ACKNOWLEDGEMENTS

This toolkit to help the philanthropic community support the transformative practice of the Full Frame Approach was a collaborative effort developed by the Full Frame Initiative (FFI) and made possible through our partnerships in philanthropy and with four exemplary community-based nonprofit organizations in Greater Boston.

We express our deep thanks and appreciation to the staff and leadership at Julie’s Family Learning Program (South Boston), On The Rise (Cambridge), REACH Beyond Domestic Violence (Waltham) and The Salasin Center of Western Massachusetts Training Consortium (Greenfield) for sharing their wisdom and expertise, and for dedicating their time to help FFI deeply understand the work they do to support wellbeing among families and communities. Through site visits, policy review and hours of facilitated conversations, FFI surfaced key areas that differentiate these four programs from programs with similar missions and target populations that take a more conventional human services approach. We specifically thank Carrie Coughlin, Deborah Heimel, Robert Monahan, Lorena Norwood, Maria Pizzimenti, Kim Priore, Charyti Reiter, Martha Sandler and Jennifer Tsolas for their partnership and their commitment to improving systems for people struggling at the intersection of poverty, violence, trauma and oppression.

We extend our gratitude to Jane’s Trust and the Perpetual Trust for Charitable Giving, Bank of America, N.A., Trustee for the financial support that made this project possible. We also want to acknowledge Gioia Perugini at Hemenway & Barnes, LLP, Miki Akimoto at U.S. Trust, Bank of America Private Wealth Management and Kathy McHugh at Cabot Family Charitable Trust for their support, guidance and commitment to best practices in philanthropy.

We welcome your feedback on the toolkit and invite you to continue the conversation with the Full Frame Initiative by sharing your insights, expertise and questions. For more information on the Full Frame Initiative, the Five Domains of Wellbeing and how to work with the Full Frame Initiative, please contact Anna Melbin, Director of Strategic Capacity Building at anna@fullframeinitiative.org.

The Full Frame Initiative’s mission is to change systems so that people and communities experiencing poverty, violence and trauma have the tools, support and resources they need to thrive.
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Shifting the focus of human services from short-term change to lasting wellbeing is a more efficient use of philanthropic dollars and results in better outcomes for people, families and communities, ultimately contributing to more humane, equitable and relevant systems.

What if we all had access to the tools necessary to break cycles of poverty, violence and trauma? We do. The Full Frame Initiative (FFI), a nonprofit organization working nationally to support public systems, nonprofits and communities to improve access to wellbeing—particularly for those who are deeply marginalized—offers a new way to look at these very complex situations.

People experiencing interrelated issues of poverty, trauma, violence and oppression face significant barriers to health and wellbeing, and for many, lasting progress is particularly elusive. This is true despite the billions of dollars we as a society invest annually in human services. Most human service programs focus only on addressing discrete problems with formal interventions, often eroding social networks and opportunities for self-determination in the process. Yet people facing multiple complex challenges often define success as we all do: in the positive context of social connections, personal agency and creating value for themselves and others—all key elements of wellbeing.

An increasing number of organizations are addressing this disconnect by supporting wellbeing beyond service-driven fixes to discrete problems. These programs orient their work differently than the conventional services approach: they take the Full Frame Approach. The Full Frame Approach is a way of working with people facing multiple challenges that supports people in the full frame of their lives, recognizing that people who face complex problems need support as multi-faceted as the lives they live. These programs share common principles and values which translate into specific ways of working with program participants that attend to what FFI has identified as the Five Domains of Wellbeing—social connectedness, safety, stability, mastery and meaningful access to relevant resources—the essentials every person needs to thrive. Most importantly, these programs work to minimize the tradeoffs.

What are tradeoffs?

Often a decision or change we make, big or small, comes with a cost or consequence: a tradeoff. Sometimes the benefit from the decision or change outweighs the tradeoff, sometimes it doesn’t. For example, leaving an abusive relationship may increase safety, but if the relationship is a source of financial and material resources—such as transportation and childcare—the increased safety may result in financial instability or the inability to get to school or work. Weighing the benefits to our wellbeing against the tradeoffs whenever we make a decision is highly personal. However, all of us are less likely to stick to a decision or sustain change when the tradeoffs are too great and significantly diminish other aspects of our wellbeing.

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that come with change by supporting people according to the individual person’s strengths, priorities and challenges. This interrupts the expensive cycle of services by ensuring progress in one area of wellbeing doesn’t undermine progress in another.

By focusing on whole people and wellbeing—not discrete problems—programs that take the Full Frame Approach are able to support **deep and lasting change**, even for people and families who have been previously involved in systems and services for years. Ultimately, the Full Frame Approach is more humane and leads to more cost-effective investment of philanthropic dollars over time.

**About this Toolkit**

**SHIFT: From Short-term Change to Lasting Wellbeing through the Full Frame Approach** was developed for the philanthropic community and other stakeholders interested in supporting long-term, sustainable change for people living at the intersection of poverty, violence, trauma and oppression. This toolkit is designed to provide funders with an understanding of the Full Frame Approach; to equip funders to identify potential and current grantees that are aligned with the Full Frame Approach; and to assist funders in acting to support programs that take the Full Frame Approach so they may increase the impact of their giving.

The toolkit is divided into three sections. The first is an overview of the Full Frame Approach, the common set of Full Frame Principles and Full Frame practices demonstrated by programs that orient their work around wellbeing. This section outlines the ways in which the Full Frame Approach leads to better outcomes for people receiving services through programs, and to stronger programs through increased staff satisfaction.

The second section is a selection of indicators of the Full Frame Approach in practice, and includes a compilation of expertise, information and best practice examples from FFI’s work with a subset of exemplary human service organizations in Greater Boston that work across issue areas and target populations. These programs—Julie’s Family Learning Program, On The Rise, REACH Beyond Domestic Violence and The Salasin Center of Western Massachusetts Training Consortium—each operate with essential components of the Full Frame Approach (see Appendix A for more information on these organizations).

The third section includes concrete tips and actionable steps for philanthropy to support programs that take the Full Frame Approach to increasing people’s wellbeing.

The goal of this toolkit is to inspire a meaningful transformation in the way in which human service programs operate and are supported so that many more people and communities facing multiple challenges can break cycles of poverty, violence, trauma and oppression. We hope you find it to be thought-provoking, paradigm-shifting and, most importantly, inspiring in our shared goal to successfully address the entrenched social problems that prevent people living at the margins from achieving their full potential and wellbeing.
UNDERSTAND: THE FULL FRAME APPROACH

What is the Full Frame Approach?

The Full Frame Approach is an orientation to working with people and communities facing multiple and complex challenges that focuses on wellbeing and supports lasting change. The Full Frame Approach was developed by identifying the shared values and practices of community-based organizations across the country that are highly effective in supporting long-term positive change for their program participants. The effectiveness of the Full Frame Approach is supported by empirical evidence.

The Full Frame Approach includes a common set of beliefs and values that inform and guide program design and operation, which FFI calls the Full Frame Principles (see Appendix B), and a way of putting those principles into practice and providing services which FFI calls Full Frame Practice. Programs that take the Full Frame Approach:

- Attend to the Five Domains of Wellbeing, the essentials every person needs to thrive;
- Focus on people’s wellbeing rather than just addressing their problems and challenges,
- Intentionally help identify and minimize the tradeoffs that come with making change;
- Consider the full context of people’s lives, including their environment, relationships and social networks;
- Recognize that people are fundamentally more alike than different, and that people share common needs and strategies for achieving wellbeing; and
- Leverage the assets and resources that every person and community has.

What is the Five Domains of Wellbeing Framework?

The Five Domains of Wellbeing are the essential needs critical to every person’s wellbeing. Regardless of our diverse histories, backgrounds, cultures and perspectives, we all share this set of universal needs: social connectedness to people and communities; the safety of being able to express core parts of our identity without being in danger; the stability we get from having some predictability in our lives and knowing small obstacles won’t create chaos; mastery, the skills and empowerment to exert control and choice in life; and meaningful access to relevant resources, the ability to meet our basic needs without shame, danger or hardship (see Appendix C for an overview of the Five Domains of Wellbeing). We all are hard-wired to increase our wellbeing through building assets in and minimizing unsustainable tradeoffs between these domains. This is true for all people, including ourselves, our families and friends and colleagues, and the people and families who participate in human service programs.

The Five Domains of Wellbeing, named by the Full Frame Initiative, are informed and supported by research from a range of fields including public health, medicine and psychology, and are validated both by human service program practice and by the lived experience of people receiving program services from across the country (see Appendix D for a summary of salient research on each of the Five Domains of Wellbeing).
Programs taking the Full Frame Approach are further united by the following criteria:

- Work at the intersection of multiple dimensions of health and wellbeing;
- Demonstrate dedication to working with people and communities routinely excluded by other programs for being difficult to serve or facing too many challenges;
- Recognized by program participants, funders and policymakers for being more effective than their counterpart organizations in supporting long-lasting change among people facing multiple challenges; and
- Committed to addressing larger societal issues that compromise people’s ability to experience wellbeing.

How the Full Frame Approach is More Effective

Programs aligned with the Full Frame Approach are most effective in supporting people who are struggling at the intersection of poverty, trauma, violence and oppression to improve and sustain their positive personal outcomes. Importantly, working in this way is cost-effective and more humane, and has a positive impact on organizational culture and staff.

Improved Outcomes

Programs taking the Full Frame Approach pay explicit attention to helping people build their assets and resources in the Five Domains of Wellbeing, while intentionally working to minimize the tradeoffs that can create barriers to overall wellbeing. The result is improved outcomes, even for people and families who face seemingly intractable issues. Programs aligned with the Full Frame Approach have achieved impressive outcomes, such as a 90% housing retention rate over 5 years among formerly homeless women with multiple, major challenges and difficulty achieving housing stability through other programs; and 100% of young children from single female-headed, low-income families in a family support program entering first grade and consistently testing above grade level.

Change that Lasts

Programs taking the Full Frame Approach focus on much more than short-term solutions to discrete problems in people’s lives. They engage with program participants in the full context of their lives and are intentional about working to minimize the tradeoffs people experience whenever change takes place. Minimizing these tradeoffs is the key to reducing the barriers that interfere with sustained progress, and is a critical differentiator between these programs and those taking a more conventional services approach.

For example, if a newly found housing unit is too far from the bus line or the childcare provider and represents a significant loss in meaningful access to relevant resources, it is unlikely that housing is going to last beyond the short-term—unless the program can help mitigate these tradeoffs, such as through organizing a resident carpool or providing taxi vouchers. In programs aligned with the Full Frame Approach, staff and participants explore and identify the strategies that make change worth it in the long run, enabling people who are facing multiple challenges to truly transform their lives in lasting ways.

Cost Effectiveness

Programs taking the Full Frame Approach create the space for leveraging critical non-program resources for more sustainable change. They help program participants make lasting change through
building assets, capitalizing on informal resources and networks, and minimizing tradeoffs. This reduces program re-entry and reliance on formal services over time, interrupts the cycle of costly services programs and maximizes the impact of every dollar.

Supporting programs that explicitly orient their practices around increasing assets and minimizing tradeoffs in the Five Domains of Wellbeing is also less expensive than creating new programs and services.

