

The Impact of Family Resource Centers on Referral Rates to Child Protective Services: A Comparison Group Study

Catherine Roller White

Catherine Roller White Consulting

Paul Bonfanti

Families Forward

Peter J. Pecora

Casey Family Programs

University of Washington

School of Social Work

Jorge Cabrera

Casey Family Programs

Toni Rozanski

Casey Family Programs

This evaluation describes community characteristics of a family resource center (FRC) network in a large county in the Western United States, and it examines whether the rates of accepted CPS referrals are different in FRC service areas compared to similar areas in adjacent counties that are not served by FRCs. FRC service areas had higher levels of risk compared to the rest of

the county. Initial and additional accepted CPS referral rates for the FRC-served communities were lower than in comparison areas not served by an FRC.

Family resource centers (FRCs) are community-based, flexible, family-focused facilities that provide programs and services based on the needs of families. This evaluation describes the community characteristics of an FRC network in one large county in the Western United States (“FRC-served County”), and it examines whether the rates of CPS referrals are different in FRC service areas compared to similar areas in adjacent counties that are not served by FRCs. It was hypothesized that FRC service areas would have higher risk factors for child maltreatment (based on variables demonstrated in the research literature to be related to involvement with the child welfare system) than similar areas without FRCs. It was further hypothesized that CPS outcomes (initial accepted referral, additional referral, and substantiation of the initial or an additional referral) would be better in FRC service areas compared to similar areas that are not served by FRCs.

Literature Review

FRCs, also known as family support centers, family centers, parent-child resource centers, family resource schools, or parent education centers, serve diverse populations and are in a variety of community settings. FRCs promote a strong sense of community and the strengthening of families through formal and informal supports (Family Resource Center Association & OMNI Institute, 2020; Russo, 2019) and are part of the child maltreatment prevention continuum (Capacity Building Center for States, 2021). As of 2019, more than 3,000 FRCs operating throughout the United States served more than two million people per year (Russo, 2019).

FRCs represent a distinct philosophy and process compared to traditional approaches of service provision for families (California Family Resource Center Learning Circle, 2000; Dunst, 1995). FRCs have been seen as proactive, flexible, accessible, and community informed; they do not require families to falter before receiving assistance. The OMNI Institute lists seven key components of FRCs (Pampel & Beachy-Quick, 2013, p. 2):

1. Inclusion of a diverse population in programs and services
2. Strong collaborative relationships between staff and families
3. Strengths-based approach to service delivery
4. Focus on prevention and long-term growth
5. Involvement of peers, neighbors, and communities
6. Coordination of multiple services
7. High-quality staff training and coaching

Figure 1

Services Typically Provided by FRCs

<ul style="list-style-type: none">• Access to resources• Assistance with basic economic needs• Child development activities• Childcare• Community development activities• Drop-in centers• Home visiting• Housing• Job training	<ul style="list-style-type: none">• Literacy training• Mental health or family counseling• Parent leadership development• Parent support, including skills training• Respite and crisis care services• Services for children with special needs• Substance abuse prevention• Violence prevention
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Families are viewed as partners in planning services, and parents appear to appreciate the welcoming atmosphere, partnership, encouragement, and respect (California Family Resource Center Learning Circle, 2000; O'Donnell & Giovannoni, 2006). FRCs partner with social service providers to deliver services such as education, job training, healthcare, housing, and substance abuse (Russo, 2019). Core services—such as resource and referral, parent leadership development,

parent education, and child development services—are intended to promote well-being, growth and development, civic engagement, and community building (Judi Sherman & Associates, 2017; OMNI Institute, 2016). Services typically provided (see Figure 1) are guided by social determinants of health and balance evidence-based practices with local wisdom (Judi Sherman & Associates, 2017).

Data on FRCs and other family supports demonstrate that many of the services provided can support the efforts of child welfare and the broader community in strengthening families, so they do not need child welfare services or use them for a shorter period of time. FRCs use a variety of internal evaluation methods and cross-sectional analyses to document improvements in concrete support, social support, family functioning and resiliency, knowledge of child development and behavior, nurturing and attachment, avoidance of harsh discipline, parent confidence, parent empathy, and school readiness (Family Resource Center Association & OMNI Institute, 2020; Finn-Stevenson et al., 2009; Rain, 2010; Youth Studies Inc., 2020). Child welfare agencies fund and partner with FRCs to provide supports to families along the child welfare continuum, from primary prevention and differential response to services and supports for open child welfare cases and post-reunification (National Family Support Network, 2020).

