

Impact of Family Development on Family Health and Well-Being

Findings from a three-year study of
Colorado's Family Pathways Framework



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Learn More

This Executive Summary provides an overview of the findings from The Impact of Family Development on Health and Well-Being Study. To review the full report, go to www.omni.org/FRCA-Impact-Study.

For more information about this study, contact OMNI at projects@omni.org. For more information about Colorado's Family Resource Centers or the Family Pathways Framework, contact Family Resource Center Association at info@cofamilycenters.org.



Key Takeaways

- 1 Families' economic security, resiliency, and health improved while they participated with Family Resource Centers that offer family-centered, strengths-based supports.
- 2 Family Resource Centers were responsive to families during the COVID-19 pandemic.
- 3 Additional research is needed to understand how these improvements compare to families not connected to a Family Resource Center.

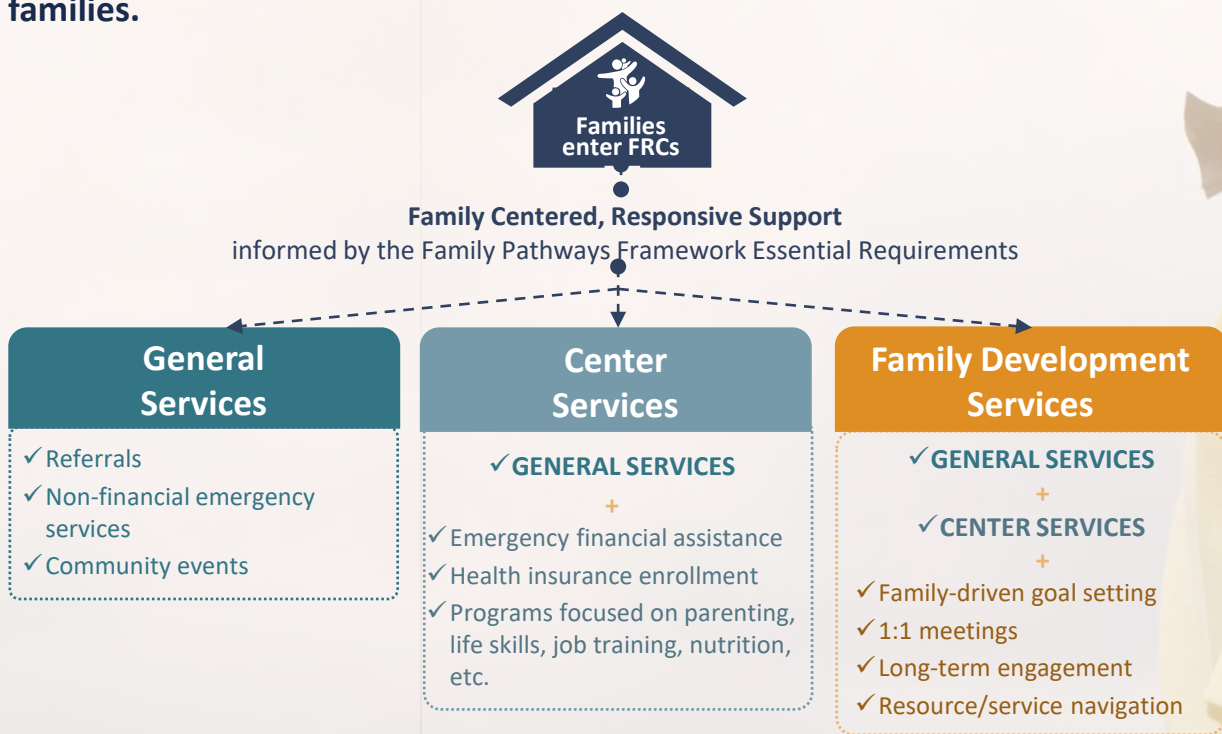
Background

When children grow up in safe, stable, and nurturing environments, they are more likely to thrive and experience better health and well-being throughout their lives. To enhance the social and economic conditions that foster the health and wellbeing of families, effective, scalable, and culturally sensitive models are needed.

Family Resource Centers are community-based hubs that share the philosophy that strengthening families through a strengths-based, culturally relevant, family-centered approach is a key mechanism to foster healthy communities.

In Colorado, the Family Resource Center Association (FRCA) serves as the statewide intermediary for 30+ Family Resource Centers (FRCs) operating in 58 counties. FRCA developed the Family Pathways Framework to support consistency across FRCs in providing responsive services that are tailored to meet family and community needs.

