

# Prevention Initiative Demonstration Project (PIDP) Year One Evaluation Summary Report



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## SPA Prevention Initiative Demonstration Project Networks

- SPA 1 Antelope Valley
- SPA 2 San Fernando Valley
- SPA 3 San Gabriel Valley
- SPA 4 Metro
- SPA 5 West
- SPA 6 South
- SPA 7 East
- SPA 8 South Bay

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Appendices for this document are available online. Please visit:  
[www.Casey.org/publications/resources/pidp.htm](http://www.Casey.org/publications/resources/pidp.htm)



# I. PIDP Overview

## **National Context: Child Welfare Service Delivery Redesign Is Occurring in Many Communities**

Across the United States, many large-scale county and state child welfare reformers who are experiencing success have implemented **groups of strategies**. Some of these include alternative response/differential response, structured safety and risk assessment approaches, aggressive and repeated searches for relatives, family group conferences, team decision-making, concrete help for families, community-based supports to strengthen families, and specific public policy reforms. **Among these agencies, there is growing recognition that no single solution exists for the complex challenges of helping families find needed supports, reducing rates of foster care, and enhancing child safety.**

## **Prevention Initiative Demonstration Project**

On February 26, 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP), an innovative countywide effort to demonstrate effective approaches to preventing child abuse and neglect. PIDP was launched as a \$5-million, one-year child abuse and neglect prevention project led by 12 community-based organizations selected as leads or co-leads of local networks that were serving each of the County's eight regional Service Planning Areas (SPAs). This first "year" of operation was later extended through June 30, 2009, allowing start-up time for new networks and up to 18 months of operation for more established networks. Guided by the values of collaboration and capacity building, DCFS and community organizations have been working closely with each other and with residents to demonstrate promising strategies that have been designed to ensure child safety, to support families, and to build on community assets.

DCFS deserves substantial credit for working closely with leading community-based organizations to frame the vision that led to PIDP and for encouraging, supporting, and investing in community-based ideas about how prevention should work in different parts of the County. In contrast to previous contract arrangements, DCFS did not predetermine what PIDP services should be but instead relied on local partnerships between community leaders and administrators of DCFS Regional Offices to develop approaches that fit the needs of eight different regions in this very large and diverse county. This evaluation report describes the background for developing PIDP; the conceptual basis supporting this approach to building communities, supporting families and increasing child safety; differences between SPAs in terms of demographics and resources availability; and the evolving prevention partnership between public and private sectors that supports this complex multi-faceted initiative. From the beginning, it has been clear that PIDP network leaders and their DCFS partners were not settling for "business as usual." They have developed a broad range of approaches, building on and deepening previous efforts, testing new ideas, importing and

enhancing ideas from other jurisdictions, engaging families and community groups, and developing and strengthening partnerships with DCFS and other County departments. The Request for Qualifications process developed by DCFS and its County government partners has drawn from the best of LA's extensive private sector, allowing small-scale efforts to expand, unleashing creativity, and giving local organizations an unprecedented opportunity to develop "proof" of a wide array of concepts and approaches.

## **Braiding Three Strategies Together**

Each of the PIDP networks focuses on impacting outcomes associated with the prevention of child maltreatment: decreased social isolation, decreased poverty and lack of resources, increased protective factors, and increased collaboration between the County's public child welfare system and community-based organizations. To do so, the networks are implementing three braided and integrated strategies: (1) building social networks by using community organizing approaches; (2) increasing economic opportunities and development; and (3) increasing access to and utilization of beneficial services, activities, resources, and supports. The three strategies rest on theories of change that suggest that increases in social capital resulting from social connection and network building strengthens family systems; relationship-based community organizing enhances community capacity for self-management and self-care; and enhancing protective factors associated with strong families increases children's safety and ability to thrive.

Braiding the three strands into a welcoming, flexible, and accommodating neighborhood-based web means that families can choose to engage on their own terms. In addition, relationships can be nurtured through civic engagement and community improvement projects, and network navigators can help people who need additional help accessing local services. This "no wrong door" approach to delivering services for families and children means that families can find what they want and need when they want it, DCFS workers can find the right kinds of help for the families they serve, and community organizations can help families navigate through a confusing array of programs and agencies. Perhaps even more important, however, is the fact that service delivery can be embedded in a public health approach that strengthens the web of social connections in neighborhoods throughout Los Angeles County.

This kind of holistic braiding adds some important new layers to the existing professionalized service delivery system where "clients" are identified as having problems, professionals assess and develop case plans, and people are referred to services that may or may not be integrated, accessible, or affordable. In addition to linking families to specific services in a time of crisis or need, the PIDP networks offer help with employment and family finances, navigating the maze of community services and supports, and empowering families to solve their own problems. Following the idea that three strands braided together are stronger than the separate strands, the intent of DCFS and the PIDP networks is to purposefully achieve a synergistic and exponential impact using all three complementary strategies.

## **Evaluation Challenges**

Evaluation of a complex multifaceted initiative like PIDP poses many challenges. These include describing the different approaches developed to serve very different communities; understanding local perspectives, starting points, and conditions; documenting change as a result of different kinds of activities; and making recommendations on how "best practices" and effective prevention strategies can inform a practical, forward-looking agenda for change throughout Los Angeles County. The evaluation team admires the creativity that PIDP has unleashed in so many communities, and it is humbled by the task of capturing so much energy and change in such a short period of time. This is the third and most comprehensive in a series of evaluation reports designed to highlight different aspects of the initial stages of the PIDP "journey." This report summarizes key evaluation findings thus far, based on data collected from different sources at different times.

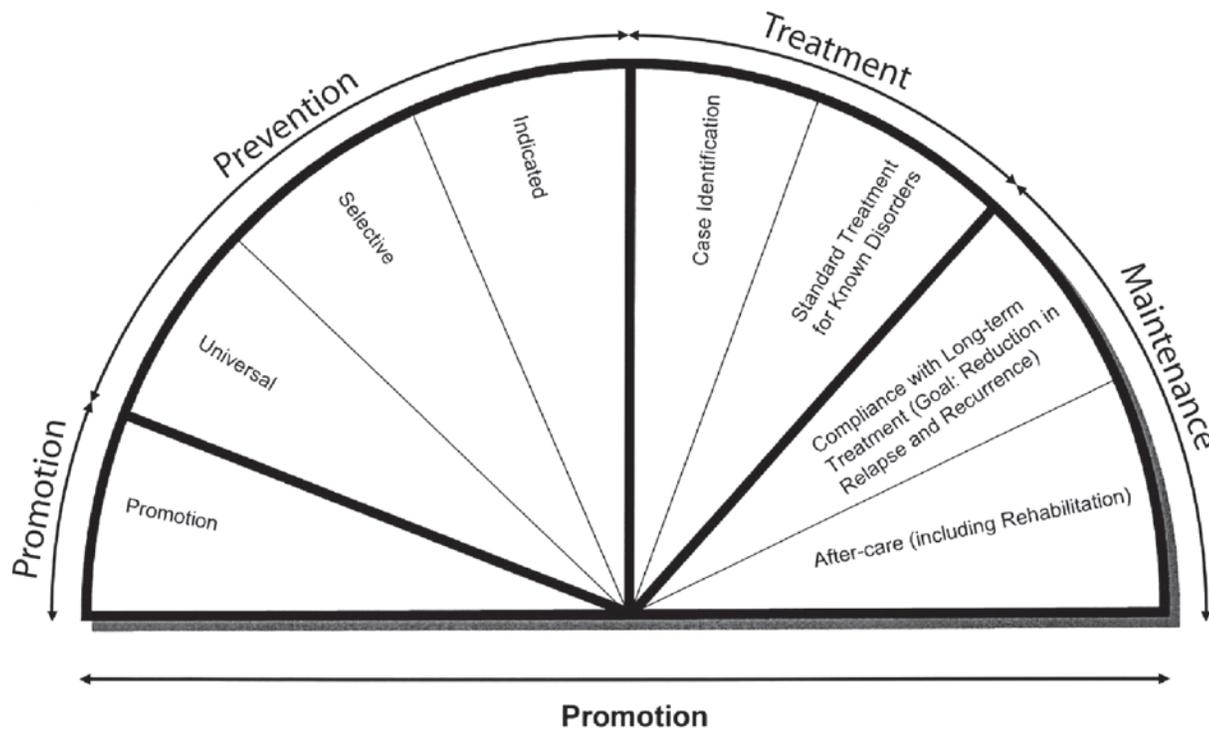
## Conceptual Framework for Evaluating Prevention

PIDP networks have developed community-level change models that recognize the strengths of all families, including those who are involved with DCFS as well as those who are not. The unique contribution of the three braided community-change strategies lies in working to mobilize each person's gifts, talents, assets, and strengths in the context of his or her daily life experience; in empowering families to care for themselves by building deep bonds between residents in their neighborhoods; and in developing pathways to support families working together to create and enhance neighborhood assets. In this period of economic turmoil, PIDP's emphasis on helping families address economic concerns has been especially important. While it has at times been challenging for DCFS and its community partners to stretch beyond the social services paradigm, focus on family economics — helping parents qualify for jobs, create small businesses, maximize tax options, and increase financial literacy — could not have been more on point.

In its initial formulation, PIDP networks were asked to develop *primary* prevention approaches directed to the entire community, along with *secondary* and *tertiary* approaches that would help families already engaged with the public child welfare system. Because resources only stretch so far and the spread of Los Angeles County is so extensive, most networks worked with their local DCFS regional offices to target the highest-need communities (by zip code) for this work. Thus, some activities offered by the PIDP networks have been restricted to small geographic areas, while others are open to all regardless of their home base.

As diagrammed in Figure 1.1, a broader conceptualization based on findings from the emerging prevention science now exists that places various services and other strategies along a continuum of health *promotion*, *universal*, *selected*, and *indicated* prevention programs (National Research Council and the Institute of Medicine, 2009). *Promotion* refers to strategies designed to encourage or nurture good health. *Universal* is the term applied when a prevention program is helping all populations. *Selective* is the term applied when focusing on only vulnerable or high-risk populations. *Indicated* is the term used when prevention programs focus on working with individuals with early symptoms or a problem of illness (Mrazek & Haggerty, 1994). The PIDP array of approaches is congruent with this conceptualization, and network activities span multiple levels of prevention.

**Figure 1.1**  
**A Continuum of Promotion and Prevention Strategies for Mental Health**



Source: National Research Council and Institute of Medicine. (2009). Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities. Washington, DC: The National Academies Press.  
[http://www.nap.edu/catalog.php?record\\_id=12480](http://www.nap.edu/catalog.php?record_id=12480) Reprinted with permission.

