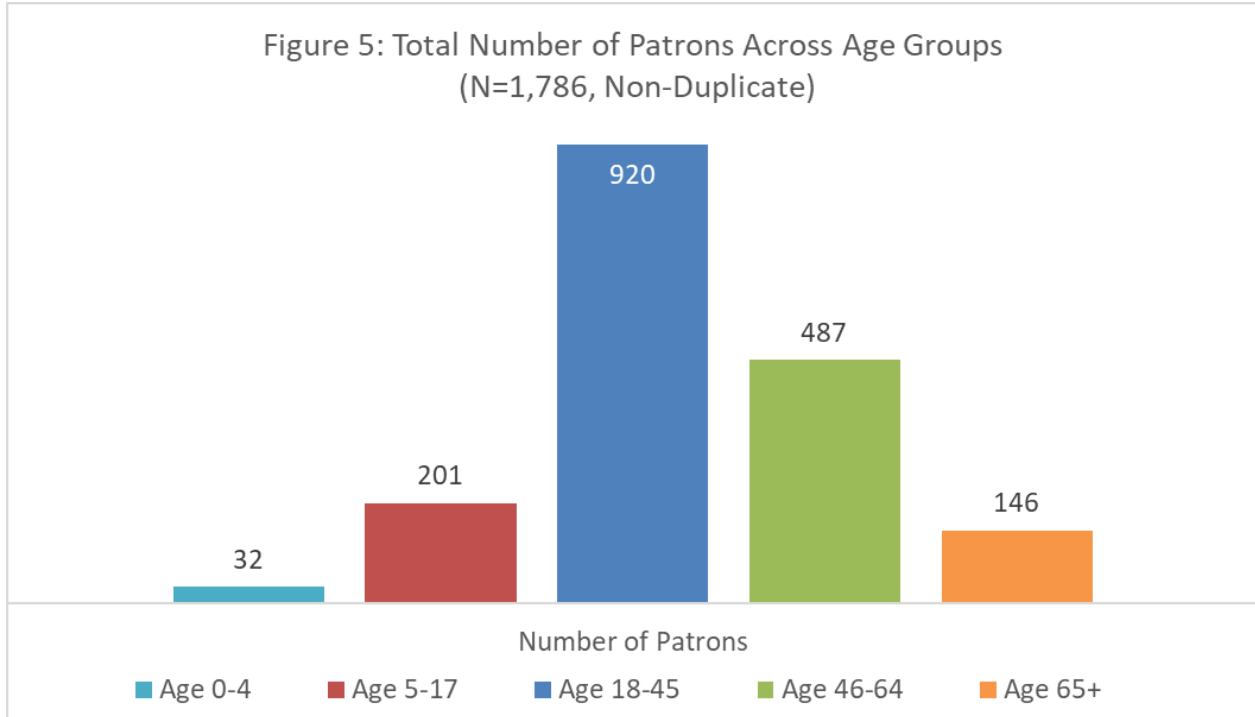
Service Category	Average	Grouped Median	Range	Std. Deviation
Total Service Requests	5.57	2.03	1-201	12.37
Concrete Support in Times of Need	3.89	1.72	0-106	7.08
Parental Resilience	0.18	0.12	0-7	0.69
Knowledge of Parenting and Child Development	0.05	0.04	0-4	0.26
Social and Emotional Competence of Children	1.11	0.08	0-194	9.68
Social Connections	0.34	0.20	0-11	0.95

