

# **Caring Communities:**

## **Supporting Oregon's Children, Youth and their Families Through Community Mobilization**



**Prepared for the Oregon Commission on Children and Families**

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# **Caring Communities: Supporting Oregon's Children, Youth and their Families Through Community Mobilization**

## **Executive Summary**

The 1999 Oregon Legislative Assembly charged the state Commission on Children and Families to create more caring communities through community mobilization. Caring communities have a single aim – to achieve better results for children, youth and their families.

**What are Caring Communities?** These locales are more than pleasant and comfortable places to live. Caring communities offer both the community conditions and supportive relationships that enhance development and well-being. Caring communities provide physical safety and protection for all residents and offer a diversity of positive social, cultural and recreational opportunities that are accessible to all.

Caring communities are characterized by a sense of “collective efficacy” – the awareness that people can, should, and do intervene to support other community members. The Caring Communities model, used nationwide, stresses the importance of personal relationships across age groups, connectedness to neighborhoods, involvement of many community sectors and family-focused community values.

**How do Caring Communities benefit children, youth and families?** Caring is essential to positive development in childhood and adolescence; in fact, a positive relationship with a supportive adult may be the *single most critical factor* in well-being, especially when faced with crises or losses. Caring communities connect children and youth to positive adults through informal, everyday relationships with neighbors and teachers as well as with adult volunteers in tutoring, mentoring, recreational or other supportive roles. Compared to youth without strong community ties, those who have strong ties to adults in a caring community are much more likely to thrive and avoid the potential dangers of adolescence: drug abuse, school failure, and delinquency.

**Community mobilization builds Caring Communities.** All communities, including economically poor communities, can build the positive environments and relationships that children and youth need to thrive. Community mobilization strategies use best practices to (1) create positive environments and opportunities for involvement (2) build positive personal relationships and volunteerism, (3) expand support for diversity and inclusion and (4) link formal service systems within the community, addressing local needs and filling any necessary gaps.

**Community mobilization can be effective.** Evaluations of various Caring Community initiatives from around the country show positive effects for children, youth and families when mobilized communities take three actions: (1) focus efforts on achieving more positive outcomes for children, youth and families, (2) fill gaps in education, health, family support, child care and related human services, and (3) link services to bring more continuous and convenient help to families. The most successful initiatives use evidence-based programs and practices to address local needs and then, sustain the collaborations over a period of time. With effective support, training and technical assistance, this research shows that communities can initiate the evidenced-based programs and practices that lead to improved outcomes for children, youth and families.

**Community mobilization across Oregon.** To fulfill the Legislative mandate to mobilize communities, county Commissions on Children and Families (CCF) across Oregon initiated a variety of activities to address local needs and priorities. Like all their activities, local commissions have tracked the success of community mobilization by defining and measuring changes in community characteristics that would in turn lead to more positive outcomes for children youth and families.

**Measurable results.** By December, 2006, 91% of the community mobilization initiatives undertaken by Oregon counties during the biennium 2005-07 had reported successes. At the community level:

- Nine counties *increased community awareness of local issues* facing children, youth and families, including child maltreatment, children at-risk because of parental incarceration, and other local issues.
- Eight counties *improved community supports* for children, youth and families by filling gaps, or linking/integrating systems.
- Seven counties *increased engagement of individuals and organizations* in local actions to support children, youth and families.
- One county *increased numbers of community activities* to support positive development and one county reported *greater participation by diverse populations*.

Depending on the initiative, these actions led to a variety of positive, measurable outcomes for children, youth and families including (1) improved family literacy practices and resources, (2) effective support for children/youth during out-of-home placement, (3) academic progress for school children and at-risk youth and (4) increased knowledge of positive parenting practices following parenting classes.

## **Caring Communities: Supporting Oregon’s Children, Youth and their Families Through Community Mobilization**

The 1999 Oregon Legislative Assembly charged the state Commission on Children and Families to create more caring communities through community mobilization. Caring communities have a single aim – to achieve better results for children, youth and their families. Community mobilization is defined in this legislation as:

*. . . government and private efforts to increase community awareness and facilitate the active participation of citizens and organizations in projects and issues that will have positive impact on the well-being of children, families, and communities (Oregon Legislative Assembly SB555, 1999).*

This paper examines the evidence for the relationship between caring communities and the well-being of children, youth and families and the community mobilization strategies that lead to caring communities.

### **What are Caring Communities?**

Caring communities are more than pleasant and comfortable places to live. Decades of research have established that the well-being of children, youth and families are affected by community conditions such as economics, residential stability, safety, social opportunities and interpersonal relationships.<sup>1</sup> Caring communities offer both the community conditions and supportive relationships that enhance development and well-being:

- Physical safety and protection for all residents,
- Support for children and youth from parents, other adults and schools,
- Diverse and accessible social, cultural and recreational opportunities,
- Strong and effective community-family-school linkages and
- Community activism and mutual support that benefits people of all ages.<sup>2</sup>

Economically stable communities are more likely to possess these characteristics than are economically deprived communities. As a result, children, youth and families living in economically stable communities are more like to thrive.

