



The Family Resource Support Guide

Sarah Sexton, M.Ed.
Dathan Rush, Ed.D.

The *Family Resource and Support Guide* is a set of tools that systematically supports the provision of resource-based intervention practices. The guide focuses on the identification and mobilization of formal and informal resources and supports that help individuals and families achieve desired outcomes. This guide represents a departure from more traditional helpgiving practices in which practitioners identify family needs and prescribe the resources that will be accessed to remediate a deficit. The *Family Resource Support Guide* promotes increasing the individual's or family's capacity to meet his/her/their own needs by engaging him/her/them in taking the lead role in identifying, mobilizing, and evaluating resources.

INTRODUCTION

Assisting families in meeting their needs is an important part of early intervention and family support. When families experience stress due to a lack of time, energy, and resources to meet their basic needs, they are less able to focus on supporting their children's learning and development (Dunst, Trivette, & Mott, 1994). In order to maximize the impact on child learning, practitioners working with families experiencing multiple stressors benefit from using evidence-based practices to provide support and assistance in ways that build the family's capacity to better meet their goals and priorities in the present and future.

The *Family Resource Support Guide* is a three-part instrument intended to be used by service coordinators, early interventionists, family support workers, and other individuals working with families (i.e., practitioners). The purpose of the guide is to assist families in: (1) identifying their needs and priorities, determining the formal and informal resources and supports they need to address priorities, (2) developing a plan for mobilizing and utilizing selected resources and supports, and (3) evaluating the effectiveness of the resources and supports accessed. This systematic process is designed to promote the use of capacity-building practices leading to increased and sustainable parent confidence and competence when implemented consistently.

The *Family Resource Support Guide* contains three distinct sections that build on one another. The first section, the Family Resource Scale (Dunst & Leet, 1987) is an objective, validated measure for assessing the adequacy of both family resources and needs or priorities in households with young children. Practitioners use the

CASEtools is an electronic publication of the Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices, Family, Infant and Preschool Program, J. Iverson Riddle Developmental Center, Morganton, NC. CASE is an applied research center focusing on the characteristics of evidence-based practices and methods for promoting utilization of practices informed by research.

Copyright © 2012
Center for the Advanced Study of Excellence
in Early Childhood and Family Support Practices

second section to assist families in identifying existing and potential resources for addressing the areas of need prioritized by the family. Practitioners use the third section to support families in developing a plan for evaluating and mobilizing chosen resources, including assisting families to establish criteria for success.

RESOURCE-BASED INTERVENTION PRACTICES

The foundation of the *Family Resource and Support Guide* is based on the theory supporting resource-based intervention practices to address family needs and priorities (Dunst, 1993; Dunst & Leet, 1987; Karpel, 1986; Kretzmann & McKnight, 1993; Mott, 2005a, 2005b; Sarason, Carroll, Maton, Cohen, & Lorentz, 1988; Snow, 2001; Trivette, Dunst, & Deal, 1997; Weissbourd, 1994; Wu, 2002). Resource-based intervention practices constitute a set of strategies used by early childhood and family support practitioners that focus on the identification and mobilization of resources for families of young children to attain desired outcomes (Dunst, Trivette, & Deal, 1994a; Sarason et al., 1988; Trivette et al., 1997). These practices promote the involvement of families as decision-makers and build on family strengths (Dunst, Trivette, et al., 1994a; Trivette et al., 1997). This approach is an alternative to more traditional service-based models for working with children and families (Mott, 2005b). A resource-based approach to supporting and strengthening families includes three processes to assist families in securing the supports needed to meet families' goals: (1) identifying family priorities, (2) determining and assessing available formal and informal resources in the community to address those priorities, and (3) developing a plan for mobilizing and evaluating the selected resources (Mott, 2006a).

Identifying Family Priorities

Family priorities are concerns, needs, interests, aspirations, or goals expressed by the family. Identifying family priorities promotes the flow of resources and supports to families in response to their desires, wishes, and goals. Families experiencing multiple stressors can become overwhelmed by the many challenges they experience. Learning to identify and prioritize specific concerns supports families to get started with addressing the actions that will eventually ameliorate their stress.

Determining Formal and Informal Resources

Resources are defined as the full range of possible types of community help or assistance, which may in-

clude potentially useful information, advice, guidance, experiences, opportunities, etc. used to achieve outcomes desired by an individual, family, or group (Dunst, Trivette, et al., 1994a; Mott, 2005b). The process and procedure used for identifying and gathering information and mapping the sources and locations of both information and formal supports and resources available or potentially available to a family is referred to as *resource mapping* (Mott, 2006b).

