

FAMILY DEVELOPMENT MATRIX PROTOCOL PRACTICES

BUILDING A RELATIONSHIP

Protocol:

1. Listen to the family situation, asking about issues or concerns and learning about the family's makeup and history.
2. Explain the agency's role in the community and value to the family.
3. Explain the worker's role to assist the family by assessing their current situation, helping to identify strengths, and a plan for both the worker and family to advocate for services that provide support to achieving family goals.

How to build a relationship with client families?

Children and families visit our Family Resource Center or they are referred to us through an agency within the community. The relationship starts with the intake in which the case manager starts gathering information. Initially, a level of trust must be established and maintained throughout the meeting progressively working through details that may at first, not be considered. We help the client to understand the role we are to take in their qualifying for services and the responsibilities to be performed on their part. Perhaps through home visitation, we begin to develop a partnership where both case manager and the family work together to reach a desired goal, a goal enabling them to receive assistance to build current situations into a productive outcome.

In the beginning, we want families to feel safe coming to us by letting them tell us their story and listening to what they have to say about what is happening. We do this by being non-judgmental and using reflective listening techniques like paraphrasing what they've said. Another method for engaging families is advocating for them in something they need help. Sometimes that first step can open the door to other things. We also make sure we have regular contact with them, make follow-up calls, are being responsive to their needs and helping them understand the systems for receiving support. We also make sure to invite them to other activities within the agency such as community celebrations that let them know that we are here for their community, not just for services.

Staff is trained to start where the client is, recognize and build on clients strengths, establish rapport and trust, work with diverse client groups and identify needs.

Examples

- a) Introduce the program, asking non-threatening questions, doing activities together at the first visit and assessing for strengths and challenges.
- b) By placing the family in a setting where the family feels comfortable, telling the family about the agency, completing an intake form while listening and learning

about the family history and needs, and then explaining to the family what role they and the worker play in helping/advocating on behalf of the family.

c) Initial interview with clients is done with the worker using a Welcome Form. The form records information on the client/family composition and needs. Clients are provided with information on programs and services our agency provides, in addition to the resources, services and support they may immediately need.

d) Our agency staff works hard to include the family not only in the home visitation services we offer and also encourage them to participate in our social events as well. Our staff conducts a full orientation of all services offered by our agency after asking what the family is hoping to find. After orientation and intake takes place where the staff member begins to “get to know the family” by asking both closed and open-ended questions. In partnership with the family our staff works with other agency staff by creating a team that can best support and encourage the family to begin to thrive and improve their parenting.

d) Clients with many needs and are interested in meeting with a case manager or social worker are referred for a second interview for case management services. If family participates in case management services they complete consent forms, the FDM assessment, during the first three visits.

GETTING STARTED

Explain to the family member the purpose of the Family Development Matrix Assessment.

Protocol:

1. Help the family worker prioritize how best to address the areas that are of most concern.
2. Identify areas of strength that can be used.
3. Help track their progress over time.
4. Completed in partnership with the family member to better understand their current situation and build a plan to support the goal of the family.

Describe how your agency introduces the FDM assessment?

Usually, the Matrix is not introduced as part of the initial intake because it can seem overwhelming for a new family. However, it has been useful with new referrals who need prompting to share what is happening with their family or with those families who are so overwhelmed they don't know where to start. The Matrix can help staff and parents get organized around needs. Workers introduce the Matrix by letting them know that it is a tool to help a family know how we can best help them and that their answers do not impact their eligibility for services. Workers mention that they need to be careful around the questions regarding abuse to avoid parents becoming defensive or fearful.

The assessment starts when the case manager makes the first home visit. The case manager introduces the FDM assessment to the parent or parents as a

series of important questions which will help to evaluate situations that may or may not have been a part of this family, always assuring them of confidentiality and as a means to qualify them for services. Cultural differences are taken into account as each question is fully explained to their understanding. Looking for dialog between every family member possible begins to reflect real concerns and helps to develop understanding and openness between family members themselves. It helps as a tool to identify issues that may strengthen or weaken their existing circumstances and to give the case manager a complete awareness to these facts whereby the best available services can be recommended.

