

Family Support Agencies Are Getting Good Outcomes

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The purpose of this article is to help Family Support Agencies (FSA) understand the value of examining outcomes for family and community development. The article includes standards and practices supporting positive outcomes and lessons learned by FSAs using the Family Development Matrix Model (FDM).

History

In the past, funding and program accountability meant reporting what you did (like program activities), not what actually happened (the outcomes of the work). For example, FSAs reported the number of children served by a program, the number of hours of services provided, or the number of sessions attended for parenting classes, etc. Today program evaluation is very different. The measurement of outcomes is also required by The Federal Government and Performance Reporting Act, 1993 (GPRA).

Why Outcomes?

Government and private 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 an FSA is doing (process) to what changes took place while the family was engaged in a program (outcomes), and how did the FSA overall and the family worker specifically help produce the results (program evaluation).

Outcomes are end results of efforts made in family-centered practice. Outcomes represent the change of status (from a baseline assessment) for individuals, families, groups, neighborhoods or communities. Outcomes can be positive or negative and most probably change over time.

With positive outcome data available to report to the community and to funders, FSAs have better evidence to back up an assertion that ongoing relationships with families result in such outcomes as greater pursuit of education and career goals, more children meeting developmental bench marks and doing well in school, parents having adequate child care, improved conflict resolution and parenting skills as well as improved employment, shelter, transportation, health care and other indicators of family functioning.

The Optimal Situation

The best outcomes occur when FSAs use a systems view of family development. A systems view of family development places emphasis in the context of the environment in which the family functions. The FSA should assess children within the context of the family, and view the family within the context of the community in which it lives. One part of the system cannot be understood in isolation from other parts as a system.

FSAs achieve the best outcomes when the following occur:

Family Well-Being and Safety

Families are involved in assessments of their needs for services, voicing and focusing on their strength. Utilizing family and community resources for achieving goals. Parents provide care and support, a healthy and safe environment, maintain high expectations for success, encourage children's participation in the family, school, and community and parents are actively involved at home and in the community.

Equity

Families are assured of receiving access to the same level of quality services whenever and wherever they enter the services system. Family workers understand the culture of language and maintain cultural competency to build on the unique values, strengths, and cultural assets of children and families.

Service & Support Systems

Community programs reach out to families where they live, understanding the family's whole situation when providing services. Service supports are individualized to meet the needs of the children and families. Agencies provide services using an inter-agency approach and change services as each family's needs change.

These practices should include:

- Recognition of family strengths early, rather than a focus on family deficits.
- Promotion of hope based on the possibility of change.
- Recognition that changes in one part of the family system will promote change in other parts.
- Application of problem solving strategies at the family level where goal setting and decision-making is learned by families.
- Goal setting in collaboration with the family that takes into account the family's unique characteristics and strengths, culture and norms.
- Recognition that family input is a valuable resource throughout an empowerment process for case planning and ongoing services.

An optimal evaluation is one in which the evaluator collects and analyzes data for knowledge and decision-making. The outcome data helps both the family worker and client understand what is changing within a family situation.

It is important to both determine the extent of improvement in outcomes as well as to determine how long it takes for a desired outcome to emerge. For example, a family's access to community resources and services often improves soon after meeting with the family worker. However, when the relationship with the family is extended, access to additional resources and services may be required and outcome changes may require longer periods of time.

The Family Development Matrix (FDM)

The FDM provides an outcomes model for assessment, case management and evaluation, enabling FSAs to track family outcomes over time in a way that allows for an understanding of the complexity of the challenges families face. Since 1997, the Institute for Community Collaborative Studies at the California State University, Monterey Bay (ICCS) has customized the FDM with agency partners who continue to refine the language and structure of the tool. The FDM helps measure outcomes as family members develop the skills needed to make decisions, solve problems, plan and follow through on activities, evaluate success and failure.