Better Relationships
Participants in programs aligned with the Full Frame Approach experience affirmation of their own priorities, rather than having their needs prioritized for them by a service provider or system. This helps create a foundation for engagement based on trust and respect, and sets the stage early on for a deeper relationship between program participants and staff. Participants express how important this approach is in their ability to fully access and utilize the range of services and supports the program has to offer.

Stronger Organizations
Programs taking the Full Frame Approach are concerned with wellbeing at all levels of the organization. Time is spent nurturing an internal community of staff and participants where every member feels valued. Staff also have significant autonomy and flexibility to support participant priorities, resulting in more relevant and timely support for participants as well as increased employee wellbeing and more stable programs.
IDENTIFY: THE FULL FRAME APPROACH IN PRACTICE

Programs taking the Full Frame Approach differ from other programs in important ways. This section outlines indicators that are present within human service programs aligned with the Full Frame Approach, and provides examples of what these indicators look like in practice.

Indicators of the Full Frame Approach

Six of the most common and readily apparent indicators in programs taking the Full Frame Approach include:

- **Eligibility Criteria Designed to Screen In.** Program eligibility designed to be welcoming and accepting of people facing multiple challenges, and for people who have found conventional human services programs inaccessible or ineffective.

- **Individualized Support.** Duration and level of support individualized based on each participant’s unique needs and wants.

- **Broadly Defined Advocacy and Staff Roles.** Advocacy and the roles of staff broadly defined instead of limited to professional titles or credentials or narrowly determined responsibilities.

- **Leveraging Informal Supports and Resources.** Understanding and leveraging participants’ social networks and community resources to support overall wellbeing, rather than just providing direct services aimed at responding to crises or addressing problems.

- **Building a Program Community.** Intentionally building a community within the program, where everyone including people participating in services has a role and something of value to contribute.

- **Outcomes Based on the Five Domains of Wellbeing.** Program outcomes and success are based on participant wellbeing and how well the program supports people make progress in, and minimize tradeoffs among, the Five Domains of Wellbeing.

While this is not a comprehensive list of elements that make up the Full Frame Approach, these indicators are consistently present in programs demonstrating Full Frame Principles and Practice.

Distinguishing Programs Taking the Full Frame Approach

The following tables will help the reader distinguish programs aligned with the Full Frame Approach from other programs with similar mission statements, target populations and services that are not explicitly orienting their work around wellbeing and minimizing tradeoffs. This distinction is not to disparage programs taking a conventional services approach or imply those programs are not effective. A program may be effective with certain populations using a conventional services approach, but still be constrained by a focus on addressing discrete problems with program services, instead of on supporting overall wellbeing for sustainable, long-term change.
Indicator: Eligibility Criteria Designed to Screen In

Programs Taking a Conventional Services Approach
- Use program eligibility criteria to screen out. Look for people who are considered motivated and ready to change. Preference is given to people who are deemed able to fulfill the program's expectations and achieve specific outcomes.

- Require an identity based on a presenting problem. Participants must assume a label such as “survivor” or “homeless,” even if they do not identify as such or if they see themselves as more than one problem or experience.

Programs Taking the Full Frame Approach
- Keep program eligibility criteria to a minimum. Screen in people who can benefit from support and increased wellbeing; do not screen based on who might be “good” in the program or meet traditional measures of success.

- Prioritize working with people struggling with multiple challenges. Screening in means recognizing whole people, not just singular issues, and not requiring participants to leave other parts of their identity and experiences at the door.

- Screening in gives those who are really struggling a chance to achieve wellbeing. All people are hard-wired to do the best they can with what they have to increase their wellbeing. Yet people living with multiple challenges often are turned away from or struggle to make change through conventional service programs. Programs taking the Full Frame Approach attend to the context of people’s lives from the beginning—recognizing people’s assets as well as challenges, and then help people define and prioritize progress for themselves.

Why?
- Keep program eligibility criteria to a minimum. Screen in people who can benefit from support and increased wellbeing; do not screen based on who might be “good” in the program or meet traditional measures of success.

On The Rise clearly states on their website they are “a day program that is uniquely effective at working with homeless women who do not fit the requirements of other programs...We engage with those most in need and support their initiative and strength as they move beyond crisis and discover new possibilities.” This program intentionally welcomes women who have a range of experiences including those facing significant mental health challenges, those who create community and belonging on the streets, and those who have criminal records.

Examples of Screening In

At REACH Beyond Domestic Violence, organizational policies do not require people to terminate their abusive relationship as a condition of receiving support or services. In one instance, they worked with a woman who was six months pregnant and had a 9-month-old baby. She was leaving the abusive relationship for a second time, but was thinking of going back because she was fearful of raising two children alone. She worried that if she reconciled with the person using violence she would no longer be eligible for services, and lose all the practical and emotional resources offered through the program. REACH advocates supported her in making her own decision and provided services as long as she needed them. She did not have to worry about how her relationship decision was going to impact her immediate safety or cause her to be on the streets with two babies and no help.
## Indicator: Individualized Support

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<tr>
<th>Programs Taking a Conventional Services Approach</th>
<th>Programs Taking the Full Frame Approach</th>
<th>Why?</th>
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<tr>
<td>- Prioritize moving people through services quickly. Services are designed to be short-term and to exit participants as soon as possible.</td>
<td>- Prioritize quality of relationships and support. Prioritize building relationships and mutual trust, which can take weeks, months and often years.</td>
<td>- Relationships are foundational to long-term change. Participants may have well-honed and necessary barriers to trust because they are so often involved in multiple systems that do not take into account individuality and context. Participants who develop trust in the program and staff are more inclined to access what the program has to offer and to seek out support as a preventative measure, before crises arise.</td>
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<tr>
<td>- Predetermine the duration of support and services. Services and the timeline for administering them are provided with a one-size-fits-all approach.</td>
<td>- Individualize the duration and type of support. Services are driven by what each person or family needs or wants. There is often an ebb and flow of levels of participation over time instead of a formal exit or termination point.</td>
<td>- Individualized interventions result in long-term change. Responding to the complexities of poverty, violence, trauma and oppression takes tailored interventions that reflect the realities of people’s lives. Progress is often made in nonlinear ways.</td>
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### Examples of Individualized Support

**Julie’s Family Learning Program (JFLP)** worked with a woman in her early 50s who had a profound, undiagnosed learning disability and was illiterate. She carried an index card with her that spelled out her name and address, so she could copy the information onto forms for various programs but she had a goal of being able to read and write without help. JFLP worked with her for seven years, with many steps forward and backward, until the day she was able to complete paperwork without her index card. She was then able to get into an Adult Diploma Program, and received recognition from the Governor of Massachusetts. She now attends alumni meetings once a month at JFLP, and talks about how much she is able to do because she can read, including reading to her grandchildren and helping them with their spelling. She talks about the confidence and a sense of purpose these new skills give her, and she believes she is helping break the cycle of poverty for her family by ensuring her grandchildren are literate.

**The Salasin Center** worked with one participant for **two and a half years**. At the beginning of the support, the focus was on crisis response and immediate stabilization, and then moved to helping the participant regain custody of her children. The day she got her children back was a day of celebration and relief, but also triggered new challenges. The participant no longer had time to attend AA meetings regularly or to focus on her own interests and relationships outside of her role as a mother. **Program staff stuck with her, providing a range of supports and resources to help manage the tradeoffs that came with regaining custody.** The participant told program staff that if they had pulled back from the support once she reached her initial goal of getting her children back, she likely would have been back in crisis in a number of months. Instead, she was able to adapt to her new life and ultimately create a balance including all the parts of her life that most helped her thrive.
### Indicator: Broadly Defined Advocacy and Staff Roles

#### Programs Taking a Conventional Services Approach

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<td><strong>Staff have distinct and separate roles.</strong></td>
<td>Each staff person addresses a different piece of a person’s life with little overlap, such as housing placement or counseling for children. Participants may be told, “Sorry, I can’t help you with that. That’s not what I do,” or “I need to refer you to someone else for that.”</td>
<td>Julie’s Family Learning Program worked with a family—mother, father and child—in which the child, who had autism, was exhibiting severe behavioral issues. The child aged out of the infant room but because of his disability he was disruptive and could not be moved up to the toddler room for a full day. The mother in the family was also struggling and her custody was terminated. The father became the sole caretaker. He was balancing parenting with a new job, and had to work every afternoon. After much consideration, JFLP <strong>staff made accommodations for the child, in order to ultimately support the family’s needs.</strong> Staff modified both the infant and toddler rooms to be physically safer with regard to his behavior; the child spent each morning in the infant room and each afternoon in the toddler room. <strong>All the staff in both rooms were responsible for his welfare and for working closely together. Because of this sharing of responsibilities to extend the day of care, the father was able to keep his job.</strong></td>
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<td><strong>Prioritize credentials for hiring staff, rather than alignment with beliefs and values.</strong></td>
<td>Because staff roles are narrow, traditional credentials and expertise aimed at the ability to address specific and discrete problems is prioritized.</td>
<td>The Salasin Center worked with a woman who had recently left a highly dangerous, abusive relationship. She was not able to take her elderly, very sick dog with her to the shelter when she left the apartment she shared with the person abusing her. She was fearful that her dog was dying and in pain, and that the abusive person would hurt the dog directly. She could not go back to the apartment alone because it was too dangerous, but she considered the dog her family and was extremely distraught—so much so that she was considering going back to the relationship. Staff at the Salasin Center recognized how important this was to her—they <strong>were concerned with this woman’s whole life and context, not simply keeping her away from the person who abused her.</strong> Staff safely accompanied her to the apartment and helped her get her dog, and then worked with a local veterinarian to treat and eventually euthanize the dog at a deeply discounted rate. Staff stood by this woman through the entire process, defining their roles by her priorities for support and services.</td>
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#### Programs Taking the Full Frame Approach

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<td><strong>Staff share responsibilities.</strong></td>
<td>Staff often work in teams or with enough fluidity of roles to ensure that the program’s internal distinctions between services and staff do not create additional tradeoffs for participants. There is a mentality of “How can we help you be everything you want and are capable of?,” instead of “that’s not my job” or “that’s not what we do here.”</td>
<td>People can bring their whole selves and staff can see the full frame of people’s lives. Broadly defined roles and definitions of advocacy allow for staff to have a broader understanding of participants’ experiences and help them to minimize tradeoffs inside and outside the program. This means participants do not have to segregate their lives in unhelpful ways, and increases the organization’s ability to be flexible and nimble and provide relevant support.</td>
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<td><strong>Prioritize hiring staff who see people, not problems.</strong></td>
<td>Because the nature of services and supports provided is broad and based on the full context of people’s lives, having staff with varied lived experiences and expertise is crucial.</td>
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**Prioritize credentials for hiring staff, rather than alignment with beliefs and values.** Because staff roles are narrow, traditional credentials and expertise aimed at the ability to address specific and discrete problems is prioritized.
### Examples of Leveraging Informal Supports and Resources

**REACH Beyond Domestic Violence** worked with a woman who was new to the state and did not have many friends or local social connections. She came to the shelter after leaving an abusive relationship, and was also HIV positive. She felt very ashamed of her body and her diagnosis and struggled emotionally each time someone new at the shelter found out. Her advocate at REACH drove her to her doctor appointments in her hometown, about an hour away from the shelter. At one such appointment, they saw an advertisement for an HIV awareness walk in the town, to take place on a Sunday. The woman very much wanted to participate but was scared to go back to the town alone because that’s where the person who had used violence still lived. The advocate didn’t work weekends and could have easily left it at that; helping her participate in the walk is not domestic violence counseling or safety planning. Instead of viewing the situation from a narrow lens of services, the advocate instead **found a volunteer to come in early on a Sunday, pick up the woman at the shelter, drive her to the event, and walk with her.** When the advocate saw the woman the next day, the woman told her she felt “amazing, as though I’m reclaiming my health and my body. I’m proud of myself.”