During the extensive discussion leading to the development of PIDP, several leading organizations in LA have developed a consensus around a “community-level change model” that reflects their perspective — and an increasing consensus in LA — on prevention. The group includes a regional collaborative of PIDP networks from SPAs 2, 4, 7, and 8, the Children’s Council, First 5 LA, and the Magnolia Place Network.<sup>1</sup> This community-level work is aimed at improving the same five outcomes for children and families that were adopted over a decade ago by the Board of Supervisors as guiding all of the County’s efforts: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/ Workforce Readiness.<sup>2</sup>

This ecological orientation shows how social networks and relationship-based community-organizing approaches can enhance traditional social service delivery systems that focus on intervention for those identified as being “in need.” In this scheme, protective factors work to strengthen social connections, sense of community, and civic engagement, which leads to enhanced networks, more assets, and improvements at the community level. The core values that inform this approach are: (1) empowerment is the key to self-sufficiency; (2) collaboration is about equal relationships where people share power and money; (3)

1 First 5 LA is a unique child-advocacy organization created by California voters to invest tobacco tax revenues in programs for improving the lives of children in Los Angeles County, from prenatal through age 5. [www.first5la.org](http://www.first5la.org)

2 These outcome areas were developed by the Children’s Council (then the Children’s Planning Council) and adopted by the Board of Supervisors in 1993; they have been reflected by a series of biannual LA County Children’s ScoreCards beginning in 1994.

organizing is the most effective way to change neighborhoods; (4) given the opportunity, neighborhood residents will make good decisions and choices for themselves, their families, and their communities; and (5) adequate resources need to be available so residents have the practical ability to act on their own behalf.

“Within the model, the foundational building block for achieving individual family and community-level change is developing relationship-based resident groups (sometimes referred to as Neighborhood Action Councils or NACs) through the organizing model developed over the past ten years by South Bay Center for Counseling. Based on the Asset Building Community Development Model of John McKnight, resident groups are formed by members coming together to be each other’s support systems, to learn and grow as individuals, and to become more aware of and involved in improving their neighborhoods.”<sup>3</sup>

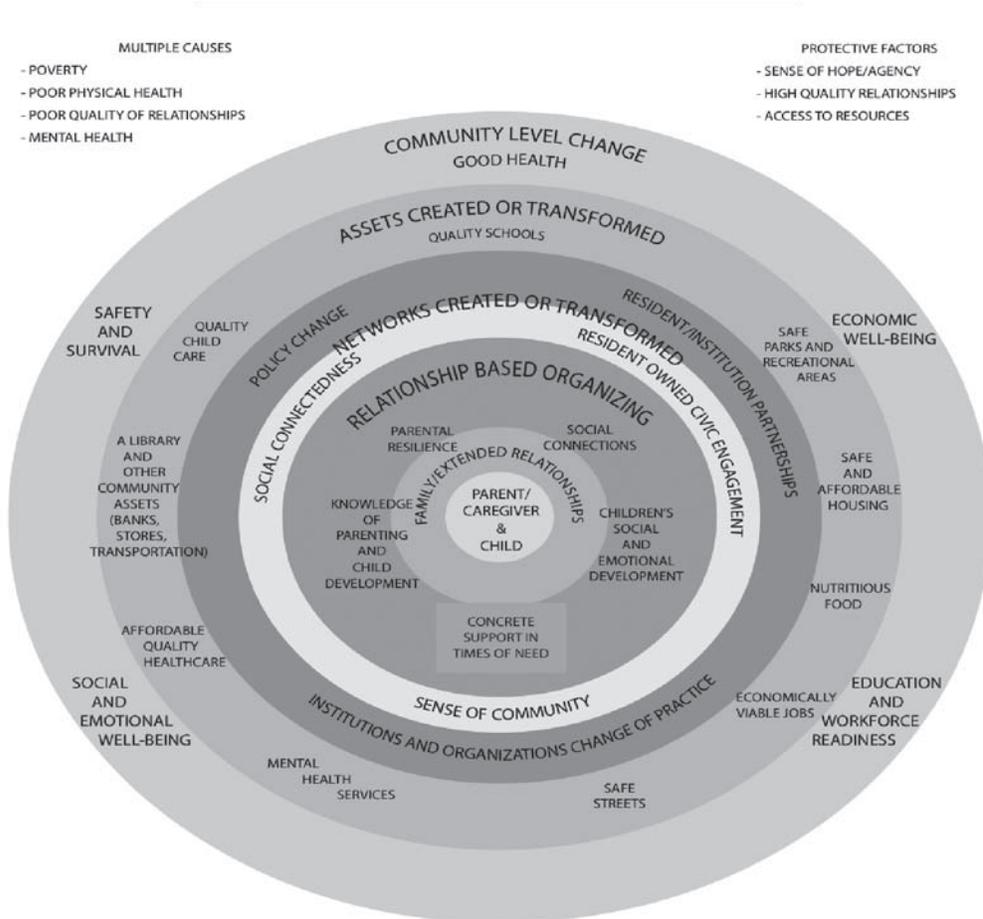
Research from the Strengthening Family Initiative shows that key family protective factors known to diminish the likelihood of child maltreatment include parent resilience, social connections, knowledge of parenting and child development, children’s social and emotional development, and concrete support in times of need (Center for the Study of Social Policy, 2009): “Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminish.”

The community-level change model illustrated in Figure 1.2 guides much of the PIDP work in LA. It shows a series of concentric circles, at the center of which are children and families.

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3 Pat Bowie as quoted by Susan Kaplan, Executive Director, Friends of the Family. See description of SPA 2 PIDP network in Appendix G.

**Figure 1.2**  
**Community-Level Change Model**



Development facilitated by Patricia Bowie and Cheryl Wold in partnership with The Children's Council, the Magnolia Place Network, and First 5 LA

In a county as large as Los Angeles, it is virtually impossible for even the best intervention programs to keep up with the demand for services to address the problems of individuals and families. The power of PIDP is that it has helped network leaders band together to think creatively about the long-term prospects for prevention and community-level change. While individual agencies never seem to have enough to go around, these networks have been able to draw on shared resources, making better use of what was already available, not duplicating services, and increasing the capacity of each individual member as well as the whole.

Network approaches help to build and use connectivity among people and organizations to bring about socially desirable ends. Social networks help people overcome isolation, instilling confidence and self-worth by broadening the personal, material, and informational resources that individuals and families can rely on (Bailey, 2006). In a similar fashion, organizational networks play a critical role in helping organizations spread innovation and adapt to change. Having the capacity to adapt to change means having the ability to harness knowledge and creativity to fashion unique responses, stimulate organizational learning, and sometimes embrace and successfully achieve transformational change (Sussman, 2003).

While application of network research and theory to the child welfare arena is quite new, the basis for our understanding of the potential of social and organizational networks has evolved from research and theory contributed from a number of fields over the past 40 to 50 years. Social learning theorists have shown that personal and systems change are predicated on developing new knowledge and skills. This kind of learning is related to an individual's ability to allocate resources, innovate, adapt, and solve problems.

In 1962, Everett Rogers' book *Diffusion of Innovations* described how, why, and at what rate new ideas spread through a culture or group. Rogers outlined the five stages of adoption of innovations: (1) the introduction of new knowledge; (2) persuasion or forming an attitude towards the knowledge or innovation; (3) the decision to adopt or reject the idea; (4) the implementation of the new idea; and finally (5) the confirmation of one's decision. Since individuals function as the trusted intermediaries or critical links between the stages of knowledge and persuasion in Rogers' theory, the social and organizational networks supporting these individuals are critical. Even with regular access to new information through technology and media, trusted people remain the best conduits of information. For example, studies from the field of Library Information Science demonstrate that workers spend a third of their time looking for information and are five times more likely to turn to a coworker than another explicit source (Dalkir as cited in Deek, 2008).

In personal or social networks, people tend to cluster and connect where there is familiarity, safety, and intimacy. Social network theorists define this as "Bonding Social Capital," suggesting that such social capital brings social and emotional well-being and improves our ability to "get by" in times of need (Bailey, 2006). The seminal work of sociologist Mark Granovetter (1973) introduced the value of the small-world phenomenon by measuring the "strength of weak ties." While individuals may cluster in groups based on similarity and intimacy, an individual's success has more to do with their extended chain of acquaintances. It is these weaker social ties (acquaintances) that account for expanded reach of information, innovation, and access to resources. Successful people tend to be connected to a variety of chains of people or networks rather than relying on deep connections within a single group or network (Watts, 2003).

What often happens is that individuals and organizations form small clusters with little or no diversity. Everyone knows what everyone else knows and no one knows what is happening in other clusters or groups. This lack of outside information limits new ideas and innovation. Trusted members of the network, however, can introduce new information, innovations, or linkages that have the best chance of being adopted.

The economist Vilfredo Pareto first introduced the concept of power laws and distribution now known as the 80/20 Rule. Pareto postulated that 20 percent of the population owned 80 percent of the property, and this could be measured over time and throughout history. This power law distribution is now used to understand what physicist Albert Lazlo Barabasi has termed Scale Free Networks. In these networks, a few large events, people, or "hubs" carry most of the action or are the most "connected" to everything and everyone else. Networks are made up of numerous "hubs" that in turn connect to smaller hubs eventually arriving at individual "nodes." While many of the nodes (or individuals within a community) are connected by an indirect link to the hubs (well-connected trusted intermediaries), the pathway of any individual node to a hub is short (Barabasi, 2003).

Understanding how individuals can be connected highlights the potential of social and organizational networks to help people in local communities address challenges and find solutions to their own problems. In a place as large as LA, the number of individuals functioning in the role of hub or connector should not be limited. In fact, continuing attention to building hubs and connections is necessary to achieve economies of scale. Healthy vibrant networks have numerous hubs with dense ties to many other hubs as well as to individuals. The role of connector is rarely assigned but is most often self-determined through self-agency, a sense of community, and civic engagement.

Relationship-based building strategies, such as those included in PIDP, intentionally strengthen social networks, contributing to social and emotional well-being and helping people get by in times of need, thus

reducing the need to access services. Relationship-based building strategies also foster a sense of personal resiliency, self-agency, community belonging, and social connectedness so that people are willing to act as hub or connector for others.

Child welfare systems will always need to rely on a number of strategies to ensure child safety. One of the unique aspects of PIDP is that it intentionally builds on network theory to guide development of organizational PIDP networks in each SPA, supporting development of community-based interpersonal networks at the level of smaller communities. Developing and strengthening these organizational and community networks augments service delivery strategies through wellness promotion, preventing the need for professional intervention but also linking people to effective intervention in times of need.

