

An Evaluation of the Family Support Center Network



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INTRODUCTION

The Allegheny County Department of Human Services (DHS) conducted an evaluation of 25¹ Family Support Centers (FSC) in order to answer a number of questions concerning their operation and impact. The evaluation utilized both quantitative and qualitative data collection methods and included the following domains:

¹ There are now 26 Family Support Centers; however, the 26th did not open until April 2015 and was therefore not included in the evaluation.

- Family engagement
- Connections to social services
- Early childhood development and school readiness
- Maternal and infant health
- Child abuse and neglect

This executive summary begins with a description of the Family Support Network, followed by key findings from the evaluation. It concludes with a discussion of next steps. The evaluation components are:

EVALUATION COMPONENT	EVALUATOR(S)
Family Engagement	Allegheny County Department of Human Services
Connections to Social Services	Allegheny County Department of Human Services
Early Childhood Development and School Readiness	Allegheny County Department of Human Services University of Pittsburgh Office of Child Development
Maternal and Infant Health	Allegheny County Department of Human Services Chelsea Wentworth, Ph.D.
Child Abuse and Neglect	Allegheny County Department of Human Services Chapin Hall Center for Children

² Individual findings were provided to each FSC as well as to FSC leadership in order to identify strengths and areas in which improvements are warranted.

Evaluation findings are provided for the network as a whole, rather than for individual centers.² The evaluation found that FSC communities have lower-than-expected rates of child abuse investigations and that FSC participants are developing relationships with other participants that continue outside of the FSC and its scheduled activities. However, FSCs were less successful in connecting families to social services and improving school readiness and maternal/infant health outcomes.

THE FAMILY SUPPORT CENTER NETWORK

The Allegheny County FSC network originated in the early 1990s, with initial funding from the local foundation community. In 1994, the Family Support Policy Board was created to bring parent leaders to the table with other community stakeholders such as public and private funders, elected officials and community collaborators. As an advisory body that includes parents as important contributors to the decision-making process on family support initiatives, the Policy Board soon became a national model for parent leadership and governance.

Two decades later, the Allegheny County FSC network consists of 26 FSCs, under the operational leadership of 11 lead agencies. The network serves approximately 3,600 families each year.



PRINCIPLES OF FAMILY SUPPORT

- Governed, designed and improved by participants and community members.
- Relationship-based, fostering respectful partnerships between and among parents, peers and professionals.
- Strengths-based, building on existing individual, family, community and cultural abilities and vitalities.
- Designed by and for participants to meet their priorities; collaborative among agencies to ensure easy access and use.
- Reflects, respects and enhances the cultures of the neighborhood through the staff it hires and the materials and activities it provides.
- Enhanced through program evaluations that reflect family support principles and that contribute to continual program improvement.
- Based in the community, serves the entire family without eligibility requirements, and voluntary.

WHAT IS FAMILY SUPPORT?

FSCs are community-based, participant-driven hubs of programs, services and supports designed to improve outcomes for children (birth through five) and their families. FSCs strive to promote the healthy development of children by supporting the families and communities in which they live, increasing the strength and stability of families as well as parents' confidence in their parenting abilities. FSCs are located in sites as varied as schools, apartment buildings and health centers. In general, each FSC is staffed by a site director and one or more of the following: Family Development Specialists, Child Development Specialists, Nurses, Community Aides and Service Coordinators. Each site also either employs or shares (with another site) a van driver and a data-entry specialist. Four of the most active FSCs are those serving large immigrant populations.

While each FSC is unique, offering its own menu of services, all are based on the philosophy that parents are a child's first and most important teachers. At a minimum, every FSC works with parents and children to ensure that:

- Expectant mothers are receiving prenatal care and preparing for the arrival of the child
- Families identify and secure appropriate public benefits, including health insurance

- Every child has up-to-date vaccinations
- Developmental screenings are conducted on every infant and child
- Referrals are made for early intervention services, when appropriate
- Appropriate and meaningful interactions are occurring between parents and children
- Parents develop goal plans for themselves and their children and are connected to supports that will help them achieve the identified goals
- Every child is ready to begin kindergarten

FSCs also provide drop-in and scheduled programming and socialization opportunities as well as offering the evidence-based *Parents as Teachers* home visiting curriculum. Centers may also offer or partner with agencies that provide one or more of the following activities: afterschool and summer programs for youth, career readiness training, concrete goods, counseling, child care, Head Start or Early Head Start, ESL and literacy programs, food bank, transportation and parent support groups.