**Table 8: Number and Percentage of All Patrons (N=1,797) Making Select Service Requests in 2022 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%)	250 (13.9%)	1595 (88.8%)	1729 (96.2%)	1665 (92.7%)	1457 (81.1%)
1	736 (41.0%)	635 (35.3%)	133 (7.4%)	57 (3.2%)	61 (3.4%)	222 (12.4%)
2	311 (17.3%)	287 (16.0%)	41 (2.3%)	7 (0.4%)	13 (0.7%)	56 (3.2%)
3	153 (8.5%)	136 (7.6%)	14 (0.8%)	3 (0.2%)	8 (0.4%)	22 (1.2%)
4	107 (6.0%)	98 (5.5%)	5 (0.3%)	1 (0.1%)	4 (0.2%)	18 (1.0%)
5	84 (4.7%)	67 (3.7%)	5 (0.3%)	0 (0.0%)	2 (0.1%)	8 (0.4%)
6 to 10	190 (10.5%)	163 (9.0%)	4 (0.2%)	0 (0.0%)	9 (0.6%)	13 (0.7%)
11 to 15	69 (3.9%)	69 (3.9%)	0 (0.0%)	0 (0.0%)	6 (0.5%)	1 (0.1%)
16 to 20	46 (2.5%)	34 (1.8%)	0 (0.0%)	0 (0.0%)	5 (0.3%)	0 (0.0%)
21 to 30	57 (3.2%)	39 (2.1%)	0 (0.0%)	0 (0.0%)	6 (0.5%)	0 (0.0%)
31 to 50	22 (1.4%)	14 (1.0%)	0 (0.0%)	0 (0.0%)	6 (0.6%)	0 (0.0%)
51 to 100	16 (1.3%)	4 (0.4%)	0 (0.0%)	0 (0.0%)	9 (0.8%)	0 (0.0%)
100 +	6 (0.6%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	4 (0.4%)	0 (0.0%)

## Patron Demographics

When demographic characteristics are observed (see Figure 5), the majority (n=920 or 51.5%) of patrons requesting/needing services are adults between the age of 18 and 45<sup>11</sup>. The next age group most represented are adults between 46 and 64 (n=487, 27.1%), children and youth between 5 and 17 (n=201, 11.2%), followed by seniors 65 and older (n=146, 8.2%), and children 4 and under (n=32, 1.8%). Figure 5 does not include 11 patrons who did not identify their age (i.e., missing data).



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 SWAG FRC for services and supports after a first visit during 2022. Findings in Table 9 identify patrons within the 5-17 age group to have the highest average number of unique/individual visits (11.66) to the SWAG FRC, followed by patrons aged 46-64 (average = 5.84), 65 and over (average = 5.23), 18-45 (average = 4.33), and those between 0-4 years of age (average = 2.03). The high average number of return visits of those aged 5-17 is skewed by select outliers of patrons with high visit counts, hence the large standard deviation (SD = 28.61, unequal variances) in the distribution of average number of revisits/returns to the SWAG FRC. When the percentage of patrons that make at least one return visit to the SWAG FRC is examined in 2022 (see Table 9), the highest percentage of patrons revisiting the SWAG FRC are among those aged 46-64 (64.3%), those 18-45 (60.2%), 65 and older (53.4%), those aged 5-17 (50.20%), and those 0-4 years of age (31.3%). In total, 59.1% of all patrons returned at least once to the SWAG FRC for services and supports in 2022. A series of analyses revealed statistically significant differences in the average number

<sup>11</sup> 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 2022.

of unique/individual visits and the distribution of number/percentage of those patrons likely to return to the SWAG FRC in 2022<sup>12</sup>.

**Table 9: Average Number of Unique Visits and Percentage of Patrons Returning to SWAG FRC Across Age Groups in 2022 (N=1,786)**

Age Group	N	Mean / Average	Std. Deviation	Std. Error	Minimum Visits	Maximum Visits	Number (%) Returning
Age 0-4	32	2.03	1.79	0.32	1	7	10 (31.3%)
Age 5-17	201	11.66	28.61	2.02	1	201	101 (50.2%)
Age 18-45	920	4.33	6.51	0.21	1	112	554 (60.2%)
Age 46-64	487	5.84	10.06	0.46	1	110	313 (64.3%)
Age 65+	146	5.23	9.70	0.80	1	57	78 (53.4%)
Total	1787	5.54	12.41	0.29	1	201	1056 (59.1%)