Some FRCs have commissioned robust evaluations and have standardized evaluation protocols. For example, FRCs in Colorado use a validated, common assessment, the Colorado Family Support Assessment 2.0 (Family Resource Center Association & OMNI Institute, 2020; Richmond et al., 2017), and several instruments are available to assess the Strengthening Families Protective Factors™ commonly used as a framework by FRCs (Center for the Study of Social Policy, n.d.; Counts et al., 2010). Overall, however, FRCs vary widely in their evaluation capacity, and the field lacks rigorous evaluations (National Family Support Network, 2016; OMNI Institute, 2016). While more comparison group and longitudinal studies are needed, evidence indicates that some FRCs have been able reduce rates of initial accepted

child protective services (CPS) referrals, re-referrals to CPS, and substantiated child maltreatment. Evaluations documenting the impact of FRCs on child maltreatment include:

- *Alachua County, Florida:* Between fiscal year 2008–2009 and fiscal year 2016–2017, Alachua County experienced a 62% overall decrease in counts of verified child maltreatment. Areas served by FRCs experienced a greater reduction than other areas: the five zip codes served by the three Alachua County Resource Centers experienced a 67% reduction, while areas not served by the resource centers experienced a 59% reduction (Pebbles Edelman, personal communication, September 21, 2018).
- *Allegheny County, Pennsylvania:* An evaluation of family support centers found that neighborhoods served by one of 25 family support centers had significantly lower rates of child abuse and neglect investigations (30.5 investigations per 1,000 children) compared to similar neighborhoods without family support centers (41.5 investigations per 1,000 children) (Wulczyn & Lery, 2018).
- *Compton, California:* Between June 2008 and July 2010, Emergency Response families who accessed the Ask, Seek, Knock (ASK) family support centers in Compton were significantly less likely to be re-referred to DCFS; about 12% had re-referrals compared with 23% of the randomly selected comparison group (McCroskey et al., 2010).
- *Lancaster, California:* Families served by the Los Angeles Prevention Initiative Demonstration Project (PIDP) network in Lancaster were less likely to be re-referred to CPS in Los Angeles than a random sample of other families. Only 23% of families who had received PIDP services were re-referred to Los Angeles CPS during the study period versus 31% of the comparison group (McCroskey et al., 2010).

- *San Francisco, California:* Children whose families who received Enhanced Visitation (EV) from one of San Francisco's 26 FRCs were significantly more likely to achieve a legal permanent placement within 12 months compared to children in similar families who were placed in foster care before EV was offered (Theobald, Rosenberger, Marin & O'Brien-Strain, 2014).

FRCs also can result in cost savings. An evaluation of the social return on investment for the Alabama Network of Family Resource Centers found that for every dollar invested in the FRCs, the State of Alabama receives \$4.93 in immediate and long-term benefits due to decreased need for services and supports and increased tax revenue over time (Community Services Analysis LLC, 2016). A more recent study of FRC services in Teller County, Colorado found that 51 fewer cases of child maltreatment occurred in 2018 compared to 2015, adjusting for population changes. Attributing all reduced cases to the FRC, and with an estimated cost per case of child maltreatment in Teller County of \$49,026, the reduction in child maltreatment saved the Teller County child welfare system an estimated \$2,500,326. This study found that the county saved \$2.92 for every dollar invested in the FRC (OMNI Institute, 2021, p. 10). While attributing all reduced cases of child maltreatment to the FRC may overestimate the FRC's contribution, even if only half or a quarter of the reduction were attributable to the FRC, having an FRC would still result in a cost savings.

Program Description

The FRC network is led by a coalition of partner agencies which provide strategic direction to increase access to services, enhance quality and best practices, meet the needs of its partner organizations, and ensure sustainability. Each FRC is led by a collaborative of three to six non-profit and public agencies. At the time of the study, the FRCs had been in operation between five and twenty years. Families can receive FRC services no matter where they live; there are no geographic restrictions.