Resource mapping is a form of strengths-based intervention that involves systematically considering one's assets or resources, both formal and informal, for meeting one's identified priorities. Resource mapping assumes that families and communities have an abundance of resources or opportunities and that families can build a sense of awareness of this wealth from reflecting on all the existing and possible resources. This strengths-based practice is contrary to what many family support workers and early interventionists are accustomed to implementing. Many helpgivers have been grounded in the belief that certain families do not have strengths or many capabilities. Practitioners tend to pay attention to what is not going well in an attempt to address the family's deficits rather than focus on the family's strengths and abilities to promote empowerment and self-sufficiency. This belief often causes practitioners to do things for families rather than promote their ability to implement changes for themselves, as well as deprive families of opportunities to become stronger and more capable on their own.

The manner in which resources are identified and assessed determines how capable the family will be in meeting their needs and priorities in the future (Dunst & Trivette, 2009). This is not just an issue of whether problems are solved or needs are met in the immediate, but rather the manner in which the mobilization of resources occurs that is a major determinant of the empowerment of individuals (Dunst, Trivette, & Thompson, 1994). Critical to this process is that families identify the needed resources, rather than the practitioner, for three reasons. First, practitioners are not as knowledgeable as families about who is in their informal network of supports and what those supports have to offer. Second, the role of the practitioner is to guide the family through a process that can be internalized and replicated in the future, not to provide the family with a ready-made list of solutions. Third, the investment the family makes in the process is empowering and increases the likelihood that the family will approve of the solutions, implement the plan, and have the confidence and competence to face future adverse situations with the same degree of empowerment (Dunst, Trivette, & Deal, 1994b).

Formal and informal resources are both important to maintain and promote family functioning (Dunst, Trivette, et al., 1994b). Informal resources include family members, friends, neighbors, support group acquaintances, members of a club or organization the family belongs to, etc. (McKnight & Kretzmann, 1990). These resources are reciprocal, renewable, and involve give and take between the family and others. Using these resources builds and strengthens the family's natural support system. Formal resources and supports include community and civic organizations, agencies, and institutions (Dunst, Trivette, et al., 1994a; McKnight & Kretzmann, 1990). Formal resources typically involve the delivery of a service or resource with no reciprocity. Formal resources and services are delivered in systematic and predictable ways and are therefore deemed reliable. They typically provide resources and supports that are not available through families and friends and can serve as an important component of a family's support infrastructure (Dunst, Trivette, et al., 1994b).

Mobilizing and Evaluating Resources

Use of resource-based intervention practices assists families and practitioners to make a joint plan for mobilizing and evaluating the helpfulness of a particular resource. Mobilizing refers to the act of assembling a resource or support and moving it into action. Practitioners may need to assist families to ensure they have the requisite skills and knowledge needed in order to access a resource or support. Once a resource has been accessed, the family and the practitioner reflect on the helpfulness and usefulness of the resource to determine if it met the family's needs or if additional supports are necessary. Joint planning is an agreement by the practitioner and family on the actions to be taken by both and the timeframe by which those actions will occur (Rush & Shelden, 2011). The process for mobilizing resources and the criteria for evaluating that a resource or support was effective are articulated on the joint plan. Joint plans are most effective when formulated by the individual or family rather than the practitioner. Rappaport (1981) has identified that within the social service and medical fields a pervasive belief is that the role of experts is to solve all of the family's problems, which leads to a sense of alienation and loss of ability to control one's life. This trend is disempowering to families and contributes to the development of a culture of helplessness (Dunst, Trivette, et al., 1994b).

The ability of families to manage life events effectively requires that practitioners empower them to demonstrate competence and confidence rather than depen-

dence upon practitioners or systems. This is achieved, in part, by creating opportunities for families to actively participate in mobilizing the supports and resources to achieve their goals (i.e., developing and implementing a plan of action) (Sexton, Wilson, & Holbert, 2004). When the practitioner's focus is on promoting the family's strengths by facilitating the joint planning process and valuing the family's plan, the family is engaged and strengthened. The more actively individuals participate in achieving desired outcomes, the more likely they are to strengthen existing skills, learn new abilities, and increase their level of comfort in initiating and following through with the steps to address their desires and priorities (Bandura, 1986).

Personal capacity is strengthened when individuals take responsibility for and are engaged in the development of and execution of activities to accomplish desired outcomes (Wilson, Holbert, & Sexton, 2006). Individuals who take responsibility for achieving desired goals are more likely to attribute their successes to their own abilities and own efforts (Bandura, 1986). Self-attributions or self-efficacy beliefs are motivating, thus creating a self-perpetuating cycle of confidence and bolstering the individual's ability to continue to increase his or her own competence to meet the identified goals.

DEVELOPMENT OF THE GUIDE

Practitioners use the *Family Resource and Support Guide* to assist families with identifying their priorities by completing the Family Resource Scale (Dunst & Leet, 1994). The Family Resource Scale is used to build awareness of the degree to which a family feels they have adequate resources to meet the needs of the family as a whole as well as the needs of individual family members. The Family Resource Scale includes 30 items that measure the adequacy of both physical and human resources, including food, shelter, financial resources, transportation, time to be with family and friends, health care, etc. The individual items are roughly ordered in a hierarchy from most to least basic and each item is rated on a five-point scale ranging from not-at-all-adequate to almost-always-adequate and has a cumulative effect of experiencing inadequacy of resources in multiple areas (Dunst, Trivette, et al., 1994b).