**On The Rise** worked with a woman who struggled with mental illness and a fear of social situations. She was a former filmmaker and wanted to attend a local film festival, but told an On The Rise staff person she was too afraid to do it alone. This staff person was able to **secure two free tickets to the festival using her own connections and went with the woman.** Once at the festival, the woman reconnected with former colleagues and made some new professional connections she followed up with once the festival concluded.

### Programs Taking a Conventional Services Approach

- Provide a predetermined menu of professionalized services. Services are often viewed as the only or primary solution to problems, and therefore are prescribed based on the problem the program thinks is the most pressing.

- View family and friends narrowly. Participants’ social networks are often viewed as either neutral or as part of the problem, and therefore are ignored or discounted. Rarely are relationships considered potentially useful in addressing participants’ challenges.

- Make referrals, not connections. Referrals to other programs and services are provided through lists of basic contact information, leaving the participant to follow up and make the connection alone.

### Programs Taking the Full Frame Approach

- Capitalize upon a range of informal and formal supports, including people’s existing resources. Recognize participants’ priorities are sometimes best addressed with informal connections and resources instead of formal services. Actively include participants’ social connections and community to support wellbeing; finding a critical balance between providing needed services with recognition that people have interests, relationships and strategies to thrive outside of programs.

- Make active and strong connections. Connect participants to a range of formal and informal supports in the community through active networking and research, and by tapping into information shared by participants themselves.

### Why?

- People live in families and communities, not in programs. Services can help enable change or respond to a crisis, but sustainable change requires strengthening all the supports and strategies that people rely on and contribute to. People receiving social services consistently identify social connections as a key element of personal success, and yet many conventional service systems ignore or even erode these connections.

- Deep connections help people stick with services and new experiences. People are more likely to establish relationships and take advantage of services and supports when they are introduced directly to a new resource or relationship, or at least have someone to go with them the first time.

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Indicator: Building a Program Community

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<td>View participants as recipients of services and support. Often view participants solely as having problems that need solving through professionalized services. Help is unidirectional.</td>
<td>View all people as receivers and givers. Participants are recognized for the range of experiences, challenges and assets they bring to the program and are true partners in the work.</td>
<td>Giving back is healthy and necessary. People overcome trauma, crisis and illness faster when they can experience reciprocity. Always being a “taker” creates an enhanced sense of vulnerability, and can be damaging physically and emotionally over time. Sharing one’s skills and talents often increases feelings of accomplishment, which can help to create the feeling of being able to accomplish change in other parts of life.</td>
</tr>
<tr>
<td>Require people to heal fully before helping others. Program policies and services are set up based on the belief that people who are struggling must first address their problems and get help, and only then will they be able to give back to the community.</td>
<td>Believe reciprocity is key to healing and sustainable change. Create and support multiple opportunities for participants to contribute to and be full members of the program community, even as they are receiving services and support.</td>
<td>Co-determination and co-ownership is more efficient, cost-effective and sustainable. Having all community members—program leadership, staff, participants and volunteers—contribute to the community’s success takes the burden off of costly services and professional staff to address or respond to every situation. It also minimizes the need for a new funding source or program to be cultivated before support can be offered. Participants can contribute in ways that are meaningful to them and staff are freed up to focus on where they are explicitly needed.</td>
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Examples of Building a Program Community

Julie’s Family Learning Program recognizes the power of lived experience and often hires staff directly from their own program community; currently 25% of the staff are former program participants. Staff credit this as a key element of trust building and ultimately program success, because staff can truly say, “I’ve walked in your shoes.” Staff also create opportunities for participants to experience mastery. As one staff person explained, “When people feel smart, something positive changes inside them and it opens up all types of possibilities. We emphasize there are multiple ways of being smart, we take a multiple intelligences approach...and support them [participants] to share their talents and knowledge with others.”

The Salasin Center intentionally creates opportunities for participants to bring their skills and experiences as part of being valued members of the supported community. Participants inform the types and levels of programs offered. Through The Salasin Council, participants have the opportunity to provide feedback, information and knowledge around programming directly to the program, each other and staff. Opportunities to develop leadership skills, learn group facilitation skills, volunteer at the center and be paid to facilitate groups are also available for community members.
Measures of success are static and standardized. Success is defined the same for all program participants, without account for people’s unique circumstances.

Participant outcomes are based on discrete problems. Because the programs are designed to address specific and discrete problems, participant outcomes are based on progress made in relation to problems with little regard to tradeoffs or overall wellbeing.

Measures of success are rooted in the Five Domains of Wellbeing. Success is defined by how well services and support can help participants achieve a sustainable balance among the domains while minimizing tradeoffs between them.

Participant outcomes may evolve. Participants’ goals and ideas of success within the domains are drivers of program outcomes, and may change as priorities and life circumstances change.

Outcomes based on the Five Domains of Wellbeing result in sustainable change and success. Framing outcomes in the context of overall wellbeing allows for an understanding of the bigger picture, including the cost of tradeoffs. If progress toward solving one problem creates new challenges in other areas of life, overall wellbeing is eroded. Paying attention to this interplay and minimizing tradeoffs is critical to sustainable change and success.

Examples of Outcomes Based on the Five Domains of Wellbeing

REACH Beyond Domestic Violence worked with someone who had ended an abusive relationship and her ex-boyfriend was stalking her at her apartment, so she abandoned the apartment for what she described as the safety of living in her car. She was working part-time but not making enough for the cost of moving and new furnishings. Her ex-boyfriend also knew where she worked, but her job was more than income. She liked the work she did, she felt competent there and had a good network of co-workers. Instead of prioritizing this woman’s complete separation from her ex-boyfriend, REACH talked with her about the various tradeoffs that came with alternative options—changing her job might mean more safety, but she would lose her community and sense of personal achievement. Keeping her current job meant stronger social connections and mastery, but decreased safety. Ultimately, she chose to keep her job and her community. REACH helped her create a safety plan to address the safety tradeoffs that came with keeping her job.

On The Rise worked with a woman who was homeless and who had spent months working very hard to get a permanent housing voucher and an apartment. Soon after she moved in, she had a serious mental health crisis and was arrested and committed to a state hospital for six months. The woman had struggled with mental health issues for years, but had never received the treatment she needed. While the treatment was necessary, her arrest put her at risk for losing her apartment. For an organization working to end homelessness such as On The Rise, this might be a poor outcome. However, On The Rise advocates recognized that the arrest may have been a positive trigger for other sources of help. They continued to support the woman and helped her manage the tradeoffs between her mental health treatment and housing stability. Ultimately, On The Rise was able to make a case to the housing authority to ensure that the woman did not lose her apartment during treatment.
ACT: WAYS PHILANTHROPY CAN SUPPORT FULL FRAME PROGRAMS

Programs that take the Full Frame Approach represent a more humane and cost-effective investment of philanthropic dollars. While their engagement with program participants may sometimes be longer or more in-depth, over time this approach generates long-term, sustainable change.

Taking the Full Frame Approach is hard work, primarily because external forces such as norms in human service fields, standardized evaluation models, and policy and funding requirements create barriers to Full Frame programming. As the Full Frame Approach gains wider recognition, these barriers can be dismantled—unleashing the blocked potential of many existing programs, and those who participate in them, to achieve and sustain better outcomes.

Many funders and others have made considerable investments in this work already; this section will help funders make current and future investments even more effective by providing specific steps they can take in various stages of grant making to actively support programs that take the Full Frame Approach. While not all-inclusive, here are tips and strategies for:

- Sharing the Full Frame Approach with colleagues and Boards of Trustees.
- Designing grant guidelines to reflect Full Frame Principles and Practice.
- Designing grant applications to reflect Full Frame Principles and Practice.
- Engaging grantees to understand how their programs demonstrate Full Frame Principles and Practice, and the impact on program participants.
- Designing grant reports to document Full Frame Principles and Practice.

Sharing the Full Frame Approach

Supporting programs that take a Full Frame Approach requires understanding and buy-in at many levels of the funding entity. Introducing and sharing the Full Frame Approach with colleagues, supervisors and Boards of Trustees may be a first step in this process. Here we include sample language that may be helpful when explaining the Full Frame Approach to others, as well as additional talking points that can be used in any combination and/or tailored for different audiences.

Sample Introductory Language

Programs that take the Full Frame Approach share a common set of principles and practices that result in better, lasting outcomes for program participants. These programs focus on wellbeing when working with people and communities facing multiple and complex challenges. They support people in the full frame of their lives by recognizing the interplay between their strengths and challenges and the full context and complexity of their lives instead of focusing on discrete problems. Programs aligned with the Full Frame Approach intentionally minimize tradeoffs which are barriers to sustainable progress, and in doing so are able to support long-term change.
**Additional Talking Points**

Programs that take the Full Frame Approach are more effective than those taking a more conventional services approach in a number of ways:

- **Better, lasting outcomes:** They improve outcomes by helping people build assets to increase overall wellbeing, rather than focusing on short-term solutions to specific problems. They support people to minimize the tradeoffs that can create barriers to long-term progress. For example, if a newly-found housing unit is too far from the bus line or the childcare provider, it is unlikely that housing is going to last beyond the short term unless the program can help mitigate these tradeoffs with other solutions, such as organizing a resident carpool or providing taxi vouchers (*you can customize this point with an example of a tradeoff related to your funding focus)*.

- **Cost-effectiveness:** They sustain change and thereby reduce program re-entry and reliance on formal services over time. By tailoring the length and type of supports to meet each participant’s individual needs and wants, and by capitalizing on participants’ existing assets and resources, they interrupt the cycle of costly programs and maximize the impact of every dollar.

- **Better relationships:** They value personalized and respectful relationships, which makes it more likely participants will fully access the range of services and supports the program has to offer.

- **Stronger organizations:** They reduce barriers to wellbeing and minimize tradeoffs in their own policies and practices, resulting in increased employee wellbeing and more sustainable programs.
Ways Grant Guidelines Create Barriers to Full Frame Practice

- Provide funding for a maximum of one year.
- Require short, determinate timeframes for service delivery, such as 6-month maximum for each program participant, and expect programs to automatically terminate or exit program participants once the time is reached.
- Restrict funding to very specific program activities, or a short menu of services, without room for the organization to allocate funding as needed to best respond to participants.
- Favor programs that only accept people with single or clearly defined problems.
- Fund only formal services that can be quantitatively measured (e.g., number of hours of counseling or housing applications completed).
- Signal that the program’s value comes only from working with individuals and that community-building efforts (beyond services such as support groups) are non-fundable.