Through the "Matrix Creator", the ICCS online system, the FSA has access to hundreds of indicators for outcomes assessment and data collection. This innovation for an evidence-based practice model assists FSA staff in the following ways:

- Improved effectiveness in assessing family strengths and identification of areas for improvement,
- Empowerment of family decision making and action plans based on the family's current situation,
- Improved program services resulting from better data to analyze practices,
- Enhanced accountability and reporting methods based on outcomes,
- Shared outcome indicators across the county or network to communicate about client outcomes.

Guiding an FSA to design the FDM is a team building process. Members of a local design team have to come together as one to move through a process of indicator selection, testing for validity and reliability, assessment protocol, and case planning practices. FSA staff and family/parent participation is essential to the process.

FSA's Using the FDM

Some of the FSA programs using the FDM developed by the ICCS are:

- 38 agencies providing community services in (Toledo) Lucas County, Ohio.
- 5 Nevada Head Start Association centers and 17 Atlanta, Georgia centers serving families and their children ranging from newborns to children attending pre-K education.
- Samaritan House, located in San Mateo, California, serving low-income families and individuals who are working on increasing their self-sufficiency.
- City of Fremont, California, supporting youth and families and a Senior Support Program.
- Winter Park Health Foundation in Orlando, Florida, preparing senior volunteers to assist pre-kindergarten children with readiness to read skills.
- 40 multicultural community organizations with Resources for Families and Communities of Santa Clara County, enhancing the strengths and healthy development of children, adults, and families.
- Adoptive Family Therapeutic & Educational Resources (A.F.T.E.R), a program of the Kinship Center, a statewide adoption and foster care agency providing full-service, post-adoption wraparound services to the Santa Clara, San Mateo, Santa Cruz and Monterey Counties.
- Nine FSA's in the Family Resource Network in Santa Cruz County, California.

Most recently, thirty-seven-FSA's in Butte, Del Norte, Sacramento, San Francisco, San Joaquin, Solano, Stanislaus, Tehama, and Ventura counties, in conjunction with their child welfare agencies, are currently taking part in a pilot project. This is a special project funded by the California Department of Social Services Office of Child Abuse Prevention and led by ICCS and Strategies. ICCS and Strategies are providing the training to ensure appropriate implementation of the FDM in these county-wide networks.

This Child Welfare "Differential Response" family outcomes project is specifically designed to assist with the implementation of early response activities between local child welfare and family support agencies. The project is providing the technical assistance and training necessary to establish a collaborative set of outcome indicators for family-serving agencies. The goal of this project is to support public/private partnerships for preventing child abuse and neglect.

General Findings From Application of the FDM

In Solano County, 93% of families using a network of FRCs and community partners have shown improvement in their knowledge of community resources..

Many programs have found that prior to receipt of services, a majority of their families are disengaged from their neighbors, schools and communities. Using the FDM, FSAs have found that family involvement with a family worker results in improvement in outcomes addressing engagement with neighbors, schools and communities. Outcomes addressing the social, emotional, health and substance abuse issues of parents also show great improvement through both short-term and long-term assessments.

Certain outcome categories show continued improvement. When families are using FSA support, family functioning continues to improve even with poor economic conditions. Outcome categories such as adult education, children's education and development, childcare and safety, and family relations, including conflict resolution skills, continue to improve.

These results provide direct evidence of the value to at-risk families when in relationship to FSA support services.

Examining Outcomes

The reasons for the improvement in outcomes may well be related to the relationship building facilitated by the family worker. In their words, "We educate our families to seek out their own resources with our support. We discuss with them their need to be both confident and secure, to expand their perspective, utilize both their own strengths and the community resources available to them." This empowering practice provides information and resources that can convert a crisis or at-risk situation to a hopeful situation in which those involved can resolve their issues and reach levels of family stability and self sufficiency.

Conclusion

The measurement of outcomes through the use of the FDM provides FSAs with a mechanism to show funders that the work that they do is meaningful for families. Moreover, the FDM allows FSAs to better understand the impacts of their services on families and to determine how to change services to meet changing needs. FSAs will be in a better position to improve family outcomes by using the FDM in conjunction with the application of best practices.

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