## **Parallel Changes Are Occurring Inside DCFS Offices**

During the last few years, DCFS offices have also adopted a prevention-oriented perspective, making significant strides in supporting families at their “point of engagement” with the child protective services system by engaging parents and providing individualized responses to family needs, including linkages to community-based resources, services, and supports. Starting in 2004, Point of Engagement (POE) has become the Department’s umbrella for a number of internal reform strategies including Team Decision Making, Structured Decision Making, Concurrent Planning, and others. DCFS has been able to use the financial flexibility afforded by the Title IV-E Waiver to support prevention, assessment, and early intervention in order to keep children safely at home whenever possible.

DCFS offices have also worked to enhance partnerships with other County departments. One key alliance is the Linkages partnership with the Department of Public Social Services (DPSS), which co-locates DPSS staff in DCFS regional offices where they can give immediate assistance to families facing economic hardship. Another is the partnership with the Department of Mental Health, which has been significantly enhanced through formal agreements under the *Katie A.* settlement that specified that a broad range of mental health services be available to children served by DCFS. With all of these initiatives happening at the same time, DCFS is working to prevent child maltreatment and provide individualized help, referrals, and supports to families referred to the child protective services system by investing in three overall strategies: (1) engaging families from their first contact with child protective services; (2) enhancing teamwork internally and with key institutional partners; and (3) creating effective community partnerships in neighborhoods throughout the County. PIDP is only one of these community partnerships designed to support departmental efforts to assure that children live in safe, stable, and nurturing families, but it provides an interesting central vantage point from which to view public and private contributions to the overall child welfare system in Los Angeles County.

### **A Regional Office Reaches Out**

When the goal is preventing abuse and neglect, the strategy has to include reaching as many vulnerable families as possible before problems turn into crises that require removal of children from their home. The Vermont Corridor DCFS office in SPA 6 is particularly situated to do just that. First of all, they have a dedicated staff person, Amber Ellis, whose title is Community Resource Coordinator. She works full time on prevention strategies and, along with her office colleagues, is institutionalizing a process to help families get help sooner.

Ellis' salary is not supported by PIDP, but she joined the staff of the Vermont Corridor office in 2008 as the initiative was getting underway, and her time is devoted 100 percent to prevention and resource development. Every time the office closes a referral, she sends the family a letter that includes information on resources in their neighborhood, with type of service, agency name, address, and phone all listed. Assistant Regional Administrator Pati Cegarra said, "Any referral that's closed gets the letter and a prevention flyer saying: 'This is for you to keep. Hang onto it. You can call at any time.' Our hope and expectation is that someone two months from now, six months from now, will call, and we will be able to help."

Regional Administrator Chuck Tadlock added, "This is a 180-degree turn from where we were 10 years ago when people would never call us." Ellis beats the bushes to find resources and make sure she knows every possible avenue for families. "It's all about networking and I love it," she said. "It's calling around and word of mouth and not giving up when they tell you no. You just keep going." Success can be as simple as finding a church that donates 600 bus tokens a month so that families without cars can get to services and meetings. This church likely would not appear on a formal list of county resources, but it's this kind of support that gives the Prevention Initiative depth. All of the regional offices are taking a new look at what's available in their communities. Tadlock said, "We began to see it was a myth that SPA 6 was resource-poor. Maybe it is when compared to some of the other SPAs, but we found there are lots of resources here and people just didn't know about them. We're unearthing these resources and connecting the dots."

After they connect the dots, they spread the word. Ellis and Cegarra make sure they communicate within the office as much as outside it. Cegarra said, "It's not just a matter of getting the community to trust us. It's a matter of us trusting ourselves." So she talks up success stories to her colleagues and compliments workers whose clients are successful.

Ellis said she tries to make it easy for her colleagues. "When I go to unit meetings with the social workers, I ask them to throw a bunch of forms and flyers in the car." If a family doesn't have groceries, for example, the social worker can circle food on the form and drop it off at Ellis' desk for follow-up. This saves the social workers time and gets help faster for the families. Word of mouth plays a big role in the outreach. "It's not just the flyer," Cegarra said. "It's this family telling this other family telling this other family. It's this agency telling this other agency." And so the word is out: If a family needs help, they call one of the PIDP agencies. Or they call DCFS. This is a major change in everyday business at DCFS.

The Vermont Corridor office of DCFS has another advantage: It is co-located with other county departments that handle general relief, mental health, and child support. Some 50,000 people come through the doors in a given month, which itself is a networking opportunity not to be missed. Amber Ellis "walks the line" on days when families come in to apply for or check on their public assistance or food stamps. She gives them the flyer and talks to them about available services and where to get help.

Source: Edgar, 2009, pp. 21-22.

## **The Larger Context of Reform in Los Angeles Must Be Considered**

As one of the most recent in a long list of community-based change efforts, PIDP is fortunate in that it builds on several decades of related experiences. Just as DCFS has been working for years to integrate the many strands of reform into a more effective overall practice model for public child welfare, their non-profit organization partners have also been working to develop network relationships that support DCFS-contracted services such as Family Support and Family Preservation, as well as related initiatives funded by other County departments, First 5 LA, and others. LA has a long history of building community capacity through networks, strengthening cross-organizational relationships, and improving communications across different communities and systems (McCroskey & Yoo, 2002). The Children’s Council of Los Angeles County (formerly the Children’s Planning Council, [www.thechildrenscouncil.net](http://www.thechildrenscouncil.net)) has been among the key players in community organizing and systems change since its creation in 1991. The Council’s network of Service Planning Area Councils and the American Indian Children’s Council (AICC) has played a leading role in more than half of the PIDP networks.

First 5 LA has also invested in an extensive network of grantees including many of those playing lead roles in PIDP ([www.first5la.org](http://www.first5la.org)). Through initiatives such as Partnerships for Families, School Readiness, Family Literacy, Best Start LA, and Healthy Kids, First 5 LA has also helped to lay the groundwork for cross-organizational collaboration and place-based connections designed to link those working in the same communities. With so much overlapping activity, it can be difficult to follow the multiple connections and relationships, but the fact that these initiatives include many of the same players strengthens all of the networks, increasing the possibility that community connections will deepen and continue over time, and that promising practices will be institutionalized and “taken to scale” across the county.

All of this previous work — changing child protective services practice within DCFS, building community-based networks, and increasing capacity for integration, coordination, and collaboration — meant that LA had a jump start in creating its PIDP networks.





## II. Evaluation Design and Measures

### Evaluation Overview

Initial discussions had identified the need for evaluation results that could help agency leaders (1) identify best practices in teamwork, family engagement, case management, and collaboration between community-based networks and County departments; (2) make recommendations on how County government and its community partners could bring these best practices to scale; (3) revisit current County service contracts (such as DCFS's Promoting Safe and Stable Families Family Support contracts) to incorporate findings and best practices into future-year contracting; and (4) leverage external resources to support and sustain the most effective aspects of the PIDP initiative over time.

Because DCFS offices are changing their internal practices in parallel with the emergence of these community-based networks, the PIDP evaluation team has focused on collecting qualitative and quantitative data on interactions and synchronicity between PIDP and POE. During 2008, evaluators reviewed documents and analyzed emerging networks, administered on-line surveys on organizational change, and conducted interviews and focus groups with DCFS staff. During the first half of 2009, the evaluation team surveyed staff from participating community-based organizations (CBOs), interviewed parents, conducted focused studies of specific PIDP network approaches, and analyzed data collected by DCFS. In addition, the team helped DCFS collect data on the lessons being learned around the county at two PIDP learning forums, one in November 2008 and one in April 2009.

### Evaluation Team Goals and Process

Because of the many initiatives underway in Los Angeles at the same time, it is very difficult to pinpoint the unique contributions of PIDP to specific changes such as reductions in referrals to child protective services, shortened lengths of stay in foster care, or numbers of children re-entering out-of-home care. Since many of the potential contributing factors cannot be controlled, the evaluation team did not seek to isolate one particular reform strategy or practice approach as accounting for a particular improvement in outcomes for families. Rather, we sought to understand the *value added* by PIDP in the complex multicultural communities of LA and to identify areas for improvement.

The evaluation team was tasked with describing the development of PIDP and tracking results during its first "year" (February 2008-June 2009). The team was as multifaceted as the initiative itself, including faculty and students from six universities, liaisons from the eight PIDP networks, and staff from key funding agencies: DCFS, Casey Family Programs, and First 5 LA. (See Appendix A for a list of evaluation team

members and advisors; and Appendix B for a map of county planning areas). Understanding that DCFS internal practices were changing at the same time that they joined with community-based networks, the evaluation team realized that they would not be dealing with a simple linear set of changes. Instead, PIDP poses a set of complex questions related to the diffusion of innovation through a cascading set of changes that networks are uniquely able to manage. Scientists are now referring to these kinds of change patterns as “cascading diffusion.” In order to track changes during the first year of PIDP, the evaluation team decided to use a *mixed methods* and *place-based* evaluation approach to collect different kinds of data from multiple informants.

The overall study design includes methods that (1) assess network development; (2) track changes within DCFS offices and relationships between DCFS offices and community partners; (3) describe responses from participating families; (4) assess promising approaches; (5) test outcomes for children; and (6) provide contextual information on the interactions and synchronicity of multiple prevention-oriented strategies.

## Research Questions and Design

The PIDP evaluation focused initially on the extensive set of evaluation questions listed in Table 2.1. Questions were organized by the level of inquiry: (1) countywide; (2) SPA-level PIDP networks and participating Community-Based Organizations or CBOs; and (3) parents, children, and communities. Because there is a potential for this evaluation to extend beyond the initial one-year implementation of PIDP (due to the Title IV-E Waiver, First 5 LA investments, and continuing focus on improving integration and coordination among County departments), evaluation questions were structured to provide useful data within the 12-month timeframe of the PIDP with the possibility of collecting additional data after June 2009.

**Table 2.1**  
**Framework for Evaluation Questions**

Year 1 Baseline and Implementation	Years 1 – 4 Proximal Change	Year 5 Long-Term Impact
<b>Evaluation Area I: County-wide organizations</b>		
How do County agencies share information, communicate, and coordinate with each other and with CBOs? What do these relationships look like? How do attitudes and structures at the County level affect interactions with families and case management practice across agencies?	How/in what ways have these relationships changed over time? How/in what ways have attitudes changed? How/in what ways have structures for communication and coordination changed? How/in what ways has case management practice changed?	Were changes in information sharing, communication, and coordination among County departments, and with CBOs and other community groups, sustained over time? What were the most effective strategies for making and maintaining improvements?