Ways Grant Guidelines Support Full Frame Practice

- Provide funding for a minimum of two years.
- Provide funding for whole programs, including operations, furnishings and personnel.
- Encourage programs to screen in participants with multiple challenges.
- Encourage programs to individualize the length and depth of services for each participant.
- Encourage programs to expect participants to contribute to program development and implementation.
- Signal the value and importance of community building activities that create a vibrant program community as well as those that connect the organization and its program participants to the larger, outside community.

Sample Grant Guidelines

- Our priorities for this grant include increasing wellbeing for people experiencing multiple challenges and needs, particularly those struggling at the intersection of poverty, trauma, violence and oppression.
- We recognize that building relationships, developing tailored interventions and supporting people facing complex challenges to make change that lasts take time; therefore, grants are made in two year increments and may be awarded three times consecutively, for a maximum of six years.
- Preference is given to organizations that are aligned with the following value statements:
  - All people are more alike than different, and each of us is doing the best we can to survive and thrive.
  - All people have something of value to contribute, even as they may be struggling and receiving help.
  - Issues of poverty, trauma, violence and oppression are complex and perpetuated on many levels in society.
  - Wellbeing can only be achieved in the context of family and community and by leveraging people’s existing resources and social networks. Services may be necessary and helpful, but are not sufficient nor the only answer.
  - All progress and change comes with new challenges, so supporting long-term change requires addressing tradeoffs.
- This grant includes both operational and programmatic funding.
- Successful applicants demonstrate meaningful participant involvement in the development and implementation of the program.
Designing Grant Applications

### Ways Grant Applications Create Barriers to Full Frame Practice

- Ask applicants about the what (mission, programs and services) but not the why (guiding values and principles).
- Ask applicants to describe the one presenting problem or need and how services will fix that problem.
- Encourage applicants to position and describe program participants solely in terms of need, and/or only as recipients of services.
- Require the inclusion of resumes and other formal, professionalized credentials that indicate a preference for traditional sources of staff expertise (e.g., advanced degrees over life experience).

### Ways Grant Applications Support Full Frame Practice

- Ask applicants to clearly explain how they provide outreach to and screen in people facing multiple challenges and needs, including people other programs won’t accept or would terminate quickly.
- Ask applicants how they understand the larger context of their work, including the intersectionality of poverty, trauma, violence and oppression.
- Ask applicants to describe how they learn about and leverage participants’ existing assets, resources and relationships.
- Ask applicants to describe how program participants contribute to the program design and program community.
- Ask applicants to report on their processes for recruiting and hiring staff and volunteers from their participant pool.
- Require brief biographical statements of key staff, including program leadership, describing their qualifications including but not limited to professional credentials and life experience.

### Sample Grant Application Questions

- Organizational vision and mission. Please also describe the organization’s guiding principles and values.
- Organizational structure. Please include how your organization recruits new staff and volunteers, and how program participants are included in recruitment and/or decision-making processes.
- Description of participant involvement. In what ways do program participants contribute to: a) their own assessment and plans for participation, b) program design and c) the program community?
- Description of need. How does the intersection of poverty, trauma, violence and oppression contribute to the problem you’re addressing? How does this intersection inform your approach?
- Informal services and supports. Please describe how your program helps participants develop new and strengthen existing social connections outside of the program parameters.
- Community engagement. Please provide statements from three non-service community partners (e.g., the local hairdresser or mechanic) that demonstrate how your program identifies and leverages existing community resources to support program participants.
- Please provide an explanation for how this grant will enable your organization to better leverage participants’ existing assets and resources and minimize the tradeoffs that come with progress and change.

Please see Appendix E for a more complete sample grant application narrative section.
Engaging Grantees

**Ways to Engage Grantees that Create Barriers to Full Frame Practice**

- Focus on more traditional indicators of grant progress, such as numbers served and number of outputs.
- Ask to see policies that signal a “one-size-fits-all” approach and strict program limitations such as curfew, schedule of services and program termination policy.
- Make conversations and visits very brief, and talk only to program staff and grantee representative.

**Ways to Engage Grantees that Support Full Frame Practice**

- Work collaboratively with grantees to best understand their approach and work, including asking the best time and days for scheduling meetings and site visits.
- Ask programs to demonstrate how participant selection and screening criteria are kept broad and open.
- Review program intake processes for indicators of true relationship building, beyond an eligibility checklist or needs assessment.
- Spend an hour or two immersed in the program, observing and talking casually with various members of the program community.

**Examples of What Funders Will Observe When Visiting a Program Aligned With the Full Frame Approach**

- Program staff and participants are not easily differentiated; walking into a room, it is not immediately obvious who is the “helper” and who is the “receiver.”
- The space is warm and welcoming, and is set up to encourage hanging out among participants and between participants and staff. For example, comfortable furniture, chairs are in a circle, coffee and/or snacks available.
- There is evidence of building new and supporting existing social connections for participants outside of their presenting issues. For example, flyers and sign-up lists for events and activities in the community and announcements of in-house activities for whole families, such as movie nights or potluck dinners where friends and family members are welcome.

*Please see Appendix F for sample questions for programs and for program participants during site visits.*
Designing Grantee Reports

Ways of Asking Grantees to Report that Create Barriers to Full Frame Practice

- Include many questions with strict, low character limits for each response.
- Ask programs to report only on the number of people served and number of outputs.
- Ask programs to report how many people achieved a specific outcome (e.g., placement in housing) without asking about how the program helped participants balance tradeoffs.
- Ask programs to report on the number of referrals made to other community services, without reporting on whether the referrals led to participants being better served.
- Tie continued funding to numbers served, valuing quantity over quality and type of supports offered.

Ways of Asking Grantees to Report that Support Full Frame Practice

- Include fewer questions and more space for longer responses.
- Divide the report into separate sections for a) reporting on participant outcomes, including indicators of progress in the Five Domains of Wellbeing (e.g., feeling accepted and valued in the neighborhood), and b) program outcomes (e.g., placement in housing).
- Require programs to explicitly explain and provide examples of how they minimize the tradeoffs that participants experience among and in the Five Domains of Wellbeing.
- Ask programs to report on the strategies they use to connect participants to a wide range of resources, including other programs, informal supports and existing social networks.
- Offer programs the opportunity to report on their social change activities and their work with their communities beyond advocating for individual participants.

Sample Grant Report Questions

- Provide up to three specific examples of how participants’ wellbeing has increased (including how your organization has worked with participants beyond their presenting problem as an intentional strategy to address the participants’ challenges).
- Provide up to three specific examples of how your organization addresses and minimizes the tradeoffs that participants experience when making change in their lives.
- What challenges did you encounter in leveraging participants’ existing strengths and resources?
- Describe the type of data and process for collecting that data your program uses to examine, evolve and improve your programming over time, including data collected from participants themselves.
- What other funding sources have contributed to this program? Describe any challenges you may have experienced as a result of managing multiple funding sources, and how you have addressed those challenges.

Please see Appendix G for a more complete sample grant report.
SHIFT: FROM SHORT-TERM CHANGE TO LASTING WELLBEING
A takeaway tip sheet for philanthropy

Now: Learn to spot programs aligned with the Full Frame Approach

Not Full Frame
Eligibility requirements designed to screen in people ready to achieve narrow program outcomes, force single-issue label on participants, implement fixed menu of services, prioritize moving people through services on a predetermined timeline

Staff Roles & Outcomes
Distinct and separate staff roles to implement specific services, hire for credentials not value alignment, static success indicators driven by external definitions, outcomes based on addressing specific problems without attention to tradeoffs or sustainability of progress

Informal Supports & Community Building
Rely on professional services to solve problems, discount the role of participants’ relationships, believe participants need to address their own challenges before they can contribute, make transactional referrals to other services

Full Frame
Eligibility requirements designed to screen in people facing multiple challenges, see participants as whole people, duration and type of support tailored to needs of participants, prioritize building relationships and trust

Staff Roles & Outcomes
Broad and flexible staff roles to respond to participants’ varied goals or needs, hire for diverse life experiences and value alignment, success indicators individualized, outcomes oriented around building assets in and minimizing trade-offs between the Five Domains of Wellbeing

Informal Supports & Community Building
Connect participants to formal and informal supports and resources, leverage participants’ social networks and relationships, value and support reciprocity from participants, engage the larger community as partners in the work

Soon: Modify your funding guidelines and application materials

From This
Provide funding for a maximum of one year
Funding for programs that address single or discrete issues
Strict requirements for predefined program service delivery
Fund only formal and professional services
Require narrow indicators of program success
Encourage applicants to describe participants solely in terms of needs and problems

To This
Provide funding for a minimum of two years
Expectation that programs screen in participants with multiple challenges
Funding encourages individualized length and depth of services
Signal the importance of community building and participant engagement
Program success defined within the Five Domains of Wellbeing
Ask applicants to describe participants’ assets and resources

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APPENDIX A: OVERVIEW OF FEATURED ORGANIZATIONS

Julie’s Family Learning Program

Our Mission: Julie’s is a community-based family support and education program that is committed to the development of strong, stable, healthy functioning families. Julie’s provides services that enable poor, at-risk mothers and their children to transform their lives and become healthy, successful, and economically self-sufficient members of their communities.

About Our Program: Since 1974, Julie’s Family Learning Program has been a community-based, non-profit organization dedicated to helping low-income families headed by women chart an effective course out of poverty as well as giving them the support to build strong, economically self-sufficient families. Serving families that reside in the Greater Boston area, Julie’s exists solely to give these women and their children the tools they need—an education, life skills, job preparation, and much more—to strengthen their independence and build a better future. Our goal is to stop the never-ending chain of indigence for families, so that they—and particularly their children—are freed to start afresh, and can thrive once they have secured a permanent and nurturing living and learning environment. Julie’s unique strength lies in its comprehensive service model which addresses the needs of the parent and child simultaneously. We have an advocate on staff to help our women navigate a labyrinth of services spread throughout the city. At Julie’s, not only can they find education, resources, and support tailored to their needs, they can also count on all-encompassing, high quality child-care and Montessori pre-school education surrounding each child with the nurturance and learning needed for optimum development. Julie’s provides over 20 different Adult and Children’s Services with a comprehensive and holistic approach, to approximately 300 disadvantaged, low-income young mothers and their children (current participants and alumnae) from diverse ethnic and racial communities around Greater Boston.

Contact Information: (617) 269-6663; www.juliesfamily.org

On the Rise

Our Mission: On The Rise’s mission is to provide a community where women have the safety, relationships, and resources they need to move out of homelessness. On The Rise has two overarching goals:

- To meet each woman who is homeless or in crisis where she is, help her build on her strengths, and partner with her on her journey from daily survival to living and thriving in her own apartment.
- To promote through community involvement, education, and advocacy a less fragmented social service system and a more caring society for people who face multiple challenges that are both the cause and consequence of homelessness.
Services & Programs

Safe Haven: Our day-time community is open six days per week and is located in a dignified home, a welcoming non-institutional setting that affirms our esteem for the people within it and provides the safety, relationships and resources for surviving day-to-day and reaching long-term goals. In 2015, On The Rise served an average of 29 women each day in the Safe Haven, and provided them with tangible essentials for survival and all the amenities of a dignified home—safety, breakfast, lunch, phones, an address to get mail, showers, clothes, quiet space, laundry, storage, and more.

