

Matrix Evaluation Model Tutorial
Session 3

<http://iccs.monterey.edu/matrix/tutorial/session3/>

What is the Family Development Matrix?

The Family Development Matrix is one of three matrices that make up the California Matrix Model. The other two are called the Agency Development Matrix and the Community Scaling Tool.

The Family Development Matrix, like the Agency Development Matrix and the Community Scaling Tool, is a tool to help you and the families you serve. If you remember that it is for your use and convenience, rather than the other way around, any anxiety regarding a new instrument and process will be lessened.

A Measure of Family Process and Outcomes

In our field, we constantly struggle: We know what we do helps families, but how do we show others? How do we structure the way we help so it is best for the families with whom we work? How do we document, for ourselves, for the families, and for policymakers and funders, the outcomes of our work?

There 's no way to truly put on paper the complex realities of the families with whom we work, but the Family Development Matrix by helping to quantify the qualitative, is a tool that brings us closer to this goal.

The Family Development Matrix combines both a process that encourages skill-building in a parent and the development of outcomes that enable the measuring of family progress. The most recent evaluation research shows that both are important in achieving change.

This long-term documentation of a family's process in achieving mutually determined outcomes allows the worker and family to look back for patterns and pitfalls, so they can learn from the past to better plan for the future.

A Ladder-and-Scale Tool

The Family Development Matrix is a ladder-and-scale instrument that helps service providers assign scores to document family progress. These scores are based on an understanding shared with others who assign them and those who read and use them, regarding what the numbers mean.

In the Family Development Matrix, eleven Outcome Categories run across the top, referring to areas of family life -- shelter, food and clothing, transportation, health and safety, social and emotional health and competence, finances, family relations, community relations, adult education and development, child education and development, and adult employment.

Five Status Levels run up the side of the chart, ranging from In-Crisis to Thriving. Each time you meet with a family using the Matrix, you work with them to decide at what level they are functioning for each relevant Outcome Category. The Status Levels are assigned numerical values, from In-Crisis being one (1) to Thriving as five (5).

One commonly used example of a ladder and scale tool is a mileage chart on a map. When you find one city going across the top, a second city down the side, and find the box where the column and the row intersect, you are using a ladder-and-scale tool.

Each Status Level has specific Criteria for each Outcome Category, that the worker must use to decide a family's status. The workers who hope to observe a family's progress over time or to compare families, must use the Criteria consistently, for the Family Development Matrix to be of value.

A Strengths-Based Approach to Case Management

The Family Development Matrix is based on a strengths model rather than a "deficit" model. It documents where a family is thriving as well as where it needs support, and allows those using it to easily identify strengths from which to start addressing needs.

Exercise

1. Visualize the families with whom you work, perhaps one that has been a source of challenge or concern.
2. Choose one of the Outcome Categories that you feel particularly relates to the work of your agency:

Shelter Finances Food and Clothing Family Relations
Transportation Community Relations Health and Safety
Adult Education and Development Adult Employment Social
and Emotional Health and Competence
Child Education and Development

3. For the families with whom you work, what are three (3) characteristics that they might possess if they were "thriving", in relation to the Outcome Category you chose above?

- 1)
- 2)
- 3)

4. What are three (3) characteristics they might possess if they were "safe/self-sufficient", in that category?

- 1)
- 2)
- 3)

5. What are three (3) characteristics they might possess if they were "stable", in that category?

- 1)
- 2)
- 3)

6. What are three (3) characteristics they might possess if they were "at-risk", in that category?

- 1)
- 2)
- 3)

7. What are three (3) characteristics they might possess if they were "in-crisis", in that category?

- 1)
- 2)
- 3)

What Can It Accomplish for You and Your Consumers?

- Ownership
- Partnership
- Skill-Building

Ownership

The Family Development Matrix facilitates family ownership of their efforts. The caseworker becomes the assistant in helping them set and work toward short and long-term goals. This aids them in taking both credit and responsibility for their decisions and actions.

Partnership

If used as intended, the Family Development matrix contributes to a partnership between helper and family. When the caseworker and family work together in identifying their strengths and needs, the family is supported in doing their best. Rather than playing the expert who tells them how to fix their broken lives, the worker provides the tools so the family can fix what they think is wrong.

Skill-Building

The process of working with the Family Development Matrix over time helps family members develop the skills they need to make decisions, solve problems, plan and follow through on activities, evaluate success and failure, verbalize feelings and explain actions, etc. It models a process for problem-solving that most families with whom we work that they can integrate into their own thinking, apply in other situations, and help their children learn. These are the very skills they need to be successful in working toward and achieving outcomes.

The following is an outline of one model for caseworker/consumer interaction available, based upon Gerald Egan's book *The Skilled Helper*. This book, and others, are listed in the "Further Resources" section.

