



Family Development Matrix Report 2013-2014

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Introduction

Family Strengthening (FS) partners monitored the growth of case managed families across several important family functioning domains using the Family Development Matrix (FDM). Providers interviewed families and rated their functioning across the items assessed on a 4-point scale from “In Crisis” to “Safe/Self-Sufficient.” The FDM is more than an evaluation tool; it is a case management system that provides suggestions for interventions based on family needs. More information on the FDM is available at: <http://matrixoutcomesmodel.com/familymatrix.htm>. This report summarizes the results for families that received case management services from a First 5 Santa Barbara County-funded Family Resource Center in FYs 2009-2014.

In the first section, the results for FY 2013-2014 are displayed for the families who completed two FDM assessments. In the second section, results across years are shown. We group the individual FDM indicators into the four main categories they represent: *Access to Services*, *Parenting*, *Basic Needs*, and *Emotional Health*, and compare the functioning of families across each of these four domains. These sets of results show change for families who had at least three FDM assessments (i.e., an intake, a first follow-up, and a second follow-up) in FYs 2009-2014, which helps us determine the longer-term progress families are making. A smaller subset of families, perhaps those with more chronic problems, remained in case management for a third follow-up, and we report results for them where applicable. In the third section, we compare the FDM results for Differential Response clients versus Non-Differential Response clients.

In this report, we indicate if a result was “statistically significant” or not. If a difference over time is statistically significant, that means it is unlikely to be due to chance, and more likely due to the services or interventions received. If it is not statistically significant, then it means that families are functioning about the same as they did at intake.

Section I: Changes in Family Functioning from Assessment 1 to Assessment 2 FY 2013-2014

The data presented in this section represents any family who received at least two FDM assessments in FY 2013-2014 (N=326), generally at intake and follow-up or exit. To determine if there was improvement, average scores from the first assessment were compared to those from the second assessment across each FDM indicator.