On Site Accompaniment & Advocacy: Building on their personal relationships with individual women, On The Rise staff worked intensively last year with over 200 women—taking them to appointments, connecting them with other targeted services, advocating for them, and helping them balance competing priorities, follow-through on their plans, persevere through set-backs, and celebrate successes. With On The Rise’s support, these women were able to improve self-sufficiency and resolve one or more of the challenges at the crux of their homelessness—such as moving out of an abusive household, staying on a medication treatment program, accessing health care, getting sober, bringing charges against an abuser, or clearing up an outstanding warrant.

Keep The Keys: Ultimately, On The Rise also works with many women to secure the means and to find an apartment of their own. We support them throughout the entire process – from searching for apartments, to moving in and learning the independent living skills they need to sustain their housing. Through our Keep the Keys program, we offer support groups, home visits, outreach, and early intervention to help our housed women develop life skills, build their support network, and maintain their housing. More than 200 of the 256 women housed since 2008, are still connected with On The Rise, and about 90% of those 200 are still housed.

Contact Information: (617) 497-7968; www.ontherise.org

REACH Beyond Domestic Violence

REACH (Refuge, Education, Advocacy, CHange) Beyond Domestic Violence is a comprehensive domestic violence service agency serving 6,000 people a year through a combination of intervention and prevention services. Our shelter, 24-hour hotline and community-based services provide domestic violence survivors with the help they need to achieve permanent safety and independence. Our Prevention and Education program engages the community and encourages conversations to generate locally-based solutions to domestic violence. Our programs and services include:

24 Hour Hotline and Shelter: REACH provides crisis intervention services at a secure, confidential location to adults and their children fleeing from violence in their homes. We offer a range of services designed to provide immediate safety, meet the needs of victims, and help them gain independence. Services include counseling, assistance securing longer-term housing, support with legal issues, and access to other resources beyond those of a typical shelter program to help families heal physically and emotionally.

Community Based Advocacy: REACH’s Community Program addresses the unique needs of domestic violence survivors for whom shelter is not an option, for various reasons. This range of services allows REACH to work with individuals at different stages on their journey and to help many more survivors
than we could through shelter alone. To escape an abuser on whom they are often financially dependent, survivors need help finding employment, housing, child care, health benefits, as well as navigating a daunting legal system. We work with each person to identify areas of need, and empower them to make the best decisions for their families.

**Child and Adolescent Therapy:** REACH's therapy services help children overcome the traumatic experience of domestic violence, developing a foundation for a healthy emotional life and positive self-image that will benefit them as they move toward adulthood.

**Prevention and Education:** REACH works with teens in local school systems to prevent dating violence, and we lead conversations with people in the community around domestic violence, what it looks like and how to support those experiencing it.

**Contact Information:** (781) 891-0724; www.reachma.org

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**The Salasin Center**

We offer solace to those living in fear through trauma-informed supports. We understand all persons and families seeking assistance to be the experts in their lives and in their healing. We respond to basic and emerging needs. We provide trained advocates to guide women to other healing related support resources. We invite everyone to participate in the creation of a healing community of informed citizens prepared to connect to those in need. The Salasin Project is a Program of the Western Mass Training Consortium.

**Individual & Family Support Specialist:** We provide supports for Individuals and Families through strength-based trauma-informed practice. Meetings with families/individuals take place through home visiting or in the office based on the needs of the family/individual. One-on-one advocacy and support is provided for a minimum of twelve visits. We also provide advocacy and information to families around court proceedings and their rights in connection with Care and Protection proceedings, and connect them to other resources and supports available in the community.

**The Greenfield Women's Resource Center:** Believing that healing happens through mutually empowering relationships, we at the Women's Resource Center offer a safe place to build community, support each other and empower and heal ourselves. We offer community-based supports through our women's center open hours. We also have opportunities to get involved with community outreach and participation in planning community events such as our S.W.A.N. Festival and our Fall Music and Arts Festival.

**The Family United Network F.U.N. Center:** We provide a safe, family-friendly environment where, through community participation, we provide opportunities for support and connection in a nonjudgmental, stigma-free environment. Together, we strengthen our families through peer-to-peer support, educational opportunities and access to information and resources. We also offer a Nurturing Families Group through a collaboration with our sister program The Recover Project.

**Contact information:** (413) 775-0010; www.salasinwomenscenter.org
APPENDIX B: THE FULL FRAME APPROACH PRINCIPLES

The universal elements that comprise the Full Frame Approach—the shared principles we have gleaned from our network of independent effective interventions—are the very ones that have often been stripped from mainstream services, less effective with highly marginalized populations. Please also see Smyth, K.F., Goodman, L., and Glenn, C. (2006). The Full-Frame Approach: A new response to marginalized women left behind by specialized services. *American Journal of Orthopsychiatry* 76(4) 489-502 and go to fullframeinitiative.org/overview-of-the-full-frame-approach/ to download further detail on the principles below.

**PRINCIPLE 1: LIFE IS MESSY**  People’s vulnerabilities and strengths—both personal and contextual—interact in complex and unexpected ways, such that the interplay among issues and context needs to be addressed in concert with the issues themselves.

**PRINCIPLE 2: FRIENDS AND FAMILY MATTER**  Relationships and role definitions are central for all of us and therefore need to be honored and respected, whether they are causing difficulties, providing support, or some of each.

**PRINCIPLE 3: THROUGH THICK AND THIN AND DIFFERENCE**  Supporting individuals and communities in envisioning, attempting and realizing new possibilities requires starting with and respecting what matters to people, and then relentlessly sticking with them.

**PRINCIPLE 4: BE A COMMUNITY WITHIN THE COMMUNITY, NOT AN ALTERNATIVE TO THE LARGER COMMUNITY**  The human need to feel part of something where one can have impact and legacy is universal and is a necessary element in personal and community growth and sustained change. Full Frame Programs are a community in addition to others in people’s lives, rather than requiring people leave their community to participate.

**PRINCIPLE 5: PLACE MATTERS**  Organizational history is informed by and intertwined with that of an organization’s community, and its ability to impact individuals and families requires it be a force for good in the larger community, bridging to and building resources that benefit those who may never participate in the organization.

**PRINCIPLE 6: SOME OF THE BEST WORK HAPPENS IN THE GRAY AREAS**  Hold complexity without being paralyzed by it.

**PRINCIPLE 7: CHANGE IS GOOD**  Continually learn and evolve in concert with changes and opportunities in the community, in every relationship with participants, and in how participants and the organization and the community interact.

**PRINCIPLE 8: IT ONLY WORKS WITH THE RIGHT PEOPLE WORKING**  Carefully select and support staff because this work is not for everyone and not everyone can or should do this work. Even the right people need tremendous support to do this work.

**PRINCIPLE 9: BE ACCOUNTABLE**  Pay attention to a wide range of indicators to ensure that the work being done is generating real, sustained results.

**PRINCIPLE 10: LEADERSHIP MATTERS**  Continuously foster and exert leadership, within the organization and the community.
APPENDIX C: THE FIVE DOMAINS OF WELLBEING OVERVIEW

All of us—from president to postal worker, single mother to senior citizen, adolescent to adult—share a set of universal needs that are critical to our wellbeing. These essential human needs are what the Full Frame Initiative defines as the Five Domains of Wellbeing.

We all need: 1) **social connectedness** to people and communities, in ways that allow us to give as well as to receive; 2) **safety**, the ability to be ourselves without significant harm; 3) **stability** that comes from having things we can count on to be the same from day to day, and knowing that a small bump won’t set off a domino-effect of crises; 4) **mastery**, feeling that we can influence what happens to us, and having the skills to navigate and negotiate life; 5) and **meaningful access to relevant resources** to meet our basic needs without shame, danger or great difficulty.

While we share a common need for assets in these domains, each of us experiences the domains in different and deeply personal ways, influenced by many factors, including our personal history, race, gender, age, community, family, values and context. A returning veteran may feel physically vulnerable sitting in traffic. A young black man may face extra scrutiny from security guards at a department store when he’s buying clothes for school. A pick-up soccer game might give one person a sense of belonging and connectedness, but make another feel awkward and isolated.

Those same factors also influence what we are (or are not) willing to give up in order to increase our wellbeing. Increasing wellbeing doesn’t happen by making progress in each single domain independently. The domains are interconnected. Sometimes, building assets in one domain means giving up something we value in another: a tradeoff. We all ask ourselves, “Is it worth it?” Is it worth it to take a job that gives me a big raise? If it means waking up 20 minutes earlier, maybe so. But if it means always missing visiting hours at a parent’s nursing home, maybe not. Sometimes we can find a way to minimize the tradeoff so that what wasn’t worth it before, now is: convincing the nursing home to make an exception for visiting after hours twice a week. Being able both to decide for ourselves what’s “worth it,” and to navigate life in ways that build our assets and minimize tradeoffs, fosters wellbeing.

Yet many people, families and communities living at the intersection of poverty, violence and trauma face constant threats to their wellbeing, and services designed to help them address a challenge in one domain—gaining access to housing for example—rarely are set up to take into consideration the tradeoffs that might be an unintended by-product of this progress. And sometimes those tradeoffs aren’t worth it, and so the progress doesn’t stick. For example, if turning down available housing automatically disqualifies a person who is homeless from other housing options, the system has decided housing is “worth it,” no
matter what the cost of the tradeoff. But what if taking that housing means a mother has to move across the state, away from her job and the grandmother who provides care to her child who has a disability? That housing placement probably won’t last, even if she takes it.

To create change that will last, systems and services must help people minimize tradeoffs and build assets in the Five Domains of Wellbeing. Doing so will begin to break the cycles of poverty, violence and trauma that undermine wellbeing for us all.

**WHAT THE FIVE DOMAINS OF WELLBEING MEAN FOR INDIVIDUALS**

**Social Connectedness**

The degree to which a person has and perceives a sufficient number and diversity of relationships that allow her or him to give and receive information, emotional support and material aid; create a sense of belonging and value; and foster growth.

- Related concepts: belonging, social capital, social networks, social support, reduced social isolation and exclusion

**Stability**

The degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next, where there is adequate predictability for a person to concentrate on the here-and-now and on the future, growth and change; and where small obstacles don’t set off big cascades.

- Related concepts: resiliency, permanency, certainty

**Safety**

The degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.

- Related concepts: security; absence of harm, risk or danger

**Mastery**

The degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes.

- Related concepts: control, choice, self-efficacy, self-esteem, self-confidence, empowerment, applying knowledge

**Meaningful Access to Relevant Resources**

The degree to which a person can meet needs particularly important for her or his situation in ways that are not overly onerous, and are not degrading or dangerous.

- Related concepts: having knowledge, meeting “basic” needs, cultural competence (of resources), utilization rates, service integration/defragmentation, reduced barriers, information and referral, navigation

*The Full Frame Initiative believes that everyone needs and has a right to wellbeing. Our mission is to change systems so that people and communities experiencing poverty, violence and trauma have the tools, supports and resources they need to thrive. We hope our materials are useful to you. If you would like to reproduce them or use them for your own work, please contact us first. Using these materials without our consent is not permitted.*
APPENDIX D: THE FIVE DOMAINS OF WELLBEING FACTSHEETS

FIVE DOMAINS OF WELLBEING:
SOCIAL CONNECTEDNESS

What is social connectedness?