Living in poverty increases the risk of child abuse and neglect, victimization, juvenile crime, school failure, teen pregnancy and other adverse outcomes.<sup>3</sup> However, the negative effects of poverty and other harmful community characteristics are reduced when community members act individually and collectively to support the community’s children, youth, and families.<sup>4</sup> In other words, children and youth are protected from the risks associated with long-term poverty when caring adults are willing to act jointly to support others.

**Children,  
youth and  
families  
thrive in  
Caring  
Communities**

Researchers describe these actions as *collective efficacy* – defined as a shared belief that people can, should, and do intervene to support other community members.<sup>5</sup> Higher levels of collective efficacy in a community are linked to more positive outcomes for people, including higher birth-weight infants,

higher rates of school success, lower risk of drug use and abuse, and lower levels of violence and victimization.<sup>6</sup>

Caring Communities is a foundational concept in many prominent initiatives designed to support families, children, and youth. For example, the widely used *Communities That Care*<sup>7</sup> framework provides a process to mobilize communities to identify risk and preventive factors, and to develop a comprehensive violence and delinquency prevention program. At the community level, this model stresses the importance of personal relationships across age groups, connectedness in neighborhoods, involvement of many sectors of the community, and family focused community values.

Other national research and policy institutes that have concluded caring communities contribute to healthy children, youth, and families include:

- National Research Council of the Institute of Medicine<sup>8</sup>
- Center for the Study of Social Policy<sup>9</sup>
- National Center for Children in Poverty<sup>10</sup>
- Harvard University Family Research Project<sup>11</sup>
- Annie E. Casey Foundation<sup>12</sup>
- National Association of State Boards of Education<sup>13</sup>

### **How do Caring Communities benefit children, youth and families?**

The SEARCH Institute<sup>14</sup> research has repeatedly demonstrated that youth benefit when communities offer positive opportunities and when community adults support children and youth in and outside their own families. Compared to youth without strong community ties, youth who have strong ties to adults in a caring community are much more likely to thrive and avoid the potential dangers of adolescence: drug abuse, school failure, and delinquency. Vice-Admiral Richard H. Carmona, U.S. Surgeon General notes:

*“Children need caring communities to survive and to thrive. And the presence or absence of a caring community has implications for a child’s physical as well as emotional health. This lack of connectedness among children, especially teenagers, can lead to serious health consequences, through drinking, drug use, violence, and sexual risk taking. The child without connections is more prone to be the child who gets behind the wheel of the car after drinking, the child who has unprotected sex, the child who overdoses on drugs.”<sup>15</sup>*

Caring is essential to positive development in childhood and adolescence; caring occurs when *“adults accept and respect children and meet their needs.”<sup>16</sup>* Positive intergenerational relationships have repeatedly been demonstrated to contribute to positive outcomes for children and youth. In fact, a positive relationship with a supportive adult may be the single most critical factor in well-being especially when youth are faced with crises or losses.

Caring communities connect youth to positive adults through informal, everyday relationships with neighbors and teachers as well as with adult volunteers in tutoring, mentoring, recreational or other supportive roles.<sup>17</sup> These adults model, recognize and reward children and youth for positive behavior.

Caring communities offer a diversity of positive opportunities for children and youth, including opportunities to become involved in community service and decision-making. Moreover, adults can recognize and reward children and youth for positive behavior and achievements.

## Community mobilization builds caring communities

All communities, including economically poor communities, can build the positive environments and relationships that children and youth need to thrive. Community mobilization strategies are "*deliberate efforts within communities to strengthen informal relationships and expand organizational infrastructures, thus building the capacity of communities to manage and foster positive change.*"<sup>18</sup>

Oregon strategies and related outcomes are described in Chart 1.<sup>19</sup>

**Community mobilization leads to more positive community conditions.** In particular, community mobilization can improve physical and social environments and create more positive opportunities for all children, youth, and families.<sup>20</sup>

### Community mobilization develops feelings of collective efficacy.

Research suggests that to build a more caring community, community members must *act* to address a shared concern.<sup>21</sup> Successful action contributes to a greater sense of collective efficacy, and in turn, these increased efficacy beliefs contribute to future positive actions and more positive outcomes for people. By igniting collective efficacy, community mobilization expands community activism, increases awareness of local issues, and stimulates the individual and collective actions and volunteerism needed to address these issues.

#### Community mobilization strategies support:

- Positive environments
- Expanded opportunities
- Greater collective efficacy
- Effective service systems

### Community mobilization simulates more effective, community-driven service systems.

Community mobilization unites citizens, families, faith communities, employers, schools and formal services in creation and implementation of strategies to achieve better results for children and families in their communities.<sup>22</sup>

Effective community-driven service systems focus on specific issues and strategies to address these issues and are characterized by meaningful engagement of citizens and families in decision-making. Strong partnerships engage the community's strengths, formal resources, and informal supports. For over a decade, such community-driven service systems have been recognized by social scientists, policy-makers and leaders as the most effective way to support children, youth and families.<sup>23</sup>

## Community mobilization can be effective

Community mobilization has been shown to broaden engagement in child and family issues, to improve school-community communication and democratic decision-making, and to enhance agency-school-citizen partnerships. However, a fundamental question centers on whether *these community-level activities* really lead to greater well-being for people.