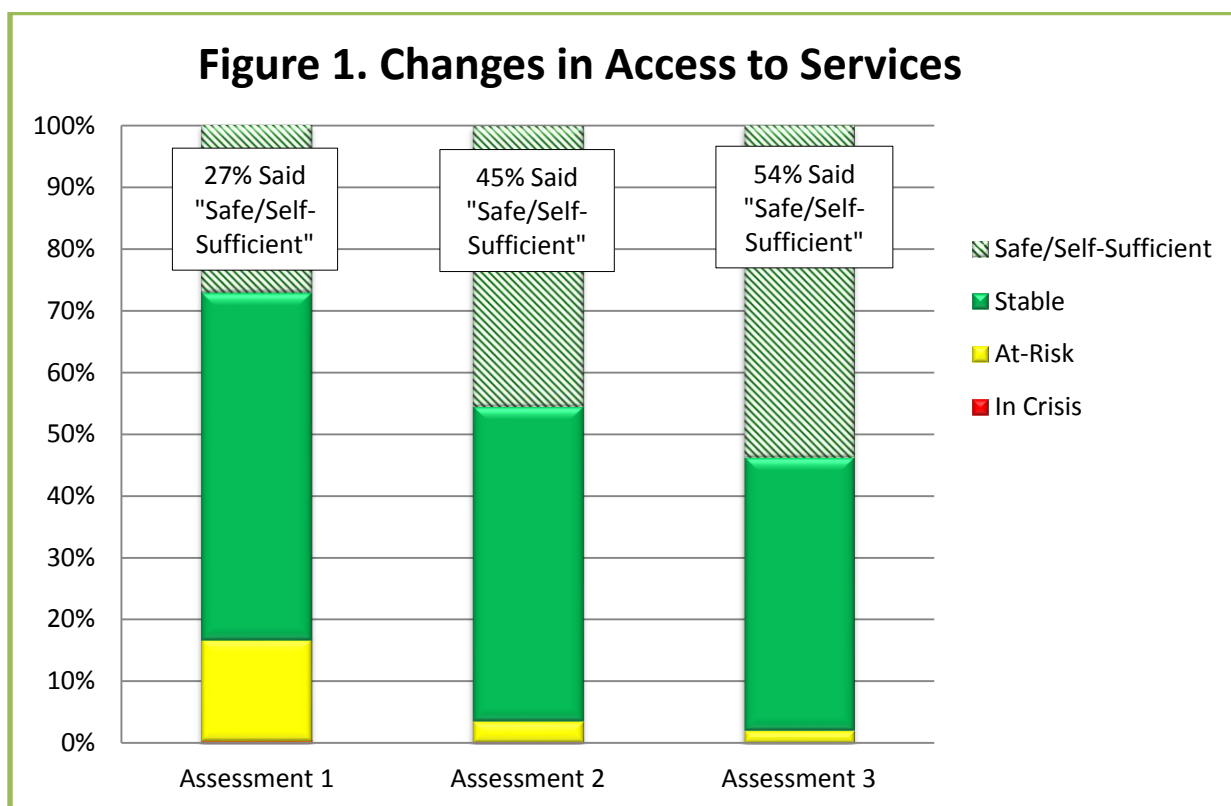
Table 1. Family Development Matrix: FY 2013-2014				
Comparison of Change in Average Scores from Assessment 1 to Assessment 2 (N= 326)				
Indicator	Average Score Assessment 1	Average Score Assessment 2	Direction of Change	Statistical Significance
Access to Transportation	3.56	3.65	↑	0.001*
Child Health Insurance	3.49	3.80	↑	<0.001**
Community Resources Knowledge	2.77	3.30	↑	<0.001**
Health Services	3.17	3.31	↑	<0.001**
Budgeting	3.19	3.45	↑	<0.001**
Clothing	3.11	3.40	↑	<0.001**
Employment	2.73	2.73	–	0.875
Childcare	3.00	3.38	↑	<0.001**
Risk of Emotional or Sexual Abuse	3.81	3.87	↑	0.010*
Child Supervision	3.94	3.96	↑	0.197
Appropriate Development	3.59	3.65	↑	0.052
Nutrition	3.70	3.80	↑	<0.001**
Family Communication Skills	3.43	3.57	↑	<0.001**
Emotional Well-Being/Sense of Life Value	3.36	3.52	↑	<0.001**
Nurturing	3.79	3.87	↑	0.001*
Parenting Skills	3.49	3.60	↑	<0.001**
Home Environment	3.74	3.83	↑	0.001*
Stability of Home or Shelter	3.56	3.67	↑	0.002*
Support System	3.23	3.37	↑	<0.001**
Presence of Substance Abuse	3.81	3.85	↑	0.035*
Parent Sharing of Child Rearing	2.95	3.18	↑	<0.001**