THE HELPING PROCESS

I. The starting point

A. Families facing "problem situations" need support in identifying and utilizing opportunities and "unused potential"

B. The goal is not to make everything all right, but to help the family define and manage their problem situations and resources

II. Stage I -- Client problem situations and opportunities are explored and clarified

A. Help the family tell their story by nonjudgmentally assessing:

1. the nature and severity of the problem situation
2. hints at further problems not being discussed
3. impact of environment on problem situation
4. personal, interpersonal and environmental resources
5. ways in which the problem situations might be opportunities

B. Help family translate vague situations, experiences, and feelings into clear, specific memories

1. From the family's viewpoint initially, though you may provide alternative interpretations
2. Clarify each problem situation, issue or concern in terms of specific patterns of experiences, behaviors and feelings
3. Help the family identify a point of leverage -- one problem situation that, if managed successfully, will contribute to the management of a others

C. Help family identify blind spots and to develop more useful perspectives

1. Support them in moving beyond their initial subjective understandings and old frames of reference to develop alternatives
2. Tap their imaginal resources, and enable them to see themselves, others, and the world around them in more creative ways
3. Support without challenge is often superficial; challenge without support is demeaning

III. Stage II -- Setting goals for problem-managing action

- A. Support family in envisioning an alternative (realistic) scenarios
- B. Test scenarios for clarity, specificity, realism, relevancy, congruency with family values, and length of time frame
- C. Work with family to identify consequences of possible choices
- D. Realize that while you are not responsible for family choices, you can support them by guiding them in identifying incentives for commitment to certain scenarios

IV. Stage III -- Working toward the chosen scenario

- A. Brainstorm different ways chosen scenario can be reached
- B. Devise strategies and a plan of action to match family needs, resources, values and environment
- C. Devise a step-by-step plan of action
 - 1. identify obstacles, strengths and resources
- D. Revisit, evaluate and revise the plan on a regular basis

Exercise

1. Read the following description of one family's challenges in achieving self-sufficiency:

Sharon is a 23-year old woman. She has three children by her 30-year old common-law husband Ed -- a 7-year old boy Eddie Jr., 5 year-old Alicia, and a four-month old girl Indigo. Eddie Jr. and Alicia are currently in foster care due to abuse by Ed. Ed works for a local trucking firm, and while he does not drink during his work week he drinks heavily on the days when he is not working. When he is drinking he often acts out violently and in anger; he says he does not remember these incidences, and denies that he would ever hurt his children no matter how drunk he was.

When the children were removed from their home eight months ago, Sharon left Ed. She has lived in a series of shelters during her pregnancy and since Indigo was born. She voices a commitment to do whatever she needs to do for her children to be returned to her care, but has a great deal of difficulty getting to the appointments and classes she is required to attend. She says it is due to transportation difficulties, the weather being too cold for the baby, etc. Sometimes she calls and lets the person she is supposed to be meeting with know; sometimes she doesn't. Her Family Reunification caseworker suspects that Sharon is not able to read (though Sharon has not said anything), and that illiteracy is the root of many of her problems fulfilling her case plan.

Sharon never misses a visit with her children, and has established a positive relationship with the foster parents. During visits, it is obvious that her children miss her very much and that she is appropriate with them, i.e., speaking positively of their father and current caregivers, bringing nutritious snacks, encouraging them to play appropriately with their infant sister, holding them on her lap when they initiate contact. She often brings them homemade gifts, such as a self-decorated T-shirt for Eddie or a bead necklace for Alicia. Sharon is also very appropriate with the baby -- she responds quickly and lovingly to Indigo's cries, and always dresses her in neat, clean clothes appropriate for the weather. Recently the school and foster parents have been concerned that Alicia may have learning differences which are keeping her from learning to read. Even at five, Alicia's speech is often unclear, and she is being tested for hearing, speech, and language delays.

Sharon was not attending school when Eddie was born, having dropped out in the ninth grade. She is currently enrolled in a GED course, which she attends sporadically. Sharon's parents were killed in a car accident when she was seventeen, after she was living with Ed and Eddie was born. She has no other family in the state, and seems to have no friends. She says she is not planning to return to Ed, but is concerned about how she will support her children when they are returned to her care. The judge and caseworker are also concerned, since she does not currently have a place to live. She is fearful that if Ed finds out where she is, he will come there and try to get her to come back to him. She says she has not seen him since she left.

Ed also visits the children occasionally, saying that his job keeps him on the road much of the time. He and the children respond to each other in a mutually loving manner, and he does not talk to the children about their mother. When they talk to Ed about their visits with Sharon and Indigo, there is no visible affect. Sometimes Alicia talks about how her father gets mad and hits them when he "drinks beer", but Eddie quickly hushes her up. Eddie is always happy to see his father, but never asks about him, and after visits often has periods when he is verbally and physically abusive of Alicia. Both children talk about their mother several times a day, and say they want to go live with her in her new place. During visits, she tells them she is looking for a place to live, but has not filled out the papers or made the appointment she needs to obtain housing assistance.

2. What does Sharon have, in terms of "unused potential"?

a.

- b.
- c.

3. How can Sharon's worker support her in addressing the issue of missed appointments and classes?

- a.
- b.
- c.

4. What important life skills will Sharon be working on, as she works on this issue?

- a.
- b.
- c.

The Status Levels and Outcome Categories

Here is a one point-in-time version of the family Development matrix. [Click here to view](#). The eleven Outcome Categories and the five Status Levels are where commonalties across families and groups of families can be found. All aspects of a family's life can be included in one of these categories, and all levels of progress can be documented using these status levels.

However, all eleven categories do not need to be used. Choose the ones that make sense for the families you serve. The rule of thumb is to use at least three, even if funders only require that you report on one or two. The families with whom you work and the outcomes of that work are too complex to fit into one or two categories. Plus, the more categories you use, the more information you will have when you are exploring for correlation between categories. Then you will have categories to compare to each other, to see if and how they relate. This will generate valuable data which you will be able to use with funders and decision makers.