**Evaluation Area II: SPA-level PIDP networks and participating CBOs**

<p>How do PIDP CBOs and networks share information, communicate, and coordinate with each other at the regional level? What do these relationships look like? How do attitudes and structures at the regional level affect direct practice with families and communities? How do individual CBOs and networks work with multiple County departments? How do they leverage resources beyond County government?</p>	<p>How/in what ways have these relationships changed over time? How/in what ways have attitudes changed? How/in what ways have structures for communication and coordination changed? How/in what ways have CBOs and networks enhanced relationships with County departments? How/in what ways have CBOs leveraged resources?</p>	<p>To what extent have changes in information sharing, communication, and coordination changed practice? Have participants formed cohesive entities? What are the best practices in leveraging and sustaining resources over time?</p>
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**Evaluation Area III: Parents, children, and communities**

<p>What are the roles of the PIDP CBOs and networks in outreach to parents and community residents? How do they meet the needs of parents and community residents in terms of information, support, and access to services? What are the attitudes of parents and community residents towards the agencies involved and the help provided? Do social connections and community cohesion affect use of local resources? How do resource availability patterns affect parents in different parts of the County?</p>	<p>How/in what ways have parental attitudes and engagement with PIDP CBOs and networks changed over time? How/in what ways have the relationships between parents, CBOs, and County departments changed over time? Which resources are most important to parents and communities in improving parenting and enhancing protective factors?</p>	<p>To what extent has PIDP changed the information, support, and services provided to parents and community residents? How do parents and community residents use the information, support, and services? What do parents and community members believe are “best practices” that should be expanded and sustained?</p>
	<p>Have child welfare outcomes and processes changed over time? Indicators include:</p> <ul style="list-style-type: none"> <li>• Child maltreatment referrals</li> <li>• Rates of substantiated child maltreatment</li> <li>• Use of differential/alternative response systems</li> <li>• Children under court jurisdiction</li> <li>• Children placed in out-of-home care</li> <li>• Use of kinship care as a placement option</li> <li>• Length of stay and returns to foster care</li> <li>• Use of less restrictive placement options</li> <li>• Exit patterns for children leaving foster care</li> </ul>	

**Over time, the team narrowed its focus down to six key research questions:**

1. What value does PIDP add to the existing system of children’s services and supports for families?
2. What does collaboration look like within the PIDP networks?
3. How have the PIDP networks improved information sharing, communication, and coordination?
4. Do the SPA-based PIDP networks add value to the existing array of services and supports for families and children?
5. How have DCFS administrators, supervisors, and staff responded to PIDP?
6. What are some key or notable approaches being used by PIDP networks?

Multiple data sources were needed to answer these questions. Data were collected from DCFS regional offices, countywide DCFS administrators, SPA-level networks with participating CBOs and other local partners, parents participating in PIDP activities, and DCFS records. All of the methods described below were guided and shaped through discussions with the CBO networks and DCFS staff.

“Place-based” evaluation strategies focused on describing practice in DCFS regional offices and prevention networks, including teamwork and improved functioning over time. Reports from and discussions with CBOs helped to define specific approaches taken in each SPA, and they provided case-specific illustrations of impact as well as network contributions in leveraging local resources to meet the needs of families. An agency network “map” (which built on work already underway at First 5 LA) was also constructed to illustrate SPA-based organizational relationships and financial leveraging. The value-added approach taken by the evaluation team recognized that PIDP was not an entirely new or stand-alone initiative, but rather that it was designed to build on programs already in place, adding new ideas, approaches, and layers to the existing system.

## **Evaluation Measures, Data Sources, and Data Collection Procedures**

### **Network Collaboration Survey**

The Network Collaboration Survey was an online survey that addressed respondent characteristics (e.g., demographic information, level of education, length of employment); organizational characteristics (e.g., size, history in community, key areas of service/support); agencies’ involvement in community-building activities; and indicators of effective inter-agency collaboration (i.e., the Wilder Collaboration Factors Inventory). The Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, Monsey, & Wilder Research Center, 2001) includes 20 domains addressing aspects of inter-agency collaboration.

One response per agency was collected from funded agencies (i.e., subcontracted), core agencies (i.e., unfunded), and DCFS offices involved in the PIDP. Typically, the primary PIDP contact at each agency completed the survey on behalf of the agency. The lead agencies within each SPA indicated both the agencies involved and the person at each agency who should complete the Network Collaboration Survey. The survey participant was sent an email invitation to participate in the survey on December 1, 2008; multiple reminder emails were sent, and data collection ended on January 27, 2009. Of the agencies contacted, 92 of 97 responded for an overall response rate of 95% (see Table 2.2).

**Table 2.2**  
**Network Collaboration Survey Response Rates**

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
<b>Number of agencies surveyed</b>	8	19	9	10	10	9	11	21	97
<b>Number of agencies responded</b>	7	18	9	10	9	8	11	20	92
<b>Response rate (%)</b>	88%	95%	100%	100%	90%	89%	100%	95%	95%

### Network Mapping

Using a variety of information sources, a network map of each SPA was created that illustrated the organizations, programs and funding sources for that area related to child welfare (see Appendix C).

### Agency Staff Survey

The Agency Staff Survey was an online survey that addressed respondent characteristics, attendance at meetings, collaboration, knowledge gained, availability of resources, protective factors, benefits of PIDP, and PIDP’s visibility within the community. The primary contact at each agency identified the staff at their agency they considered to be actively involved in PIDP activities. The identified individuals were sent an email invitation to complete the survey on April 23, 2009; multiple reminder emails were sent, and data collection ended on June 1, 2009.

In five of the eight networks, we were unable to obtain contact information for staff at a few agencies (range: 1-3 agencies) and so they were not included in the sample. Of the individuals we did contact, 175 of 199 responded for an overall response rate of 88% (see Table 2.3).

**Table 2.3**  
**Agency Staff Survey Response Rates**

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
<b>Number of agency staff surveyed</b>	18	33	33	24	18	16	20	37	199
<b>Number of agency staff responded</b>	15	27	29	22	16	16	16	34	175
<b>Response rate (%)</b>	83%	82%	88%	92%	89%	100%	80%	92%	88%

### Parent Survey

The parent survey was a paper-and-pencil survey administered as part of focus groups held in five SPAs, and administered through the PIDP network in a sixth SPA. The survey was formatted as a retrospective-pretest, meaning that on several items, respondents were asked to answer according to what they thought “before joining this group” and then what they thought “today.” The survey addressed protective factors, including nurturing and attachment, parent resilience, and social connections. The questions came from several sources, including First 5 LA’s School Readiness Parent Survey, the FRIENDS Protective Factors

Survey, the Public Health Foundation Enterprises WIC database, and the Annie E. Casey Foundation's National Survey Indicators database.

### **Parent Focus Groups and Administration of Parent Survey**

Although efforts were made to conduct both focus groups and surveys with parent participants in all eight SPAs, evaluators could not collect these data in SPAs 1 and 5 due to time constraints. Participants identified by PIDP networks were asked to participate in focus groups and/or to complete the brief survey. Focus groups in SPAs 4, 7, and 8 were conducted by Todd Franke; in SPA 6 by Phillip Nunn and Todd Franke; in SPA 3 by Cheryl Wold from the Children's Council (with assistance from Pat Bowie and Taffinay Lim); parent survey data from SPA 2 were also collected by Cheryl Wold.

### **Specialized Sub-Studies**

Among the many specific prevention approaches developed by the PIDP networks, a few were identified early on by the PIDP networks as being of special interest. Some network lead agencies commissioned evaluators affiliated with local efforts to conduct special studies; these included faith-based parent-child visitation centers, family resource centers, Neighborhood Action Councils, and efforts to increase access to the Earned Income Tax Credit (through Volunteer Income Tax Assistance sites or VITA and the Greater LA Economic Alliance or GLAEA). Todd Franke worked with SPAs 4, 6, 7, and 8 to evaluate many of these special initiatives. One study focused on the visitation centers in SPA 8 serving the South County (formerly called Lakewood) and Torrance DCFS regional offices. Another focused on the Neighborhood Action Councils in SPAs 4, 7, and 8. The SPA 6 local evaluator Phillip Nunn also helped to conduct parent focus groups and collected data on utilization of the Ask Seek Knock (ASK) Family Resource Centers, including participation in job training and basic skills classes. Dr. Franke collected data from families in SPA 4 receiving VITA assistance. Evaluation consultants Cheryl Wold and Pat Bowie working with the Children's Council collected data from parents involved in PIDP activities in SPAs 2 and 3. In addition, the PIDP network in SPA 3 collected additional data on cultural brokers, parent advocates, and the Parents Anonymous® Shared Leadership in Action and Adult and Children's groups.

### **DCFS Focus Groups and Interviews**

The USC evaluation team collected qualitative data to document the unique experiences of each DCFS regional office and their relationships with the PIDP networks. Interview and focus group participants included 195 staff from 17 DCFS regional offices (two offices run by the same administrative staff combined their forces for the interviews) (see Appendix D). Participating staff in each office included regional administrators, assistant regional administrators, supervising children's social workers, and children's social workers. In addition to staff from regional offices, the team interviewed five DCFS deputy directors for a total of 200 DCFS staff respondents. These qualitative data were analyzed using a grounded theory approach; this approach was chosen because it is particularly helpful for studying program implementation across multiple sites due to its emphasis on the experiences and viewpoints of informants from each site (Gilgun, 1994). This approach helped the USC evaluation team identify patterns and themes among the unique experiences and viewpoints expressed within and across offices; evaluators used the themes to identify how implementation was similar and different across sites.

## Analysis of CWS/CMS and PIDP Program Monitoring Databases

The evaluation team reviewed program monitoring data tables and reports, incorporating descriptive data into this evaluation report. CWS/CMS data at the neighborhood level (by zip code) were used to help determine whether some of the PIDP/POE innovations had an effect on key outcomes such as re-referral to child protective services. DCFS staff members Cecilia Custodio, Rae Hahn, Thomas Nguyen, and Alan Weisbart implemented data runs so that confidentiality of case management data would be maintained.

## Network Reports on Local PIDP Approaches and Examples of Leveraging

PIDP networks provided detailed descriptions of their approaches and activities (see Appendices E, F and G) as well as identifying examples of how they have been able to secure additional local resources to augment PIDP activities (Appendix I).

