MATRIX
OUTCOMES MODEL

Policy Paper Brief — Study for strengthening at-risk families to prevent child abuse and neglect in 100 family support agencies in California

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WHY FAMILIES ARE HAVING POSITIVE OUTCOMES

Child Welfare agencies and often their non-profit partners, community-based Family Resource Center Agencies (FRCs) have begun public/private partnerships to provide family support services to families considered at-risk for child abuse and neglect. This is a report funded by the California Department of Social Services, Office of Child Abuse Prevention (OCAP) from a cross–sectional study conducted by Matrix Outcomes Model, LLC using the Family Development Matrix (FDM). It is a carefully designed family assessment process conducted within 100 FRCs in 20 California county-based collaboratives and tribal communities. The purpose of the report is to describe the lessons and case results from 5,000 families during the period from 2006-2011.

Key Words: Prevention of child abuse and neglect, family assessment, family engagement, public/private partnerships, outcomes measurement, case management, cross section analysis

Origins

In the late nineties, the California Department of Social Services invested in building a system of family resource centers (FRCs) and in the past ten years they have increasingly emerged throughout the state. The prevention-oriented FRC serves families in historically under-served, ethnically and culturally diverse communities. Located in urban and rural communities, the FRCs' programs provide an array of interconnected services and interventions with families whose diverse issues require an inter-professional or multidisciplinary set of practices (IPE). Based on a set of Family Strengthening Protective Factor goals (Center for the Study of Social Policy) and Pathway to Prevent Child Abuse and Neglect interventions (Schorr) the FRCs in our study work with county child welfare departments to use the Family Development Matrix, a strength-based model for family assessment, case planning and client outcomes management (Endres, 1999, 2007, 2010).

The Family Development Matrix (FDM/Pathway) is guided by the principles of family support and specifically designed for family assessment and family directed empowerment plans, and the measurement of family change. Another objective is building the capacity of collaborative partnerships to utilize shared outcome measurement indicators. The FDM/Pathway project since 2006 has developed partnerships in Butte, Del Norte, Fresno, Humboldt, Lake, Madera, Mendocino, Orange, Sacramento, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Sonoma, Siskiyou, Stanislaus, Tehama, Ventura and Yolo counties organized into collaborative networks totaling approximately 100 agencies including 11 Tribal communities.

Child Welfare Legislation

The Adoption and Safe Families Act (ASFA, PL. 105-89) has shortened the timeline child welfare workers have to work toward reunification with the families of children who have been placed in out-of-home care. The Child Welfare Systems Improvement and Accountability Act (California AB636) created a mandate for partnerships between county child welfare systems and local community-based organizations, "This legislation reflects an understanding that public agencies have the mandate and expertise…to address the most vulnerable populations, with many non-profits having strong community links and the flexibility to try innovative approaches and respond creatively to emerging needs" (Watson). Through a Differential Response referral process the non-profit FRC agencies assist families to keep children safe, improve the family's situation across a comprehensive set of conditions to prevent their entering the child welfare system (Oppenheim). These partnerships with Child Welfare are expanding as tax supported children and family intervention resources shrink and as effective FRC practices are evidenced.

A review of family support program evaluations indicates these family support programs can provide critical benefits for families (Groark et al., Huebner et al.). Participating in family support programs often brings clear improvements in general family functioning and their support networks (Comer & Fraser; Dagenais, Begin, Bouchard, & Fortin).

Family Outcomes Evidence

The measurement and reporting of outcomes is required by the Federal Government Performance and Reporting Act, 1993 (GPRA). Both private and government funders are looking toward outcomes to answer the question: *"What difference did the services delivered to the family make?"* This focus on outcome change represents a shift in thinking from "what we are doing" (process) to "what happened when we provided services" (impact) to "what changes took

place with the family while engaged in our program" (outcome), and "how did the program overall and family worker specifically help produce results in the life situation of the family" (Gardner, nd).

There are, then, three critical components to evaluation of the evidence from approximately 5,000 cases as practiced by FRCs in the FDM project: (Endres & Simmons).