Also, it is also not necessary to use the labels of In-Crisis or At-Risk with families. They may be given other names, or just their number designation (1 or 2), when the labels are a barrier to effective work with families.

Indicators

The following are Outcome Category Indicators:

SHELTER

Whether family has some form of shelter
How much choice the family has on where they live
How safe and secure the family's shelter is
Proportion of a family's income used for shelter
How long the family can live in their current shelter, if they choose
Condition of the shelter
Adequacy of the shelter for family size

FOOD AND CLOTHING

Family's ability to afford adequate food and clothing
Adequacy of the family's diet and clothing
Timing and frequency of family meals
Physical and emotional benefit of family meals
Condition and Cleanliness of food preparation resources (space, appliances, utensils)

TRANSPORTATION AND MOBILITY

Access to or availability of transportation
Safety and condition of transportation
Affordability of transportation
Legal status of driver and vehicle (license, insurance, etc.)

HEALTH AND SAFETY

Condition of family's environment
Health habits
Access to health resources
Past and present status of physical health
Ability to afford health care

SOCIAL AND EMOTIONAL HEALTH AND COMPETENCE

Quality of social support systems
Presence/ degree of substance abuse
Level of self-esteem
Parent sense of personal responsibility
Quality of mental health
Ability and willingness to identify needs and access resources

FINANCES

Income level in context of local cost of living
Long and short-term financial goals
Budgeting skills and financial discipline
Knowledge and understanding of financial institutions and resources

FAMILY RELATIONS

Family health

Ability to resolve conflict
Intrafamily communication skills
Parenting skills
Extended family relationships

COMMUNITY RELATIONS

Citizenship/ documentation/ legal status
Knowledge of community resources
Willingness to observe laws
Understanding of cultural norms of community and neighborhood
Participation in life of the community

ADULT EDUCATION AND DEVELOPMENT

Presence or absence of career goals; appropriateness of goals
Level of formal education
Literacy generally, and ability to communicate in English
Knowledge of and access to resources that support employment

CHILD EDUCATION AND DEVELOPMENT

Age-appropriate development -- physical, cognitive, emotional
Age-appropriate behavior, social skills
Verbal communication
Parents value child's education

ADULT EMPLOYMENT

Presence of employment
Income/ hours/ benefits
Job skills/ education
Work history
Employability in field of choice
Availability and affordability of child care

The following page contains the Criteria, which measure the above Indicators for a family, so that the Family's Status Level for each Outcome Category can be determined.

Criteria

The Criteria below were developed for use at the national level. They were developed by someone far away from you, and are intended for use in this tutorial for practice purposes. We recommend that the agencies in your area which work together develop your own set of criteria, suiting the populations you serve. The more partners and the bigger area included the better, but the most important thing is that the criteria you use be useful to you.

Click on an Indicator to view its Criteria

SHELTER

FOOD AND CLOTHING

TRANSPORTATION AND MOBILITY

HEALTH AND SAFETY

SOCIAL AND EMOTIONAL HEALTH AND COMPETENCE

FINANCES

FAMILY RELATIONS

COMMUNITY RELATIONS

ADULT EDUCATION AND DEVELOPMENT

CHILD EDUCATION AND DEVELOPMENT

ADULT EMPLOYMENT

Shelter

Thriving

Lives in housing of choice;
Spends less than 25% of income for rent or mortgage;
Owns or has long-term tenancy.

Safe/Self-Sufficient

Lives in or has access to adequate housing;
Spends less than 33% on income for rent or mortgage;
Safe and secure in home and neighborhood;
Tenancy is secure for more than one year.

Stable

Spends less than 50% of income on rent or mortgage;
Tenancy is secure for at least one year;
Housing is not hazardous, unhealthy, overcrowded;
Space is appropriate to family size and composition.

At-Risk

Lives in temporary or transitional housing and is not certain where next shelter is to be found;
Lives in unsafe or deteriorating housing;
Spends more than 60% of income on housing;
Housing is overcrowded for family size.

In-Crisis

Lives in dangerous conditions;
Homeless or on the verge of being homeless.

Food and Clothing

Thriving

Has sufficient healthy food of choice;
Everyone in the family eats a nutritious diet at a well-scheduled meals;
Has clean, durable clothing appropriate to full range of individual and family activities.

Safe/Self-Sufficient

Always has resources to provide sufficient food for all family members;
Family has regular mealtimes;
Has clean, appropriate clothing for all critical activities as school or work;

Stable

Has sufficient resources to obtain food most of the time and can use community resources to supplement food resources if needed;
Generally healthy attitude toward food;
Has adequate food preparation appliances and equipment;
Meals have some elements of balance and are sometimes scheduled.
Clothing is clean and appropriate most of the time.

At-Risk

Inadequate resources to obtain food for family;
Meals lack quality, important nutrients;
Inappropriate use of food for emotional rather than nutritional ends;
Erratic, independable mealtimes;
Insufficient utensils, appliances for meal preparation;
Clothing is ill-fitting, inadequate, or inappropriate for school or work.

In-Crisis

Serious lack of resources to obtain food; Hunger is common;
Diagnosis or evidence of malnutrition;
Severe eating disorder;
No one is preparing meals;
Lack of adequate clothing for warmth, comfort; may seriously impede necessary activity.

Transportation and Mobility

Thriving

Has current driver license;
Auto is fully insured (comprehensive coverage);
Has choice of transportation;
Able to repair vehicle when needed; vehicle is safe.