The development of the scale was guided by family support research (Bronfenbrenner, 1979; Garbarino, 1982), the social support literature (Cohen & Syme, 1985), family systems theory (Hartman & Laird, 1983), and the help-seeking literature (DePaulo, Nadler, & Fisher, 1983). Two studies were implemented in order

to establish both the reliability and validity of the Family Resource Scale and test the adequacy of the conceptual framework used as a basis for development of the scale (Dunst, Trivette, et al., 1994b). The studies provided evidence of the content and construct validity of the scale.

The resource map and guiding questions found in part II of the scale were developed based on findings supporting the use of reflective questions in promoting individual competencies (Costa & Garmston, 1994; Kinlaw, 1999; Rush & Shelden, 2011; Schon, 1987; Whitmore, 1996), and the benefits of identifying a full range of informal and formal resources to support family priorities (Hobbs et al., 1984; Weissbourd, 1987; Zigler & Black, 1989;). Maple (1977) reminds us that in order to promote a family's capabilities and competencies, the family must be actively involved in the process of identifying and mobilizing resources. The more areas in which families identify an inadequacy of resources, the more stress they are experiencing. When stress is sustained and builds to toxic levels, it interferes with families' abilities to provide a comforting, stable, and protective presence and negatively impacts family and child outcomes, including child brain development (National Scientific Council on the Developing Child, 2005). The results of the Family Resource Scale help practitioners and families determine the stressors that consume family time and energy and interfere with parents' abilities to carry-out child-level interactions that promote learning and development. When basic needs are unmet, the likelihood of parents making a commitment to child-level interventions is diminished. The Family Resource Scale provides a basis for deciding upon the appropriate targets for family support and keys the family and practitioner in on the area of support that is likely to have the biggest impact on diminishing family stress.

The use of reflective questions to identify the existing and potential resources is an active participation strategy intended to ensure that the individual or family is engaged in the process and to ensure that the developing plan is based on the family's existing knowledge and personal network of resources (Rush & Shelden, 2011). The identification of resources and supports by asking the family open-ended questions also promotes participation in building and strengthening the family's support network by focusing on the ways in which resources are flexible, individualized, and responsive to the varied needs of families (Dunst, Trivette, et al., 1994b). The guiding questions move from identifying informal resources and supports to formal resources and supports. Formal and informal resources are important to maintain and promote family functioning (Dunst, Trivette, et al.,

1994b). Focusing the family on the identification of existing resources creates opportunities for building social support networks in ways that enhance the flow of resources to families (Hobbs et al., 1984). By engaging the family in the assessment of resources, the practitioner is recognizing the wealth of supports that already exist within the family's personal social network and promoting the family's awareness of their existing and ongoing confidence and competence. The increased awareness promotes their use of those resources and supports in the future, contributing to a sustained increase in family functioning.

The third section of the guide, the Family Resource Support Plan, was developed based on the understanding that active participation is a necessary component of building and maintaining confidence and competence at meeting one's needs (Maple, 1975) and the empowering consequences that result when practitioners support the need-based goals and activities of families (Dunst, 1994). The joint plan allows practitioners and parents to confirm a common understanding of the agreed upon outcomes and the series of actions that will be taken by each to achieve those outcomes. The joint plan included in the *Family Resource Support Guide* is one way of articulating what is to be accomplished, what resources will be needed, who is responsible for what action, when the actions will occur, and the criteria by which to measure success. Depending upon the family or individual's level of functioning, other simplified or verbal plans may also be appropriate.

USING THE FAMILY RESOURCE SUPPORT GUIDE

The *Family Resource Support Guide* contains three tools: the Family Resource Scale, Resource Map, and Family Resource Support Plan. The tools are used in combination to assist the family with identifying needs and priorities, identifying existing and potential resources, and developing a plan for mobilizing and using the selected resources.

Identifying Family Priorities

The Family Resource Scale (Leet & Dunst, 1996) is used to assess whether or not the family has adequate resources (e.g., time, money, energy, etc.) to meet their needs as a whole as well as the needs of individual family members. Practitioners can complete this tool as an interview with families or provide families the opportunity to complete the tool independently. The practitioner or family indicates (by circling) the response that best

Part I. Identifying Areas of Need and Priority

Family Resource Scale

Hope E. Leet & Carl J. Dunst

INSTRUCTIONS: This scale is designed to assess whether or not you or your family have adequate resources (time, money, energy, etc.) to meet the needs of the family as a whole as well as the needs of individual family members. For each item, please circle the response that best describes how well the needs are met on a consistent basis.