WHO ARE THE LEAD AGENCIES AND THE INDIVIDUAL FAMILY SUPPORT CENTERS?

Lead agencies are an important part of the Allegheny County Family Support Network. Each agency has administrative responsibility for one or more Family Support Centers, providing fiscal and programmatic oversight. In addition, lead agencies provide expertise in a variety of areas to support participating families.

- 1) **The Allegheny Intermediate Unit (AIU)** provides specialized educational services to Allegheny County's suburban school districts and vocational/technical schools. The AIU is the lead agency for the following FSCs:
 - Clairton Family Center
 - Duquesne Family Center
 - East Allegheny Family Center
 - Highlands Family Center
 - Latino Family Center
 - Lincoln Park Family Center
 - McKeesport Family Center
 - Steel Valley Family Center
 - Sto-Rox Family Center
 - Wilkinsburg Family Center

- 2) **Children's Hospital of Pittsburgh of UPMC** is one of the top children's hospitals in the nation, renowned for excellence in pediatric care. Children's Hospital is the lead agency for the following FSCs:
 - Braddock Family Care Connection
 - Hilltop Family Care Connection
 - Lawrenceville Family Care Connection
 - Rankin Family Care Connection
 - Turtle Creek Family Care Connection
- 3) **Family Resources of Pennsylvania** works to prevent and treat child abuse by providing community services and treatment to families, educating parents, and advocating for children. Family Resources is the lead agency for the Hill District Center for Nurturing Families.
- 4) **Focus on Renewal** is a comprehensive social service organization that provides health care, economic services and social services to the Sto-Rox community. Focus on Renewal is the lead agency for the Positive Parenting Program.
- 5) **The Homewood-Brushton YMCA** provides youth and adults with programming to improve the quality of their lives, and is the lead agency for the Homewood-Brushton FSC.
- 6) **Primary Care Health Services, Inc.** provides primary and preventive health care services to medically underserved and indigent populations in Allegheny County, and is the lead agency for the Wilkinsburg FSC.
- 7) **Providence Connections** provides inner-city children with a stimulating and engaging childcare experience, and supports the entire family with highly trained family development specialists. It is the lead agency for the Providence FSC.
- 8) **South Hills Interfaith Ministries** is a human services organization dedicated to providing the resources necessary for struggling families to achieve self-sufficiency. It is the lead agency for the Prospect Park Family Center.
- 9) **The Kingsley Association** provides social and educational services to children, youth and their families and is active in community mobilization; it is the lead agency for the East Liberty FSC.
- 10) **The Urban League of Greater Pittsburgh** enables African Americans to secure economic self-reliance, parity and power, and civil rights, and serves as the lead agency for the following FSCs:
 - Duquesne Family Support Center
 - East Hills Family Support Center
 - Northview Heights Family Support Center
- 11) **The Council Of Three Rivers American Indian Center, Inc.** supports Native American families in the Pittsburgh area and is the lead agency for the Greater Hazelwood FSC.

WHERE ARE FAMILY SUPPORT CENTERS LOCATED?

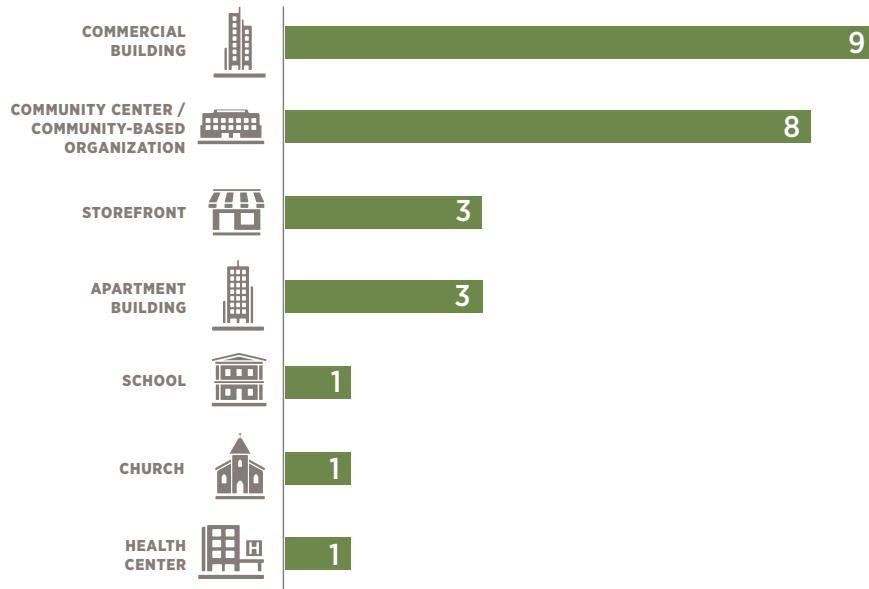
Figure 1 shows the location of FSCs in Allegheny County, and Figure 2 displays the various settings in which they are located.