Safe/Self-Sufficient

Has license;
Has basic insurance coverage;
Has fair driving and accident record;
Has and maintains own vehicle.

Stable

Generally has access to some form of safe transportation when needed;
Has driver license and basic insurance.

At-Risk

Is driving without license or without insurance, or both;
Has unpaid traffic tickets;
Does not have safe or reliable transportation or means to obtain it.

In-Crisis

Has revoked or suspended license;
Not insurable;
No access to transportation for basic needs;
No money to obtain transportation;
Incarcerated for traffic violation(s).

Health and Safety

Thriving

- Has variety of health care choices;
- Has comprehensive health insurances and adequate financial resources to pay for it;
- Practices preventive health behaviors;
- Lives in safe and healthy environment;
- Identifies own health needs and consistently seeks appropriate treatment.

Safe/Self-Sufficient

- Can get medical care when needed;
- Has some alternatives or options regarding form of treatment;
- Insurance covers partial cost of care or family can make arrangements to cover full cost;
- Practices some preventive health behaviors;
- Practices safe behaviors in most environments.

Stable

- Can and does access health care, but with difficulty and some gaps in care;
- Major medical insurance coverage and/or usually adequate income to pay balance over time;
- Generally sound health practices.

At-Risk

- Very limited access to high quality health care;
- No health insurance;
- Engages in poor self care;
- Engages in unsafe behaviors;
- Current untreated or poorly treated health problems.

In-Crisis

- Has no access to medical care;
- Needs immediate medical care;
- Has dangerous and/or self-destructive behaviors;
- Lives in environment that poses immediate threat to health and safety.

Social and Emotional Health and Competence

Thriving

Working to change negative social, cultural, conditions on a personal and community level;
Using resources for personal development;
Not using drugs/abusing alcohol, or successful recovery.

Safe/Self-Sufficient

Able to cope with social, cultural, and economic pressures;
Not using drugs/abusing alcohol or has used treatment to make progress toward recovery;
Has well developed social support system;
Generally making wise use of community resources to meet full range of family needs.

Stable

Usually able to handle social, cultural, and economic pressures;
Acknowledges any drug or alcohol problem and seeking help;
Generally using community resources needed to meet immediate family needs.

At-Risk

Use of illegal drugs;
Abuse of alcohol or prescription drugs;
Inadequate social support systems;
"In denial" of emotional, mental health, and/or substance abuse problems.

In-Crisis

Unable to take care of self or family;
Severe drug or alcohol abuse;
Severe mental disturbances;
No social support system.

Finances

Thriving

Sufficient earned income to allow family choices for non-essential purchases;
Able to save 10% of income;
Established relationship with financial institution;
Expect continued income at current level or better for at least next year.

Safe/Self-Sufficient

Sufficient earned income to meet basic family needs;
Plan and stick to monthly budget; save when possible;
Able to obtain secured credit;
Pay bills on time; delay purchases to handle debt load;
Anticipate continuation of income level for next 6 months.

Stable

Minimally adequate income without regard to source;
Plan monthly budget; no savings;
Able to obtain limited secured credit;
Generally pay bills on time;
Aware of and use appropriate resources for help;
No foreseen major decrease in family income.

At-Risk

Occasionally unable to meet basic needs;
Spontaneous, inappropriate spending; no savings;
Unable to obtain credit;
Limited knowledge of and access to resources for help;
Unpaid bills, overwhelming debt load.

In-Crisis

No money; cannot meet basic needs;
No knowledge of available resources for help.

Family Relations

Thriving

Strong supportive family with positive family identity;
Mutually agreed upon rules and expectations; conflicts easily negotiated;
Nurturing; consistently care for family members;
Children happy, socially well-adjusted;
Children enjoy parents.

Safe/Self-Sufficient

Supportive family with generally positive identity;
Realistic rules, manageable conflict;
Usually sound nurturing care for family members;
Children usually happy and outgoing; little violence or aggression;
Children consistently able to relate to parents;
Parents practice sound parenting and communication skills;

Stable

No abuse or neglect of any kind;
Learning positive family dynamics;
Care of family members adequate;
Little violence or aggression;
Children sometimes able to relate to parents;
Parents involved in parenting, communication, family development training.

At-Risk

Outside placement threatened or children have run away from home;
Unrealistic or non-existent rules; constant conflict;
Inadequate care; risk or abuse of neglect;
Children unhappy, withdrawn; violent or aggressive.

In-Crisis

Existence of child or spousal abuse, neglect, violence;
Foster care or other placement of child;
Intervention of criminal justice system required to deal with family violence/abuse.

Community Relations

Thriving

- Strong supportive community network;
- Active in community;
- Obeys laws;
- Pays attention to civic affairs and votes.

Safe/Self-Sufficient

- Has generally positive community support network;
- Feels part of the community;
- Eligible to vote;
- US citizen or legal resident;
- Engages in some form of volunteer activity (e. g. ongoing involvement with child's school) or help and receives help from others in community.

Stable

- Family is aware of community and learning to use family support network;
- Has applied for permanent resident status;
- Engages in occasional community/extended family helping behaviors;
- Family is aware of and appropriately uses community resources;
- Intends to register to vote.

At-Risk

- Isolated from others in the community;
- Does not understand or obey laws;
- Has only temporary work permit;
- No intention of registering to vote;
- Does not lend or receive needed help from other community members.