To what extent are the following resources adequate for this family	Does not apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost always Adequate
Food for 2 meals a day.	N/A	1	2	3	4	5
House or apartment.	N/A	1	2	3	4	5
Money to buy necessities.	N/A	1	2	3	4	5
Enough clothes for your family.	N/A	1	2	3	4	5
Heat for your house or apartment.	N/A	1	2	3	4	5
Indoor plumbing/water.	N/A	1	2	3	4	5
Money to pay monthly bills.	N/A	1	2	3	4	5
Good job for yourself or spouse/partner.	N/A	1	2	3	4	5
Medical care for your family.	N/A	1	2	3	4	5
Public assistance (SSI, AFDC, Medicaid, etc.)	N/A	1	2	3	4	5
Dependable transportation (own car or provided by others).	N/A	1	2	3	4	5
Time to get enough sleep/rest.	N/A	1	2	3	4	5
Furniture for your home or apartment.	N/A	1	2	3	4	5
Time to be by yourself.	N/A	1	2	3	4	5
Time for family to be together.	N/A	1	2	3	4	5
Time to be with your child(ren).	N/A	1	2	3	4	5
Time to be with spouse/partner or close friend	N/A	1	2	3	4	5
Telephone or access to a phone.	N/A	1	2	3	4	5
Babysitting for your child(ren).	N/A	1	2	3	4	5
Child care/day care for your child(ren).	N/A	1	2	3	4	5
Money to buy special equipment/supplies for	N/A	1	2	3	4	5

Figure 1. An example of a completed Family Resource Scale showing the adequacy of resources for a family.

describes how well the areas of needs are met on a consistent basis in the family. The ratings include 1=not at all adequate, 2=seldom adequate; 3=sometimes adequate; 4=usually adequate; 5=almost always adequate. After the scale is administered, the practitioner and family reflect on the areas that represent strength and/or adequacy and the areas that the family identified as challenges or inadequacies. The family selects the areas they want to prioritize for change so that the practitioner knows where he/she will be most helpful and where assistance will be welcome and most readily received by the family.

The items rated as a “1” or a “2” may be taken as evidence that basic needs are not being met and suggest

that efforts be made to mediate provision of supports in order to provide the types of resources necessary for positive family functioning. In the example in Figure 1, the family indicated that food for at least two meals a day is sometimes adequate, their clothing is seldom adequate, and that child care is not at all adequate. The inadequate child care influenced the parent’s ability to earn money to pay for food and clothing that had been getting prioritized below paying the bills. The combination of these stressors had been overwhelming to the family for many months, producing a sense of hopelessness. Prior to completing the Family Resource Scale, this family noted that nothing was going well for them and they

Part II. Resource Map

Guiding Questions

1. What have you been doing to meet this need?
2. What has worked in the past?
3. What are your ideas about how to get help?
4. Who in your home can provide assistance?
5. What assistance can your extended family members provide?
6. What assistance can your friends provide?
7. What assistance can your neighbors provide?
8. Who do you know from church or another organization or group you belong to who might be able to provide support?
9. Do you have any friends who have friends or family that could assist you?
10. Which of your coworkers might be able to provide assistance?
11. What skills are you willing to trade for the assistance you need? Who might you trade with?
12. What community programs exist that provide support for this?
13. Who else do you know with similar needs and desires who you might get together with to form some joint solutions?
14. What clubs or associations or religious groups provide support for this?
15. What are you willing to do to create a community organization that can address this issue now and in the future?
16. What social service agencies provide support for this?

Area:	Rank the Steps	Informal Resources and Supports	Rank the Steps	Formal Resources and Supports
<i>Reliable Childcare</i>	3	<i>Aunt Linda</i>		
	2	<i>Vouchers</i>		
	1	<i>Early Head Start</i>		
		<i>Find someone through church & trade</i>		

Figure 2. An example of a family’s child care resources ranked showing the family’s preference for each resource.

never seemed to have enough of anything and they just didn’t know where to begin. After completing the Family Resource Scale, the family expressed a sense of comfort in realizing the number of things that really were going well or at least “good enough” and were able to target areas to focus on need for additional support.

When using the *Family Resource Support Guide*, the practitioner assists the family in selecting one to five priorities on which to focus their work together. The family in this example prioritized child care, food, and clothing as the areas of immediate priority and felt confident that the other areas that were challenging for them would be positively influenced by improvements in these three prioritized areas.

Determining Formal and Informal Resources

To determine the full range of formal and informal resources and supports available to individual families,

the practitioner firsts assists the family in reflecting on the existing and potential informal resources that make up the family’s personal network of supports. Next, the practitioner prompts the family to think about the formal resources available in their community, such as organizations, agencies, foundations, and programs that provide services to address their identified priorities. The *Family Resource Support Guide* provides a list of reflective questions that may be asked by the practitioner to help families identify the range of resources available to them beginning with their personal informal network of supports and continuing through the community, county, and state resources available. All potential resources should be recorded, even those that the family believes they are not likely to access. A record of all potential resources is important since family circumstances may change and resources that seem unlikely at one point in time may become a key consideration at a future time.