The answer is a qualified "yes." Children, youth and families will thrive when mobilized communities take three actions:

1. Focus on achieving more positive outcomes for children, youth and families,
2. Fill gaps in education, health, family support, child care and related human services, and
3. Link services to bring more continuous and convenient help to families.

With effective support, training and technical assistance, communities can initiate the evidenced-based programs and practices that lead to improved outcomes for children, youth and families.

Examples from statewide initiatives underscore these points. Missouri's *Caring Communities* initiative focused on improving school readiness and success in 20 communities across the state.<sup>24</sup> Local citizens, leaders, schools and agencies engaged in localized efforts to (1) streamline service systems for on young children and families in order to assure success in school, (2) foster meaningful community involvement in decision-making and priority-setting, and (3) create partnerships across state and local governments as well as between public and private sectors.

Tracking results across multiple communities, Missouri's statewide evaluation of the *Caring Communities* initiative demonstrated that positive outcomes for children and youth were achieved in the participating schools and neighborhoods. These positive outcomes included (1) improved readiness for school among 5-year-olds, (2) higher math and reading scores for school children and (3) decreased grade retention and school dropout rates. The evaluation concluded that success of local Caring Communities initiatives was related to the ability of local initiatives to maintain a clear focus on results, to sustain collaboration, and to commit to proven strategies that match local needs.

Similarly, evaluations of Communities That Care (CTC)<sup>25</sup> initiatives have concluded that this approach to prevention planning has been effective because each initiative focused on local needs and matched policies, programs, and actions to those unique areas. In more than 400 communities around the country, local CTC initiatives have defined specific local needs and then *implemented scientifically sound strategies and interventions* to improve academic achievement and reduced problem behaviors. The national CTC website cites several specific successes, including:

- The LaCrosse, Wisconsin CTC reduced duplication of efforts and enhanced prevention services and thus achieved an 8 percent reduction in county delinquency referrals to juvenile court and a 10 percent reduction in county Child Protective Service.
- The Buchanan County, Missouri CTC reduced truancy and tardiness, antisocial behavior, academic failure and low commitment to school.
- The Pennsylvania CTC<sup>26</sup> documented a trend toward declining delinquency rates in CTC communities. No changes were noted in teen pregnancy or child maltreatment rates. The evaluation noted the importance of effective technical assistance and support for local CTC teams and the *importance of local implementation of scientifically sound prevention strategies.*

#### **Successful Community Mobilization**

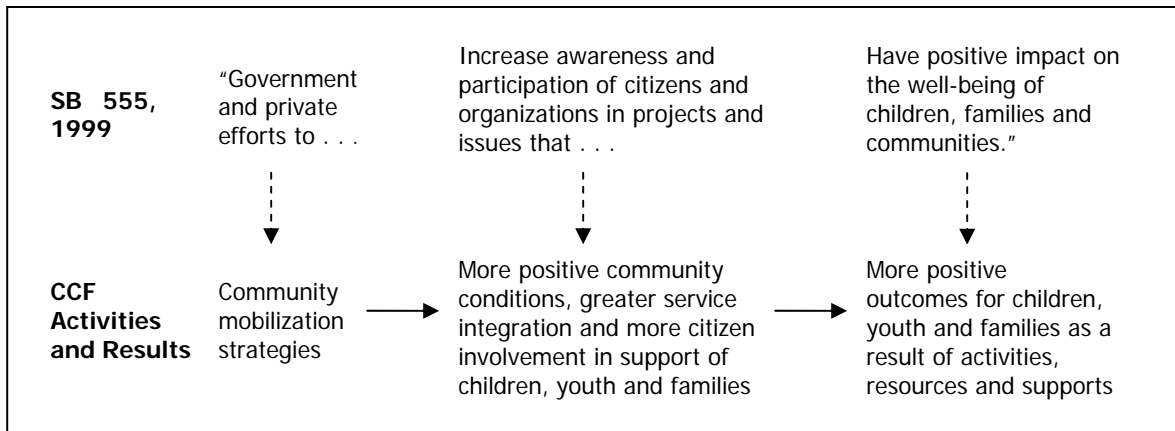
- Focuses on results for children, youth and families
- Commits to proven strategies matching local needs
- Sustain collaboration over a period of time

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) that reviews proven approaches to prevention of juvenile crime and related problems of alcohol and drug use offers additional evidence. The OJJDP has concluded that "*current scientific opinion views community mobilization as a well-grounded, state-of-the-art approach,*" but also notes that it is difficult to consistently translate this approach into effective delinquency prevention. However, the OJJDP has identified seventeen rigorously evaluated community mobilization initiatives that have reduced alcohol and drug use among adolescents<sup>27</sup>, reduced tobacco use through community action to reduce youth access<sup>28</sup> and reduce school violence<sup>29</sup> increase school and community safety.<sup>30</sup> *What all these successes had in common was a clear, community-wide focus on a specific goal and programming that built on scientifically sound practices to change community environments and youth behavior.*

### Community mobilization across Oregon

To fulfill the Legislative mandate to mobilize communities, county Commissions on Children and Families (CCF) across Oregon initiated a variety of activities to address local needs and priorities. Like all their activities, local commissions have tracked the success of community mobilization by defining and measuring changes in community characteristics that would in turn lead to more positive outcomes for children youth and families. This work translates the legislation into measurable activities and results, as shown below in Figure 1.