In-Crisis

- Not welcome in neighborhood;
- No documents;
- Negative relationships with community members;
- Involved in gang/criminal activity.

Adult Education and Development

Thriving

- Have post secondary education or training;
- Able to speak English;
- Positive attitude toward learning;
- Sets and pursues long-range career and education goals;
- Can pursue educational goals without additional resources.

Safe/Self-Sufficient

- Have high school or equivalent education, or are enrolled for same;
- Enrolled in adult education, ESL, or vocational education;
- Some family members speak English and are literate.

Stable

- Considering personal education needs and options;
- Less than 9th grade education;
- Limited English capability;
- Can set and pursue education goals with assistance;
- Has knowledge of and access to resources to enhance personal development;
- Has child care necessary to support education/training program.

At-Risk

- Less than 6th grade education;
- Severely limited English or general literacy;
- Does not consider learning a priority;
- Does not set or pursue a systematic career and personal education goals;
- Lacks child care support necessary to pursue education or training.

In-Crisis

- Speaks no English or is generally preliterate;
- No interest in or access to remedial education.

Children's Education and Development

Thriving

Meeting all age appropriate developmental benchmarks, exceeding some;
Shows leadership potential;
Good self-control; behaves independently of adult supervision.

Safe/Self-Sufficient

Meeting developmental benchmarks in all areas;
Communicates basic needs and desires in appropriate ways;
Requires normal adult supervision;
Absenteeism from school/child development program not high enough to be of concern.

Stable

Meeting developmental benchmarks in most areas;
Some absenteeism worthy of moderate concern;
Making progress in learning to read and write English; some effective communication in English;
Requires some adult intervention to moderate behavior;
Able to form positive peer relationships.

At-Risk

Child is not meeting appropriate developmental benchmarks;
Parent does not value child's education;
High absenteeism;
Acting out or other behaviors require significant adult intervention;
Child has difficulty communicating.

In-Crisis

Serious development delays or deficiencies;
Child is hurting other children; acting out or other symptoms require intense one-to-one adult intervention;
Child has serious difficulty communicating either due to developmental problems or lack of English capability; no verbal communication skills.

Adult Employment

Thriving

- Constant development of new transferable skills;
- Employed by secure business offering comprehensive benefit package;
- Have made steady advancement in career of choice;
- Have solid job search and retention skills;
- Has and can afford high quality child care / child development services.

Safe/Self-Sufficient

- Has attained marketable skills;
- Employed by secure company offering some benefits or always knows where next employment is to be found;
- Has employment with potential for advancement;
- Has job retention skills; can easily develop job search skills;
- Has and can afford appropriate child care.

Stable

- Considering learning more marketable skills;
- Has seasonal or temporary employment with inadequate hours, benefits, and/or stability;
- Has limited advancement potential;
- Has understanding of job skills; can search for job with assistance;
- Has access to publicly funded or subsidized child care;
- Working in field of choice.

At-Risk

- Minimum job skills;
- Inadequate employment and/or no benefits;
- Not sure where to find next job;
- No advancement potential; no career plans;
- Disciplinary or performance problems at work;
- Few job search or retention skills;
- Has inadequate child care (quality or quantity).

In-Crisis

- Unemployed; no leads for next job;
- No positive work history;
- No interest in employment;
- No child care available to support employment or training.

Duration of Service and Frequency of Contact

The length of time that you use the Family Development Matrix with a family depends upon the length of time you serve them, the type of service you provide, and how often you see them.

The type of services your organization offers - educational, clinical, basic needs; I & R, intensive or long-term case management - will determine how often you complete the matrix with a family to re-assess their situation. For some it will be weekly, for some one time a month, for some once a quarter. If the relationship is relatively long-term, once a month is best but every three months is workable. You need to balance what works best for your client and your agency.

Three points-in-time for at least three Outcome Categories are the minimum scores needed to begin to track a family's progress and to really have any data. This may not always be possible, but it should be a goal. For example, a program offering employment support may choose to consider the categories of Transportation, Finance, Adult Education and Development, and Adult Employment once a week for eight weeks.

Exercise

Put a check in the box that indicates the Status Level for yourself in each of the Outcome Categories, at this point in time. If you need to review the Criteria, click on the corresponding Outcome Category.

This experience will help you begin to understand how the process affects both the client and the worker, and will stimulate questions for discussion between you and your co-workers.

	Shelter	Food and Clothing	Transportation	Health and Safety	Social and Emotional Health
Thriving					
Safe/Self-Sufficient					
Stable					
At-Risk					
In-Crisis					

	Finances	Family Relations	Community Relations	Adult Ed and Development	Child Ed and Development	Adult Employment
Thriving						
Safe/Self-Sufficient						
Stable						
At-Risk						
In-Crisis						

Questions to Ask When Using the Family Development Matrix

Here is a sample of a multiple point-in-time version of the Family Development Matrix. This form is the one usually used by agencies in collecting family data. As you can see, on this form the Outcome Categories run down the side, dates run across the top (in this case, months and years), and the Status Level codes are listed in a small box in the upper left hand corner.