## Study Limitations

Readers should note that other than the use of comparison groups formed by using nearby zip code areas for the child welfare management information system data, this evaluation study was not able to employ randomized assignment of neighborhoods to PIDP and non-PIDP networks or use extensive baseline data for longitudinal analyses. Furthermore, some of the networks and PIDP strategies are fairly new, and so the impact of PIDP networks could not be fully ascertained. But as mentioned above, the study team, DCFS, and the PIDP networks were able to implement successfully a *mixed methods* and *place-based* evaluation approach to collect different kinds of data from multiple informants. In addition, comparison groups are being formed by using nearby zip code areas so that differences in child abuse referrals and out-of-home placements can be described using DCFS child welfare management information system data.



# III. Eight Service Planning Areas (SPAs) Serve as the Geographic Framework for Implementing PIDP

## Los Angeles County Service Planning Areas

In 1993, the LA County Board of Supervisors adopted a set of eight geographic regions called Service Planning Areas (SPAs) as a geographic framework to support coordinated planning, information sharing, and data analysis at a sub-County level among health and human services agencies serving children and families (see map in Appendix B). The SPA concept was designed by The Children’s Council of Los Angeles County (then the Los Angeles County Children’s Planning Council) in conjunction with County departments, service providers, and community leaders to guide major County departments, other public systems, and the private sector to work together as they planned for improving services. In addition to taking the lead on charting SPA boundaries, the Children’s Council developed regional public/private bodies called SPA Councils, which are designed to develop local action plans and advise County leaders on key issues and policies. SPA Councils are made up of residents, parents, young people, and service providers, along with regional representatives of County departments. The nine-council system — which includes the countywide American Indian Children’s Council — is known collectively as the SPA/AIC Councils ([www.thechildrenscouncil.net](http://www.thechildrenscouncil.net)). The AIC Council was established as a non-geographic entity due both to the fact that LA has the largest population of urban American Indians in US (equitably spread across SPAs but unlikely to register as a focus of local efforts due to their relatively small numbers), and recognition that the sovereign status of Tribal governments alters their relationship with child welfare and other local government agencies.

As the largest county in the United States, Los Angeles presents enormous challenges for human service agencies. Not the least of these is the fact that County government has primary responsibility for providing health and safety services, while 88 cities and 81 school districts also provide essential services to the same families. Since these different jurisdictions do not use consistent geographic demarcations, the geographic basis of the SPA framework makes it easier to identify partners serving similar populations and to coordinate across jurisdictions. The network of SPA/AIC Councils provides regional forums for ongoing conversations about opportunities and challenges.

Along with other major County departments serving children and families, DCFS adopted the SPA boundaries several years ago as one way to demarcate service areas and organize local child welfare offices into groups that can communicate more effectively with external partners. While the specific boundaries of

local DCFS regional offices change often in response to changing needs, demographics, and available facilities, the SPA boundaries have remained relatively constant over time (adapted slightly after each census). For example, during 2008-2009, there were 18 DCFS regional offices (one of which houses special units rather than serving a designated local area). A number of the 17 regional offices that serve local communities also had “adjunct” locations to house overflow staff. Every year, there are a number of shifts in staff locations (e.g., when units previously housed in one building move into another). And larger scale changes can happen when new facilities are opened; for example, the previous Hawthorne and Century offices were combined into a Vermont Corridor office when a new building was completed in December 2007. Adjustments may also be made to the boundaries delimiting service areas for regional offices as managers respond to changing conditions (e.g., increases in referrals, changes in caseload standards, etc.).

**The value of the SPA boundaries for DCFS is threefold:**

1. They do not change as often as the DCFS boundaries demarcating service areas for local offices.
2. They provide geographic “definitions” that are stable and widely recognized among DCFS partner agencies.
3. Facilitating eight SPA-based community collaboratives is less time- and labor-intensive than maintaining 17 smaller collaboratives since DCFS staff can share the work across offices.

Most of the SPAs include several DCFS regional offices; only two SPAs cover just one DCFS regional office. Because PIDP was organized around SPA boundaries, changes to DCFS boundaries during 2008-2009 did not confuse or impede PIDP implementation.

In some cases, use of SPA boundaries has encouraged collaboration between DCFS regional offices serving communities facing similar challenges. For example, an administrator in the Vermont Corridor office reported that they had combined the two community advisory committees that worked with the old Hawthorne and Century offices into one group. Then planning for PIDP illustrated the common issues shared across the three offices in SPA 6, so all of the advisory groups were combined into one group for the whole SPA.<sup>1</sup>

“...So now we have one community council where we used to have three (Wateridge, Vermont Corridor, and Compton). The advisory committee sort of has subgroups that may represent specific needs of those communities. But instead of having three different meetings where we would probably see the same person from the community attending the meetings, we decided we would be smart and hold one meeting. The community agreed; they were fine with that.”

Because LA is so large, the eight sub-county SPA regions do not demarcate small communities; rather, they include large numbers of people who live in incorporated cities, County-unincorporated communities, and many smaller neighborhoods and places defined by electoral jurisdictions (e.g., city council districts, school districts) or local use. Most SPAs encompass far-flung geographic areas with only one area (SPA 4) having a relatively condensed territory. By and large, the total number of people living in each SPA is larger than those of several states, with populations ranging from almost two million in SPA 2, the San Fernando Valley, to 305,400 in SPA 1, the Antelope Valley.<sup>2</sup>

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1 Interview with Regional Administrator, Vermont Corridor DCFS office, November 18, 2008.

2 These data are based on the 2000 Census.

In 2006, LA County was home to 2.8 million young people under age 18. These children and their families all faced the challenges of living in a huge multicultural urban area, but there were also dramatic differences between economic conditions, ethnic/racial distribution, and the resources available to families in different parts of the County. The following brief summaries outline some of the key issues facing children and families in each SPA based on data from the most recent Los Angeles County Children's ScoreCards (2006, 2008).<sup>3</sup>

Because we know that poverty matters to children and their families — and it matters a great deal when thinking about child welfare and family well-being — each summary includes the poverty rates. Substantial differences in ethnic/racial residential patterns are highlighted, along with other factors that can impede or support child and family development.

### **SPA 1.**

Antelope Valley, which covers the largest geographic area but has the smallest number of County residents, had 107,515 children and youth aged 17 and younger in 2006. In terms of ethnic/racial breakdowns, 39.2% of residents were Latino, 16.6% were African American, 0.6% were Asian/Pacific Islander, and 40.9% were white. More than a quarter (27.2%) of the children lived in families with incomes below the federal poverty level, and almost half (48.2%) lived in low-income families (family with incomes below 200% of the poverty level). In terms of educational achievement at third grade, 30.2% of students tested at advanced or proficient levels in reading, and 46.2% were advanced or proficient in math. Other factors that may have contributed to child maltreatment rates in SPA 1 included the following: only about half (55%) of young adults aged 18-24 were in school or employed; 220 children (17 or younger) were known to be homeless with their families; 27.9% of parents reported having difficulty finding adequate childcare for children under age 6; and the teen birth rate was 11.1 (per 1000 females age 10-17). The SPA 1 territory includes two DCFS regional offices, one in Lancaster and one in Palmdale, the primary population centers for this high desert region.

### **SPA 2.**

The San Fernando area includes the San Fernando Valley section of the City of Los Angeles as well as several other incorporated cities stretching into the Santa Clarita Valley. This SPA had the largest number of young residents in 2006 — over half a million, or 559,233 children and youth. Half (50.3%) of the residents of SPA 2 were Latino; 3.6% were African American, 0.3% were Asian/Pacific Islander, and 36.6% were white. A smaller percentage of children lived in families with incomes below the poverty level (16.6%), but 35.2% of children lived in low-income families. In terms of education, 37.7% of third-grade students tested as advanced or proficient in reading, and 59.3% were advanced or proficient in math. Other factors that may have contributed to child maltreatment rates in SPA 2 included the following: most (86.7%) young adults aged 18-24 were in school or employed; 1,001 children were known to be homeless with their families; 33.7% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 5.7. The two DCFS offices serving SPA 2 are the San Fernando Valley office in Chatsworth and the Santa Clarita Valley office.

### **SPA 3.**

The San Gabriel Valley area had 487,335 children and youth. The area includes a number of smaller cities (and smaller school districts) in the northeast region of the county, known for their mixture of wealthier

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<sup>3</sup> All data are from the 2008 ScoreCard based on data for 2006, except for racial/ethnic breakdowns, which were taken from the 2006 Scorecard based on data for 2004. See <http://www.unitedwayla.org>

and poorer communities, and a startling number of Asian immigrants from mainland China, Taiwan, and Hong Kong. Over half (57.3%) of SPA 3 residents were Latino; 4.8% were African American, 20.8% were Asian/Pacific Islander, and 16.8% were white. About one-fifth (18%) had families with incomes below the poverty level, and 41% had low-income families. In terms of education, 35.9% of third-grade students tested as advanced or proficient in reading, and 58.6% were advanced or proficient in math. Other factors that may have contributed to child maltreatment included the following: 82.7% of young adults aged 18-24 were in school or employed; 1,622 children were known to be homeless with their families; 36% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 6.8. SPA 3 includes four DCFS regional offices: Glendora, El Monte, Pomona, and Pasadena.

#### **SPA 4.**

The Metro area, which covers the core of the City of Los Angeles — downtown LA and the densely populated surrounding areas with lower-cost housing that attracts large numbers of recent immigrants — was home to 317,773 children and youth. Almost three-quarters (73.3%) were Latino, 4.8% were African American, 12.1% were Asian/Pacific Islander, and 10.0% were white. Poverty was a substantial factor in SPA 4 with 35.7% of children living in families with incomes below the poverty level, and more than three-fifths (64.2%) living in low-income families. In terms of education, 26.2% of third-grade students tested as advanced or proficient in reading, and 50% were advanced or proficient in math. Other factors that may have contributed to child maltreatment included the following: 80% of young adults aged 18-24 were in school or employed; 2,540 children were homeless with their families along with the County's highest number (493) of unaccompanied homeless youth; 41.4% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 9.3. The SPA 4 territory includes only the Metro North DCFS regional office.

#### **SPA 5.**

The western part of the county, which traditionally attracts many of the County's most affluent families, was home to 113,773 children and youth. About a quarter (26.9%) were Latino, 8.3% were African American, 9.6% were Asian/Pacific Islander, and 55.0% were white. Given the affluence of the area, it is not surprising that a much smaller proportion of children (8.7%) had families with incomes below the poverty level, and 19% lived in low-income families. In terms of education, 47.1% of third-grade students tested as advanced or proficient in reading, and 64.3% were advanced or proficient in math. Other factors that may have contributed to or limited child maltreatment included the following: 100% of young adults aged 18-24 were in school or employed; 825 children were known to be homeless with their families; 31% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 2.3. The SPA 5 territory also includes just one DCFS regional office, West LA.