**Figure 1. Relationship of Legislation to Community Mobilization Activities and Results**



Oregon’s community mobilization initiatives address a wide variety of specific local issues (see Chart 2 for specific examples of these activities). However, each also has a clear focus on improving outcomes for children, youth or families including the following:

- Increased collaborations linking schools and local services for youth and for young children and their families
- Recruitment of foster care families and “forever” (adoptive) homes for children in out-of-home care
- Retention and expansion of county-based child and adolescent mental health services
- Increased community awareness, resources and supports for children at-risk because of parental incarceration
- Volunteer support for parent education programming
- Resource development and coordination for county-wide collaborative efforts addressing alcohol, tobacco and other drug (ATOD).

Several counties implemented evidenced-based practices and programs for children affected by child maltreatment, including creation of one-stop assessment and early intervention services for abused children, expansion of Child Safety and Domestic Violence Outreach services, and volunteer recruitment and support for Court- Appointed Special Advocate (CASA) programs.

Both one stop assessment and early treatment centers and CASA<sup>31</sup> have been demonstrated to significantly benefit children who have experienced abuse and out of home placement; such programs reduce trauma and assure that abused children’s unique needs are met.

Other community mobilization initiatives expanded community representation in planning and decision-making for children, youth, and families in local communities. This was accomplished through expansion of citizen and agency representation in comprehensive county planning and support of expanded community planning and decision-making through *Community Progress Teams (CPTs)* in a total of 17 communities.

Citizen representation is not only mandated by legislation, but also increases the responsiveness of services to meet local needs and priorities. In particular, Community Progress Teams (CPTs) which engage groups of volunteers to identify and address local issues have been shown<sup>32</sup> to be very effective in leveraging resources and have been judged by local leaders (sheriffs, school superintendents, principals, and others) to be highly successful in improving community environments for children, youth and families.

### Community mobilization produces measurable results

By December, 2006, 91% of the community mobilization initiatives undertaken by Oregon counties during the biennium 2005-07 had succeeded. Outcomes were assessed through surveys, observations, program records, and other assessments appropriate to the initiative and reported quarterly to the State Commission on Children and Families. At the community level:

- Nine counties *increased community awareness of local issues* facing children, youth and families, including child maltreatment, children at-risk because of parental incarceration, and other local issues.
- Eight counties *improved community supports* for children, youth and families by filling gaps or linking/integrating services.
- Seven counties *increased engagement of individuals and organizations* in local actions to support children, youth and families.
- One county *increased numbers of community activities* to support positive development and one county reported *greater participation by diverse populations*.

**91% of  
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conditions**

Several community mobilization initiatives implemented "evidenced based"<sup>33</sup> supports or services. Depending on the initiative, these actions led to a variety of positive measurable outcomes for children, youth and families (see Chart 2), including:

- Improved family literacy practices and resources,<sup>34</sup>
- Effective support for children/youth during out-of-home placement,
- Academic progress for school-age and at-risk youth, and
- Increased knowledge of positive parenting practices following parenting classes.

### In conclusion

These findings again demonstrate the importance of communities mobilizing to address local needs while at the same time, using evidenced based models and practices to achieve results for children, youth, and families. With continuing support, training and technical assistance, Oregon communities can build on these successes and work toward creating truly caring communities throughout the state.

## Oregon Strategies and Related Outcomes

### Chart 1. Five Categories of Community Mobilization Outcomes and Some Related Mobilization Strategies<sup>35</sup>

#### **Mobilization Outcome – Stronger links between the community and formal systems**

*Strategy: Use Best Practices to Link the Community with Formal Service Systems*

- Engage community in decision-making that influences formal and informal systems.
- Invest public and private resources in community strategies as well as formal systems.
- Leverage monetary and non-monetary resources to support community initiatives.
- Implement policies and procedures to link informal and formal services and systems.

#### **Mobilization Outcome – More respectful inclusion of all community members**

*Strategy: Use Best Practices to Expand Support for Diversity and Inclusion*

- Create opportunities to learn about and value diversity that arises from gender, culture, and ability, as well as individual needs, interests, and skills.
- Review and develop policies and procedures that support inclusion.
- Assure that environments, materials, and resources, reflect the diversity of the community.
- Offer trainings to increase responsiveness to diversity among community members, volunteers, service providers, and others.
- Support community activities and events that engage diverse populations.