The Full Frame Initiative (FFI) defines social connectedness as the degree to which a person has and perceives a sufficient number and diversity of relationships that: allow her or him to give and receive information, emotional support, and material aid; create a sense of belonging and value; and foster growth. Research shows that the quantity, quality, and diversity of people’s social connections, as well as their perceptions of those connections, all matter.

Why is social connectedness important?

Social connections provide people with the emotional support, material help, and information they need to thrive. Social connectedness — both the sum of individual relationships and a sense of belonging — is crucial to overall health and wellbeing.

What are the health and other implications of social connectedness?

- Greater social support has been linked to a lower risk for cancer recurrence, higher survival rates among heart attack survivors, lower blood pressure, better immune responses, and better psychological wellbeing. On the other hand, social isolation has been associated with an increased risk of multiple diseases and mortality.

- Although receiving social support is important, providing support to others is also linked to better outcomes, such as higher self-esteem and a greater sense of control.

- Children exposed to repeated violence who have social support in their family, school and peer groups function better than children without these supports.

- Social connections lessen the impact of stress and trauma. Just knowing that support is available, even if it is not needed or used, gives people a sense that they have someone to turn to in a time of need.

- Increased social cohesion is linked to reports of greater neighborhood safety for people living in low-income public housing. Social cohesion is also related to higher rates of physical activity and lower risk for obesity among children regardless of neighborhood physical characteristics.

Factors such as race, class, gender, age and education can have a significant impact on people’s social connectedness and the benefits they receive from these connections. For example:

Related Terms, Concepts & Definitions:

- **Reciprocity**: A balance between giving and receiving social support.
- **Social Capital**: The actual and potential social resources available to individuals, groups or communities through connections.
- **Social Cohesion**: The extent of connectedness and solidarity among groups.
- **Social Integration**: The actual or perceived connectedness with others within social groups, communities and networks.
- **Social Isolation**: The actual or perceived disconnect from others, characterized by a lack of meaningful contact, interactions and/or relationships.
- **Social Network**: The aggregate, or web, of individual social relationships and ties.
- **Social Support**: Actual and/or perceived resources provided in the context of human relationships. These resources include material/instrumental (e.g., financial or practical assistance), emotional/appraisal (e.g., advice and encouragement), and informational (e.g., knowledge sharing) supports.
People living in poverty are often in greater need of social support but often have fewer actual and perceived social supports. They are also less likely to experience the connectedness across differences such as race, culture and class that give people not living in poverty greater connections to resources.

Social connectedness may be one factor that helps to explain unemployment disparities found among White and Black adults. For example, 70% of jobs held by White employees were acquired through their social connections to their White peers — peers with more access to resources than racial minorities.

Reciprocity is important for health and wellbeing, but people living in poverty often experience an imbalance between the support they provide and the support they receive.

As people age, their social networks often become smaller and their social ties weaker. Declining health and illness may also contribute to social isolation.

Individuals who live in more rural areas are likely to have more social support and fewer negative interactions, even though poverty is more common.

Are all relationships equally beneficial?

No. Positive relationships involve reciprocity and trust. However, even positive relationships can cause stress and feelings of exploitation. On the other hand, relationships labeled by outsiders as detrimental and problematic can have positive aspects. For example, a person may choose to live with a partner who is an alcoholic because the relationship provides safety, companionship, and shelter. For this reason it is critical to take into account the full context of a relationship. Furthermore, the diversity of people's relationships matter, especially for children and youth. Youth need to connect not only with peers, but also with supportive adults (familial or non-familial) for healthy development.

Social connectedness is sustainable only when it is long-term (relationships that can be relied on over long periods of time) and comprehensive (encompassing emotional, material, and informational support from a number of individuals).

How is social connectedness related to other Domains of Wellbeing?

For comprehensive wellbeing, social connectedness must be experienced along with stability, safety, mastery, and meaningful access to relevant resources. For example:

Social Connectedness and Safety: A growing sense of safety and trust in others enables social connections to develop. Existing social connections may actually protect against the negative effects of unsafe conditions. For example, a sense of connectedness to a particular group or community helps to offset the negative physical health outcomes attributed to living in a high risk situation or community.

Social Connectedness and Meaningful Access to Relevant Resources: Through formal (i.e., service providers) and informal (i.e., friends and family) connections with others, individuals become aware of resources available to them. Although connections with others may enable a person's access to resources, who is actually providing the support matters. For example, access to only formal support may compromise a person's sense of control, choice and efficacy because formal support is often one-sided and time-limited. Furthermore, some individuals prefer support from friends and family and are more likely to follow through on recommendations given by these connections.


What is stability?

The Full Frame Initiative (FFI) defines stability as the degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next; where there is adequate predictability for a person to concentrate on the here-and-now and on the future, growth and change; and where small obstacles don’t set off big cascades. Stability, therefore, includes both an external reality and the individual’s interpretation of that reality based on her or his past experience and context.

Instability is often triggered by abrupt or unexpected changes in a family, living arrangements, economic or employment status, or physical or psychological health.

Why is stability important?

Stability provides a foundation for health, productivity and wellness. Stability interacts with all facets of an individual’s life and can lead to a sense of control and predictability that is vital for individuals and communities to thrive. Because stability impacts individuals, families and communities, stability (or instability) can have cascading effects. This means that stability (or instability) in one area of life may positively (or negatively) impact stability in other areas of life, including physical wellbeing. The stability (or instability) that is present in a person’s life may also add to or decrease the stability of those around her or him.

What are the health and other implications of instability?

Instability impacts individuals at many levels such as physical and mental wellbeing, worldview and interactions with others. However, stability in one context can buffer the overall impact of a significant harmful event. For example, children who can depend on a stable caregiver often are less negatively impacted by a parent’s incarceration than children with no stable caregiver.

- Chronic instability or unpredictability makes it difficult to concentrate on long-term goals, pursue a life purpose, or maintain connections with others. People in this situation often can only focus on meeting their most immediate needs.
- Economic instability often results in stress. This stress results in significant changes to an individual’s metabolic functioning, which then leads to chronic illness such as heart disease, diabetes, and obesity. Psychological distress and chronic illness are also associated with employment instability, creating a cycle of distress that significantly impacts an individual’s wellbeing.
- People often cope with stress from instability in ways that can harm their health (e.g., smoking or substance use).
Residential instability may have as much of a negative impact on domestic violence survivors’ health as does their own drug and alcohol use and the level of life-threatening violence perpetrated against them.\(^8\)

People with low-incomes often have unstable and temporary jobs, leading to unstable health coverage.\(^9\) These individuals may also have health problems, such as diabetes and hypertension, that can be attributed to lack of health coverage, poor access to care, and significant levels of stress that exacerbate the development of chronic diseases.\(^10\)

Living in an unstable environment, where crime and vandalism are high, results in feelings of depression and anxiety even when a person is not directly victimized.\(^11\)\(^12\) Persistent depression and anxiety also result in physical health instability.

Disruptions and changes in family structure negatively impact a child’s wellbeing and are tied to depression, anxiety, and attention problems.\(^13\)

The stability of a family’s traditions and rituals (e.g., eating together, playing together, established rules and structure) is related to better school performance, and to positive child wellbeing and development. This stability also helps children adjust to major changes in family structure such as divorce or new siblings.\(^14\)

**How is stability related to other Domains of Wellbeing?**

For comprehensive wellbeing, stability must be experienced along with social connectedness, safety, mastery, and meaningful access to relevant resources. For example:

**Stability and Safety:** In some contexts, stability can promote safety. For example, a predictably safe home environment where individual needs are met can counteract the negative effects of neighborhood violence.\(^15\) Similarly, providing stable and nurturing families to children in foster care can bolster resilience and can lessen negative impacts on their developmental health outcomes.\(^16\) Compromised safety and instability can also be tightly linked. For example, women experiencing domestic violence often face significant employment instability.\(^17\) Batterers may sabotage their partners’ employment, which may result in lost hours, lost wages and, eventually, lost employment.\(^18\)\(^19\) And in some contexts, becoming safer can actually compromise stability. For example, when domestic violence victims leave their abusers, they often have to move frequently to stay safe and have insufficient financial resources to make ends meet.\(^20\)

**Stability and Meaningful Access to Relevant Resources:** When people lack resources, such as access to health insurance, mental health services, or permanent housing, their resource stability and mental health are often compromised. For example, unstable access to housing or health care creates stress, which further compromises a person’s ability to cope with and adapt to the instability she or he is experiencing.\(^21\) Having meaningful access to resources can promote feelings of stability. Likewise, when an individual experiences a sense of certainty and predictability, she or he may be more likely to seek resources.

\[\text{This fact sheet is one of a series on the Full Frame Initiative’s Five Domains of Wellbeing — social connectedness, stability, safety, mastery and meaningful access to relevant resources — the universal, interdependent and non-hierarchical essential needs we all have. The Full Frame Initiative’s mission is to change systems so that people and communities experiencing poverty, violence and trauma have the tools, supports and resources they need to thrive.}\]

\[\text{We hope our materials are useful to you. If you would like to reproduce them or use them for your own work, please contact us first. Using these materials without our consent is not permitted.}\]
Endnotes

6. Ibid.
10. Ibid.
11. Ibid.
What is safety?

Safety means different things to different people. Although ending physical vulnerability is fundamental to safety, comprehensive safety also requires the psychological, economic, and spiritual integrity of an individual. A person’s understanding of safety is informed by a wide range of factors such as race, social class, sexual orientation, residential status, and other personal experiences.

The Full Frame Initiative (FFI) defines individual safety as the degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.

Why is safety important?

Safety is a basic human need, strongly connected to overall wellbeing and quality of life. When a person’s or community’s safety is threatened, it leads to direct harm, and also challenges a person’s beliefs that the world is just and fair. The absence of safety can have severe mental and physical health consequences.

What are the health and other implications of the absence of safety?

The effects of a lack of safety go well beyond the immediate physical impact of violence.

- When people are threatened, their nervous, endocrine and cardiovascular systems all react. They also often are on the lookout, or more vigilant, for additional trauma. These are normal, adaptive and protective responses. But if threats are ongoing and not resolved, or if a person remains vigilant for a long period of time, these helpful responses may increase the risk of diabetes and many other chronic physical and mental health conditions.

- People who feel unsafe for long periods of time can develop symptoms of Post-Traumatic Stress Disorder (PTSD). PTSD is linked to a wide range of health problems including diabetes, gastrointestinal diseases, fibromyalgia, depression, substance abuse, and suicidal ideation.