Practice Philosophy and Model

The FRC network's philosophy is that child maltreatment can be prevented before it starts by strengthening at-risk families. To prevent child maltreatment, these FRCs utilize the Strengthening Families™ framework (Center for the Study of Social Policy, 2015). Designed to nurture the positive assets and characteristics that promote healthy behaviors even in stressful times, the FRC programs align with the Strengthening Families™ model's Five Protective Factors:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

Core Services Provided by FRCs

All FRCs offer nine core services at no charge: adoption promotion services, after school youth programs, comprehensive case management team services, counseling, domestic violence personal empowerment program, family reunification family fun activities, family support services, information and referral services, and parenting classes. Families often receive multiple services in a single year to address multiple needs and protective factors. During the 2019-20 fiscal year, FRCs provided services to more than 12,000 individuals and 6,000 families. These numbers do not include people receiving adoption promotion services or information and referral services because those are considered "light touch" services.

Methods

Research Questions

The two primary purposes of this evaluation were (a) to determine whether FRCs are located in the areas of highest need and (b) to determine whether CPS outcomes in areas that are served by an FRC are different from CPS outcomes in similar areas that are not served by an FRC. This evaluation is an ecological analysis: although individual case data were used to define service areas and determine the number of CPS outcomes in each service area, service receipt and outcomes were tracked at the census-tract level (not at the individual level).

Unlike FRCs with specific geographic restrictions, the FRCs in this network serve any family who requests help, regardless of where they live. Although any family could receive services, most families receiving services live fairly close to a given FRC in what the evaluation team defined as an “FRC service area.” The first research question compared the characteristics of areas heavily utilized by FRCs (“FRC service areas”) to those of the rest of FRC-served County using variables that the research literature has demonstrated to be related to child maltreatment: *How do the community characteristics of FRC service areas compare to the characteristics of the rest of FRC-served County?*

The second research question aims to add to the evidence base about the effect of FRCs on accepted CPS referrals and CPS report substantiation rates, given the goal of FRCs to prevent child maltreatment. To address this question, the evaluation team identified comparison areas in surrounding counties (matched on variables related to child maltreatment) and compared CPS outcomes in FRC service areas with those in comparison areas: *How are the CPS outcomes (initial accepted referral, additional referral, and substantiation of the initial or an additional referral) different in FRC service areas, compared to similar areas that are not served by FRCs?*

Full operational definitions of each of the outcomes are provided in the section “CPS outcome variables” below. In brief, an *initial referral*

is a referral in 2016 or 2017 for a child who has no history of previous referrals that was accepted for CPS investigation. An *additional referral* is an accepted referral in 2016 or 2017 for a child for whom one or more referrals had been made any time prior to 2016. And a *substantiation* means that the CPS agency determined that child maltreatment occurred (for either an initial referral or an additional referral) in 2016 or 2017.

FRC Service Areas

FRCs in this network are in areas with relatively high rates of maltreatment reports, with the presumption that these are the areas of highest need. With input from FRC-served County staff, the evaluation team defined FRC service areas based on the addresses of clients served in 2017. Census tracts in which at least 1% of households were served by an FRC were operationally defined as being the FRC service areas for this evaluation. A total of 88 census tracts in FRC-served County were identified as being in FRC service areas. (For more details about the process used to define FRC service areas, please contact the study authors.)

Comparison Areas

We created comparison areas so we could compare CPS outcomes in FRC service areas with CPS outcomes in similar areas that are not served by FRCs. Using data from the 2016 American Community Survey, we sought comparison areas in surrounding counties. We matched comparison areas to FRC service areas based on variables related to involvement with the child welfare system, as demonstrated in the research literature (Berger, 2004; Cancian et al., 2010; Centers for Disease Control and Prevention, 2020; Coulton et al., 2007; Drake & Pandey, 1996; Fortson et al., 2016; Institute of Medicine & National Research Council, 2014; Yang & Maguire-Jack, 2018). The following ten variables were used for matching:

- Percent of children living in families with income below the poverty level
- Percent of families headed by females
- Percent of adults 25 and older with less than a high school education
- Percent of households without a vehicle
- Unemployment rate
- Percent of families receiving cash public assistance
- Percent of housing units that are vacant
- Percent of housing units that are renter-occupied
- Percent of households with an unmarried partner
- Percent of population that is foreign-born and not a U.S. citizen (this has not been demonstrated to be a risk factor for child maltreatment, but it is an important descriptor of communities in the Western United States)

Each of these ten variables was used to create clusters of contiguous census tracts to create potential comparison areas. Because FRCs serve areas of different sizes, the evaluation team created comparison clusters of different sizes (that is, clusters with varying numbers of census tracts). We considered all of the surrounding counties when choosing comparison census tracts.