#### **Mobilization Outcome – Increased community awareness of local issues**

*Strategy: Use Best Practices to Educate Community about Children, Youth, and Families*

- Implement a public campaign to expand community understanding and capacity for positive change; use the campaign to set the foundation for other strategies.
- Strategically use media to increase awareness of targeted issues; localize with information from community mapping; identify desired actions that people can take.
- Hold community meetings, media and other forums to inform about local issues affecting children, youth, and families and to examine effective community-based strategies.
- Through referral and other activities, support positive action by individuals, neighborhood and community organizations, minority groups, businesses, faith-based groups, and others.

#### **Mobilization Outcome – More engaged individuals and organizations**

*Strategy: Use Best Practices to Build Positive Personal Relationships and Volunteerism*

- Using evidence based models, create one-to-one and volunteer opportunities that enhance social networks and positive intergenerational relationships
- Provide information on everyday actions that can support children, youth, and families.
- Support recruitment and training of volunteers to serve families, children, and youth, especially those at higher risk and who need longer-term relationships.
- Use advocacy, training, and technical assistance to develop family-friendly practices among community employers, schools, and service providers.

#### **Mobilization Outcome – Safe and welcoming environments and activities**

*Strategy: Use Best Practices to Create Positive Environments and Activities*

- Expand the accessibility, and range of community environments and activities for children, youth, and families.
- Conduct safety and accessibility audits of public spaces that serve children, youth, and families; support community volunteers to improve safety and accessibility as needed.
- Develop environments and activities that respond to a range of ages and interests.

**Chart 2. Selected Examples of Community Mobilization Strategies Showing Relationship to Targeted Child, Youth and Family Outcomes**

<b>County</b>	<b>Community Mobilization Strategy</b>	<b>Community Outcome</b>	<b>Related Child, Youth, Family Strategy</b>	<b>Targeted Child, Youth, Family Outcome</b>
Clackamas	Meet with community partners for joint decision-making, resource investment, and collaborative action. Convene at individual school sites to increase the network. Facilitate and provide technical assistance and grant writing to increase funding for this effort.	More inclusive community decision making  Increased monetary and non-monetary resources	Provide behavior enrichment activities for students at risk of academic failure due to low grades.  Coordinate peer mediation services.	Academic progress for at-risk youth
Grant Sherman	Work with community partners to establish SMART reading program for elementary school children throughout county.	Increased monetary and non-monetary resources  Increased volunteer support for children	Recruit caring volunteers to read with individual children throughout school year. Distribute free books for children to read with families.	Academic progress for school-age children  Improved family literacy practices and resources
Clatsop Polk	Collaborate with community partners to form multi-disciplinary teams that integrate services for at-risk children and youth. Coordinate services and share resources. Provide information and conduct outreach activities.	More inclusive community decision making  Improved community-based supports and accountability	Establish individual plans to support high risk students and their family to achieve school success.	Academic progress for at-risk youth
Marion	Work with Salem Leadership Foundation, a faith-based organization. The Foundation's mission is to engage people of faith and people of goodwill to collaboratively transform the City, neighborhood by neighborhood.	Increased community activities that support positive development	After-school programs in churches located in key neighborhoods. Major program activities include tutoring, physical activities; community service and neighborhood learning projects.	Adequacy of child care  Safe and Healthy Environments
Marion Yamhill	Form Community Progress Team (CPTs) in local areas to support children/families and create healthier/safer communities. CPTs act as conveners and collaborate with key community groups, officials, and leaders to identify opportunities and issues.	More inclusive community decision making  Increased awareness of collective actions to support children, youth and families  Increased volunteer support for children and youth	Recruit volunteers for identified needs in CASA program to advocate for the best interests of children during juvenile proceedings due to abuse or neglect.	Effective support for children/youth during out-of-home placement

## Endnotes

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<sup>1</sup> Shonkoff, J. and Phillips, D. (Eds.) (2005). Chapter 12: Neighborhood and community. From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press. pp. 328-336

<sup>2</sup> Small, S. & Supple, A. (2001). Communities as systems: Is a community more than the sum of its parts? In Booth, Alan and Crouter, Ann. (Eds.) Does it take a village? Community effects on children, adolescents and families. Mahwah, NJ: Lawrence Erlbaum.

<sup>3</sup> Secombe, K. (2001). Families in Poverty in the 1990's: Trends, causes, consequences and lessons learned. In R. Milardo (Ed) Understanding families in the new millennium: A decade review. Minneapolis, MN: National Council on Family Relations.

<sup>4</sup> Sampson, R. (2001). How do communities under-gird or undermine human development? In Booth, A. and Crouter, A. Does it take a village? Community effects on children, adolescents and families. Mahwah, NJ: Lawrence Erlbaum.