FAMILY DEVELOPMENT MATRIX																		
	STATUS 5-Thriving 4-Safe/Self-Sufficient 3-Stable 2-At Risk 1-In Crisis		INTAKE DATE	EXIT DATE	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98		
Client #	Outcome Category																	
Client #1234	SHELTER																	
Client #1234	FOOD & CLOTHING																	
Client #1234	TRANSPORTATION																	
Client #1234	/MOBILITY																	
Client #1234	HEALTH & SAFETY																	
Client #1234	SOCIAL & EMOTIONAL																	
Client #1234	HEALTH & COMPETENCE																	
Client #1234	FINANCES																	
Client #1234	FAMILY RELATIONS																	
Client #1234	COMMUNITY RELATIONS																	
Client #1234	ADULT EDUCATION & DEVELOPMENT																	
Client #1234	CHILDREN'S EDUCATION & DEVELOPMENT																	
Client #1234	ADULT EMPLOYMENT																	

Questions to Ask Yourself When Establishing Matrix Baselines with a Family

The first time you meet with a family using the Family Development Matrix, you establish their baseline scores – their Status Levels in the various Outcome Categories from where they are starting in your work together. The following questions represent important considerations when you determine the scores from which a family begins their journey toward self-sufficiency (c. 1997 -- Central Coast Center for Human Development).

1. For what Outcome Categories do I need to document the current Status Level?
2. Do I know and understand the Indicators for each Category?
3. Do I know and understand the relationship between the Criteria across Status Levels for each Category, so that I can assess the level of functioning in the Category?
4. Do families understand the terms used?
5. Does the pattern of boxes marked across the page reflect the story as I understand it, or do I need to ask more questions?
6. Has completing the Matrix helped in planning the next steps?

Questions to Keep in Mind Each Time You Complete the Matrix

The worker and client use the baseline data to make a plan for the coming week, month or quarter. Completing the matrix together, they then develop time-limited outcomes upon which to work. This process also provides the worker and client a visual picture of both areas they need to address and the strengths they may be able to tap in working on problem areas.

Every time worker and client meet after the initial interview, they revisit the matrix to document change that has occurred since the last time they met. After reviewing and reflecting upon the progress (or lack thereof), they assign new scores and revise the plan for the next time period accordingly. This systematic review and revise structures the meetings, the partnership in assisting the family toward self-sufficiency, and the documentation of the family's work.

The following are questions for the worker to keep in mind each time the matrix is completed (c. 1997 Central Coast Center for Human Development):

1. Do I have the list of Criteria in front of me, so that I do not have to recall them from memory in making a determination about Status Level?
2. Am I making each decision regarding Status Level as objectively as possible, depending upon the Criteria measures rather than my personal definition of the Level labels?
3. Did I gather the information regarding to adequately apply the Criteria in each of the Category Indicators?
4. Have I assessed functioning accurately enough that when sufficient progress is made, it can be reflected in a change in status?
5. Develop narratives to analyze (explain) the trends in a matrix over time -- do they match the matrix story?
6. Does the data I have collected measure what it says it measures?

Questions to Ask in Interpreting Family Outcomes

In considering family outcomes over time, the following questions can guide the worker and clients in understanding the ups and downs in various Outcome Categories, and the correlation between Status Levels.

1. How long has this family been receiving services?
2. What was their primary reason for referral or seeking assistance?
3. What other services have been received, and how were those needs identified?
4. What positive or negative correlation do you see between the family's status levels over time, and why do you think they exist?
5. How do their status levels individually and collectively compare to those of other families who have been receiving services for the same amount of time?
6. What positive or negative events have occurred in the life of the family during the time for which the data is being considered?
7. What have the family's goals and priorities been during this time, in terms of what you and they agreed that they would work on?

Lastly, no instrument replaces good casework. What is your gut feeling about what is going on with this family? You may not discuss this directly with the family or put it into a report directly, but thinking about it helps you explore the other questions more thoroughly.

Exercise

1. [CLICK HERE](#) and print out a copy of the multiple point-in-time version of the Family Development Matrix. When you have finished printing, return to this page and follow the rest of the instruction.
2. Reread the story of Sharon and Ed below.

Sharon is a 23-year old woman. She has three children by her 30-year old common-law husband Ed -- a 7-year old boy Eddie Jr., 5 year-old Alicia, and a four-month old girl Indigo. Eddie Jr. and Alicia are currently in foster care due to abuse by Ed. Ed works for a local trucking firm, and while he does not drink during his work week he drinks heavily on the days when he is not working. When he is drinking he often acts out violently and in anger; he says he does not remember these incidences, and denies that he would ever hurt his children no matter how drunk he was.

When the children were removed from their home eight months ago, Sharon left Ed. She has lived in a series of shelters during her pregnancy and since Indigo was born. She voices a commitment to do whatever she needs to do for her children to be returned to her care, but has a great deal of difficulty getting to the appointments and classes she is required to attend. She says it is due to transportation difficulties, the weather being too cold for the baby, etc. Sometimes she calls and lets the person she is supposed to be meeting with know; sometimes she doesn't. Her Family Reunification caseworker suspects that Sharon is not able to read (though Sharon has not said anything), and that illiteracy is the root of many of her problems fulfilling her case plan.

Sharon never misses a visit with her children, and has established a positive relationship with the foster parents. During visits, it is obvious that her children miss her very much and that she is appropriate with them, i.e., speaking positively of their father and current caregivers, bringing nutritious snacks, encouraging them to play appropriately with their infant sister, holding them on her lap when they initiate contact. She often brings them homemade gifts, such as a self-decorated T-shirt for Eddie or a bead necklace for Alicia. Sharon is also very appropriate with the baby -- she responds quickly and lovingly to Indigo's cries, and always dresses her in neat, clean clothes appropriate for the weather. Recently the school and foster parents have been concerned that Alicia may have learning differences which are keeping her from learning to read. Even at five, Alicia's speech is often unclear, and she is being tested for hearing, speech, and language delays.