To select comparison areas for each of the 15 FRCs, potential comparison clusters were matched to the FRC service areas using the case-control matching procedure in SPSS. Prior to matching, for each cluster of census tracts, z-scores (standard scores) were calculated for each of the ten matching variables. Z-scores were calculated for each of the ten matching variables because they allowed us to specify matching tolerances based on standard deviations rather than percentage points. The values of some variables vary more than others, and using standard scores permitted us to set matching tolerances in a more consistent

manner. Case-control matching was conducted using the z-scores. Bands of allowed variance (the “fuzzy match tolerance”) were set at the tightest level (.25 *SD* for poverty and .50 *SD* for all other variables) for the first attempt at matching. The fuzzy match tolerance was kept at .25 *SD* for poverty, given its strong association with child maltreatment, even when other match tolerances were increased (for more information about setting fuzzy match tolerance levels, see Taing & Carollo, 2014). The fuzzy match tolerance was loosened as necessary (to .75 *SD* and, in a few cases, up to 1.00 *SD*) to achieve a match. Matched census tracts were excluded from subsequent matching.

Matched comparison areas were mapped using GIS software to see how close they were located to existing FRCs that were not part of the FRC network. Matches with an FRC located within three miles of the census tracts were discarded and the process for identifying matches was repeated until a suitable match was identified.

Ultimately, we identified good matches in two counties outside of FRC-served County for all of the FRCs (84 census tracts in Comparison County A and four census tracts in Comparison County B). All of these comparison areas were 30- to 90-minute drives from the nearest point in FRC-served County, making it unlikely that families from the FRC service areas also received services there.

CPS Outcome Variables

The evaluation used three primary outcome variables: initial accepted CPS referral rate, additional CPS referral rate, and the rate of substantiated CPS referrals (combining initial and additional referrals). Substantiated initial and additional referrals were combined (rather than reporting substantiated initial referrals and substantiated additional referrals separately) because substantiations indicate that a child is at risk, whether the referral was a first referral or additional referral. These outcome variables were retrieved for the identified census tracts (i.e., FRC service areas in FRC-served County and comparison areas

in adjoining counties) for the years 2016 and 2017. Operational definitions for each of the variables are as follows:

- *Initial CPS referral rate:* The number of unduplicated (unique) children whose first ever referral was received and accepted for investigation in 2016 or 2017 per 1,000 children. Allegations of “at risk” (the lowest level of severity) or “information only” (duplicate referral or something other than a referral) are not included.
- *Additional CPS referral rate:* The number of unduplicated children who had an additional accepted CPS referral received in 2016 or 2017 per 1,000 children. Allegations of “at risk” or “information only” are not included. Note that this is not a “subsequent” referral: subsequent referrals occur within 12 months of an initial referral, whereas the referrals reported here could have taken place any time after an initial referral.
- *CPS substantiation rate:* The number of unduplicated children whose referral allegation (initial or additional) was substantiated during 2016 or 2017 per 1,000 children.

These outcome variables were weighted by population and combined to match the FRC service areas and the comparison areas. Rates per 1,000 children were calculated using the estimated population of children in 2016 and 2017. In addition, because not all addresses for referrals could be assigned to a census tract (due to incorrect or missing information), and because not all reports are made to CPS agencies in the same county in which a child lives, outcome variables were weighted based on each county’s overall address matching rate by year using a process similar to inverse probability mapping. When requesting referral data, we also requested the overall percentage of cases that were successfully mapped to a census tract. When an address is unmapped, it is not clear whether it is unmapped because it is outside the county or because of incorrect information.

The weighting addressed both of these situations simultaneously. For example, if a county reported successfully mapping 80% of referrals countywide onto census tracts (with 20% unmapped), their outcomes were adjusted to reflect the 20% of referrals that were unmapped (i.e., adjusted to 1.25 times the reported rate: $80\% \times 1.25 = 100\%$). This adjustment was made to improve the comparability of outcome rates between counties. It should be noted that, because only countywide matching rates were available, these adjustments were made on a countywide level, although different areas within a county may have different rates of successfully matching addresses.

Data Analysis

Outcomes presented in the next section include findings for individual FRCs and for all FRCs as a whole. We focus our analysis and interpretation on outcomes among all of the network FRCs (rather than individual FRCs) to maximize the sample size and decrease measurement error when examining outcomes of individual FRCs.