1. Conducting qualitative assessments accompanied by the use of reliable and valid quantitative assessment instruments that are used for monitoring family progress;

2. Selecting interventions while maintaining some flexibility in actual implementation to accommodate client needs and situational factors; and

3. Implementing evaluation methods through a protocol data collection as part of practice at the individual client and program level.

Partnership with Child Welfare

The public/private, county-based partnerships support a key Child Welfare Redesign element: shared responsibility across the broader community for the protection and wellbeing of children (CDSS). Referrals from the county Child Welfare agency along with other community institutions and self-referrals, enables FRC case managers to implement early interventions as part of the differential response strategy for at-risk families. In our experience these collaborative networks with an active presence by Child Welfare representatives results in more sustainable partnerships.

FDM Data Criterion

The FRCs assess their families to determine how well they are progressing from a baseline assessment within the first 30 days of agency engagement to quarterly assessments throughout the delivery of services. The data represents the family situation from each assessment across four status level

descriptions. Each indicator describes a condition or behavior of family functioning. The parent(s) and worker together determine the family's best fit within the choice of four status levels. The four status levels are:

Safe/Self-Sufficient

Indicates that a family is largely able to address its own immediate needs and to plan and act on its future. Long-term maintenance at this level is a goal. In this example, the family is generally secure as a result of its own efforts and has a clear vision of its goals. Motivation comes from within the family and any interventions are to maintain their level of achievement.

Stable

The family has begun to plan on a goal change and is using internal resources. This status level is selected when the family is no longer in danger, and is ready to change as needed to be more secure and safe in the specific indicator area. Planning occurs for the family's future. Supportive services are provided as needed to assist the family in implementing their plans.

At-Risk

The family is secure from immediate disaster and with planning and use of external resources and with initial action, the family can begin an upward trend. Continuing intervention and program support provides a platform on which the family can build its plans for improving circumstances.

In-Crisis

Reflects a family in survival mode. Resources are dangerously inadequate and the family does not have the will or the breathing room to plan for the future. Family systems are in immediate danger of collapse. Strong outside intervention and program resources often are required to move the family to at least the "At-Risk" level.

FDM Data Results

Policy Question 1: What is the role of FDM participating FRCs working with Child Welfare for addressing issues related to the prevention of child abuse and neglect?

FDM data allows us to isolate the effects of DR paths while controlling for family strengths and differences across collaboratives. The 5,579 families in the FDM database reported a total of 12,439 children. About 95% of these families had at least 1 child, and 50% of the families had between 2 and 3 children younger than 18 years of age at the time of the assessment; 18.6% of families identified themselves as white while 14% of families identified themselves as African American. The most represented group among FDM families were those of Hispanic origin (57%) while the least represented group was that of Native Americans 1.4%.

About 1/3 of the families in the FDM system are classified in one of the 3 Differential Response paths. Out of the 3 Differential Response paths, Path 2 was the most common, representing about 23% of all families in the FDM system.

Differential Response (DR) is a strategic, three-path approach that provides counties with flexibility in how to respond to reports of abuse and neglect. In DR, an ER/Hotline social worker assesses risk to the child and then directs the child and family to one of three paths, with higher numbered paths providing services for progressively higher levels of risk to the child.
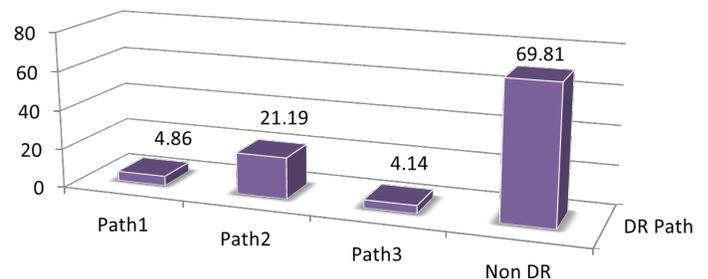
Percentage of clients by Differential Response paths

Path #1: Community Response

- No CWS assessment (assessed out)

- Partner agency engages the family in an assessment of family needs and provides feedback to CWS concerning family participation, per County agreements.

Path #2: Child Welfare Services and Agency Partners Response

- Teamwork approach between CWS and interagency and community partners

- Involves an initial face-to-face assessment by CWS, either alone or with one or more interagency and/or community partner who are enlisted based on the information gathered at screening.