#### **SPA 6.**

The South area was home to 364,488 children and youth. This southern central portion of LA County includes many of the poorest sections of the City of Los Angeles, the City of Compton, and County-unincorporated communities such as Florence-Firestone. In terms of ethnic/racial breakdown, 70.5% of residents were Latino, 27.6% were African American, 0.7% were Asian/Pacific Islander, and 1.1% were white. Poverty rates in SPA 6 were extremely high with almost 40% (38.6%) of children living in families with incomes below the poverty level, and the great majority (69.9%) living in low-income families. In terms of education, 20.2% of third-grade students tested as advanced or proficient in reading, and 40.5% were rated as advanced or proficient in math. Other factors that may have contributed to child maltreatment included the following: 70.9% of young adults aged 18-24 were in school or employed; 1,581 children were known

to be homeless with their families; 35.2% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 15.8. SPA 6 includes three DCFS regional offices: Compton, Wateridge, and the new Vermont Corridor office.

### **SPA 7.**

Located in the southeastern portion of the County area, the East SPA is known for its large number of smaller cities, and its mix of new immigrants and established residents. In 2006, SPA 7 was home to 417,737 children and youth. About four-fifths (79.5%) were Latino, 3.0% were African American, 6.4% were Asian/Pacific Islander, and 10.8% were white. About one-fifth (21.1%) lived in families with incomes below the poverty level, and 47.2% had low-income families. In terms of education, 28.9% of third-grade students tested as advanced or proficient in reading, and 50.8% were advanced or proficient in math. Other factors that may have contributed to child maltreatment included the following: 68.1% of young adults aged 18-24 were in school or employed; 722 children were known to be homeless with their families; 40% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 8.2. SPA 7 includes two DCFS regional offices: Belvedere and Santa Fe Springs.

### **SPA 8.**

The South Bay/Harbor area in the southern-most section of the county had 441,161 children and youth. Almost half (48.8%) were Latino, 17.8% were African American, 12.7% were Asian/Pacific Islander, and 20.5% were white. More than one-fifth (22.2%) had families with incomes below the poverty level, and 43.4% lived in low-income families. In terms of education, 36.5% of third-grade students tested as advanced or proficient in reading, and 58.6% were advanced or proficient in math. Other factors that may have contributed to child maltreatment included the following: 76.3% of young adults aged 18-24 were in school or employed; 1,300 children were known to be homeless with their families; 40.4% of parents reported having difficulty finding adequate childcare for young children; and the teen birth rate was 7.0. SPA 8 includes two DCFS regional offices: South County (previously known as the Lakewood office) and Torrance.



## **IV. PIDP Activities Varied across the Eight SPA-Based Networks**

### **Diverse Approaches to Preventing Child Abuse and Neglect**

Substantial differences in demographics, local community conditions, and the resources available to support families and children underscore the importance of allowing for different approaches to preventing child abuse and neglect. Since there were also different starting points in terms of relationships and experiences shared between DCFS offices and local community partners, it is fitting that the prevention initiative allowed PIDP networks to develop and test a variety of approaches. In a county as large and diverse as Los Angeles, the eight networks could not reasonably be expected to work exactly the same way, and indeed the first year of PIDP implementation showcased extraordinary local diversity and creativity (Pecora, McCroskey, Christie, et al., 2008).

In each SPA, lead agencies and their partners worked to expand existing networks or put together new networks that could work effectively with DCFS to test promising strategies designed to impact outcomes associated with the prevention of child abuse and neglect. These included decreasing social isolation, decreasing poverty and lack of resources, increasing protective factors, and increasing collaboration between the County's public child welfare system and community based organizations. Just as there have been differences in the "readiness" and capacity of the community partners, there have also been substantial differences among the DCFS regional offices in their preparation for this kind of collaboration, their willingness to allow PIDP network leads to take the reins, and their capacity to participate effectively in these complex public-private partnership efforts.

Such diversity raises difficult questions about which strategies are most effective for whom and under what circumstances. Thus, the PIDP evaluation team decided early on that it should design place-based methods that could capture varied starting conditions, different approaches to collaboration, different roles of DCFS regional offices, and different kinds of local partnerships. While each of the PIDP networks has incorporated the three strategies related to decreasing social isolation, increasing family financial success, and building diverse networks to meet multiple needs, they have woven these strategies together through different approaches, recognizing community needs and responding to varied requests from their DCFS regional office partners.

At the end of the first year of operation, it is clear that joint efforts to marshal available resources to support families and build communities have created eight individualized SPA-based prevention networks. These efforts have strengthened relationships between DCFS offices and PIDP networks in all parts of the County. Specific programmatic approaches, activities offered to families, and arrangements made to operate each collaborative, however, have varied widely. In addition, since the types of activities varied — including general community events as well as very targeted services — the total number of families served by each

network also varied, as did the relative proportion of DCFS clients served in each region. Although the data in Table 4.1 include duplicate counts of individuals who participated in more than one kind of activity, they give a sense of the scope of PIDP during 2008-2009.<sup>1</sup>

**Table 4.1**  
**DCFS Clients and Community Residents Served by PIDP Networks in 2008 and 2009<sup>a</sup>**

2008 (March to December)			2009 (January to June)		Total for 2008 and 2009
SPA	DCFS Clients	Community Residents	DCFS Clients	Community Residents	
SPA 1	136	2,304	173	477	3,090
SPA 2	485	1,689	1,079	1,604	4,857
SPA 3	183	964	309	332	1,788
SPA 4					2,727
SPA 5	13	391	16	329	749
SPA 6	206	1,237	563	1,521	3,527
SPA 7	113	246	252	506	1,117
SPA 8	390	924	780	1,959	4,053
<b>Total</b>	<b>1,526</b>	<b>7,755</b>	<b>3,172</b>	<b>6,728</b>	<b>21,908</b>

<sup>a</sup> Note: These service delivery statistics reflect a duplicated count because these statistics count service recipients in more than one category.

Gaps are related to different methods of counting in different SPAs. As noted above, there were differences in the prevention approaches used by the eight PIDP networks based on their own logic models, partnerships, and resources. Each network, however, did provide supports and services at all three levels (primary, secondary, and tertiary), addressing each of the three goals of the initiative – decreasing social isolation, improving family financial success, and developing community-based networks focused on promoting resilience and strengthening family protective factors. For a complete description of the logic and approaches taken by each network, see Appendix G.

<sup>1</sup> In February 2008, DCFS received Board of Supervisors’ approval for the PIDP initiative. SPAs 1, 2, and 8 began reporting PIDP participants being served in March 2008. SPAs 1 and 2 reported PIDP participants being served in June 2009 (our CBSD office requested the data in June 2008, so most of the PIDP agencies were able to provide data up to the previous month of May 2008, as the PIDP agencies were still capturing their data during that month of June 2008).





## V. First-Year PIDP Evaluation Findings

The first-year evaluation for this complex innovative initiative was designed to provide timely descriptive information on network development and strategies, place-based relationships with DCFS offices, and benefits for families and children, as well as recommendations that could help DCFS and its partners direct the course for PIDP in subsequent years. As described above, quantitative and qualitative data were collected from multiple respondents using Web-based surveys, interviews, and focus groups as well as information from DCFS records and the Child Welfare Services Case Management System (CWS/CMS). First-year evaluation findings are organized below under six major headings, grouping data from different sources together in response to six key questions.

Although it is difficult to separate out the effects of PIDP alone, initial findings suggest that PIDP does add unique and substantial value in terms of preventing child abuse and neglect in Los Angeles County. It also provides additional services and supports to families at risk of or already involved in the child protective services system.

### 1. What value does PIDP add to the existing system of children's services and supports for families?

LA's approach to prevention includes a complex array of strategies designed to address three levels of prevention. Although DCFS initially chose to call these levels *primary*, *secondary*, and *tertiary*, the approach aligns very well with the newer language and concepts discussed in the first section of this report. In addition to generating passionate conversations about how these levels and concepts apply to families in Los Angeles, PIDP has added new elements to the public child welfare system's mix of supports and services for families and children in LA County. The three braided and integrated prevention strategies that form the basis for PIDP are (1) building social networks using community organizing approaches; (2) increasing economic opportunities and development; and (3) increasing access to and utilization of beneficial services, activities, resources, and supports. The three strategies rest on theories of change that suggest that increases in social capital resulting from social connection and network building strengthen family systems; relationship-based community organizing enhances community capacity to self-manage and self-care; and enhancing protective factors associated with strong families increases children's safety and ability to thrive.

According to participants in both the November 2008 and the April 2009 PIDP Learning Sessions (McCroskey, Christie, Pecora, et al., 2009; Pecora, McCroskey, Christie, et al., 2008), PIDP has not only helped to align existing services and supports, but networks have tested new ideas, thus adding new layers to the County's service delivery system and new concepts to our shared understanding of what is needed to prevent child abuse and neglect. Since these concepts are still new to many people, the next section

first describes each of the three strands separately. Overall, however, those most involved in these PIDP networks stress the critical importance of braiding all three strands together into a comprehensive approach.

### **Building social networks**

All of the PIDP networks have worked to develop community-level change models that recognize the strengths of all families, including those who are involved with DCFS as well as those who are not. The idea of universal access — not based on referral or eligibility criteria — presents some challenges in a system that has primarily been driven by referral-to-services processes, but PIDP participants and their DCFS office partners are seeing the value of this additional layer of support for families that focuses on enhancing protective factors, building competence and resilience, and decreasing isolation. Rather than focusing on remediation of problems, the networks focus on family and community strengths, giving all families opportunities for social connections and community engagement. For example, in SPA 1, Grace Resource Center and five local churches recruited volunteers to paint over 100 homes in the Piaute school neighborhood. When the school principal, a sergeant from the Sheriff's office, and a community leader addressed the volunteers at the beginning of the project, they envisioned a “neighborhood watch” program, supplemented by free house painting and easier access to home furnishings and food. As a result of their joint efforts, neighborhood crime is down by 35 percent (see SPA 1 summary, Appendix G).

Although PIDP was initially conceptualized as including three “entry points” — families outside the DCFS system, those where cases were referred but not opened, and those with open cases — each network has developed activities that are available to families who wish to participate regardless of their relationship with DCFS. Thus, universal or “primary” prevention activities are available and open to DCFS clients as well as community residents. The unique contribution of these wellness-promoting and universal strategies lies in working to mobilize each person's gifts, talents, assets, and strengths in the context of his or her daily life experience; empowering families to care for themselves by building deep bonds between residents in their neighborhoods; and developing pathways that support families working together to create and enhance neighborhood assets.