Given the number of age groups (5) and variation in average visits (and their standard error) and likelihood (percentage) to return to SWAG FRC in 2022, differences between each age group were more closely examined (see Table 10)<sup>13</sup>. Findings in Table 10 suggest that observed differences in the average number of revisits/returns to the SWAG FRC are statistically significant only between those aged 0-4 and those aged 18 through 45 (Standardized Tests Statistic= -2.89, p=.039), and those aged 46 through 64 (Standardized Tests Statistic= -3.40, p=.0007). Although there are no statistically significant differences in the average rate of return between all other groups, the reader should be aware that observed differences in averages (see Table 9) apply to a different number of patrons within each group (different sample sizes) for which the range and variance in number of visits among individual patrons within each group impacts whether there may be statistical significance.<sup>14</sup> If there were no adjustments to the

<sup>12</sup> Initial ANOVA models (fixed and random effects) were run examining the average number of unique/individual visits to the SWAG FRC across age groups. Although the result was statistically significant (F=15.62, df=4, p<.001), the sample was unbalanced with a violation of the homogeneity assumption (Levene Statistic=54.57, p<.001). Given such, a parallel non-parametric test was done (Independent-Samples Kruskal-Wallis Test) that proved significant (Test Statistic=16.16, df=4, p=.003, asymptotic 2-sided test), suggesting the observed distribution in the average number of unique visits across age groups is significantly different.

<sup>13</sup> 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 8 summarizes a test of the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Given the abundance of multiple tests with these data, adjusted significant tests were used where the adjusted p<.05 would require a rejection of the null hypothesis.

<sup>14</sup> **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

significance calculation (using the Bonferroni correction procedure), then observed differences would be deemed significant in the average number of visits between those aged 0-4 and 65 and over (Standardized Tests Statistic= -2.02, p=.043), those 0-4 and those aged 5-17 (Standardized Tests Statistic= -2.53, p=.011), and those between 46-64 and those 65 and older (Standardized Tests Statistic= 2.40, p=.017).

**Table 10: Pairwise Comparisons of Age Groups in Terms of Number of Unique Visits/Revisits to SWAG FRC in 2022 (N=1,786)**

Sample 1   Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. *
Age 0-4   Age 18-45	-257.50	89.22	-2.89	0.004	0.039
Age 0-4   Age 46-64	-307.87	90.55	-3.40	0.001	0.007
Age 0-4   Age 65+	-195.73	96.85	-2.02	0.043	0.433
Age 0-4   Age 5-17	-238.70	94.43	-2.53	0.011	0.115
Age 18-45   Age 46-64	-50.37	27.80	-1.81	0.070	0.700
Age 18-45   Age 65+	61.76	44.20	1.40	0.162	1.000
Age 18-45   Age 5-17	-18.80	38.63	-0.49	0.627	1.000
Age 46-64   Age 65+	112.14	46.81	2.40	0.017	0.166
Age 46-64   Age 5-17	-69.17	41.60	-1.66	0.096	0.963
Age 65+   Age 5-17	42.97	53.95	0.80	0.426	1.000