FIGURE 1: Location of Allegheny County Family Support Centers

■ Family Support Centers ■ City of Pittsburgh limits □ Allegheny County



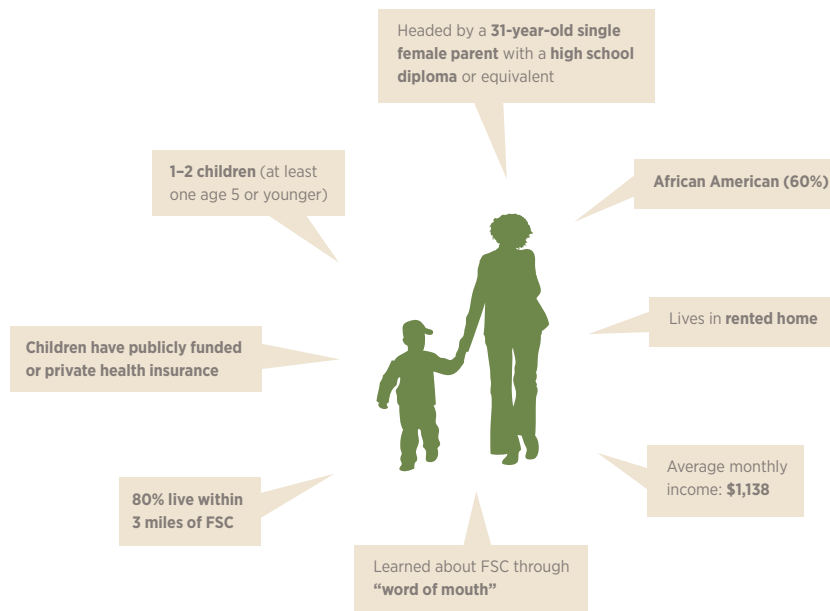
FIGURE 2: Family Support Center Settings (n = 26)



WHO IS SERVED BY FAMILY SUPPORT CENTERS?

Approximately 6,000 new families were enrolled in the 25 FSCs from 2009 through 2014, representing a total of 17,000 individuals (7,000 adults and 10,000 children). **Figure 3** provides a look at the typical FSC family.

FIGURE 3: What does the Typical Family Look Like?



EVALUATION FINDINGS

The evaluation was conducted on both individual FSCs and the network as a whole. Individual results were presented to each FSC as well as to FSC leadership, but this section provides only network-wide findings. As expected, wide variations exist in the findings for individual FSCs.

In order to determine whether FSCs were operating as anticipated and improving stated outcomes, the evaluation integrated quantitative data (FSC data management application, local school districts, Pre-K Counts, child welfare case information and other human services data) and qualitative data collection methods. Qualitative data methods included a direct data collection component, in which telephone surveys were administered to 145 families, on-site visits to each FSC that included observations of activities and interviews with staff, and interviews with DHS FSC monitors. In addition to DHS staff, evaluation components were conducted by Chapin Hall, the University of Pittsburgh and Dr. Chelsea Wentworth.

Positive Findings

Positive outcomes were identified in three key areas:

1. Preventing Child Abuse and Neglect
2. Fostering Supportive Relationships
3. Engaging High-Risk Families

Preventing Child Abuse and Neglect

The analysis matched neighborhoods with an FSC to similar neighborhoods without an FSC (matched characteristics were those that indicate socioeconomic risk, such as poverty, single parent-headed households and number of adults without a high school diploma). The FSC neighborhoods showed lower-than-expected rates of child abuse and neglect investigations than the matched neighborhoods without an FSC. The non-FSC neighborhoods had a rate of 41.5 child welfare investigations per 1,000 children; those with an FSC had rates of only 30.5 investigations per 1,000 children. This is particularly significant because, in general, neighborhoods with these characteristics have higher rates of child abuse/neglect allegations. Therefore, this finding suggests that the presence of an FSC may have a cumulative protective effect on child abuse for the community and reduce the incidence of child safety events that warrant child welfare involvement.