Three neighborhood mechanisms appear to be especially important to positive development and behaviors among children and youth. These are:

1. *Neighborhood rules* that communicate shared positive expectations or norms for guiding children, youth, and families; these rules not only apply to children, youth, and families ("Children should be positively engaged in school. Parents should supervise their children outside."), but also to how community members should act ("Neighbors should help neighbors. Adults should speak to all children, and intervene when children need support.");
2. *Neighborhood resources* that include strong interpersonal networks, trust, and "collective efficacy" or the shared belief that neighbors can, and should, intervene to support other residents, including children and youth; and
3. *Neighborhood routines* that provide settings and environments characterized by developmentally appropriate supervision, opportunities, and activities. (pp. 11-13; 27-28).

<sup>5</sup> Sampson, R., Raudenbush, S., & Earls, F. (1997). Neighborhoods and Violent Crime: A Study of Collective Efficacy. Science. 277, 98-924.

<sup>6</sup> Sampson, R. & Morenoff, T. 2003. Assessing Neighborhood Effects: Social Processes and New Directions. Annual Review of Sociology. 28, 443-478.

<sup>7</sup> Hawkins, J. D., Kosterman, R., Maguin, E., Catalano, R. F., & Arthur, M. (1996). Prevention interventions: Substance use and abuse. In R. T. Ammerman & M. Hersen (Eds.), Handbook of prevention and treatment with children and adolescents: Intervention in the real world context (pp. 203-237). New York: John Wiley and Sons, Inc.

<sup>8</sup> National Research Council Institute of Medicine. (2002). Community Programs to Promote Youth Development. Washington, D.C.: National Academic Press. <http://www.nap.edu>

This volume reviews the substantial research linking positive youth development to community environments and community programs and concludes that youth must have *multiple diverse* opportunities to acquire social and personal assets. Reviews optimal settings and program characteristics, noting that the more positive features a setting has the more powerful its positive impact on youth.

<sup>9</sup> Center for the Study of Social Policy. 2006. <http://www.cssp.org/>

The Center for the Study of Social Policy (CSSP) is an independent, nonprofit organization providing public policy analysis and technical assistance to states and localities. The Center's work concentrates on family and children's services and family support; income supports, dependent care, and neighborhood-based services. CSSP research concludes that local governance and community decision-making are critical processes whereby the community takes responsibility for developing and implementing strategies to achieve better results for children, families and communities.

<sup>10</sup> National Center for Children in Poverty (NCCP). [www.nccp.org](http://www.nccp.org)

The NCCP research publications are directed to community and state policy-makers; the publications consistently highlight the importance of informal and formal community environments including child care systems on the emotional, intellectual and physical wellbeing of young children and their families.

<sup>11</sup> Harvard University Family Research Project (HFRP). [hfrp@gse.harvard.edu](mailto:hfrp@gse.harvard.edu)

The Harvard Family Research Project (HFRP) promotes effective educational practices, programs, and policies for disadvantaged children and youth. HFRP generates, publishes and disseminates research and empirically-based best practices and models to guide school and community initiatives. Several of the studies and research reviews presented by the HFRP address the importance of communities to families and subsequently to children and youth. Of particular relevance to community mobilization is Building Villages to Raise Our Children, 1993, a series of six volumes offers advice for establishing and managing family support programs within diverse communities.

<sup>12</sup> The Anne E. Casey Foundation (AECF). [www.aecf.org](http://www.aecf.org)

AECF works to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families. The underlying principle of the foundation's work is that *children do well when their families do well, and families do better when they live in supportive neighborhoods and communities*. AECF defines family strengthening as a deliberate process of giving parents the necessary opportunities, relationships, networks, and supports to raise their children successfully; family strengthening includes involving parents as decision-makers in how their communities meet family needs.

<sup>13</sup> National Association of School Boards of Education - NASBE. (1999). State Improvement Initiatives: Caring Communities. Vol. 5 (6). [www.nasbe.org](http://www.nasbe.org)

According to the National School Readiness Task Force, caring communities 1) *provide comprehensive support* for young children ages 0-4 and their families, 2) *fill gaps* in health, family support, child care, and related human services, and 3) *link services* to bring more continuous and convenient help to families. They *improve support* for young children and families in public schools. In caring communities, elementary schools *implement "developmentally appropriate"* teaching and assessment practices, *increase parent involvement* and professional development for staff, and *work with community agencies* to provide appropriate and effective services to children and families.

<sup>14</sup> Benson, P. (2006). All Kids Are Our Kids: What Communities Must Do To Raise Caring And Responsible Children And Adolescents. 2nd Edition. San Francisco, CA: Jossey-Bass.

<sup>15</sup> Carmona, Richard H. (2003). Connecting for children's health. Remarks to the U.S. Senate Commission on Children at Risk, September 9, 2003.

<sup>16</sup> National Association of State Boards of Education - NASBE. (1991). Caring communities: Supporting young children and families -- The Report of the National Task Force on School Readiness. Alexandria, VA: Author. (page 15). [www.nasbe.org](http://www.nasbe.org)

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This report describes the functions of caring communities relative to young children. Specifically the report maintains that caring communities 1) *provide comprehensive support* for young children ages 0-4 and their families, 2) *fill gaps* in health, family support, child care, and related human services, and 3) *link services* to bring more continuous and convenient help to families, and 4) *improve support for young children and families in public schools* by implementing "developmentally appropriate" teaching and assessment practices, increasing parent involvement and working with community agencies to assure effective services to children and families.