The practitioner also assists the family in reflecting on the existing formal resources that make up the family’s support system including organizations or agencies that provide a specific service. The practitioner should list these resources even if the family is not currently eligible for some of the services. As a family’s circumstances change, different resources on the map are considered in light of the family’s situation.

Once the existing and potential resources are listed, the practitioner assists the family in assessing and prioritizing the options. Some resources will need to be accessed before others and some resources carry financial, psychological, or emotional costs that must be considered in light of the potential benefit the resource might provide. Other considerations include the family’s comfort with accessing a resource, knowledge, skill, or experience with a particular resource, and perceived availability and usefulness of a resource. Assistance from practitioners can be helpful to the family in reflecting on the potential usefulness while keeping in mind that the process of prioritizing is a personal one for each family. Practitioners should refrain from leading families to specific resources or judging/perceiving a family’s priorities as a lack of willingness to do everything in their power to help themselves. Skilled practitioners ask reflective questions to help family members consider the resources that will work the best given their current circumstances, how and when to implement their proposed actions, and how to assess the helpfulness of the resources and of the problem-solving process the family used to generate the plan.

In the previous example, the family identified several informal and formal resources for reliable child care (Figure 2). The resources included accessing the father’s aunt who lives in the same apartment complex and has

young children of her own for whom she cares, applying for child care vouchers to pay for a private child care program, and applying to the local Early Head Start program. At the time, this family had not asked the aunt because the family felt the emotional cost of doing so was not worth the benefit the family would have received. This family believed that the aunt disapproved of the mother and her parenting style. The work needed to repair the relationship was more than what the family was currently willing to give. The family decided to apply to the local Early Head Start program as well as the child care voucher program as a back-up plan.

Mobilizing and Evaluating Resources

The third section of the *Family Resource Support Guide* provides an opportunity for the practitioner to assist the family in developing a plan for mobilizing the identified resources. The plan can include resources that the family chooses to access, skills the family members are interested in developing in order to access or make use of a specific resource, areas of knowledge the family is interested in gaining, and the means for gaining that knowledge. The plan can include opportunities to role play a conversation, practice or develop new skills, or identify other actions the family believes are important to achieve the stated outcome. The plan belongs to and is developed by the family, but is agreed upon by both the family and the practitioner. The plan should include a timeline and a description of which individuals are responsible for conducting specific actions within the plan and by when the family would like for the practitioner to follow-up and assist with evaluating the efficacy of the plan. The plan also includes space to evaluate the resource and consider its benefits to helping the family meet their identified priority.

<i>Part III. Family Resource Support Plan</i>				
<i>What do you want to accomplish? List the family's identified need or desired outcome.</i>	<i>What resources will you need? List the informal and formal resources necessary to address the need or achieve the targeted outcome.</i>	<i>What will you have to do to make it happen? Plan how the parent/caregiver will use the identified resources. This would include the possible steps necessary to address the need or achieve the outcome. Be as specific as possible.</i>	<i>When will you do it? Provide specific target dates to complete each step of the process.</i>	<i>How will you know when it is accomplished or is working? Identify the benefits the parent/caregiver expects to occur by fulfilling the need or accomplishing the outcome. Indicate what changes are expected.</i>
<i>Enroll in Early Head Start by next month</i>	<i>Application Neighbor, Jon Tax returns birth certificate</i>	<i>Pick up the application Sit with Jon Return application documents</i>	<i>Monday Monday Wednesday</i>	<i>Accepted for enrollment in Early Head Start</i>

Figure 3. An example of a family’s plan to mobilize child care resources.

Within the example provided, the family did not feel confident that they could complete the Early Head Start application without assistance. Their plan included bringing the application home and having their neighbor assist them in filling it out. They discussed with their family support worker other information and/or documents that they expected to be requested and role played how the family would obtain information and share it with the program. Figure 3 details an excerpt from this family's joint plan.

IMPLICATIONS OF THE FAMILY RESOURCE SUPPORT GUIDE

The outcomes and benefits of using resource-based intervention practices in early childhood intervention and family support include improved parenting confidence and competence, improved developmental outcomes for children, increased family-member satisfaction with resource provision, enhanced parent and family well-being, and increased community capacity to meet the needs of children and families (Dunst, 2004). The *Family Resource Support Guide* provides guidance and structure for these practices to be implemented easily. When families engage in the process of identifying priorities, mapping resources, and mobilizing resources and supports multiple times, they tend to internalize the steps to the process and begin implementing the strategies when new challenges arise. The *Family Resource Support Guide* is particularly useful when working with families who are experiencing high levels of stress and/or poverty. Head Start and Early Head Start family support workers will find the systematic process laid out in the *Guide* helpful in developing family partnership agreements that engage and empower families to develop and meet their goals. Early Intervention staff members may use the *Guide* when providing systematic family support that enables families to move beyond the crises that may overwhelm them and focus on supporting their children's learning and development. Family support workers may also access the *Guide* when working with families who are experiencing toxic stress and/or are in danger of having their children removed from the home. The *Guide* systematically assists them in identifying their highest priorities for support and ensures that families are in charge of developing and are accountable for modifying and complying with and evaluating the action plan.