Fostering Supportive Relationships

While providing services and connecting families to traditional supports were intended FSC goals, no formal service system can provide day-to-day and long-term support. Natural supports, such as extended family, friends and community resources can strengthen families and provide an ongoing buffer against life's daily challenges. It is therefore significant that family members active in FSCs were found to be establishing informal support relationships and networks through their participation in the FSC. Sixty-one percent of surveyed families reported that they connect with each other outside of the FSC; they meet up at school and during play dates, talk on the phone and meet for lunch, and get together for activities with their children.

Engaging High-Risk Families

Families at higher-risk are traditionally difficult to engage and reach with services, and this is true for FSCs as well. However, the Parents as Teachers program seems to be a positive exception. Two-thirds of families participating in that program met the definition of high risk. These services are specifically designed for families with intensive needs, and this finding indicates that the program is achieving its goal by reaching and engaging the right target population. This represents a key success on the part of the staff and engagement efforts; connecting with families in their homes while they are experiencing a high level of need and risk may be a way to provide a foundation for engaging them more fully outside of the home, particularly in services designed to prevent future crises.

Other Findings

Unfortunately, FSCs did not achieve the hoped-for outcomes in the following areas:

1. Connections to Social Services
2. Child Development and School Readiness
3. Maternal and Infant Health
4. Family Engagement

Connections to Social Services

FSCs were never intended to provide a comprehensive range of services to meet all of the needs of participating families. Rather, they were designed to engage high-risk families, provide a supportive environment in which to identify their needs, and provide referrals and linkages to already-established community services. Unfortunately, the data show minimal referral, follow-up activity and service access, even during the period of time immediately following FSC enrollment, when these activities would be most expected.

For example, staff reported that many participating families were in need of mental health support, particularly in regard to trauma and stress. However, only 28 percent of participants ever accessed a publicly funded mental health service, and only three percent did so within 12 months of initially engaging with the FSC. Given the socioeconomic characteristics of the communities in which FSCs are located, it is logical to assume that nearly all participants would be eligible for some form of public assistance. Yet only 12 percent accessed public benefits within 12 months of enrollment. These findings are particularly discouraging because 1) FSC staff develop close relationships with participants and are well-placed to learn about their unmet needs and 2) as a community-based resource, FSCs are perfectly positioned to serve as a front door to formal and informal community resources. This represents a significant missed opportunity and one which can realistically be targeted for improvement through a concerted effort on the part of the system.

Child Development and School Readiness

Early childhood development and school readiness are primary FSC goals, addressed through a variety of structured and informal activities. Researchers utilized public school and research-focused early childhood data to analyze academic and social/behavioral outcomes of children who had and had not attended an FSC in the year prior to kindergarten entry (children were matched by school district and demographic characteristics). The analysis found that FSC children in preschool and kindergarten did not exhibit better outcomes on standardized instruments, but rather were equal to the non-FSC students. Behavioral measures for the FSC students were worse than those of their non-FSC peers, which may be an indication of the risk level of the children served by the FSCs. In a positive finding, analysis suggests that children who were more active with FSC programming and activities had better preschool attendance rates than the children with only occasional FSC participation.

Looking at kindergarten enrollment, attendance and number of school moves (to other buildings/districts), no differences were found between FSC children and non-FSC children matched by school district, demographics, receipt of public benefits (poverty proxy measure) and history of other human services involvement, although more FSC children repeat their kindergarten year than their matched peers. Similar to the preschool finding, more active participation with an FSC is associated with better kindergarten attendance.

Maternal and Infant Health

FSCs were designed to provide a wide range of assistance to mothers before and after the birth of their child. FSC-involved mothers were matched with non-FSC mothers on demographics, marital status, education, health history and history of human service involvement. Based on this analysis, FSC mothers received less prenatal care than a group of matched peers, and there were no differences between the FSC and matched non-FSC groups in measures of pre-term delivery, low birthweight or APGAR scores.