To address the first research question, “How do the community characteristics of FRC service areas compare to the characteristics of the rest of FRC-served County?” descriptive statistics were compiled and compared.

To address the second research question, “How are CPS outcomes (initial accepted referral, additional referral, and substantiated initial or additional referral) different in FRC service areas compared to similar areas that are not served by FRCs?” tests of two proportions (chi-square tests for homogeneity) were conducted to compare each of the 15 FRC service areas with its comparison area on each of the three outcomes (initial referral rate, additional referral rate, and rate of substantiated initial and additional referrals). In addition, tests of the two proportions (chi-square tests for homogeneity) were conducted to compare outcomes across all FRCs combined with outcomes across all comparison areas combined.

Results

Characteristics of FRC Service Areas

This section addresses the first research question: “How do the community characteristics of FRC service areas compare to the characteristics of the rest of FRC-served County?” Table 1 presents the characteristics of FRC service areas compared to the characteristics of the rest of FRC-served County. Compared to the rest of FRC-served County, FRC service areas had significantly higher levels of risk factors for nine of the 10 variables (all except the percentage of housing units that are vacant).

Some of the differences in characteristics between FRC service areas and the rest of FRC-served County were quite striking. For example, 30% of children living in FRC service areas were in families whose income was below the poverty level, compared to 11% of children living in the rest of FRC-served County. Similarly, 35% of adults ages 25 and older had less than a high school education in FRC service areas, compared to 12% in the rest of FRC-served County, and 25% of the population was foreign-born and not a U.S. citizen in FRC service areas, compared to 11% in the rest of FRC-served County. A higher proportion of housing units were renter-occupied in FRC service areas (58%) compared to the rest of FRC-served County (38%).

The percentage of families headed by females in FRC service areas was approximately double that of the rest of FRC-served County (10% for FRC service areas compared to 5% in the rest of FRC-served County), as were the percentage of families receiving cash public assistance (4% compared to 2%) and the percentage of households without a vehicle (7% compared to 4%). In contrast, the percentage of vacant housing units was higher in the rest of FRC-served County (5%) compared to FRC service areas (3%).

Table 1

Risk Factors in FRC Service Areas Compared to the Rest of FRC-served County and Comparison Areas

Characteristic	FRC Service Areas	Rest of FRC-Served County	FRC Comparison Areas
Children living in families with income below the poverty level	29.7%*	11.4%	30.2%†
Families headed by females	9.5%*	5.0%	9.8%†
Adults 25 and older with less than a high school education	34.6%*	11.8%	34.6%
Households without a vehicle	6.9%*	4.2%	7.8%†
Unemployment rate	8.4%*	6.5%	8.9%†
Families receiving cash public assistance	4.1%*	2.0%	4.4%†
Housing units that are vacant	3.4%	5.0%*	4.4%†
Housing units that are renter-occupied	57.6%*†	38.4%	56.3%
Households with an unmarried partner	2.1%*	1.8%	2.2%†
Population that is foreign-born and not a U.S. citizen	25.1%*†	11.2%	22.7%

Source: 2016 American Community Survey.

Note: An asterisk under “FRC Service Area” means that the FRC service areas had a significantly higher rate compared to the rest of FRC-served County, while an asterisk under “Rest of FRC-served County” means that the rest of FRC-served County had a significantly higher rate compared to the FRC service areas ($p < .05$). A dagger under “FRC Service Area” means that the FRC service areas had a significantly higher rate compared to the FRC comparison areas, while a dagger under “FRC Comparison Areas” means that the FRC comparison areas had a significantly higher rate compared to the FRC service areas ($p < .05$).

Table 1 also shows differences in characteristics between FRC service areas and the FRC comparison areas. The FRC comparison areas were selected to be as similar as possible to the FRC service areas, so the differences are generally fairly small. However, because each group had approximately 400,000 to 500,000 people, even small differences show up as statistically significant.

Comparisons Between FRC Service Areas and Comparison Areas on CPS Referral and Substantiation Rates

This section addresses the second research question: “How are the CPS outcomes (initial accepted referral, additional referral, and substantiated initial and additional referrals) different in FRC service areas compared to similar areas that are not served by FRCs?” Although outcomes are presented at the individual FRC level, interpretation should focus on findings across all FRCs to reduce the effects of measurement error in county-provided referral rates.