Sharon was not attending school when Eddie was born, having dropped out in the ninth grade. She is currently enrolled in a GED course, which she attends sporadically. Sharon's parents were killed in a car accident when she was seventeen, after she was living with Ed and Eddie was born. She has no other family in the state, and seems to have no friends. She says she is not planning to return to Ed, but is concerned about how she will support her children when they are returned to her care. The judge and caseworker are also concerned, since she does not currently have a place to live. She is fearful that if Ed finds out where she is, he will come there and try to get her to come back to him. She says she has not seen him since she left.

Ed also visits the children occasionally, saying that his job keeps him on the road much of the time. He and the children respond to each other in a mutually loving manner, and he does not talk to the children about their mother. When they talk to Ed about their visits with Sharon and Indigo, there is no visible affect. Sometimes Alicia talks about how her father gets mad and hits them when he "drinks beer", but Eddie quickly hushes her up. Eddie is always happy to see his father, but never asks about him, and after visits often has periods when he is verbally and physically abusive of Alicia. Both

children talk about their mother several times a day, and say they want to go live with her in her new place. During visits, she tells them she is looking for a place to live, but has not filled out the papers or made the appointment she needs to obtain housing assistance.

2. Based on the story, compile baseline data for her, in the Outcome Categories of:
(Click on an Outcome Category to review its Criteria)

- Shelter
- Food and Clothing
- Health and Safety
- Adult Education and Development

3. A month after this baseline was documented, Sharon reports to her worker that she has obtained subsidized housing and is attending her GED classes on a regular basis. Everything else remains the same.

Fill in her Status Levels for these four Outcome Categories for the second month.

4. The third month, in her meeting with her worker, Sharon reports that Ed has found out where she lives and is threatening her. She continues to attend both her visits with her children and school, and some people at school are helping her to learn to market her crafts. She missed a food stamp appointment and her allotment was temporarily cancelled, but she hopes to have it reinstated in a few days.

Fill in her Status Levels for these four Outcome Categories for the third month.

5. Looking at Sharon's ups and downs for the three months documented, ask yourself the Questions to Ask in Interpreting Family Outcomes.

6. What positive or negative correlations do you see between the family's status levels over time, and why do you think they exist?

7. What have the family's goals and priorities been during this time, in terms of what you and they agreed that they would work on?

8. What is your gut feeling about what is going on with this family?

Questions to Ask in Interpreting Family Outcomes

1. How long has this family been receiving services?
2. What was their primary reason for referral or seeking assistance?
3. What other services have been received, and how were those needs identified?
4. What positive or negative correlations do you see between the family's status levels over time, and why do you think they exist?
5. How do their status levels individually and collectively compare to those of other families who have been receiving services for the same amount of time?
6. What positive or negative events have occurred in the life of the family during the time for which the data is being considered?
7. What have the family's goals and priorities been during this time, in terms of what you and they agreed that they would work on?

Family Development Matrix (Multiple Point-in-Time Version)

FAMILY DEVELOPMENT MATRIX																		
	STATUS 5-Thriving 4-Safe/Self-Sufficient 3-Stable 2-At Risk 1-In Crisis																	
Client #	Outcome Category	INTAKE DATE	EXIT DATE	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98			
Client #1234	SHELTER																	
Client #1234	FOOD & CLOTHING																	
Client #1234	TRANSPORTATION																	
Client #1234	/MOBILITY																	
Client #1234	HEALTH & SAFETY																	
Client #1234	SOCIAL & EMOTIONAL																	
Client #1234	HEALTH & COMPETENCE																	
Client #1234	FINANCES																	
Client #1234	FAMILY RELATIONS																	
Client #1234	COMMUNITY RELATIONS																	
Client #1234	ADULT EDUCATION &																	
Client #1234	DEVELOPMENT																	
Client #1234	CHILDREN'S EDUCATION																	
Client #1234	& DEVELOPMENT																	
Client #1234	ADULT EMPLOYMENT																	

Supporting Each Other in Documenting Family Process

It is beneficial to work together within and across agencies, to make sure the most accurate information possible is gathered. By following common guidelines, the time spent collecting matrix data will give a much higher return than if everyone applies the matrix in isolation.

Using the Family Development Matrix Within Your Agency

Different agencies collect matrix information in different ways. Some use the matrix form and list of criteria directly with the client. Some interview the client and then enter the data, so that the paper and literacy issues do not interfere with their work. Some develop questionnaires to elicit the information, and then transfer it to the form later. All of these methods have proven successful for different service providers. Your agency must pick the method that best meets the needs of the families it serves.