In Colorado, Family Resource Centers use three pathways of service to support families.



General Services consist of brief, non-financial assistance designed to meet immediate needs. Center Services include formal programs such as emergency financial assistance and parenting/early childhood education. Because each center is community-based and responsive to local needs, the exact programs that are available vary from one FRC to another. Family Development Services, however, are core services provided at all FRCs. These services include coordinated case management that is characterized by client-choice and personal goal-setting; ongoing, motivational meetings with program staff; and services and referrals. Families create and set goals that lead to the identification of referral or direct service delivery opportunities that are designed to support families in meeting their unique and often complex needs.

Family Development Workers (FRC staff trained in Family Development Services) use motivational interviewing to initiate strength-based relationships that facilitate trust and elicit readiness to set goals that address family-identified priorities. All families can participate in General and Center Services, but only families in the Family Development Services path receive coordinated case management and goal-setting services.

In this study, we sought to examine whether families with unmet needs¹ benefited from Family Development Services above and beyond access to General Services and Center Services, and to understand how COVID-19 impacted those experiences.

This report addresses the following research questions:

- 1 Did families improve their economic security, resiliency, and health while participating in services and supports from FRCs?**
- 2 Were there differences in family outcomes for families who were assigned to receive General and Center Services and families who were assigned to receive Family Development Services?**
- 3 To what degree, and in what ways, did COVID-19 affect service delivery and family outcomes?**

Methods

250 families at three Family Resource Centers were randomly assigned to participate in *General and Center Services* or *Family Development Services*.

The study was designed so that all participating families could access General and Center Services. Half of families (126) were randomly assigned to participate in Family Development Services during the study, and half (124) were randomly assigned to participate only in General and Center Services (with the option to participate in Family Development Services once their study participation ended).

1 - FRCs administer a standardized common screening tool to assess unmet needs in eight areas: employment, housing, transportation, food security, adult education, health insurance, quality child care, and children's education.



Families participated in the study for nine months. The study began before the onset of COVID-19 and continued through the pandemic.

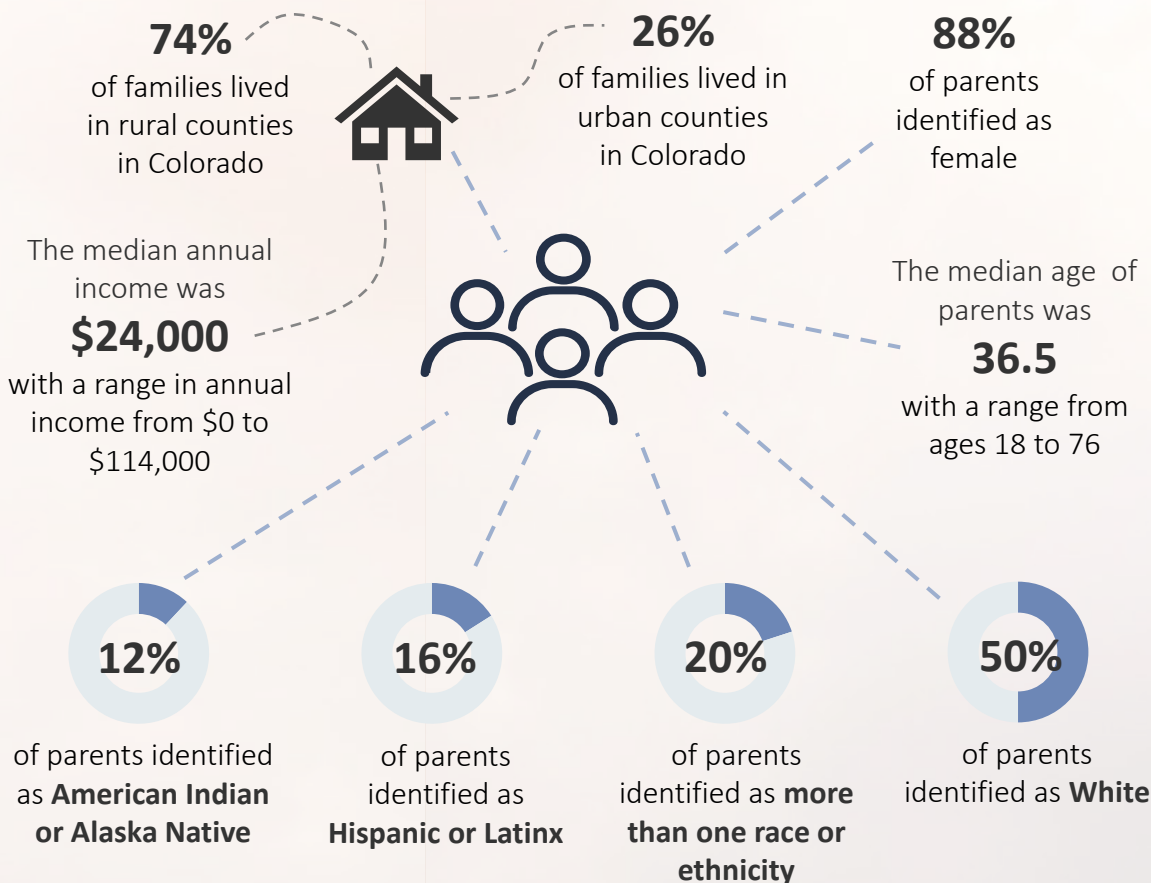
The study started in May 2019 and ended in September 2021, and families enrolled on an ongoing basis. Before participating in services, and again six and nine months later, parents² completed assessments of economic security, resiliency, and health for themselves, their families, and one of their children. In Spring 2021, we also conducted focus groups with 18 FDS families so that they could share personal perspectives about their experiences.