Initial Referral to CPS

In both 2016 and 2017, FRC service areas had a small but statistically significant lower rate of initial referrals to CPS, compared to similar areas that are not served by FRCs. In 2016, the initial referral rate was 21.0 per 1,000 children in FRC service areas compared to 23.0 per 1,000 children in comparison areas; in 2017, the initial referral rate was 20.7 per 1,000 children in FRC service areas compared to 23.0 per 1,000 children in comparison areas (see Table 2). The effect size in 2016 is $-.05$ and in 2017 is $-.07$. In terms of effect sizes, the differences are considered very small (Cohen, 1988).

Table 2*Initial CPS Referral Rate (Per 1,000 Children) in 2016 and 2017*

FRC	2016		2017	
	FRC Service Area	Comparison Area	FRC Service Area	Comparison Area
A	26.8	26.6	24.0*	29.5
B	24.3	26.1	25.4	28.0
C	20.2	21.8	17.0	21.1
D	18.1	18.0	16.7*	24.6
E	18.7	20.4	22.3	26.7
F	16.6*	26.6	16.3*	25.2
G	15.5*	22.9	23.5*	33.1
H	18.8	17.8	20.2	22.0
I	30.2	16.8*	24.6	25.2
J	17.1	16.3	14.4*	18.3
K	17.1	18.0	19.4	24.3
L	21.7	10.5*	23.6	8.0*
M	22.5*	27.1	22.9	23.9
N	26.5	28.0	22.1	21.5
O	19.3*	23.6	16.7*	24.9
All FRCs	21.0* (N = 140,954 children)	23.0 (N = 102,286 children)	20.7* (N = 138,876 children)	23.0 (N = 100,078 children)

Source: County child welfare agencies and the 2016 American Community Survey.

Note. The row summarizing rates for all FRCs is a weighted average based on the child populations of each FRC service area and comparison area. An asterisk under "FRC Service Area" means that the FRC service area had a significantly lower initial CPS referral rate, while an asterisk under "Comparison Area" means that the comparison area had a significantly lower initial CPS referral rate ($p < .05$).

Table 3*Additional CPS Referral Rate (Per 1,000 Children) in 2016 and 2017*

FRC	2016		2017	
	FRC Service Area	Comparison Area	FRC Service Area	Comparison Area
A	20.6*	32.0	22.5*	30.4
B	22.6*	31.0	22.6*	35.6
C	19.5	23.2	20.9*	28.8
D	14.6	1.1*	12.4	1.7*
E	14.6*	23.1	16.9*	28.0
F	11.7*	27.2	13.2*	22.8
G	14.8*	26.8	17.3*	30.0
H	14.0*	30.5	22.0	19.7
I	22.9	23.8	21.4	20.9
J	11.5*	17.4	10.9*	15.9
K	12.1	15.2	11.6*	24.5
L	25.1	6.7*	21.7	13.0
M	18.5*	26.1	18.0*	25.8
N	17.4*	35.0	16.4*	27.8
O	15.6*	27.8	14.2*	30.5
All FRCs	16.9* (N = 140,954 children)	23.7 (N = 102,286 children)	17.3* (N = 138,876 children)	23.7 (N = 100,078 children)

Source: County child welfare agencies and the 2016 American Community Survey.

Note. The row summarizing rates for all FRCs is a weighted average based on the child populations of each FRC service area and comparison area. An asterisk under "FRC Service Area" means that the FRC service area had a significantly lower additional CPS referral rate, while an asterisk under "Comparison Area" means that the comparison area had a significantly lower additional CPS referral rate ($p < .05$).

Table 4*CPS Substantiation Rate (Per 1,000 Children) in 2016 and 2017*

FRC	2016		2017	
	FRC Service Area	Comparison Area	FRC Service Area	Comparison Area
A	13.3	14.5	13.1	12.5
B	13.6	9.3*	13.4	9.3*
C	9.0	7.0	7.0	8.6
D	6.4	2.1*	4.7	3.1
E	9.1	6.5	10.1*	13.6
F	8.9*	11.3	5.6*	9.5
G	9.1	11.9	17.2	14.4
H	8.1*	15.0	11.2	5.6*
I	15.4	5.7*	10.2	10.3
J	7.3	4.9*	8.3	4.6*
K	6.0	4.5	6.0*	11.5
L	12.2	3.8*	8.6	9.0
M	12.1	12.8	10.6*	14.1
N	13.7	11.8	12.5	9.5
O	10.1	10.0	9.5	9.8
All FRCs	10.6 (N = 140,954 children)	9.3* (N = 102,286 children)	10.1 (N = 138,876 children)	9.3 (N = 100,078 children)

Source: County child welfare agencies and the 2016 American Community Survey.