**indicates significance at $p < .001$; * indicates significance at $p < .05$

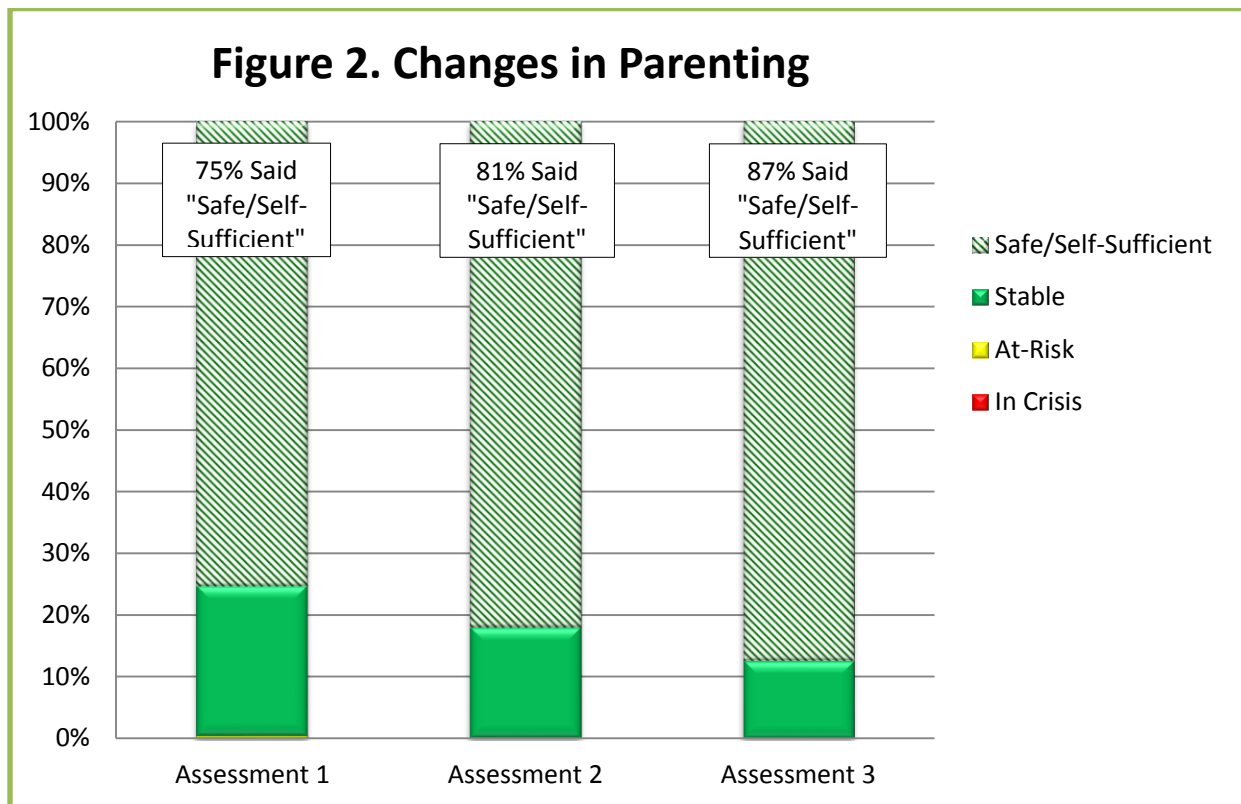
Overall, average scores significantly increased from Assessment 1 to Assessment 2 for nearly all FDM indicators in FY 2013-2014. This suggests families improved their functioning in those areas assessed. Families remained at similar levels of functioning only for Employment, across Assessment 1 and Assessment 2.