Many of these strategies are designed to integrate relationship-based organizing and economic development. Half of the PIDP networks are using a relationship-based organizing strategy described earlier in this report, but all are offering wellness-promotion activities for families and children. As described in Appendix G, each of the eight PIDP networks has developed a community-specific array of activities to decrease social isolation; this variety reflects the different conditions in each region, the different resources available, and the logic model developed by the networks. Additional evaluation findings on the use of two notable approaches designed to strengthen families and address universal needs — the Neighborhood Action Councils (NACs) and Ask Seek Knock (ASK) Family Resource Centers — are summarized under Question 5 below.

### **Increasing economic opportunities and development**

PIDP also required that networks provide economic supports to families. Family economic success activities varied across the PIDP networks. Some of the approaches included adult education, financial literacy workshops, access to emergency food and housing, and access to reduced-price home furnishings and clothing. A few networks took on the challenge of providing employment preparation leading to living wage jobs — clearly the most effective long-term anti-poverty strategy. For example, the SPA 6 PIDP network provided employment training and support for residents interested in fiber optics, medical billing, and other careers. At least half of the PIDP networks joined forces to address the immediate needs of families by enhancing access to tax benefits. These approaches included creation of the Greater LA Economic Alliance (GLAEA) under the leadership of the South Bay Center for Counseling (SBCC) in SPA 8 in partnership with other

SPA Councils, Quantum Community Development Corporation, and the SPA 7 PIDP network. Other PIDP networks worked with United Way of Greater Los Angeles to create Volunteer Income Tax Assistance (VITA) sites.

It is widely acknowledged that the program that is most effective in increasing cash in hand for families in the U.S. today is the Earned Income Tax Credit (EITC). Since PIDP required that networks provide economic supports to families, many of the networks focused on increasing access to EITC. As noted in a previous report (Pecora et al., 2008), this was a leap for some of the networks, but they worked to develop their own capacities in order to help families. At least half of the PIDP networks joined forces in creating the Greater LA Economic Alliance (GLAEA), under the leadership of the South Bay Center for Counseling (SBCC) in SPA 8 in partnership with the SPA Councils, Quantum Community Development Corporation, and the SPA 7 PIDP network. GLAEA was designed to provide free income tax preparation services and access to mainstream banking for individuals with a maximum gross annual income of \$50,000, free workshops on earned income tax credit and childcare tax credits, small business tax preparation, Individual Taxpayer Identification Number (ITIN) application preparation, and banking services. Participating PIDP networks saw this campaign as an on-going demonstration of the potential of relationship-based organizing to reach disenfranchised, marginalized populations, connecting them to resources that impact their daily lives.

GLAEA's tax preparation campaign provides an excellent example of how the PIDP networks have worked together to maximize impacts. During the 2009 tax season, the GLAEA campaign generated \$5,000,000 dollars in income tax returns for low-income parents across the County. Other PIDP networks worked with United Way of Greater Los Angeles to create Volunteer Income Tax Assistance (VITA) sites that also focused on increasing EITC benefits claimed by poor families in Los Angeles (see description below under Question 5). **By the end of April 2009, these combined campaigns had generated nearly \$5.5 million in income tax returns for low-income parents across the County.**<sup>1</sup>

SPA 6 took an approach combining vocational certification training with legal services to assist families in removing barriers to employment such as criminal records, tickets/warrants, immigration status, and lack of education. Through collaboration with various entities such as Public Counsel Law Center, Los Angeles County Region V GAIN office, and Los Angeles County Child Support Services Department, the SPA 6 PIDP network provided legal education for the community on Criminal Record Expungement, Child Support Services, Special Education Law, Adoptions & Guardianship, Homeless Court Legal Advocacy, and Immigration Law. Vocational training options included Fiber Optic Telecommunications, Medical Billing, Emergency Medical Technician, Business Office Communications, and basic computer skills. Educational training offered includes High School Equivalency/GED, job development, financial literacy, and small business development. These services were offered to both DCFS-referred families and non-DCFS-referred families at no cost.

To further address the need for external capacity building within the community, SHIELDS for Families joined the Prevention Initiative with the First 5 LA Partnership for Families (PFF) initiative to further leverage resources among the core partners. Out of this collaboration developed a partnership with California State University, Dominguez Hills to implement an on-site Master of Social Work program for partner agency staff, addressing the professional workforce shortage in the SPA 6 community. Currently in discussion among the network partners is the purchase of retail property to secure employment for local community residents. (Detailed evaluation findings for the SPA 6 ASK Centers are described under Question 5 below.)

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<sup>1</sup> The data source for the 2008 Greater Los Angeles Economic Alliance report is the Internal Revenue Service (IRS) Taxwise System. Personal Communication, Mary Hammer, September 3, 2009.

## **Increasing access to and utilization of beneficial services, activities, resources, and supports**

The SPA-based PIDP leads for each network were also expected to organize community resources — including community-based organizations, businesses, faith-based groups, and other grassroots groups — into functioning networks that could partner with and support their local DCFS regional offices. These networks would work to align many of the available resources, helping to shape a local team that could provide more accessible entry points for families seeking promotion, prevention, intervention, and/or treatment services. Such alignment would also help to make the “system” more understandable and accessible for CSWs in DCFS offices since they are called on to find a broad range of supports and services in response to the needs of individual families. These networks also vary across SPAs, with some selecting high-need sites/zip code areas to establish centers or service locations for particular groups, and others building broad-based regional networks. The “maps” in Appendix C show the participants in each of the eight PIDP networks.

### **The value of a comprehensive approach**

Evaluation data from PIDP network leaders, DCFS staff, and parent focus groups support the conclusions of numerous studies: that comprehensive approaches are more effective in fostering healthy child development and supporting families (Eckenrode, Izzo, & Campa-Muller, 2003; National Research Council and Institute of Medicine, 2009). This conclusion makes intuitive sense when considering the multiple effects of poverty and lack of social support for parents in many communities. Most service delivery systems, including public child welfare, however, were constructed around fragmented and siloed funding streams that only address one aspect of family life at a time. The PIDP networks were designed with a broader prospect in mind.

According to PIDP participants, the three strategies operate most effectively when they are thought of as a holistic approach to building communities that link public and private services with local institutions and grassroots efforts. This “no wrong door” approach means that families can find what they want and need when they want it, DCFS workers can find the right kinds of help for the families they serve, and community-based groups know where and how to link up with others who care about families in their neighborhoods. Braiding the three strategies together also gives DCFS access to social networks that are involved in community-level change processes. Rather than just linking each family to “services” in a time of crisis or need, these networks serve everyone by strengthening the capacity of communities to support all families and protect all children.

## **2. What does collaboration look like within the PIDP Networks?**

This section highlights some of the data on collaborative activities collected at the beginning of the PIDP implementation period. Data were taken from the Network Collaboration Survey (collected between December 1, 2008, and January 27, 2009). Funded (i.e., subcontractor) and core agencies in each PIDP collaborative were surveyed. One response was collected per agency; usually this was the primary PIDP agency contact, responding on behalf of the agency.

The survey, which included questions from a nationally recognized instrument (Wilder Collaboration Factors Inventory) as well as other measures, had a response rate of 95%. Information included the following:

- 1. Respondent characteristics (demographics, level of education, length of employment)**
- 2. Organizational characteristics (size, history in community, key areas of service/support)**

### 3. Agency's involvement in community-building activities

### 4. Indicators of effective inter-agency collaboration (Wilder Collaboration Factors Inventory)

This section of the report is broken down into highlights by SPA and overall (i.e., cross-collaborative) highlights. The SPA-level data address three primary areas of interest: key areas of service and support, community-building activities, and collaboration.

To identify key areas of service and support, survey respondents were asked to select the top five services their agency provides from a list of different areas of service and support. Although there was a great deal of consistency across collaboratives, some of the SPAs appear to have unique strengths. Those services selected by at least half of responding agencies in any given collaborative are highlighted below.

With regard to community-building activities and collaboration, high ratings in one SPA were often accompanied by similarly high ratings in other SPAs. Rather than listing the apparent strengths in each collaborative, which tended to be the same across the board, we have indicated the areas in which a given SPA stands out, relative to the overall (i.e., cross-collaborative) mean for that particular item or factor. Data addressing collaboration are from the Wilder Collaboration Factors Inventory.

#### SPA 1 Highlights

- **Key Areas of Service and Support:** Strengths in SPA 1 include information and referral/resource linkage, parenting classes and support groups, and community organizing. These areas of service and support were selected among the top five by at least half of responding agencies in SPA 1.
- **Community-Building Activities:** SPA 1 agencies are relatively highly involved in mobilization of informal supports and mutual aid among community residents, as well as organizing events for families in the community.
- **Collaboration:** Among the various aspects of collaboration rated as part of the Wilder Collaboration Factors Inventory, SPA 1 stands out by virtue of its history of collaboration and cooperation in the community.

#### SPA 2 Highlights

- **Key Areas of Service and Support:** SPA 2's strengths include information and referral/resource linkage, parenting classes and support groups, and community organizing. These areas of service and support were selected among the top five by at least half of responding agencies in SPA 2.
- **Community-Building Activities:** Responding agencies in SPA 2 are relatively highly involved in mobilizing informal supports and mutual aid among community residents, workforce development/education and training, and policy advocacy efforts.
- **Collaboration:** The SPA 2 collaborative stands out, relative to PIDP as a whole, in that members see collaboration as in their self-interest.

#### SPA 3 Highlights

- **Key Areas of Service and Support:** More than half of agencies in SPA 3 selected child protection, information and referral/resource linkage, mental health services/counseling, and parenting classes and support groups among the top five key areas of service and support they provide.
- **Community-Building Activities:** Among SPA 3 agencies, mobilizing informal supports and mutual aid among community residents appears to be a strength, relative to PIDP agencies as a whole.

- **Collaboration:** The SPA 3 collaborative is a leader on several key aspects of collaboration, relating to communication (e.g., open and frequent communication, established informal relationships and communication links); sustainability (e.g., appropriate pace of development, shared vision, sufficient funds, staff, materials, and time); and general openness to differing ideas (e.g., flexibility, ability to compromise).

#### SPA 4 Highlights

- **Key Areas of Service and Support:** Strengths in SPA 4 include mental health services/counseling, parenting classes and support groups, and other supports for children and youth (e.g., tutoring, mentoring, recreation). These areas of service and support were selected among the top five by at least half of responding agencies in SPA 4.
- **Community-Building Activities:** Responding agencies in SPA 4 are relatively more involved in workforce development/education and training, working with local businesses/trade groups toward job development, and policy advocacy efforts.
- **Collaboration:** Strengths of the SPA 4 collaborative, relative to PIDP as a whole, include ability to compromise, adaptability, and established informal relationships and communication links.