Note. The row summarizing rates for all FRCs is a weighted average based on the child populations of each FRC service area and comparison area. An asterisk under "FRC Service Area" means that the FRC service area had a significantly lower substantiation rate, while an asterisk under "Comparison Area" means that the comparison area had a significantly lower substantiation rate ($p < .05$).

Additional Referrals to CPS

In both 2016 and 2017, FRC service areas had statistically significant lower rates of additional referrals to CPS, compared to similar areas that are not served by FRCs. In 2016, the additional referral rate was 16.9 per 1,000 children in FRC service areas compared to 23.7 per 1,000 children in comparison areas; in 2017, the additional referral rate was 17.3 per 1,000 children in FRC service areas compared to 23.7 per 1,000 children in comparison areas (see Table 3.) The effect size in both 2016 and 2017 is $-.19$. In terms of effect sizes, the difference is considered small.

Substantiated CPS Referrals

In 2016, FRC service areas had a small but statistically significant higher rate of substantiated initial and additional referrals to CPS, compared to similar areas that are not served by FRCs: the substantiation rate in 2016 was 10.6 per 1,000 children in FRC service areas compared to 9.3 per 1,000 children in comparison areas. In 2017, there was no difference between the two groups: the substantiation rate was 10.1 per 1,000 children in FRC service areas compared to 9.3 per 1,000 children in comparison areas (see Table 4.) The effect size for 2016 is $.07$, which is considered very small.

Discussion

FRCs in this network serve communities that have more risk factors for child maltreatment than other FRC County areas (see Table 1). This demonstrates that FRCs are located in higher need communities. Because communities evolve and change, this comparison should be repeated every few years to reassure policymakers and community stakeholders that the FRCs continue to be well-placed.

Overall, the rate of initial CPS referrals was lower in areas served by FRCs than in comparison areas, which is consistent with the hypothesis that the FRCs prevent family situations from becoming so problematic that a CPS referral is needed (see Table 2). These results are similar to what other studies such as those in Allegany County, Los Angeles, and Teller County found (OMNI Institute, 2021; McCroskey et al., 2010; Wulczyn and Lery, 2018).

The largest difference in rates between the FRCs and the comparison area census tracts is for additional CPS referrals; that is, the prevention of families who were reported once to CPS (substantiated or unsubstantiated) from being referred again (see Table 3).

The pattern does not hold for the substantiated initial and additional CPS referrals: overall, there is a slightly higher rate of substantiated initial and additional CPS referrals in FRC service areas compared to comparison areas during one of the two study years (see Table 4). In terms of effect sizes, the difference is considered very small. Nevertheless, this finding is inconsistent with study expectations. An ecological decision-making difference may be contributing to this unexpected finding. On a countywide level, for example, when a report is screened in for investigation in FRC-served County, it has a much higher likelihood of being substantiated compared to the comparison counties (See Table 5.)

As shown in Table 5, both comparison counties substantiate a smaller percentage of referrals than FRC-served County. The tendency of FRC-served County CPS staff to substantiate accepted referrals more often may make the substantiated referral rates more likely to be higher compared to the other counties.

Table 5

Percentage of Children Involved in a Screened-in Report and Substantiated Report of Maltreatment in FRC-Served County and Comparison Counties (Unduplicated Count of Children)

Year and County	Number of Children Screened In for CPS Investigation	Percent of CPS Referrals Screened in for CPS Investigation	Number of Children Substantiated	Percent of Referrals Substantiated
2016				
FRC-served County	21,353	67.7%	5,083	23.8%
Comparison County A	113,197	89.1%	22,946	20.3%
Comparison County B	35,407	70.3%	4,376	12.4%
2017				
FRC-served County	19,696	64.2%	4,577	23.2%
Comparison County A	111,325	88.7%	23,006	20.7%
Comparison County B	34,481	68.3%	3,725	10.8%

Source: County child welfare agency data.