Section II: Changes in Family Functioning Domains over Time FYs 2009-2014

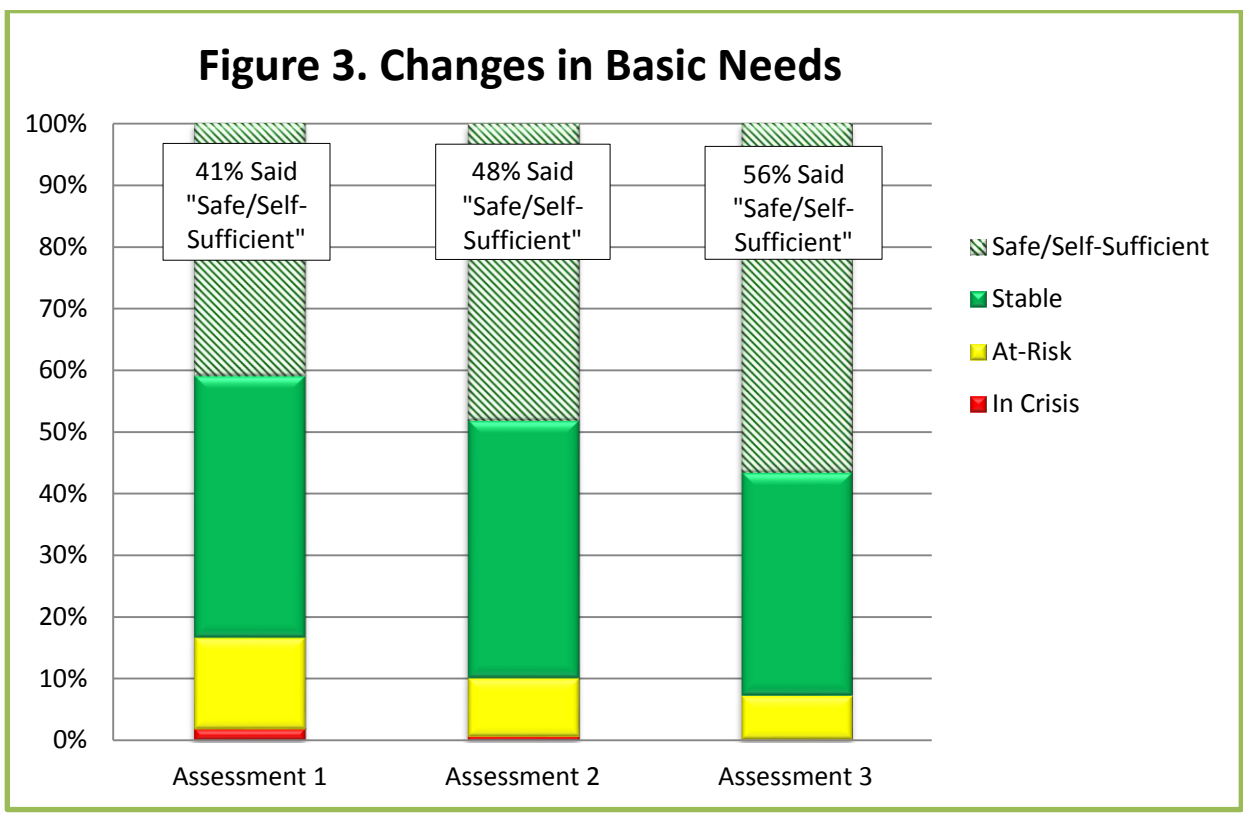
The results in this section represent any family who received at least three FDM assessments in FYs 2009-2014 (i.e. an intake, a first follow-up, and a second follow-up). The individual FDM indicators were grouped into the four main categories they represent: *Access to Services, Parenting, Basic Needs, and Emotional Health*. Statistical analysis was conducted across three and four assessments to illustrate the patterns of change for each of these four domains. Approximately 823 families completed three FDM assessments and 363 families completed four FDM assessments in FYs 2009-2014.