Families assigned to General and Center Services are referred to as *G/CS families*.

Families assigned to Family Development Services are referred to as *FDS families*.

Participants

One parent per family enrolled in the study and completed assessments for the study visits. Descriptive characteristics of the 250 parents and their families are presented below.



2% of parents identified with race/ethnicity categories not depicted above, including Asian, Black or African American, or Native Hawaiian or Other Pacific Islander. Parents who identified as more than one race/ethnicity are combined here, as further information on these parents was not available.

2 - Throughout this report, we use the term *parent* to refer to heads of households who were at least 18 years of age at the time of study enrollment and enrolled in the study on behalf of their family (including, but not limited to, parents, guardians, and caregivers).

Results

G/CS and FDS families participated in Center Services to support basic needs and parenting practices, and almost all FDS families participated in goal-setting.

Most families participated in Center Services that were categorized as Basic Needs (82%), and approximately one-third participated in Parenting services (36%). There were no significant differences between G/CS families and FDS families in the average number or the type of Center Services they participated in.

As part of FDS, families engage in goal-setting and ongoing, motivational meetings with Family Development Workers. Almost all FDS families (98%) completed initial goal-setting, and 58% completed the recommended 90-day follow-up. Through focus groups, FDS families reported that they found the goal-setting process to be easy, and their interactions with staff were supportive, hands-on, and trust-building.

COVID-19 impacted how FRC staff supported G/CS and FDS families.

FRCs reported that it was particularly challenging for FDS families to focus on long-term goals. In response to the health crisis, Family Development Workers were often supporting families in revising goals to meet more immediate, short-term needs, or families were so overwhelmed that they were not working towards goals. When reflecting on their goal-setting progress in the focus groups, FDS families noted that they were able to meet some goals but not others, and surfaced challenges related to meeting financial/economic goals with the reality of managing everyday life; coping with mental health challenges; and the overall impact of COVID-19.

Furthermore, study visits with all families started by checking in on their well-being and assessing immediate needs. For G/CS families, the study visits were an opportunity to connect with the family, assess current needs, and offer access to referrals and services. FRCs reported that staff may have engaged G/CS families in informal goal setting during these conversations. Additionally, a few G/CS families (2%) engaged in formal goal-setting.

While participating in FRC services, families demonstrated improvements in economic security, resiliency, and health.

Economic security. Economic self-sufficiency, access to resources to cover basic needs, and availability of monetary resources increased for G/CS and FDS families.

Resiliency. For parents in G/CS and FDS families, four factors that have been shown to protect against child abuse and neglect improved, including family functioning, social support, concrete support, and nurturing and attachment. Parents in G/CS and FDS families also had more time for themselves and more time for their family.

Health. For parents in G/CS and FDS families, health (including a self-rating of mental and physical health) improved; the number of unhealthy days and the number of days that health negatively impacted their lives in the past month decreased; and stress decreased. There were not significant changes in parents' global assessments of their own health nor their ratings of a child's overall health.

To help better understand these significant changes over time, we calculated effect sizes to quantify how big the changes were. Relative to where families started, improvements to economic security, resiliency, and health ranged from small to large (effect sizes ranging from .16 to .48). Small and medium effects are common in studies like this one.

Improvements did not differ between G/CS and FDS families.