<sup>17</sup> Sampson, R. (2001). op.cit.

<sup>18</sup> Chaskin, R., Goerge, R., Skyles, A, & Guilrnan, S. (2006). Measuring Social Capital: Exploration in Community – Research Partnership. Journal of Community Psychology. 34 (4), 489-506.

<sup>19</sup> Building Results Through Community Mobilization: From Wellness Goals to Community Outcomes for Oregon's Children, Youth, and Families. 2004. Oregon Commission on Children and Families. Salem, OR.

This volume reviews the research on community mobilization in order to define best practice strategies and measurable outcomes for communities. Developed by the Oregon State University Family Policy Program under contract with the Oregon Commission on Children and Families, the volume serves as a practice and evaluation guide for local mobilization initiatives.

<sup>20</sup> Saegent, S., Thompson, J., & Warren, M. (2001). Social capital and poor communities. New York: Russell-Sage Foundation.

<sup>21</sup> Small, S. & Supple, A. (2001). op. cit.

<sup>22</sup> The Center for the Study of Social Policy - CSSP. 2006. [www.cssp.org](http://www.cssp.org)

<sup>23</sup> Melaville, A. & Blank, M. (1993). Together We Can: A Guide For Crafting A Pro-family System of Education And Human Services. U.S. Department of Education and the U.S. Department of Health and Human Services, U.S. Government Printing Office, Washington, D.C. Also see:

- Schorr, L.B. (1988). Within our reach. New York: Anchor Press, Doubleday.
- Sugarman, J.M. (in press). Building local strategies for young children and their families. Washington, DC: Center on Effective Services for Children, and
- Sugarman, J.M. (1991). Building early childhood systems: A resource handbook. Washington, DC: Child Welfare League of America.

<sup>24</sup> National Association of School Boards of Education – NASBE. (1999). State Improvement Initiatives: Missouri's Caring Communities. Vol. 5 (6); June.

<sup>25</sup> Communities that Care (CTC) Progress Report. [www.seattleschools.org/area/ctc/comcare.xml](http://www.seattleschools.org/area/ctc/comcare.xml)

<sup>26</sup> Greenberg, M. & Feinberg, M. Final Report: An Evaluation of Pennsylvania's Communities That Care (CTC) Delinquency Prevention Initiative. Pennsylvania State University Center for Prevention Research, State College, PA.

<sup>27</sup> Office of Juvenile Justice And Delinquency Prevention (OJJDP); <http://ojjdp.ncjrs.org>

OJJDP, part of the federal Department of Justice, identifies and promotes evidenced based approaches to prevention, intervention and treatment of juvenile crime and the factors that increase the risk of delinquency. Research studies demonstrating the positive impact of specific community mobilization strategies on reduced risk of alcohol and drug use are the following:

- A.C.; J.P. Gehan; R. Jones–Webb; T.L. Toomey; J.L. Forster; M. Wolfson; and D.M. Murray. 1999. “Communities Mobilizing for Change on Alcohol: Lessons and Results From a 15-Community Randomized Trial.” *Journal Of Community Psychology* 27(3):315–26.
- Wagenaar, A.C.; D.M. Murray; J.P. Gehan; M. Wolfson; J.L. Forster; T.L. Toomey; C.L. Perry; and R. Jones–Webb. 2000. “Communities Mobilizing for Change on Alcohol: Outcomes From a Randomized Community Trial.” *Journal of Studies on Alcohol* 61:85–94.
- Wagenaar, A.C.; D.M. Murray; and T.L. Toomey. 2000. “Communities Mobilizing for Change on Alcohol (CMCA): Effects of a Randomized Trial on Arrests and Traffic Crashes.” *Addiction* 95(2):209–17.

<sup>28</sup> Office of Juvenile Justice And Delinquency Prevention (OJJDP); <http://ojjdp.ncjrs.org>

Research studies demonstrating the positive impact of specific community mobilization strategies on reduced risk of tobacco use are the following:

- Jason, Leonard A., Marjorie Berk, Daniel L. Schnopp–Wyatt, and Bruce Talbot. 1999. “The Effects of Enforcement of Youth Access Laws on Smoking Prevalence.” *American Journal of Community Psychology* 27(2):143–60.
- Jason, Leonard A., Richard Katz, Jennifer Vavra, Daniel L. Schnopp–Wyatt, and Bruce Talbot. 1999. “Long-Term Follow-Up of Youth Access to Tobacco Laws’ Impact on Smoking Prevalence.” *Journal of Human Behavior in the Social Environment* 2(3):1–13.