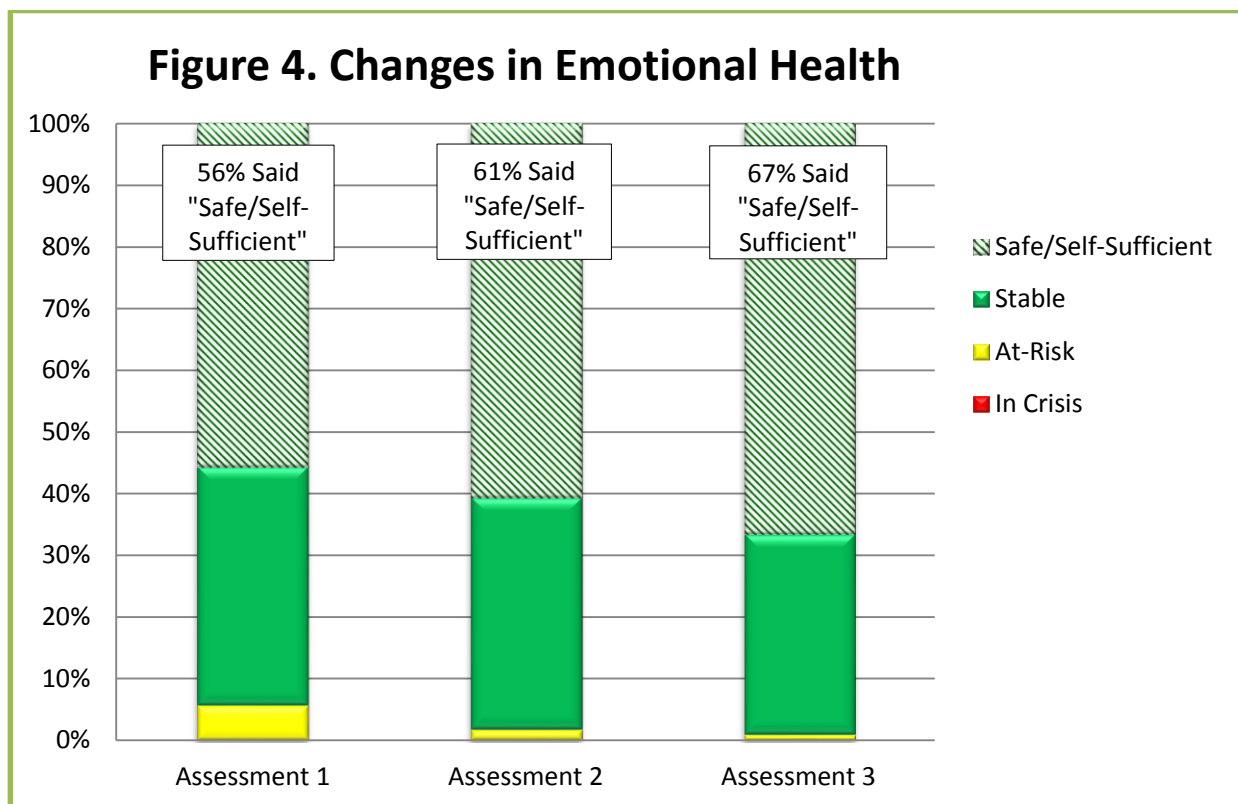
The percentage of families who reported having “Safe/Self-Sufficient” access to services increased significantly across the three assessment periods. The Access to Services indicator includes the following items: Community Resources Knowledge, Child Health Insurance, and Health Services. For families who completed at least four FDM assessments, a significant improvement in Access to Services was observed between the third and fourth assessment, indicating continued improvement.



Statistically significant improvements in the percentage of families who reported having “Safe/Self-Sufficient” parenting skills/knowledge were observed between each of the three assessment periods. The Parenting indicator includes the following items: Risk of Emotional or Sexual Abuse, Child Supervision, Nutrition, Nurturing, Appropriate Development, and Parenting Skills. For families who completed at least four assessments, statistically significant improvement in parenting was not observed between the third and fourth assessment. This indicates that after receiving services for three time periods, a leveling off was observed, where families appear to maintain the improvements seen at their third assessment.



The percentage of families who reported having “Safe/Self-Sufficient” access to basic needs increased significantly across the three assessment periods. The Basic Needs indicator includes the following items: Access to Transportation, Employment, and Childcare. For families who completed at least four assessments, significant improvements in parenting were seen from Assessment 1 to Assessment 2. These improvements were maintained to Assessments 3 and 4, but did not increase further.



Between each of the assessment periods, statistically significant increases in the percentage of families who reported having “Safe/Self-Sufficient” emotional health were observed. The Emotional Health indicator includes the following items: Support System, Family Communication Skills, Emotional Well-Being/Sense of Life Value, and Presence of Substance Abuse. For families who completed at least four assessments, significant improvements in parenting were seen from Assessment 1 to Assessment 2. These improvements were maintained to Assessments 3 and 4, but did not increase further.