Describe in detail what the FDM covers, that the tool is being used to help find out what areas of their lives they need some support and what areas they are doing well and it will help them to plan and achieve a goal. Letting the family know it is not a measurement tool, but rather an assessment and to not feel judged or threatened by it.

If a family agrees to be caseload managed, they sign a consent and authorization form. After signing the forms, the worker introduces the FDM assessment to the family. An explanation is given about the purpose and process of the FDM before providing the paper copy to clients. Worker explains the importance of knowing the family's strengths and concerns. The worker tracks their progress, as well as the family plan and contact notes.

FDM BASELINE ASSESSMENT

A. The family worker prepares to conduct the initial assessment

Protocol

1. Allow sufficient time to complete the entire process. Recommend a separate appointment for each assessment.
2. For each family, the worker prepares an FDM folder that includes printed assessment and case management documents.
3. A record of family information including names and client id codes is kept in a safe place.
4. All forms are printed out for client to complete. FDM is then entered online. The printed assessment and visit summary is kept in the clients file.

B. The family worker conducts the assessment

Protocol

1. The worker interviews the family member(s) and together they conduct an initial (baseline) assessment.
2. Using all of the FDM/Pathway core indicators and any optional indicators, the assessment helps facilitate a conversation where the family member tells their story.

3. The family member and the worker together score each indicator's status level to fit the family's current situation.

How the family worker conducts the FDM assessment?

Our home visitors thoroughly explain the purpose of the assessment and encourage the family to ask any questions as the family worker conversationally goes through all of the core indicators. After FDM is completed our staff will identify and concern areas and begin a discussion with family around goals to address the concerns.

The family worker asks the family for permission to ask some questions to further the information that will work toward finding solutions to existing concerns. If the parent knows how to read, a copy of the assessment in the family language is provided to the parent and asked if he or she would like to write the answers. If the parent agrees the family worker asks the questions. The family worker asks the questions in ways the parent has the opportunity to expand on with openness and frankness, as it is their time to express themselves and to tell their own story. The family worker talks with the family and helps them decide what area to score that fits best with how the family sees themselves at this point in time The family worker thanks the parent and acknowledges their participation.

The questions on the Matrix are paraphrased in the worker's own words for the families. By using their own words the workers are able to initiate more of a conversation where they can then mark the family's responses and make notes as appropriate. Workers do not repeat questions that have already been addressed either during that conversation or in an earlier one so as not to seem repetitive or like they weren't paying attention the first time. Workers attempt to use the Matrix as a guideline for a conversation; however, it doesn't exactly flow like a natural conversation and sometimes move the order of questions to flow more naturally.

The family worker asks the family for permission to ask some questions to further the information of which will work toward finding solutions to existing concerns. If the parent knows how to read, a copy of the assessment in the family language is provided to the parent and asked if he or she would like to write the answers. If the parent agrees that the family worker asks the questions. The family worker asks the questions in ways to which the parent has the opportunity to expand and eventually be one of openness and frankness, as it is their time to express themselves and to tell their own story. The family worker thanks the parent and acknowledges the participation.

The worker and family identify strengths and areas of concern Protocol

1. The worker reviews with the family member the assessment discussing and exploring the family's strength based experiences.

2. The Matrix Visit Summary form should be used to review strengths and concerns. A copy of the Matrix Visit Summary is provided to the family.

Examples how the family worker facilitates a conversation exploring ways the family has achieved stability and self-sufficiency in certain indicator areas?

The family worker praises the family for being successful in certain indicators. She may say something along the line, "I see that you have been successful in learning how to use public transportation; I am so proud of you for taking the initiative and being self-reliant".

The Matrix visit summary is presented to the client at the following meeting where the family plan is developed. This initiates a conversation about the family's current needs and strengths. The worker always looks for strengths first and points these out to families to build upon. The worker/family discuss the areas of focus for interventions.

Our family worker schedules a FDM follow up visit with the family where they discuss the results of their assessment and talk with the family around their concern areas. This discussion included the provision of referrals and a discussion on what the family has been doing and what the family desires to do differently.

