HOW FRCs PROMOTE PCEs?



WHAT ARE POSITIVE CHILDHOOD EXPERIENCES?

Positive Childhood Experiences (PCEs) are foundational experiences, occurring within in the first 18 years of life, that provide a sense of belonging and connection. PCEs are developed through supportive relationships fostered within families, neighborhoods, and communities (Narayan et al., 2018; Sege & Browne, 2017).

As put forth in the HOPE—Healthy Outcomes from Positive Experiences—framework, PCEs center on four primary "building blocks" (Sege & Burstein, 2021, p. S81).

The Four Building Blocks

| 1 | relationships |
|---|---|
| 2 | Living, developing, playing, and learning in safe, stable, protective, and equitable environments |
| 3 | Having opportunities for constructive social engagement and connectedness |
| 4 | Learning social and emotional competencies |

HOW FAMILY RESOURCE CENTERS PROMOTE PCES

Community-based Family Resource Centers (FRCs) are particularly well-positioned to promote PCEs among children (Lee et al., 2020; Sege & Browne, 2017). There is clear alignment between the philosophy, values, programming, and structure of FRCs and key aspects of PCEs.

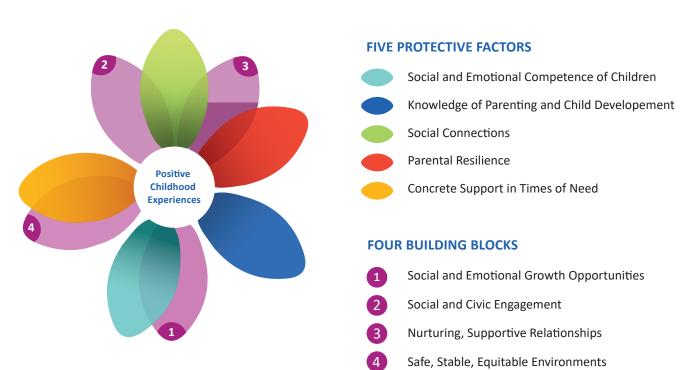
First, FRCs use a two-generation model for their services and programming. When children are engaged in FRC programs, it is most often alongside their family members and caregivers, centering these child-adult relationships, which are a critical component of PCEs (Sege & Browne, 2017). Furthermore, services for children are play-based, providing opportunities to share good times and have fun, also a measured PCE (Narayan et al., 2018).

Second, as they are based in neighborhoods and communities, FRCs respond to contextual factors shaping the lives of children and their families and strive to build a sense of community among the families they serve. Additionally, FRCs develop community partnerships, which can be leveraged to create community-wide initiatives to promote PCEs in ways that address structural racism and discrimination to eliminate inequities (Crouch et al., 2021).

Third, the programming offered by FRCs primarily focuses on early childhood. We know that when PCEs are fostered early in life, they are more likely to continue into later periods of development and, which creates positive accumulation effects of PCEs (Merrick et al., 2020).

Fourth, FRCs have long embraced the five Protective Factors™ for child maltreatment prevention. FRCs have steadfastly worked to

How the Five Protective Factors Overlap with the Four Building Blocks





bolster social connections, parental resilience, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children, which have clear points of overlap with the 'building blocks' for positive experiences (Sege & Browne, 2017). FRCs also take both primary and secondary approaches to prevention as needed to support families in their communities, thus already leveraging both the promotive and protective effects through which PCEs are thought to work.

Lastly, the existing services and programs of FRCs provide innumerable opportunities to set the stage for and cultivate PCEs. Through their playgroups, parent education programs like Triple P Positive Parenting Program, and home visiting services, FRCs actively promote warm and nurturing approaches to parenting, secure attachments between children and their caregivers, and positive parenting strategies. Through these programs, FRCs also support parents as they foster their children's healthy social and emotional development, which is important for learning self-regulation, selfworth, and self-acceptance, and for building relationships, including friendships, throughout their whole lives.

FRCs seek to build strong connections between parents, which set the stage for opportunities for connection between children and non-parental adults as well. FRCs connect parents to the community so that they are engaged in activities that build family connection to schools, neighborhoods and community organizations and institutions. FRCs prioritize community contribution and engagement within their programming.

In sum, FRCs serve as important contributors in facilitating contents that support the development of PCEs. PCEs, in turn, offer great promise in supporting children's development, cultivating resilience, and encouraging positive outcomes in life.

REFERENCES

- Crouch, E., Radcliff, E., Merrell, M. A., Brown, M. J., Ingram, L. A., & Probst, J. (2021). Racial/ethnic differences in positive childhood experiences across a national sample. *Child Abuse & Neglect*, *115*, 105012. https://doi.org/10.1016/j. chiabu.2021.105012
- Lee, H., Boyd, R., Slack, K. S., Mather, R.S., & Murray, R.K. (2020).

 Adverse Childhood Experiences (ACEs), Positive Childhood Experiences (PCEs), and Adult Health. *Journal of the Society for Social Work and Research*, 712410. https://doi.org/10.1086/712410
- Merrick, J. S., Narayan, A. J., Atzl, V. M., Harris, W. W., & Lieberman, A. F. (2020). Type versus timing of adverse and benevolent childhood experiences for pregnant women's psychological and reproductive health. *Children and Youth Services Review, 114,* 105056. https://doi.org/10.1016/j.childyouth.2020.105056
- Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse & Neglect*, 78, 19–30. https://doi.org/10.1016/j.chiabu.2017.09.022
- Sege, R., & Browne, C. H. (2017). Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. Academic Pediatrics, 17(7), S79–S85. https://doi.org/10.1016/j.acap.2017.03.007
- Sege, R., & Burstein, D. (2021). *Positive Childhood Experiences* (*PCEs*). Academy on Violence & Abuse. https://www.avahealth.org/aces/positive-childhood-experiences.html
- Wang, D., Jiang, Q., Yang, Z., & Choi, J.-K. (2021). The longitudinal influences

This publication was partially funded with 2001WIBCAP grant funds. Twenty percent of the Prevention Board's funding is from the U.S. Department of Health and Human Services, Administration on Children, Youth, and Families (Community-Based Child Abuse Prevention Grant). Points of view expressed do not necessarily represent the official positions of the financial sponsors.