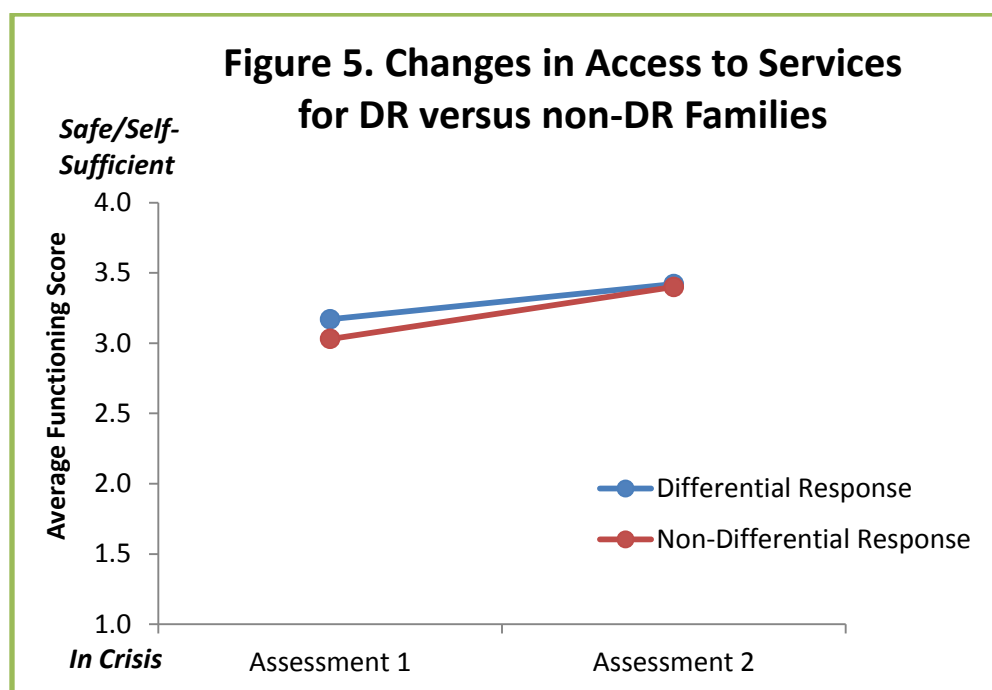
Conclusion

For families with three FDM assessments, each of the four domains (Access to Services, Parenting, Basic Needs, and Emotional Health) improved significantly across each assessment period. For the subset of families with four FDM assessments, we can assess whether there was continued improvement or if improvements leveled off (e.g., maintained). Continued statistically significant improvement was observed only in the area of Access to Services. For the other domains, families tended to maintain similar levels of functioning.

Section III: Comparison of Differential Response and Non-Differential Response Families FYs 2009-2014

The results in this section compare Differential Response (DR) and Non-Differential Response (non-DR) families who received at least two FDM assessments in FYs 2009-2014 (generally, an intake and follow-up or exit). The individual FDM indicators were grouped into the four main categories they represent: *Access to Services*, *Parenting*, *Basic Needs*, and *Emotional Health*. Statistical analysis was conducted across both assessments to illustrate the patterns of change for each of these four domains. Of the 1,483 families who completed two FDM assessments in FYs 2009-2014, 176 families were Differential Response families.

Overall, DR and non-DR families both show significant improvements in each of the four FDM categories from Assessment 1 to Assessment 2. When comparing DR and non-DR families, average scores for non-DR families were significantly higher than those for DR families in the areas of Parenting and Emotional Health. In the area of Basic Needs, no statistical difference was found between DR and non-DR families. Both types of families showed similar levels of functioning in this area at each assessment. In the area of Access to Services (see Figure 5), DR families initially reported significantly higher levels of functioning than non-DR families. By Assessment 2, however, non-DR families improved to show similar levels of access to services as DR families.



Conclusion

Both DR and non-DR families show improvement in each of the four categories from Assessment 1 to Assessment 2. When comparing DR with non-DR families in each area, DR families report having better access to services than non-DR families at intake but not at follow-up. Non-DR families, on average, report higher levels of emotional health and parenting at both assessments.