Path #3: Child Welfare Services Response

- Most similar to the child welfare system's traditional response

- CWS is responsible for the first face-to-face visit

- CWS initiates a comprehensive family assessment and arranges for any immediate support services needed.
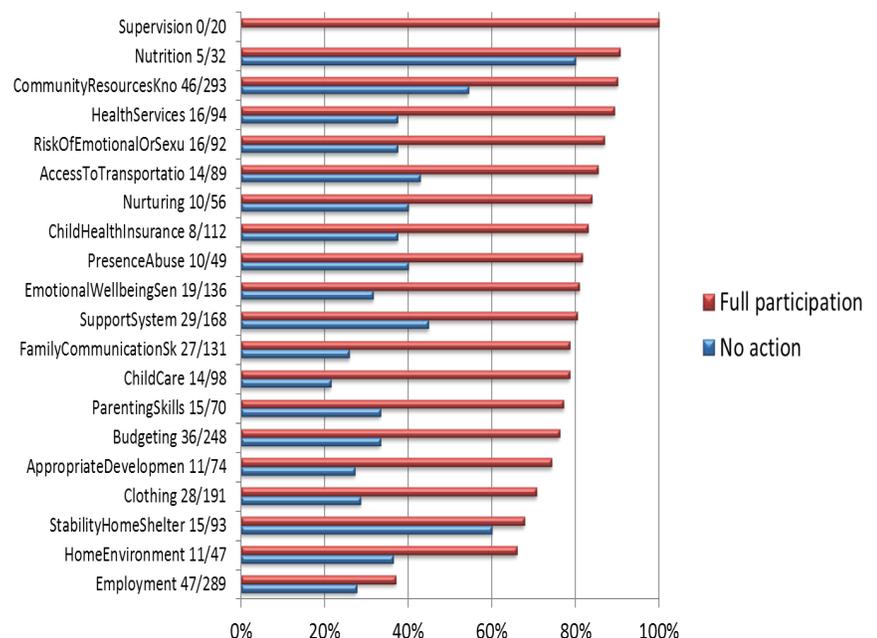
Policy Question 2: What do we know about family issues and changes over 6 months with family resource agency support?

Families come to family resource center agencies looking for specific forms of assistance. Utilizing 20 FDM indicators in assessments with 5,579 families, the measures – employment, community resource knowledge, emotional wellbeing and health issues - are most often rated as in-crisis or at-risk, meaning the family situation as represented by this indicator is disintegrating or under continuing threat. Within 6 months, 60% of the families were able to move out of a crisis situation in all of 19 indicators except for employment. The far majority (60-80%) moved to stable and self-sufficient status levels. Family communication,

child health insurance, child supervision, and parent emotional wellbeing had the greatest upward movement in an economic environment where employment opportunities are in short supply. As an example, 25% of employment scores became worse over time.

Policy Question 3: What is the role of FDM family strengthening organizations in increasing family engagement?

Families have strengths as well as some issues for concern as measured by the FDM assessment. The family worker discusses the family's positive scores across all indicators (together they average 3.3 in a 4 point scale) and balances these family strengths into an empowerment plan to address issues of concern. Over half of 6,000 interventions were for financial supports, parenting education, connections to formal and informal community supports and health information. Families that initially scored in-crisis or at-risk and were committed to the empowerment plan of family active participation were more likely to move upward than families that were not engaged. This finding was statistically significant across 16 indicators leading to the proposition that the FDM is a reliable tool for measuring family engagement.

% of cases that started "in crisis" or "at risk" and moved up at least one level from first to second assessment by family's follow through on empowerment plan

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Policy Question 4: What do we know about the capability of family resource centers for evaluating family progress?