There were not significant differences in changes over time between G/CS families and FDS families. These results suggest that families participating in FRC services improved regardless of their assignment for this study.

Families with FRC support improved even during the COVID-19 pandemic.

We examined if the changes over time in economic security, resiliency, and health differed depending on whether assessments occurred before or during COVID-19. Results suggested that the benefits of FRC services did not differ before and during COVID-19. Parents also provided direct input on how COVID-19 was impacting them and their families. The most frequently mentioned concerns were in the areas of employment and finances (40%), mental health (30%), and isolation (20%).



A Piece of the Bigger Picture: Federal Economic Stimulus Efforts

Beginning in April 2020, the federal government began distributing Economic Impact Payments (also known as stimulus payments) to help offset the financial losses that many individuals were experiencing due to lockdowns and other impacts of COVID-19. Eligibility for these payments was based primarily on adjusted gross income; using annual incomes provided by families and self-report from parents, we estimate that most parents qualified for \$3,200 in stimulus payments that largely co-occurred with their participation in the study. When reflecting on the impact of that stimulus check, parents noted that they used the money to pay for bills, pay off debt, or help meet basic needs.

Although these stimulus benefits were not enough to keep federal and state poverty levels from increasing, the effect of that additional money may have been captured in the observed improvements in economic security, resiliency, and health for families in this study. However, it may also be that the combination of additional money and FRC support helped families improve during such a challenging time.

Conclusions

When families are connected to an FRC that follows the Family Pathways Framework, economic security, resiliency, and health improve, even during a pandemic.

FRCs are places that families can turn to when they need support. Results from this study show that over the course of nine months of being connected to an FRC that follows the FRCA Family Pathways Framework, families' economic security, resiliency, and health improved relative to where they started. What's more, these improvements did not vary based on COVID-19, despite the direct challenges to economic security and health that the pandemic created.

Considering national and state trends demonstrating the negative impact of the pandemic on health and well-being, there is good reason to expect that families' economic security, resiliency, and health would have decreased during the study; the fact that they made significant and relatively sizeable gains suggests that FRCs are meaningful community resources to help families weather challenging times.



We all may be in the same boat..., but the truth is there are those of us out there that don't have that life jacket and [the Family Resource Center] provides that for us and for this community.

- FDS Parent, Spring '21 Focus Group

We hypothesized that FDS families would demonstrate greater gains compared to G/CS families. However, results indicated that there were no differences in growth between G/CS and FDS families. Given how profoundly the COVID-19 pandemic affected families and FRCs, there are several potential explanations for these unexpectedly parallel patterns of growth. In using a study design that allowed all families to participate in FRC services (and thus not deny any family access to services to support basic and other needs), the ability to identify differences between service models relied heavily on fidelity, which COVID-19 may have compromised. Ultimately, it is impossible to know whether, without COVID-19, we would have seen the expected differences between G/CS and FDS families.

When communities face challenges, FRCs are well-positioned to react to those challenges through family-centered support.

Though COVID-19 is an unprecedented pandemic, community challenges (whether global, national, or local) are not unprecedented. Results from this study in which families were able to make progress amid such challenges suggests that when communities face public health crises, natural disasters, economic downturns, and other challenges, FRCs can serve as vital resources for families.

Though challenging to implement, rigorous research is critical for advancing our understanding of effective, culturally responsive, and scalable service models designed to strengthen families and communities.

Implementing rigorous efficacy studies is challenging, even without the occurrence of a global pandemic. Limitations to this study that may have resulted in a lack of observed differences between G/CS and FDS families include COVID-19 related disruptions; study visits serving as an opportunity to connect with and support G/CS and FDS families during the crisis; and, given ethical guidelines, the inability to include families who were actively seeking FDS in the study (families who were directly seeking these services were enrolled in FDS and therefore ineligible for the study). On this latter point, families who receive FDS are often distinctly motivated to set and work towards goals to make changes in their lives, but the current study design did not allow for us to examine the role of motivation in seeking services. Additional limitations include a lack of comparison to families who did not receive any services from an FRC, and reliance on interview and self-report measures (objective measures, such as income or employment verification, were not available).

Nevertheless, this study provides new insights into the ways that families experience health and well-being benefits when connected to an FRC, and a timely understanding of how FRCs support families during times of individual challenges and community-wide crises. To build upon these findings, future research should consider alternative approaches (such as emerging experimental designs like preference trials; quasi-experimental designs that draw on administrative or secondary data; and smaller, in-depth studies that focus on mechanisms of change) to building the evidence base for family-centered, community-based models of family support.