- Racism and discrimination have been linked to outcomes similar to those of people with prolonged exposure to trauma, such as a threatened sense of safety and higher rates of disease (e.g., cancer, diabetes, obesity and asthma). In fact, disproportionate rates of disease and mortality may be better explained by experiences of racism and discrimination than socioeconomic status alone (e.g., infant mortality rates among Black women are double that of White women).
Lack of safety can lead to depression. Depression has the greatest negative impact on health of all common chronic diseases, such as diabetes.\textsuperscript{11} Depression has also been linked to a number of other health problems, such as arthritis, asthma, lost productivity, and reduced quality of life.\textsuperscript{12,13}

Children exposed to unsafe environments are more likely to have impaired physical health, cognitive development, academic achievement, and interpersonal relationships.\textsuperscript{14} Children in unsafe conditions are also more likely to be anxious, angry and depressed.\textsuperscript{15}

Early and ongoing exposure to trauma in childhood has been linked to several leading causes of death in adults, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.\textsuperscript{16}

Unsafe conditions in the present can lead to a lack of safety in the future. For example, exposure to child abuse, neglect, and/or community violence has been strongly associated with later involvement in crime.\textsuperscript{17}

People cope with the stress of trauma in many ways. Some ways of coping, such as smoking, alcohol/drug use, and risky sex,\textsuperscript{18,19} may help in the moment, but create other problems, such as cancer, alcohol or substance abuse, sexually transmitted infections, and HIV/AIDS.\textsuperscript{20}

People exposed to chronic community violence may experience social isolation in addition to a decreased sense of personal safety and independence.\textsuperscript{21}

If a person feels safe in one context, it can lessen the damage from another, unsafe context. For example, a safe home environment may offset some of the adverse outcomes related to community violence.\textsuperscript{22}

**How is safety related to otherDomains of Wellbeing?**

For comprehensive wellbeing, safety must be experienced along with social connectedness, stability, mastery, and meaningful access to relevant resources. For example:

- **Safety and Social Connectedness:** Social connections grow out of a sense of safety and trust of other individuals. Social connections also lead to safety. Social connections give people information, psychological support, and tangible assistance that help them cope and also expand their options.\textsuperscript{23} In fact, connectedness is linked to positive health status (i.e., lower blood pressure and stress hormones) and may protect against the negative effects of community violence.\textsuperscript{24,25}

- **Safety and Meaningful Access to Relevant Resources:** Individuals and communities that have meaningful access to relevant resources have an increased sense of safety. Individuals in unsafe conditions may have difficulty accessing critical resources, and in some instances available services may actually decrease someone’s sense of safety. For example, adolescent mothers often have difficulty accessing prenatal care because they feel judged by providers and staff.\textsuperscript{26} When individuals and communities do not have meaningful access to relevant resources there are direct adverse consequences for health and safety.\textsuperscript{27}

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Endnotes

2. Ibid.
12. Ibid.
13. Ibid.
16. Ibid.
What is mastery?

The Full Frame Initiative (FFI) defines mastery as the degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes. To experience mastery, a person must feel that a situation can be controlled or changed, and that she or he has the skills and ability to influence the situation.1

Why is mastery important?

People do not function equally in all parts of their lives. Successfully accomplishing goals in particular areas of life is called “self-efficacy.” People can have a sense of efficacy in multiple areas of their lives (e.g., their role as parent, employee, or student). However, mastery is an overall sense of control that a person has over her or his life. People also must feel that they have a direct influence on their environment.3 A person who feels little or no control over, or ability to change, her or his life or environment will likely have difficulty accomplishing goals and facing challenges in many areas. Mastery is the primary motivator for perseverance and personal change.

What are the health and other implications of mastery?

Mastery helps people and families access the resources and social support they need to thrive. However, the health impacts of mastery are far broader than just access to resources. For example,

- People in stressful life circumstances (such as caregiving or disability) who feel more in control have lower rates of depression and anxiety.4,5
- Economic hardship negatively impacts people’s physical and psychological health, but the negative impact is less for people who have a greater sense of mastery.6
- The relationship between mastery and health has even been found among individuals enduring long-term hardship, indicating that mastery, once developed, may be long-standing.7,8,9
- When people feel a greater sense of mastery, they are more likely to seek preventative care, experience sickness less often, and recover faster.10
- For youth, a greater degree of mastery has been linked to a smoother transition into adulthood, particularly for those who also have higher levels of parental and partner support.11
- Self-efficacy has been identified as a buffer against negative outcomes. For example, substance use is regularly associated with trauma exposure, but self-efficacy is predictive of less substance use.12
- Adverse experiences do not always result in negative outcomes. Some people derive meaning and purpose out of traumatic experiences, such as an increased appreciation for life and more meaningful relationships. This increased mastery is called “post-traumatic growth.”13

Related Terms, Concepts & Definitions:

- COPING: How an individual faces, deals with, and attempts to overcome difficulties and adversities. Coping strategies can be positive, negative or both.
- EMPOWERMENT: A process by which people gain control over their lives.
- MEANING-MAKING: The process people use to make sense of significant life experiences, whether positive or negative.
- POST-TRAUMATIC GROWTH: The development of personal functioning and wellbeing that exceeds a person’s level of functioning prior to the traumatic event.
- REFLECTIVE CAPACITY: The capacity to critically analyze one’s experiences to achieve deeper meaning and understanding.
- RESILIENCE: The presence of positive adaptation or outcomes in spite of adversity.
- SELF-EFFICACY: The ability to complete tasks, specifically where efforts and actions will ultimately lead to achieving desired goals.
How is mastery acquired and increased?

People gain mastery by setting goals, taking the necessary steps to accomplish these goals, and attributing successes to their own efforts. A person’s sense of mastery changes over time as a result of encountering and navigating challenging situations successfully and acquiring new skills. Furthermore, people’s sense of mastery develops in a feedback loop where: 1) goals are identified or challenging situations are encountered; 2) goals are then accomplished or challenging situations are successfully navigated; 3) a person then either attributes these successes to her or his own efforts or to some other factors; 4) if she or he is able to attribute the accomplishment to her or his own efforts, mastery increases and; 5) the feedback loop begins again with a person identifying a new set of goals or addressing challenges.

Does everyone have equal access to mastery?

No. Social and environmental context can affect a person’s ability to gain a greater sense of mastery. Resources, such as social support, are unevenly distributed in society and as a result, different populations have varying abilities to create, access and maintain mastery.

- People who experience discrimination, such as racism, or those who live in poverty deal with challenges that minimize their ability to feel in control of their lives and impact their surroundings.
- A sense of mastery typically increases during adulthood, but begins to decrease with declining health and retirement in old age.
- People with higher income and more education are more likely to have a greater sense of mastery. They often also have more resources and opportunities to continue to develop their mastery.
- When people lose their jobs, their sense of mastery may greatly diminish due to a loss in income and socioeconomic status.

How is mastery related to others Domains of Wellbeing?

For comprehensive wellbeing, mastery must be experienced along with social connectedness, stability, safety, and meaningful access to relevant resources. For example:

- **Mastery and Social Connectedness:** Individuals with mastery may have an easier time accessing their social connections. If advice, encouragement and other forms of emotional support are provided in a friendly and non-intrusive fashion, people usually welcome them. By contrast, receiving too much financial or practical assistance may decrease people’s sense of mastery, impacting their emotional health, decreasing their sense of self-efficacy, and causing them to feel discouraged.

- **Mastery and Stability:** Having stability allows individuals to feel as though they have control over their own lives and their communities. Experiencing violence and chaos in a community increases the level of fear people experience and, at the same time, reduces people’s perception that they are in control of their lives. This creates a sense that one is powerless to escape a bad situation, which is distressing. Stability and mastery reinforce each other and can help create communities that feel in control, thereby promoting overall wellbeing.

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What is meaningful access to relevant resources ("meaningful access")?

The Full Frame Initiative (FFI) defines meaningful access to relevant resources as the degree to which a person can meet needs particularly important for her or his situation in ways that are not overly onerous, and are not degrading or dangerous. The need for meaningful access to relevant resources is universal, but what makes access meaningful is different for everyone.

“Resources” refers to material goods and services people need. What is “relevant” depends on an individual's circumstances, preferences, culture, and community.

Why is meaningful access important?

Meaningful access allows people to fulfill their needs in ways that don’t create other challenges to their physical or emotional wellbeing. Lack of meaningful access may have significant long-term impact on people’s wellbeing, particularly if needs are met through onerous, degrading or dangerous ways.

What are barriers to meaningful access?

Barriers differ across settings. Residents in rural areas may have limited access to resources due to lack of transportation. However, geographic proximity to a given resource is not sufficient for meaningful access. A resource also needs to be linguistically, economically and physically available and relevant. Residents in low-income urban areas areas can have limited access to resources because of racial and economic segregation. Discriminatory treatment, even in small behaviors (e.g., longer wait times, rude/dismissive treatment by staff, etc.), limits access even when a person qualifies for use of the resource and the resource is readily available. An individual's past experiences, as well as information she/he receives from family and friends, can also hinder meaningful access.

What are the health and other implications of the lack of meaningful access?

The consequences of not having meaningful access often go well beyond the immediate effects of not having a need met. Because the resources individuals need to function and to thrive are numerous and subjective, these consequences vary. Here are some examples of how lack of meaningful access can impact wellbeing.

- People who live in “food deserts” often have greater access to fast food restaurants and convenience stores than to grocery stores with affordable and nutritious food. This exacerbates an individual's risk for obesity and decreases her/his financial resources.

- Residents of low-income urban areas and those in more rural areas receive worse health care (e.g., limited referrals to standard screenings) when compared to residents in large city suburbs. This can help explain the disproportionate rate of cancer among these residents.

Related Terms, Concepts & Definitions:

Access: A person’s ability to receive services because personnel, supplies and ability to pay for these services are all available.

Cultural competence: Delivery of services that are respectful and responsive to the beliefs and practices of culturally and linguistically diverse people.

Disparity: A difference that is closely linked with social, economic and/or environmental disadvantage, commonly seen in health status.

Inequity in access: When race or income predict service availability and utilization rather than need.

Navigation: Service providers and individuals working together to overcome barriers to accessing resources.

Service integration: Provision of seamless services that address people’s multiple and complex needs.
Racial and ethnic minorities have greater trouble finding relevant medical care where they are treated respectfully. This can result in decreased utilization of medical services, which in turn may be one factor that explains why minorities experience a number of chronic diseases (e.g., obesity, diabetes, heart disease) at significantly higher rates than White individuals.\(^8\)

Homeless youth report a number of barriers to obtaining resources, such as negative experiences with providers, fear that they will be reported to the police or child protective services, and being too young to consent to care.\(^9\)\(^10\) As a result, youth often secure resources by engaging in high-risk and illegal behavior.\(^11\)

People with multiple challenges are often turned away from resources whose rules prohibit them from engaging in behaviors that are considered dangerous, furthering their exposure to degrading or dangerous circumstances. For example, shelter rules prohibit intoxicated individuals; therefore, these homeless individuals must return to the streets and fend for themselves, increasing the risks that they will be taken advantage of, assaulted, or even killed.\(^12\)

Even for youth who attend school, education may not be meaningfully accessible due to overcrowded and under-resourced schools, bullying, discrimination, community violence, immigration status, and language barriers.\(^13\)\(^14\) This can result in dropping out and data clearly indicate that individuals who have left high school earn significantly less than, and are not as healthy as, those who have graduated.\(^15\)\(^16\)

High-performing minority youth are more likely to attend under-resourced colleges and universities than similarly qualified White youth. In these settings, youth are at an increased risk of not graduating. If they do graduate, they earn less and take on a more substantial economic burden compared to youth attending better resourced universities.\(^17\)

How is meaningful access related to other Domains of Wellbeing?