The majority of family resource centers using the FDM system have a 501(c)3 status, are 11 years old or younger, with less than 6 FTE. Our results of a quasi-experimental survey study shows the FDM system increases the perceptions of agency managers in regards to their own information and evaluation systems. As agencies input data in their systems and are able to track client outcomes, they increase the perceptions of efficacy of their information systems significantly when compared to similar agencies that had not used the FDM system during the year of comparison.
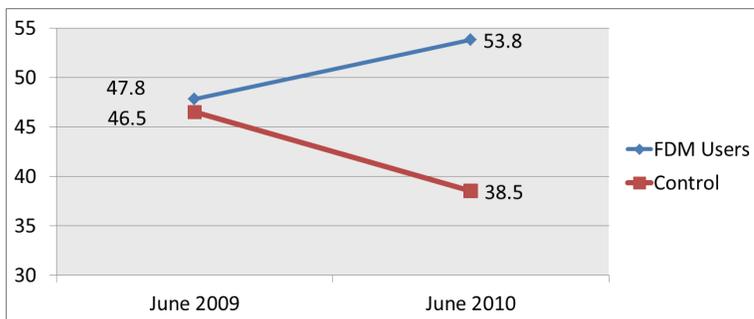
Rating of evaluation systems (7-70 scale) after one year of use

Conclusions

Family support programs need to establish collaborative relationships to develop outcome measures that monitor and support their work to ensure potential partners such as funders, evaluators and professional networks move forward a collaborative vision to measure family functioning. We define collaboration as the ability to work in teams in inter-professional settings across traditional lines of programs, agencies, disciplines and diverse communities to establish common missions and purposes (Stuart Foundation). A primary purpose is to integrate effective client services. Other objectives include increasing limited resources for tracking client outcomes. Organizational support is essential to the design and delivery of integrated services because of the complexity of family and community conditions. (Bruner; Endres; Gardner; Linde; Rosenthal).

The FDM data from this report demonstrates that families engaged with family resource centers achieve positive outcomes. While interest in the topic of family engagement in child welfare services overall is growing, few empirically based FRC practices are designed to evaluate engagement, "Increasingly needed is work that moves beyond seeing engagement as a measurable outcome or factor, and to embrace the underlying complexity of the processes of this important stage of helping." (Altman)

The FDM Pathway project's ingredient's for additional evaluation includes:

• A theory of change for family development assessment that includes a standard core set of outcome measures across participating agencies;

• Measurement of interventions in relation to case management activities and family participation as an essential catalyst for outcome change;

• Evaluation of the FDM as a service tool for data information and retrieval of client outcome results.

• Prevention planning to integrate the Pathway interventions into case management practices;

• An expanded web-based information and data system to accommodate the capacity and performance needs of FRCs.

The FDM/Pathway Theory of Change defines the building blocks required to reach the long-term outcomes to prevent child abuse and neglect and increase child, family and community wellbeing. Our approach is based on the assumption posited in this paper that families achieve positive outcomes while engaged with FRCs.

Bibliography

Altman, J.C. (May 2008). *Engaging families in child welfare services: worker versus client perspectives*. (Report), Child Welfare 87.3, p 41(21)

Brier-Lawson, K., Lawson, H., & Petersen, N. (2001). *From conventional training to empowering design teams for collaboration and systems change.* Working Paper.

Bruner, C. (n.d.) . *A Matter of commitment: From agreed-upon outcomes to results-based accountability.* NCSI Clearinghouse, Des Moines. Iowa.

California Department of Social Services. (2005) *Child welfare system improvements in California: Early implementation of key reforms.*

Center for the Study of Social Policy (2007). *Five Protective Factors*, Strengthening Families.

Critchfield, B., Custer, M., Huebner, R.A., Jones, B.L., et al. (July 2006). *Comprehensive family services and customer satisfaction outcomes.* Child Welfare Journal.

Dunst, C.J. (Fall 2002). *Mapping the adoption, application, and adherence to family support principles*. Working Strategies. Retrieved from www.familyresourcecenters.net

Dunst, C.J. (1995). *Key characteristics and features of community-based family support programs*. Chicago: Family Resource Coalition.

Endres, J., Richardson, B. & Sherman, J. (1999). *Testing the reliability and validity of the California Matrix*. Publication retrieved from http://matrixoutcomesmodel.com

Endres, J. & Simmons, B. (2007). *Generating local evidence for practice:* Institute for Community Collaborative Studies, California State University Monterey Bay Retrieved from http://matrixoutcomesmodel.com

Endres, J. (2010). *The Family Development Matrix Outcomes Model*, Retrieved from http://matrixoutcomesmodel.com

Family Support of America. (2003). *Standards for prevention programs: Building success through family support.* New Jersey Task Force on Child Abuse and Neglect, New Jersey, Department of Human Services.