Many families familiar with receiving support may not be accustomed to engaging in practices that are empowering and capacity-building. Some families may be confused by or seem suspicious of or resistant to the op-

portunities to reflect and take the lead in identifying and mobilizing resources as well as developing the family support plan. Like any other process, implementation of resource-based intervention strategies takes practice to internalize the steps and understand the benefits of the practices and the procedures in which the family engaged. Families who do engage in the process are likely to experience family well-being, positive parent-child relationships, opportunities to learn from and to impact their community, stronger peer connections, and a broadened network of supports (U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start Office, 2011).

CONCLUSION

The benefits of using tools and practices that empower and engage families to take control of identifying and mobilizing resources and supports to meet the needs they prioritize include increased availability of community resources (Trivette et al., 1997; Wu, 2002), capacity for self-help among individuals, families, and communities (Lord & Hutchison, 2003), ability for individuals to develop resource-exchange networks (Sarason & Lorentz, 1979), parental satisfaction with resources (Dunst, Trivette, et al., 1994a; Gilley, 1995), parenting knowledge and skills; parental perceived control over resource procurement (Dunst, Brookfield, & Epstein, 1998; Gilliam et al., 1995; Trivette et al., 1997), ability for individuals and families to engage in self-help activities (Prestby & Wandersman, 1985; Unger & Wandersman, 1985), and child developmental progress (Dunst et al., 1998). The manner in which help is provided is important to achieving family outcomes. The *Family Resource Support Guide* provides a capacity-building process that supports practitioners and families in successfully identifying and mobilizing resources and supports to meet the family's identified priorities.

REFERENCES

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Dunst, C. J. (1993). Resource-based early intervention practices. *Pennsylvania Early Intervention Newsletter*, 5(1), 5, 7.
- Dunst, C. J. (2004). An integrated framework for practicing early childhood intervention and family support. *Perspectives in Education*, 22(2), 1-16.
- Dunst, C. J., Brookfield, J., & Epstein, J. (1998). *Family-centered early intervention and child, parent and*

- family benefits: Final report. Asheville, NC: Orelena Hawks Puckett Institute.
- Dunst, C. J., & Leet, H. E. (1987). Measuring the adequacy of resources in households with young children. *Child: Care, Health and Development*, 13, 111-125.
- Dunst, C. J., & Leet, H. E. (1994). Measuring the adequacy of resources in households with young children. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 105-114). Cambridge, MA: Brookline Books. (Reprinted from *Child: Care, Health and Development*, 1987, 13, 111-125).
- Dunst, C. J., & Trivette, C. M. (2009). Capacity-building family-systems intervention practices. *Journal of Family Social Work*, 12, 119-143. doi: 10.1080/10522150802713322
- Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994a). Resource-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 140-151). Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Deal, A. G. (Eds.). (1994b). *Supporting and strengthening families: Methods, strategies and practices*. Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Mott, D. W. (1994). Strengths-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 115-131). Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Thompson, R. B. (1994). Supporting and strengthening family functioning: Toward a congruence between principles and practice. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 49-59). Cambridge, MA: Brookline Books.
- Gilley, T. (1995). *Responding to service users: Exploring a resource-based approach to delivering human services*. Melbourne, Australia: Brotherhood of St. Laurence.
- Gilliam, S. J., Ball, M., Prasad, M., Dunne, H., Cohen, S., & Vafidis, G. (1995). Investigation of benefits and costs of an ophthalmic outreach clinic in general practice. *British Journal of General Practice*, 45, 649-652.
- Hobbs, N., Dokecki, P. R., Hoover-Dempsey, K. V., Moroney, R. M., Shayne, M. W., & Weeks, K. H. (1984). *Strengthening families*. San Francisco: Jossey-Bass.
- Karpel, M. A. (Ed.). (1986). *Family resources: The hidden partner in family therapy*. New York: Guilford Press.
- Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago, IL: ACTA.
- Leet, H. E., & Dunst, C. J. (1996). *Family resource scale* (short form). Unpublished scale.
- Lord, J., & Hutchison, P. (2003). Individualised support and funding: Building blocks for capacity building and inclusion. *Disability and Society*, 18(1), 71-86.
- McKnight, J. L., & Kretzmann, J. (1990). *Mapping community capacity*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Mott, D. W. (2005a). Characteristics and consequences of resource-based intervention practices. *CASEmakers*, 1(5), 1-3. Retrieved from http://www.fipp.org/Collateral/casemakers/casemakers_vol1_no5.pdf
- Mott, D. W. (2005b). Conceptual and empirical foundations of resource-based intervention practices. *CASEinPoint*, 1(5), 1-6. Retrieved from http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol1_no5.pdf
- Mott, D. W. (2006a). Checklists for measuring adherence to resource-based intervention practices. *CASEtools*, 2(3), 1-8. Retrieved from http://www.fipp.org/Collateral/casetools/casetools_vol2_no3.pdf
- Mott, D. W. (2006b). Operationalizing resource-based intervention. *CASEinPoint*, 2(5), 1-8. Retrieved from http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol2_no5.pdf
- National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain: Working paper no. 3*. Retrieved from www.developingchild.harvard.edu
- Prestby, J. E., & Wandersman, A. (1985). An empirical exploration of a framework of organizational viability: Maintaining black organizations. *Journal of Applied Behavioral Science*, 21, 287-305.
- Rush, D. D., & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing.
- Sarason, S. B., Carroll, C. F., Maton, K., Cohen, S., & Lorentz, E. (1988). *Human services and resource networks: Rationale, possibilities, and public policy* (Rev. ed.). Cambridge, MA: Brookline Books.
- Sarason, S. B., & Lorentz, E. (1979). *The challenge of the resource exchange network: From concept to action*. Cambridge, MA: Brookline Books.