<sup>29</sup> Office of Juvenile Justice And Delinquency Prevention (OJJDP); <http://ojjdp.ncjrs.org>

Research studies demonstrating the positive impact of specific school-community mobilization strategies on reduced risk of violence in schools include the following:

- Embry, Dennis D., Daniel J. Flannery, Alexander T. Vazsonyi, Kenneth E. Powell, and Henry Atha. 1996. “PeaceBuilders: A Theoretically Driven, School-Based Model for Early Violence Prevention.” *American Journal of Preventive Medicine* 12(5):91–100.
- Flannery, Dennis J., Alexander T. Vazsonyi, Albert K. Liau, Shenyang Guo, Kenneth E. Powell, Henry Atha, Wendy Vesterdal, and Dennis D. Embry. 2003. “Initial Behavior Outcomes for the PeaceBuilders Universal School-Based Violence Prevention Program.” *Developmental Psychology* 39(2):292–308.
- Krug, Etienne G., Nancy D. Brener, Linda L. Dahlberg, George W. Ryan, and Kenneth E. Powell. 1997. “The Impact of an Elementary School–Based Violence Prevention Program on Visits to the School Nurse.” *American Journal of Preventive Medicine* 13(6):459–63.

<sup>30</sup> Office of Juvenile Justice And Delinquency Prevention (OJJDP); <http://ojjdp.ncjrs.org>

Research demonstrating the positive impact of specific community strategies on reduced community crime and violence is summarized in:

- Dunworth, Terence, G. Mills, G. Cordner, and J. Greene. 1999. *National Evaluation of Weed and Seed: Cross-Site Analysis*. Washington, DC: National Institute of Justice.

<sup>31</sup> Evaluation Research on The Effectiveness Of Casa/Gal Volunteer Advocacy, 2004  
[www.nationalcasa.org/JudgesPage/Article\\_CASAEvaluation\\_10-04.htm](http://www.nationalcasa.org/JudgesPage/Article_CASAEvaluation_10-04.htm)

This 2004 report summarizes the findings of a national independent evaluation of Court-Appointed Special Advocate (CASA) programs which pair volunteer advocates with children in out of home care. The evaluation is

the most recent of many that have documented the positive impact of CASA support. Typically documented outcomes include:

- reduced time that children spent in out-of-home care; speedier resolution of cases
- reduced number of moves from foster home to foster home
- more thorough investigation of the cases and more frequent review by the court
- increased responsiveness of services to children's needs
- CASA support is highly rated by judges and is documented to reduce public costs because of reduced court expenses and reduced time in out of home care.

Additional information on the most recent CASA evaluation can be accessed at:

[www.casenet.org/program-management/evaluation/caliber-evaluation.htm](http://www.casenet.org/program-management/evaluation/caliber-evaluation.htm)

<sup>32</sup> Our Communities Then and Now: Community Change and the Impacts of Community Progress Teams, Marion County, Oregon. Evaluation findings summarized by Rebecca Hernandez, OSU Family Policy Program, in: BUILDING RESULTS THROUGH COMMUNITY MOBILIZATION: From Wellness Goals to Community Outcomes for Oregon's Children, Youth, And Families. 2003. Appendix 3-A; published by the Oregon Commission on Children and Families, Salem, OR.

This report summarizes a multi-community evaluation of Community Progress Teams (CPTs) in Marion County, Oregon. Conducted by independent consultants and Oregon State University faculty, the evaluation involved both qualitative and quantitative assessments of community environments for children, youth, and families before and after CPTs were instituted. Data were collected from CPT members and from community officials and leaders including sheriffs, school superintendents and principals, agency administrators, and other key informants.

Both CPT members and key informants reported that CPTs had a positive impact on the community, significantly improving community resources and conditions for children, youth and families; specific examples varied across communities and included:

- Increased after school and summer activities for children and youth,
- More accessible information on resources for children, youth, and families,
- Greater sharing of community facilities (school, church, and other) for programming, and
- Increased parent resources including parent education for all parents, including Spanish speakers.
- Increased collaboration across public, non-profit, and volunteer groups, and
- Increased leveraging of financial and non-financial resources to support children, youth and families.

<sup>33</sup> *Evidenced based activities and programs* are those that have been reliably shown by research and evaluation to achieve desired outcomes for participating children, youth and families. Oregon Administrative Rule (OAR) 423-001-0066. specifies the following definitions:

- "Best practice" or "proven practice" refers to research-based or evidence-based programs, practices, and principles that have been shown to reliably produce measurable and sustainable improvements in productivity, efficiency, or effectiveness.
- "Innovative practice" means a program or practice that demonstrates success when outcomes are assessed over time and are based on research-based principles and ideas drawn from best practices.

- <sup>34</sup> Baker, S., Gersten, R., & Keating, T. (2000) When Less May Be More: A 2 Year Longitudinal Evaluation of a Volunteer Tutoring Program Requiring Minimal Training. Reading Research Quarterly. 35(4), 494-529.

This year 2000 evaluation focused on *the Start Making a Reader Today (SMART)* program in Oregon communities and demonstrated that primary school children with reading difficulties gained significantly increased in reading skills compared to similar children not supported by SMART literacy volunteers.

- <sup>35</sup> Pratt, C.P. & Hernandez, R. (2003) Building results through community mobilization: From wellness goals to community outcomes for Oregon's children, youth, And families, p. 33. Salem, OR: Oregon Commission on Children and Families.