Qualitative data gathered through observation and interviews with staff and caregivers revealed three main themes related to FSC's maternal and child health services:

1. The delivery of maternal and child health services often takes a back seat to the need for support in crisis situations (e.g., utility shut-off, eviction, lack of food, transportation issues, domestic violence). This support is highly valued by parents and can prevent a crisis from escalating into a complicated, long-term problem.
2. Although not intended, mothers feel that once they give birth, their health and well-being is secondary to that of their children, giving them the impression that their own health is important only because it supports their ability to parent. There is also a reported lack of clarity about how maternal health can and should be supported and achieved.

3. FSC staff often function as the primary support for families without extended family or other support systems; many families report that this is the most important service they receive. Unfortunately, staff report that inadequate resources and increasing administrative responsibilities make it difficult for them to provide this support. This leads to the perception that their work is not valued, a perception compounded by conflicting responsibilities, stagnant wages, cuts in benefits and high turnover/recruitment delays.

Family Engagement

Engaging families — and keeping them engaged — is vital to the strength and relevance of each FSC and the network as a whole. The evaluation found wide variability among FSCs in frequency of contact with enrolled families, with a significant proportion of enrolled families having very minimal contact. Contacts with FSC staff are highest in the first three months following enrollment and then decrease continuously; after six months, nearly two-thirds of enrolled families connect with the FSC or its staff less than once a month and overall, 47 percent of participants exit due to lack of interaction. Analysis shows that in general, in a given year, approximately one-third of enrolled families have no contact with the FSC, one-quarter are casually engaged and nearly 40 percent are consistently active. In addition, evaluation findings suggest that children who are engaged in FSCs following child welfare involvement fare no better, in terms of future child welfare involvement, than a control group of children who do not engage with an FSC. With the exception of the way in which Parents as Teachers successfully engaged high-risk families, these findings suggest that FSCs are inconsistent in their methods and procedures used to engage families, and indicate that family engagement strategies can, and should, be significantly improved.

NEXT STEPS

DHS intends to implement a number of strategies to strengthen the Allegheny County Family Support Center network. These strategies, in combination with existing parent leadership and core programming, are intended to achieve improved outcomes in the following domains:

- Parent Engagement and Leadership
- Outreach and Family Engagement
- Home Visiting
- Center-Based Activities
- Connecting Families to Appropriate Services
- Co-locating Services (e.g., Parent-Child Interaction Therapy, Behavioral Health Services) Based on Community Need

PROTECTIVE FACTORS

Families and communities build protective factors that also promote positive outcomes:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

STANDARDS OF QUALITY FOR FAMILY STRENGTHENING AND SUPPORT

- Family Centeredness
- Family Strengthening
- Embracing Diversity
- Community Building
- Evaluation

1. Continued Commitment to the *Protective Factors Framework*

The Protective Factors framework was developed by the Center for the Study of Social Policy, based upon research that has consistently demonstrated that the likelihood of child abuse and neglect is decreased when these protective factors are in place within a family system. DHS is committed to this framework as a guide to FSCs' approach to supporting families.

2. Continued Utilization of the *Standards of Quality for Family Strengthening and Support for Assessment, Training and Monitoring*

The *Standards of Quality for Family Strengthening and Support* were developed by the California Network of Family Strengthening Networks and adopted by the National Network of Family Strengthening Networks in 2013. DHS remains committed to the use of these Standards as the benchmark of quality in the Allegheny County FSC network and to guide training and monitoring.

3. Create an Integrated Management Information System

The FSC evaluation was limited by the lack of data needed to address key research questions; at the same time, the constraints of the existing management information system (MIS) limit the ability of FSCs to use data to manage their operations. To address this issue, DHS will fund and manage the creation of an integrated MIS for all FSCs in the

network. The new MIS will provide real-time data to support management decision-making, monitoring and cross-system collaboration.

4. Use of Community Data

DHS will compile key data about the communities served by existing FSCs and use these data to 1) drive decisions regarding FSC funding and location and 2) inform partnerships, with FSCs and parent leaders, designed to support community prevention goals.

5. Use of a Common Assessment Tool

DHS's practice model includes the use of a common assessment across all programs. Beginning in Fiscal Year 2016/17, all FSCs will transition to the use of the Family Advocacy and Support Tool (FAST), a standardized assessment for use with families.