D. The worker and family create an Empowerment Plan Protocol

1. The worker and the family member identify areas for change and discuss possible goals for the family. The strengths from the family's experience should be used for planning to overcome obstacles for current goals and concerns.
2. The worker and the family member complete the Family Empowerment Plan and identify interventions from the "Pathway Intervention Glossary" and/or from agency custom interventions.
3. The worker and the family agree on what steps each one will take. The worker records those steps on the Empowerment Plan and they agree on the next meeting date.
4. The family and worker each have a copy of the Empowerment Plan.

After the Matrix is completed, the worker reviews the answers with the family to identify those areas that are strengths and then explore again the needs identified. The worker asks the parent to identify the areas of need that came up for them during the assessment. This allows the parent to feel empowered about the plan rather than being told what they're needs are. From there, concrete goals and objectives are established that are realistic for the family and their situation.

The family makes decisions on the areas needing improvement. The worker makes a point to check in with the family around challenges they have identified and come up with a plan to address the challenges. This plan is reviewed at following sessions until it is determined by both the family and the worker that they have achieved the desired outcome.

Worker and family discuss the family's current capacity and then they decide on which interventions will take place and how families will participate. The worker provides families with homework and tracks accomplishments through contact notes. The worker connects with a family a minimum of every 2 weeks to make sure they are doing their part to complete the intervention. Worker creates contact notes and tracks where families are with their intervention.

How the family worker maintains contact with the family between assessments?

In our program, in order for a family to be considered case management and to receive the Matrix assessment, there must be contact at least 3 times per month. This happens through follow-up phone calls, appointments to check-in on progress, accompanying parents to other appointments or helping them access referrals, and talking to them during other agency events, such as family celebrations.

The worker continues to visit with the family weekly until it is determined that both the family and worker are satisfied with the desired outcome and may change visits to twice a month or even once a month.

Our families receive either weekly or bi-weekly visits in the home. If client is receiving case management services, they must keep in contact to review progress and/or arising concerns. Family plans are updated as needed with the family.

The family worker serves as a liaison between the family and agencies where the family has been referred. The family worker makes home visits according to the need between assessments. A second FDM assessment is conducted within 3 months to see the progress of the family. If a family is still struggling with concerns, another 3 months of services is granted. For example if one of the goals is that the parent obtain appropriate parenting skills and the parent followed through with the recommendation and participated in parenting classes. The parent receives credit for doing the activity.

COMPLETE A NEW ASSESSMENT FOR THIS CLIENT

Protocol:

A. Evaluate Family Participation

1. The family worker describes the family or family member's participation in the case management relationship.

2. They meet with the family between assessments periods.
3. A second assessment is conducted within 3 months
4. A case is deactivated after 6 months of no contact with the family

How family participation is determined so the worker is able to complete the “Evaluation of Intervention and Family Participation checklist?”

Family participation is determined on a case by case basis- it depends on whether the goals have been completed and the family’s follow through with referrals and tasks assigned as part of the plan. There are some exceptions, such as when a family has been distracted working on another goal that came up suddenly. In this case the worker will give the family credit for the work they are doing, even if it’s not directly related to the goal originally established.

The evaluation of intervention and family participation checklist is completed in between assessments; usually when the family is modifying their case plan or ready to close their case. This is usually done within 3 months of the case being opened.

UTILIZATION OF FDM DATA

Describe how FDM data is used to assist the client, the agency and inform the community?

The FDM Coordinator and/or Collaborative Coordinator provides quarterly summaries of outcomes to show areas of improvements for all families as well as summaries of assessments past due/needed to help keep everyone on track.

Reports are shared with clients so that they can see their percentage of change and improvement.

TRAINING STAFF AND MAINTANING QUALITY ASSESSMENTS

We are part of a collaborative; the Matrix was introduced during our monthly collaborative meetings and follow-up continues every month to check in on trouble shooting and sharing of best practices within the service delivery staff. Some staff received training from initial adoption, newer staff are trained through their supervisors or colleagues on how to use the tool with families.

Contact is made with FDM staff for additional training through webinars or on-site.