Perhaps the most difficult of the three methods is to use the form and list in the interview. Veronika Ponce and Elizabeth Serrano are two experienced Healthy Start Family Advocates who have very successfully used the matrix criteria list and forms with families. They make the following suggestions to workers "Using the Matrix With Families":

1. The worker must believe in the matrix for the family to believe in it.
2. Maintain a positive attitude. Look for successes, and praise efforts. Ask specific questions -- families often need support in recognizing their accomplishments, or do not want to appear "conceited".
3. Make sure the family understands the Criteria you are using.
4. Have the family express in their own words their goals for each of the Outcome Categories.
5. Remember that these are their goals, and their successes or downfalls in accomplishing them are their responsibility.
6. Use reflective listening and ask open-ended questions, to assure that the matrix and the resulting plan reflect the family's priorities.
7. Remember that the worker's role is to link families to resources and guide them in their journey, not to tell them what they need to change.
8. Do not dominate or intimidate them, consciously or unconsciously, by your body language, jargon, or appearance.
9. In order to establish trust, the family should have complete access to their file.
10. Set the next appointment at the end of the current meeting. Present this meeting as an opportunity to review their plan, and give them a copy of the matrix.

Standardizing Data Collection Across Agencies

The Family Development Matrix can be automated using a spreadsheet software program. Many programs use Excel for this purpose. This allows one or more agencies to compare data on multiple families over time. Once common Criteria have been determined, the numbers can be "crunched" however works most effectively for you and your group.

The steps for processing Family Development Matrix Data are as follows:

I. Data Collection

A. Baseline Interview with family

- 1) Document current status in predetermined categories
- 2) Work with family to make a plan based on identified strengths and challenges

B. Regular meetings with family, to update status and revise plan

II. Data Recording

A. Use matrix with family, or record after interview?

B. Enter codes for status levels for each category at each point in time, into the family "worksheet"

C. Assign families numbers or short letter designations, for confidentiality and as names for their worksheet

III. Data Analysis for Individual Families

A. Create a family line graph

B. Considering the trends indicated on the line graph, ask yourself the "Questions to Ask in Interpreting Family Outcomes" listed above

C. Write in your own words:

- 1) what graph tells viewer about family strengths and challenges at the first point-in-time;
- 2) what changes have taken place over time;
- 3) why those changes over time took place; and
- 4) the family's plan for progressing toward self-sufficiency based on the last point-in-time.

D. Use the "Standardization and Quality Control" list of questions below to check your work

IV. Data Consolidation Across Families

A. Clean up and standardize the individual family worksheets in your "Workbook", so that the spreadsheet program can read your data

B. Identify and prepare a worksheet to receive consolidated data on individual families

C. Utilize the appropriate commands to make two numerical tables

1) One counts the number of families for whom data was collected for each status level in each category for which months, and gives you a total

2) One adds the status level codes for each family with data entered for that month, and gives you an average score

D. Make line graphs visually portraying information in the tables

V. Data Analysis for Groups of Families

A. Considering the trends indicated on the line graphs, ask yourself the "Questions to Ask in Interpreting Agency Outcomes" listed below

B. Write in your own words:

1) what the graph tells the viewer about family's strengths and challenges when they first begin receiving services from your agency;

2) what changes have taken place over time for individual or groups of families;

3) why those changes took place; and

4) what this tells the agency, other service providers, and policy-makers regarding what families need, what works and what doesn't

5) the agency's plan for addressing these issues, or vision regarding how they can be addressed through collaboration and public/private partnership

VI. Workbooks of different agencies using the same categories and formats can be consolidated, and Steps IV and V followed, to obtain collaborative-level information. This process makes it clear that documenting information the same way becomes crucial to the successful use of the data.

When the information for multiple families served by a program or agency are consolidated, those responsible for interpreting the final figures should ask themselves the following questions:

1. How are sums and averages affected by the relative stability or instability of the population served during this time?

2. What factors or events in the larger community or society have affected families' progress or lack of progress?

3. What program components have been added or eliminated, that would explain change?
4. What common themes occur in needs, or in the barriers in meeting needs, across families?
5. What guidance does this information provide regarding future program planning?
6. What program components seem to be working best according to this information, and which ones need to be examined?

The resulting narrative is the key to explaining what the numbers mean, and to determining if they reflect reality.

Definitions

Baseline: A family's Status Level scores in the various Outcome Categories which are documented the first time that the Family Development Matrix is used with them.

Criteria: Specific, measurable, outcomes which reflect Status Level in an Outcome Category, based on an Indicator for that Category.

Outcome Category: A grouping of characteristics for which change will be measured.

Performance Indicator: A quantitative or qualitative aspect of an Outcome Category, for which operational Criteria can be developed for every Status Level of the Matrix.

Status Level: Extent of functioning in each Outcome Category, as measured by Criteria reflecting Indicators established for that Category. Levels range from "In-Crisis" and "At-Risk" to "Stable", "Safe/Self-Sufficient" and "Thriving".

General Guidelines for Defining Matrix Status Levels:

In-Crisis: Family cannot meet its needs. Unwilling or unable to work toward positive change. Family Systems have collapsed or are in immediate danger of collapse. Strong outside intervention needed to move family to "At-Risk" level.

At-Risk: Family is secure from immediate threats to health and safety, but has not yet developed or committed to strategies/ plans for long-term growth and change. Continuing safety-net intervention provides platform on which the family can build its plans for improving its circumstances.

Stable: Family is no longer in danger, is ready and willing to change and is planning for its future. Supportive services provided to assist family in implementing their plans.

Safe/Self-Sufficient: Family is strong and has made significant progress in improving its circumstances; is generally secure as a result of its own efforts. Family is economically self-sufficient. Has a clear vision of its ultimate goals. Intervention is resource-oriented.

Thriving: Family systems are strong and healthy, fully functional. Family is achieving its goals and is independent of all government assistance. Has achieved commonly accepted standards of family well-being.

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