For comprehensive wellbeing, meaningful access to relevant resources must be experienced along with social connectedness, stability, safety, and mastery. For example:

**Meaningful Access and Social Connectedness:** People often learn about resources through their social circles. People whose friends and family are connected to resources have a greater likelihood of having meaningful access to those resources. Social connectedness may be one factor that explains employment disparities among White and Black adults.\(^18\) For example, 70% of jobs held by White employees were acquired through their social connections to their White peers - peers with more access to resources than racial minorities.\(^19\)

Meaningful access to resources can also enable social connectedness by putting individuals in physical contact with others (e.g., a workplace, a classroom, a food pantry). This, in turn, increases access to additional resources via those new social connections.\(^20\)

**Meaningful Access and Stability:** When an individual lacks resources, such as health insurance, mental health services, or permanent housing, it tends to undermine both resource stability (i.e., financial and employment stability) and positive psychological outcomes.\(^21\) A cycle may develop where not having meaningful access to resources further destabilizes the little stability that exists. These cascades of instability are more often seen among low-income individuals and have been shown to have a greater and more detrimental impact than among higher income individuals.\(^22\) On the other hand, stability can help to further meaningful access. A family who has achieved residential stability may begin to establish continuity of care at a local health clinic, or the children in the family may begin to attend the same school on a regular basis which provides access to even more resources (e.g., extracurricular activities).
Endnotes


2. Ibid.


8. Ibid.


APPENDIX E: SAMPLE GRANT APPLICATION QUESTIONS

Organization Name:  
If relevant, Project Name:  

Organizational Information  
1. Organization’s history.  
2. Organizational vision and mission. Please also describe the organization’s guiding principles and values.  
3. Describe what your organization does and why. Please include a brief overview of programs and services.  
4. Organizational structure. Please include: a) how your organization recruits for new staff and volunteers; b) how program participants are included in that recruitment process; and c) how program participants are included in hiring decisions.  
5. Staff credentials. Please provide a brief (3 sentences) biographical statement for all key staff, including program leadership, describing their qualifications including but not limited to professional credentials and life experience.  

Proposal Information  
6. Description of need. How does the intersection of poverty, trauma, violence and oppression contribute to the problem you are addressing? How does this intersection inform your approach?  
7. Description of population served and participant outreach. How does the intersection of poverty, trauma, violence and oppression affect the population you are serving? How does your organization actively recruit and engage participants who are experiencing multiple challenges and needs?  
8. Description of participants’ assets. What strengths and assets do the people and communities you serve have? Please provide specific examples of how you consider and leverage these assets in your everyday work.  
9. Description of participant involvement. In what ways do program participants contribute to: a) their own assessments (of themselves and their situations) and plans for participation; b) program design; and c) the program community?  
10. Description of activities. Briefly describe organizational activities and how they support participants to address multiple challenges and minimize tradeoffs to increase overall wellbeing.  
11. Informal services and supports. Describe how your program helps participants: a) develop new social connections within the organization, beyond support groups; and b) strengthen existing connections to social networks and community resources outside of programmatic parameters.
12. Duration and level of services. Describe the process to decide the duration and level of engagement with participants, including what criteria are considered and who is involved.

13. Community engagement. Provide statements from three non-service community partners (e.g., the local hairdresser or mechanic) that demonstrate how your program identifies and leverages existing community resources to support program participants.

14. Outcomes. Briefly describe how your organization measures wellbeing and whether you are able track outcomes among participants over an extended period (we do not expect all programs can).

15. Social change. Describe how your organization supports change in the conditions that create the need for your services, and describe how you balance direct work with people and larger social change.

16. Other. Use this space to provide any additional information that you feel would be relevant to this grant request that is not covered in the sections above.

Notes for Funders on What to Look For

1. Organization history. Look for organizations that describe their history in the context of social change, beyond program growth or just adding new social services over the years.

2. Organizational vision, mission and values. Look for organizations that name a purpose beyond their mission statement and have articulated values or guiding principles that reflect the program is part of an ecosystem of support for participants, not the sole source of change.

3. Overview of programs and services. Look for organizations that describe an approach to service delivery that recognizes the strengths and assets people have, instead of viewing program participants as broken and in need of fixing through services.

4. Organizational structure. Look for organizations that have a strong, integrated way of bringing life experience and diversity into their organizations. Program participants may or may not be part of any hiring process, but if they are, it is an indicator of co-ownership, an important element of Full Frame Practice.

5. Staff credentials. Look for organizations that seek staff with a range of experiences and skills, including life experience (beyond formal schooling or training).

6. Description of need. Look for organizations that understand the role of policy, history, culture and social expectations on their participants’ lives, and that include explicit discussions of race and other triggers of oppression. Look for organizations that describe their role in responding to these issues as agents of social change, beyond just service delivery.

7. Description of population served and participant outreach. Look for organizations that reflect an understanding of participants’ experience at the intersection of poverty, trauma, violence and oppression, and that explicitly welcome people experiencing multiple challenges. Look for indicators (e.g., on the website and in marketing materials) that the organization lowers barriers to program entry and makes efforts to connect to a diverse pool of potential participants.
8. Participants’ assets. Look for organizations that offer specific examples beyond repeating back the question affirmatively; the response should explicitly name and describe participants’ strengths and resources and how the organization leverages those assets to address participant’s challenges.

9. Participant involvement. Look for examples that the organization relies on program participants to contribute to their own assessment of need and assets, and to develop a service plan with the program.

10. Activities. Look for organizational activities that reflect the indicators of the Full Frame Approach as described in the toolkit.

11. Informal services and supports. The organization positions itself as helping participants access and leverage a combination of new and existing connections and resources in their lives; it does not position itself as the center of change or the sole source of support.

12. Duration and level of services. Look for examples that the organization grapples with being flexible and intentional about the level, type and duration of support provided to participants. Expect responses that go deeper than “it’s different for everyone.”

13. Community engagement. Look for examples of partnerships that pre-date the grant application (i.e., the statements are not plans for the future, but a demonstration of past commitment).

14. Outcomes. Look for organizations that indicate success comes from paying attention to wellbeing, beyond alleviating discrete problems or crisis response. Look for examples that go beyond the same indicator of program success for every participant (e.g., housing placement).

15. Social change. Look for examples of an analysis of the solution to intersectional issues beyond direct services with individuals. Organizations may not actively engage in social activism but should demonstrate an understanding of the need for dynamic partnerships and activities to respond to complex societal challenges.
APPENDIX F: SAMPLE QUESTIONS FOR ENGAGING GRANTEES

Sample Questions for the Program

1. How do you make organizational decisions (e.g., which services to provide, to whom to provide services and for how long)? *Listen for indicators that the program aims to serve people facing multiple challenges, and that program participants are involved in decisions about level, duration and type of programming.*

2. Who does well at [name of program]? Who would not be a good fit?

3. Please share an example of how a participant’s use of (or engagement with) [name of program] might change over time. What does it mean or look like to be “done with” or graduate from the program?

4. Please share an example or two of how you work with participants’ existing social networks and communities.

5. What are examples of participant-led initiatives or projects this year?

6. What is different about what you do now than how you operated several years ago? *Listen for indicators that a program evolves with the community and its needs, as well as in response to program data.*

7. Please share an example of two of how what you do has been altered or shaped by participants.

8. Please share an example or story of work you do with participants that represents how [name of program] is unique or different from other programs that work in your field.

9. What does success look like? Who determines this? *Listen for definitions of success that reflect attention to wellbeing, not simply addressing discrete problems or crises, and opportunities for these definitions to be guided by individual participants.*

10. How do you think about and measure excellence?

Sample Questions to Ask Program Participants During Site Visits

11. How did you hear about or get connected to [name of program]? *Often programs that take the Full Frame Approach earn a highly positive reputation within the community, and most participants get connected through word of mouth. Programs taking a more human services approach may have higher rates of referrals from other professionals and systems.*

12. What does [name of program] represent for you? What has changed for you since you’ve been connected?

13. What role, if any, do you have in determining which services you could access?

14. What role, if any, do you have in contributing to the program?

15. Have you received support or services from other similar programs? If so, can you tell us a little about your experience? Has this program been different for you?
APPENDIX G: SAMPLE GRANT REPORT QUESTIONS

Note: Data collection, evaluation and grant reporting are important; these activities also require significant resources in the form of time and money. Funders are encouraged to align expectations of program evaluation and reporting with the capacity of grantees to fulfill these activities, and to allow grantees to use grant money for these purposes.

The first question in this list of sample grant report questions is appropriate for all grantees and all grant amounts. Subsequent questions are appropriate if data collection and evaluation are explicitly funded through the grant, and the grant amount is adequate enough to fund data collection and evaluation without significantly detracting from the grantee’s daily operations and programs, and without creating undue burden.

Organization Name:
If relevant, Project Name:

Participant Outcomes

1. Provide information about participants’ wellbeing increasing during the reporting period.
   a. Explain how you assessed and measured increases in wellbeing, including what data you collected and the process for collecting the data.
   b. Provide one or two narrative examples, and explain why you chose these examples—are they typical, or different from the norm in your organization?

2. Provide information about participants’ wellbeing after their participation in your organization.
   a. Explain how you assessed and measured how increases in wellbeing were sustained, including what data you collected and the process for collecting the data.
   b. Provide one or two narrative examples, and explain why you chose these examples—are they typical, or different from the norm in your organization?

3. Provide information about how your organization connected participants to a range of resources, including other community-based programs, informal supports and existing social networks. Provide one or two narrative examples, and explain why you chose these examples—are they typical, or different from the norm in your program?

4. Provide information about how your organization addressed and minimized the tradeoffs participants experience when making change in their lives.
   a. Explain how you assessed for and identified these tradeoffs.
   b. Provide one or two narrative examples, and explain why you chose these examples—are they typical, or different from the norm in your program?
5. Provide information about how your organization minimized the tradeoffs that come with participating in your program; essentially, how your organization made it worth it for participants to fully participate in your program.
   a. Explain how you identified these tradeoffs.
   b. Provide one or two specific examples.
   c. Did your organization do anything differently after identifying these tradeoffs?

6. In thinking about leveraging participant assets and minimizing tradeoffs:
   a. What were the major accomplishments?
   b. How did you know that participants were making progress?
   c. What were the unexpected events, challenges or key learnings?

Program Outcomes

7. Please describe how your organization defines and measures excellence.
   a. What is your definition of program success?
   b. What were the specific measures you used to assess program success and what is the time duration they measured?
   c. What data did you collect to understand how well your program is meeting these measures of success?
   d. Provide one or two specific examples of program (not participant) success during this grant period.

8. Describe the type of data and process for collecting the data (including data collected from participants themselves) that your program uses to examine, evolve and improve your programming over time. Please also provide the results for the timeframe covered by this grant.

9. Describe any setbacks encountered during the period of this grant.
   a. How did these setbacks impact participants?
   b. How were these setbacks addressed?

10. What other funding sources have contributed to this program? If relevant, describe the challenges you experienced as a result of managing multiple funding sources, and how you addressed those challenges.