Fischer, J. (1973). *Is casework effective?: A review*. Social Work, 18, 5-20.

FRIENDS, (n.d.) *Evidence based and evidence informed programs.* National Resource for Community-based Child Abuse Prevention. Retrieved from http://www.friendsnrc.org/download/eb_prog_direct.pdf

Fuller, T. & Wells, S. J. (2000). *Elements of best practices in family centered services.* School of Social Work, University of Illinois.

Gambrill, E. (1999). *Evidence-based practice: An alternative to authority-based practice.* Families in Society: The Journal of Contemporary Human Services, 80, p. 341-350.

Gambrill, E. (2006.). *Evidence-based practice and policy: Choices ahead.* Research on Social Work Practice, 16, 338-357.

Gambrill, E. (2001). *Social work: An authority-based profession.* Research on Social Work Practice, 11, 166-175.

Gardner, S. (n.d.). *Beyond collaboration to results*, Arizona Prevention Center, ND.

Glasziou, P., Haynes, R.B., Richardson, W.S., & Straus, S.E. (2005). *Evidence-based medicine: How to practice and teach EBM*, 3*rd ed.* New York: Churchill Livingstone.

Gockel, A., Harris, B., and Russell, M. (2008). *Recreating family: Parents identify worker-client relationships as paramount in family preservation programs.* Child Welfare Journal, Issue 6.

Haynes, R.B., Richardson, W.S., & Sackett, D.L. (1997). *Evidence-based medicine: How to practice and teach EBM.* New York: Churchill Livingstone.

Kellogg, W.K. (1998). *Foundation evaluation handbook.* Retrieved from http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Kline, M. & Huff, R. (2007). *Health Promotion in Multicultural Populations, 2nd Ed.* Sage Publishing.

Linden, R. M. (2002). *Working across boundaries.* Jossey-Bass.

Melaville, A. & Blank, M. (1994). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services,* Education and Human Services Consortium, Washington, D.C.

No author (2007). *Recommendations on preventing entrance into foster care*. California Working Families Policy Summit.

No author (Winter 2003). *FRCs/FSPs and the CWS redesign.* Working Strategies, 7(2). Retrieved from www.familyresourcecenters.net

No author (Spring-Summer 1999). *The future of children*. David and Lucile Packard Foundation, 9(1).

Office of Child Abuse Prevention (2000). *Family resource centers: Vehicles for change*. The California Family Resource Center Learning Circle, California Department of Social Services.

O'Hare, T. (2005). *Evidence-based practices for social workers: An interdisciplinary approach*. Chicago: Lyceum.

Oppenheim, S. & Schene, P. (2005). *Choosing the path less traveled: Strengthening California families through differential response.* Policy Brief, Foundation Consortium for California's Children and Youth.

Pickel, B., et. al. (1994). *The collaboration framework,* National Network for Collaboration.

Poulin, J. et al. (2000) *Collaborative social work; Strengths-based generalist practice*: F.E. Peacock Publishers, Inc. Itasca, Illinois. p. 7-9.

Prochaska JO, Norcross JC, DiClemente CC. (1994). Changing for good: the revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits. New York: W. Morrow.

Rosenthal, B. & Mizrahi. (1994). *Strategic partnerships: How to create and maintain inter-organizational collaborations and coalitions*, Education Center for Community Organizing at Hunter College School of Social Work.

Schorr, L. B. (2009). *To judge what will best help society's neediest, let's use a broad array of evaluation techniques*. The Chronicle of Philanthropy.

Schorr, L.B. and Marchand, V. (2007) *Pathway to the Prevention of Child Abuse and Neglect*, Harvard University Press.

Strategies (2008). An appreciative inquiry: Reflections from family resource centers in California.

Stuart Foundation, The (2001-03). *Defining the knowledge base for interprofessional education*. Vols. 1-3, San Francisco.

Watson, C. (2000). *Beyond the rhetoric*, Interface Children Family Services. Strategies, Region 2.

Wood, K. (1978). *Casework effectiveness: A new look at the research evidence.* Social Work, 23, 437-457.