- Sexton, S., Wilson, L. L., & Holbert, K. (2004, Summer). Capacity building as a parenting education tool: Ideas and information for parenting practitioners. *Peptalk: Parenting Education Practitioners Talk*, 1, 7.
- Snow, K. (2001). *Disability is natural: Revolutionary common sense for raising successful children with disabilities*. Woodland Park, CO: BraveHeart Press.
- Trivette, C. M., Dunst, C. J., & Deal, A. G. (1997). Resource-based approach to early intervention. In S. K. Thurman, J. R. Cornwell & S. R. Gottwald (Eds.), *Contexts of early intervention: Systems and settings* (pp. 73-92). Baltimore: Brookes.
- U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start Office. (2011). *The Head Start parent, family, and community engagement framework: Promoting family engagement and school readiness, from prenatal to age 8*. Cambridge, MA: Harvard Family Research Project.
- Unger, D., & Wandersman, A. (1985). The importance of neighbors: The social, cognitive, and affective components of neighboring. *American Journal of Community Psychology*, 13, 139-169.
- Weissbourd, B. (1994). The evolution of the family resource movement. In S. L. Kagan & B. Weissbourd (Eds.), *Putting families first: America's family support movement and the challenge of change* (pp. 28-47). San Francisco: Jossey-Bass.
- Wilson, L. L., Holbert, K., & Sexton, S. (2006). A capacity-building approach to parenting education. *CASEinPoint*, 2(7), 1-9. Retrieved from http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol2_no7.pdf
- Wu, C. L. (2002). Resource-based early intervention with multicultural deaf/hard of hearing infants, toddlers and their families. *Dissertation Abstracts International*, 62(09), B4245. (UMI No. 3026993).

AUTHORS

Sarah Sexton, M.Ed., is the Center for the Advanced Study of Excellence Coordinator at the Family, Infant and Preschool Program, J. Iverson Riddle Developmental Center, Morganton, North Carolina. Dathan D. Rush, Ed.D., CCC-SLP is Associate Director of the Family, Infant and Preschool Program and Investigator, Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices, J. Iverson Riddle Developmental Center, Morganton, North Carolina.



Family Resource Support Guide

Identifying Information

Child's Name _____	Date of Birth _____
Age (Months) _____	Today's Date _____
Parent/Caregiver _____	Relationship to Child _____

Instructions

The following guide contains a variety of tools that are designed to assist parents in developing an action plan for desired supports and resources. Although each tool builds on the next, practitioners should use good judgement to determine where a family needs assistance and use only the tools that are appropriate to a family's individual situation.

<p>Part I. Family Resource Scale</p>	<p>Families, with assistance as needed, should complete the Family Resource Scale. This scale provides information about the adequacy of resources. The scale includes items that measure the adequacy of both physical and human resources, transportation, time to be with family and friends, healthcare, etc.</p>
<p>Part II. Resource Map</p>	<p>This tool helps practitioners and families identify potential resources that might be helpful in assisting a family to meet their identified need or priority. The tool accommodates information about informal networks of support (family, friends, community organizations or clubs) as well as formal resources (agencies and services). The questions at the top guide families to identify resources in areas that can be considered as sources of support. In the first column, indicate in what area (financial, child care, food, etc.) the family is in need of resources. In the rows beside each, write the name and contact information of an existing or potential resource. Families who experience the highest levels of support use resources from formal and informal sources. All resources available to the family should be listed, even if the family chooses not to mobilize a particular resource. In the narrow columns, the family should choose which resources they will access first. Most families will choose several resources to begin with and later reevaluate if they need to access any others from the list.</p>
<p>Part III. Family Resource Support Plan</p>	<p>This tool organizes the family's plan for mobilizing resources to address the priority for each area identified in the resource map. The family should select the resources that are most likely to provide the needed assistance. The plan should be adequately detailed to allow the family to get started.</p>