Some differences in practice that could make the substantiated referral rates more likely to be higher in FRC-served County compared to the comparison counties include:

- FRC-served County has narrowed its “front door” by improving its hotline procedures for accepting cases. Only 67.7% and 64.2% of CPS referrals were screened in for investigation in FRC-served County in 2016 and 2017, respectively, compared

to 89.1% and 88.7% in Comparison County A and 70.3% and 68.3% in Comparison County B (see Table 5). Calls that come in to FRC-served County's CPS hotline are vetted by supervisors who must approve acceptance of the case. In other counties, these approvals may be conducted by staff at lower classification levels.

- FRC-served County has been steadily refining how the staff use the Structured Decision Making (SDM) risk and safety assessment approach, including adding reinforcements for staff to use it at key points in the CPS investigation process.
- FRC-served County supplemented its SDM tool with the Safety-Organized Practice approach. This practice approach was adapted from Signs of Safety and other practice strategies by the SDM tool developers.

For more information about jurisdictions' differing approaches to investigations, see Tumlin and Geen (2000).

Study Limitations

Several study limitations should be pointed out that could affect the generalizability of the findings. First, weighting referral and substantiation rates to adjust for cases that could not be mapped to census tracts was conducted on a countywide level. Although different areas within a county may have different rates of successfully matching addresses, only countywide matching rates were available.

Second, some of the individual FRC service areas have relatively small populations, which can exacerbate the effects of measurement error (both in the 2016 American Community Survey and in county-provided referral rates). For this reason, the evaluation team focused on the overall network outcomes only (not each individual FRC). One might ask whether our aggregation of all FRC areas creates a MAUP (Modifiable Areal Unit Problem). The MAUP arises from the

imposition of artificial units of spatial reporting on continuous geographical phenomenon, resulting in the generation of artificial spatial patterns (Heywood et al., 2011, p. 8). Artifacts or errors are created when data are grouped into units for analysis; the grouping may distort or exaggerate the actual data pattern (Heywood et al., 2011; Wong, 2009).

The scale at which one chooses to analyze information—for the entire United States, by state, by county, or even block by block—can produce different results. For example, the cancer rate for the United States as whole is different from what it is for a particular state, which is different from that of FRC-served County, which is different from a particular neighborhood or census tract in FRC-served County. For this evaluation, we purposefully chose the scale to match the research questions and worked with data at the finest scale that was stable. It is difficult to determine what amount of bias we introduced by defining a geographical boundary in this way. Future studies will need to determine whether the results hold across that boundary (i.e., FRC service area) because that boundary is a meaningful distinction, or whether pockets within that aggregation are driving certain outcomes (and potentially masking others).

Finally, counties may vary in how they approach screening and substantiation of their referrals to CPS. These ecological differences in decision-making at the county level are difficult to control for.

Conclusion

Overall, we found that FRC service areas had higher levels of risk factors for nine of the 10 variables (all except the percentage of housing units that are vacant) compared to the rest of FRC-served County. Rates of initial and additional CPS referrals for the FRC-served communities were lower than other communities. While the effect sizes are small, these findings corroborate findings of other FRC studies discussed earlier.

The pattern does not hold for the substantiated initial and additional CPS referrals: overall, there is a slightly higher rate of substantiated

initial and additional CPS referrals in FRC service areas compared to comparison areas in 2016. Future studies should carefully measure substantiation rates, considering ecological effects in how CPS referral decisions are being made.

While the promising findings of the current evaluation can inform work in other communities, additional studies using longitudinal designs, randomized control trials, quasi-experimental designs, return on investment analyses, and complex system study designs are needed (see, for example, Caffrey & Munro, 2017; Casey Family Programs, 2019; Hargreaves, 2014; Kania & Kramer, 2013). In addition to examining effects of FRCs on child maltreatment rates, future evaluations should examine the role of FRCs in improving child and family well-being (e.g., connections to social support, mental and physical health, and educational readiness and outcomes) and how the COVID-19 pandemic has affected service delivery and impact.

The Family First Prevention Services Act (P.L. 115-223) authorizes the use of federal Title IV-E funds for prevention services, and a 2018 information memorandum from the Administration for Children and Families calls for child welfare agencies to develop and implement robust, coordinated approaches to proactively strengthen families and prevent maltreatment (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2018). While the Act focuses on children at imminent risk of placement, some state FFPSA plans are being approved that include programs to intervene earlier. FRCs are a promising strategy to address that call, though additional evaluations are needed to identify the most effective models and services.

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