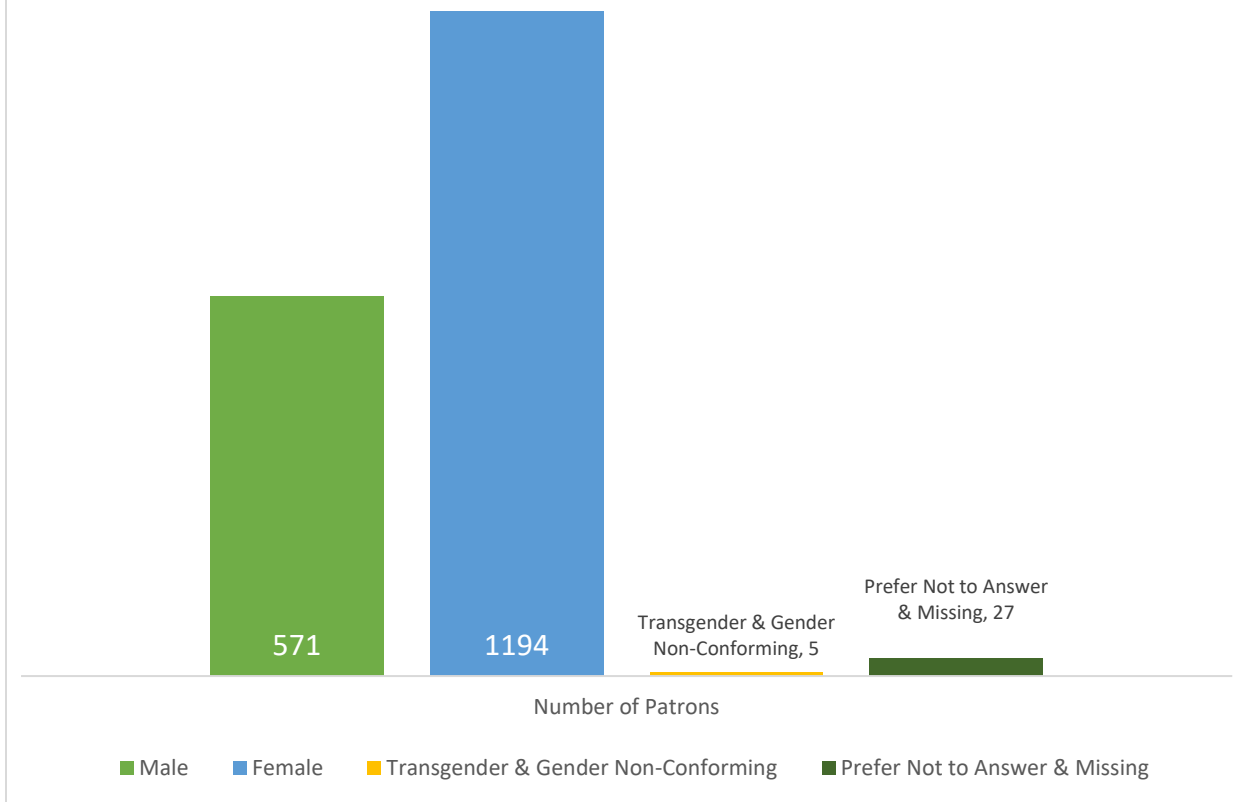
\* Significance values have been adjusted by the Bonferroni correction for multiple tests.

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

When the gender of patrons requesting services in 2022 is examined (see Figure 6), the majority self-identify as female (n= 1,194, 66.4%) followed by males (n= 571, 31.8%). There were three patrons that identified as transgender, two as gender non-conforming, seven that stated a preference not to disclose, and missing data (i.e., no response to question) for 20 patrons.

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.

Figure 6: Gender of Patrons (Non-duplicate) Requesting Services from SWAG FRC in 2022 (n=1,797)



Black or African American (Non-Hispanic) patrons represented 64.3% of the total patrons seeking services in 2022 (see Table 11). An additional 369 (20.5%) patrons were White (Non-Hispanic origin) followed by 163 (9.1%) self-identified as Hispanic, Latino, or Spanish origin. When the preliminary estimates of the residences/neighborhoods primarily served by the SWAG FRC 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 SWAG FRC and potential over representation of Black or African American (Non-Hispanic) patrons and those of Hispanic, Latino, or Spanish origin. 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 SWAG FRC staff have for patrons, interviews with SWAG FRC staff and administrators, and a qualitative review of the geospatial focus of historical community outreach and engagement activities by SWAG FRC. It is hoped that with the planned utilization by PSF and its Resource Centers (beginning in late 2022) 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.

**Table 11: Race and Ethnicity of Patrons (N=1,797) Requesting Services at SWAG FRC in 2022**

Race/Ethnicity	Number of Patrons	Percent of Patrons
American Indian or Alaska Native	3	0.2
Asian	14	0.8
Black or African American - Non-Hispanic	1156	64.3
Hispanic, Latino, or Spanish origin	163	9.1
White - Non Hispanic origin	369	20.5
Multiracial	35	1.9
Other	15	0.8
Prefer not to answer	19	1.1
Missing	23	1.3
Total	1797	100

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