Part I. Identifying Areas of Need and Priority

Family Resource Scale Hope E. Leet & Carl J. Dunst

INSTRUCTIONS: This scale is designed to assess whether or not you or your family have adequate resources (time, money, energy, etc.) to meet the needs of the family as a whole as well as the needs of individual family members. For each item, please circle the response that best describes how well the needs are met on a consistent basis.

To what extent are the following resources adequate for this family	Does not apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost always Adequate
Food for 2 meals a day.	N/A	1	2	3	4	5
House or apartment.	N/A	1	2	3	4	5
Money to buy necessities.	N/A	1	2	3	4	5
Enough clothes for your family.	N/A	1	2	3	4	5
Heat for your house or apartment.	N/A	1	2	3	4	5
Indoor plumbing/water.	N/A	1	2	3	4	5
Money to pay monthly bills.	N/A	1	2	3	4	5
Good job for yourself or spouse/partner.	N/A	1	2	3	4	5
Medical care for your family.	N/A	1	2	3	4	5
Public assistance (SSI, AFDC, Medicaid, etc.)	N/A	1	2	3	4	5
Dependable transportation (own car or provided by others).	N/A	1	2	3	4	5
Time to get enough sleep/rest.	N/A	1	2	3	4	5
Furniture for your home or apartment.	N/A	1	2	3	4	5
Time to be by yourself.	N/A	1	2	3	4	5
Time for family to be together.	N/A	1	2	3	4	5
Time to be with your child(ren).	N/A	1	2	3	4	5
Time to be with spouse/partner or close friend	N/A	1	2	3	4	5
Telephone or access to a phone.	N/A	1	2	3	4	5
Babysitting for your child(ren).	N/A	1	2	3	4	5
Child care/day care for your child(ren).	N/A	1	2	3	4	5
Money to buy special equipment/supplies for child(ren).	N/A	1	2	3	4	5
Dental care for your family.	N/A	1	2	3	4	5
Someone to talk to.	N/A	1	2	3	4	5
Time to socialize.	N/A	1	2	3	4	5
Time to keep in shape and looking nice.	N/A	1	2	3	4	5
Toys for your child(ren).	N/A	1	2	3	4	5
Money to buy things for self.	N/A	1	2	3	4	5
Money to save.	N/A	1	2	3	4	5
Travel/vacation.	N/A	1	2	3	4	5

Dunst, C. J., Trivette, C. M., & Deal, A. G. (Eds.). (1994). *Supporting and strengthening families: Methods, strategies and practices*. Cambridge, MA: Brookline Books.

Part II. Resource Map

Guiding Questions

1. What have you been doing to meet this need?
2. What has worked in the past?
3. What are your ideas about how to get help?
4. Who in your home can provide assistance?
5. What assistance can your extended family members provide?
6. What assistance can your friends provide?
7. What assistance can your neighbors provide?
8. Who do you know from church or another organization or group you belong to who might be able to provide support?
9. Do you have any friends who have friends or family that could assist you?
10. Which of your coworkers might be able to provide assistance?
11. What skills are you willing to trade for the assistance you need? Who might you trade with?
12. What community programs exist that provide support for this?
13. Who else do you know with similar needs and desires who you might get together with to form some joint solutions?
14. What clubs or associations or religious groups provide support for this?
15. What are you willing to do to create a community organization that can address this issue now and in the future?
16. What social service agencies provide support for this?

Area:	Rank the Steps	Informal Resources and Supports	Rank the Steps	Formal Resources and Supports

Part III. Family Resource Support Plan

<p style="text-align: center;">What do you want to accomplish? <i>List the family's identified need or desired outcome.</i></p>	<p style="text-align: center;">What resources will you need? <i>List the informal and formal resources necessary to address the need or achieve the targeted outcome.</i></p>	<p style="text-align: center;">What will you have to do to make it happen? <i>Plan how the parent/caregiver will use the identified resources. This would include the possible steps necessary to address the need or achieve the outcome. Be as specific as possible.</i></p>	<p style="text-align: center;">When will you do it? <i>Provide specific target dates to complete each step of the process.</i></p>	<p style="text-align: center;">How will you know when it is accomplished or is working? <i>Identify the benefits the parent/caregiver expects to occur by fulfilling the need or accomplishing the outcome. Indicate what changes are expected.</i></p>