#### SPA 5 Highlights

- **Key Areas of Service and Support:** Although no area of service or support was selected among the top five by a majority of agencies in SPA 5, several were chosen by nearly half of responding agencies, including childcare/daycare, information and referral/resource linkage, and mental health services/counseling.
- **Community-Building Activities:** SPA 5 agencies are relatively less involved in community-building activities, compared to PIDP as a whole. However, SPA 5 respondents do report being somewhat involved in outreach to community residents and groups, as well as organizing events for families in the community.
- **Collaboration:** Although SPA 5 did not stand out relative to the overall (i.e., PIDP-wide) mean on any of the Wilder Collaboration Factors, strengths within SPA 5 include a favorable political and social climate, appropriate cross-section of members, flexibility, and skilled leadership.

#### SPA 6 Highlights

- **Key Areas of Service and Support:** More than half of responding agencies in SPA 6 selected child protection, information and referral/resource linkage, and mental health services/counseling, among the top five services they provide.
- **Community-Building Activities:** SPA 6 is a leader in mobilizing informal supports and mutual aid among community residents, working with local business/trade groups toward job development, and working to expand the number and type of collaborative partners.
- **Collaboration:** Strengths of the SPA 6 collaborative, relative to PIDP as a whole, include favorable political and social climate, unique purpose, and sufficient funds, staff materials, and time (which received relatively low ratings across all SPAs).

## SPA 7 Highlights

- **Key Areas of Service and Support:** Only one area of service and support, community organizing, was selected among the top five by a majority of agencies in SPA 7.
- **Community-Building Activities:** Relative strengths in SPA 7 include outreach to community residents and groups as well as working to expand the number and type of collaborative partners.
- **Collaboration:** The SPA 7 collaborative stands out on several aspects of collaboration, including multiple layers of participation, development of clear roles and policy guidelines, unique purpose, and availability of sufficient funds, staff, materials, and time.

## SPA 8 Highlights

- **Key Areas of Service and Support:** More than half of SPA 8 agencies selected community organizing among their top five key areas of service and support.
- **Community-Building Activities:** Relative to PIDP as a whole, SPA 8 agencies are more extensively involved in organizing events for families in the community.
- **Collaboration:** The SPA 8 collaborative stands out with regard to its long-standing history of collaboration or cooperation in the community, the collaborative group being seen as a legitimate leader in the community, and development of clear roles and policy guidelines.

## Overall Highlights of Findings from the Network Collaboration Survey

The responding PIDP agencies have a long history of working in their respective communities. Most of the agencies (87%) have been working in the community for more than 10 years, with more than half (53%) working in the community for more than 25 years. Highlights of the survey are listed below:

### Involvement in PIDP Activities:

A majority of agencies (62%) reported that they participate in at least 75% of collaborative meetings, with 88% participating in at least 25% of such meetings. Overall, responding agencies were somewhat less involved in PIDP governance meetings, with 34% indicating they participate in at least 75% of such meetings. Still, a majority of responding agencies (63%) reported participating in at least 25% of governance meetings.

When asked about other types of involvement in the PIDP collaborative, 74% indicated some type of involvement beyond attendance at collaborative and governance meetings: 59% maintain communication with other partners, 44% provide leadership on collaborative tasks, 41% contribute resources, and 39% share in decision-making.

### Key Areas of Service and Support:

Several strengths emerged across collaboratives, including community organizing (selected by 46% of responding agencies), information and resource referral/linkage (50%), mental health services/counseling (42%), and parenting classes/support groups (45%). Areas of service that may be less available, based on these data, include concrete services such as financial assistance (7%) and housing (4%), legal assistance (1%), services for undocumented immigrants (2%), and substance abuse treatment (10%). It should be noted, however, that these data should not be interpreted as evidence that a specific area of service or support is absent (or relatively lacking) in any given collaborative. The data merely indicate the frequency with which each area of service or support was selected among the top five choices for

responding agencies.

#### **Community-Building Activities:**

Overall, at this early stage in the PIDP implementation process, agencies reported minimal to moderate involvement in community-building activities (M = 2.77 on a 5-point scale). Agencies reported being most extensively involved in outreach to community residents and groups through written materials and/or attendance at community events (M = 3.27).

#### **Collaboration:**

The majority of responding agencies (73%) believe current efforts to encourage coordination and collaboration in their respective collaboratives are adequate, with only 27% indicating insufficient emphasis on coordination and collaboration. Consistent with these findings, the results of the Wilder instrument indicated an overall high level of inter-agency collaboration (M = 4.18).

Strengths are indicated by mean scores of 4.0 or higher on the Wilder instrument. According to these criteria, cross-collaborative strengths include the following: favorable political and social climate; mutual respect, understanding, trust; appropriate cross-section of members; members see collaboration as in their self-interest; members share a stake in process and outcome; flexibility; shared vision; and skilled leadership. Possible areas for improvement, indicated by a mean score in the 3.0 range, included sufficient funds, staff, materials, and time.

### **3. How have the PIDP networks improved information sharing, communication, and coordination?**

The following findings are based on the Agency Staff Survey.

#### **Respondent Characteristics**

##### **Demographics**

Respondents were predominantly female (73%). The majority (39%) of agency staff members identified their ethnicity as Hispanic or Latino(a). Overall, 35% of respondents identified themselves as white, 15% as Black or African American, with 5% identifying as Asian, 2% Native Hawaiian or other Pacific Islander, and 1% American Indian or Alaska Native. An additional 4% identified as other race or ethnicity. Respondents varied widely in age, with the largest cohort (31%) falling in the 30-39 age range and the 50-59 cohort following closely behind at 30%. (For a table of SPA-level demographic data, see Appendix E.)

##### **Education**

Overall, the largest groups of respondents (38%) held a Master's degree or a Bachelor's degree (26%), with an additional 18% reporting a community college or Associate's degree. Of the 58 respondents who reported that they were currently pursuing a degree, 43% were pursuing a Master's degree and 29% were pursuing a Bachelor's degree. (For a table of SPA-level education data, see Appendix E.)

### Job Characteristics

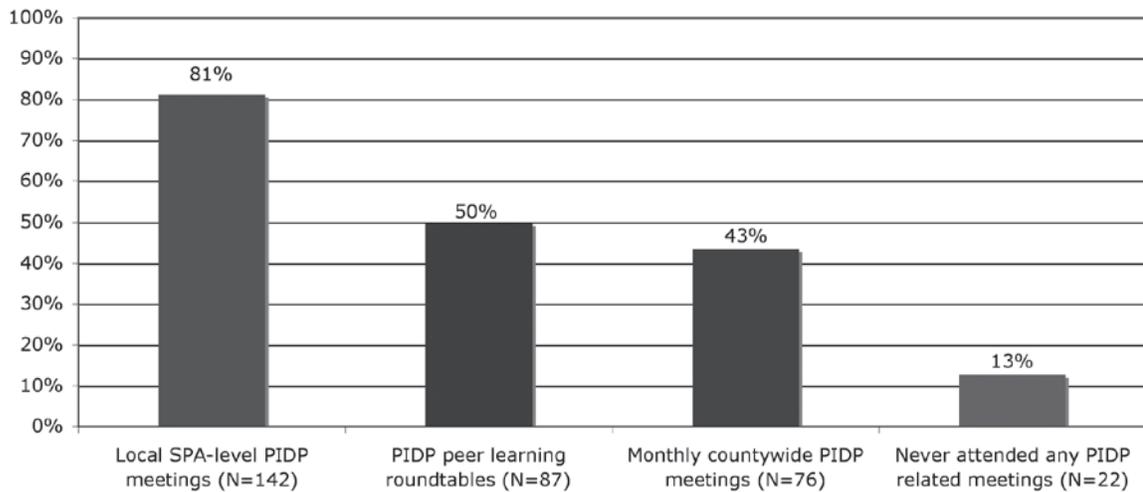
More than three-quarters of respondents had been with their agency for at least one year, though a substantial portion of staff members in SPA 5 (44%), SPA 6 (31%), and SPA 8 (32%) reported joining their agency within the last year. There was nobody in the sample who reported working in his or her current position for more than five years. The majority of respondents in each SPA (except for SPA 6) reported being in their current positions for at least one year. (For a table of SPA-level job characteristic data, see Appendix E.)

### Involvement in PIDP

#### Meeting Attendance

The local SPA-level PIDP meetings were the most well attended with 81% of respondents reporting they attended these meetings. A slightly larger percentage of respondents attended at least one of the PIDP Peer Learning Roundtables (50%) than attended the monthly countywide PIDP meetings (43%). There were only 22 individuals who reported never having attended a PIDP-related meeting (see Figure 5.1). (For a table with SPA-level meeting attendance data, see Appendix F.)

**Figure 5.1**  
**Attendance at Prevention Initiative Demonstration Project (PIDP) Related Meetings**



#### Meeting Activities

Respondents were asked to indicate the type of activities that occurred at three different types of meetings: SPA-level meetings, monthly PIDP meetings, and at the two peer learning sessions. Findings from the meeting analysis indicated that the local SPA-level PIDP meetings were the most beneficial to participants. Relative to the other types of meetings, these local meetings were used to share knowledge, discuss resources, and find common solutions to problems that arose in the collaborative. These meetings also occurred more frequently, received higher participant attendance, and included the most variety of activities. In contrast, the peer learning sessions and the countywide PIDP meetings were not as well attended and their benefits were more diffuse relative to the local meetings. Table 5.1 depicts the percentage of people who reported that the following activi-

ties occurred at the SPA-level PIDP meetings. (For activities that occurred across all three types of meetings, see Appendix F.) All meetings, despite differences in the meeting type and purpose, led to sharing knowledge.

**Table 5.1**  
**Percentage of Respondents Who Indicated That the Following Meeting Activities Occurred at Local SPA-Level Meetings**

<b>Survey Question: Which of the following activities occurred during each type of meeting you attended?</b>	<b>Percent</b>	<b>Number</b>
<b>Meeting activities</b>		
Collaborative announcements/updates/highlights	78.3%	137
Sharing knowledge	73.7%	129
Discussion of available resources	72.6%	127
Brainstorming solutions to problems	68.0%	119
Discussion of challenges related to the implementation of PIDP	64.0%	112
Discussion of community capacity building	62.3%	109
Discussion of future plans for PIDP	62.3%	109
Planning community outreach events for PIDP families	61.1%	107
Planning community events	61.1%	107
Discussion of internal PIDP evaluation progress/procedures	54.3%	95
Case sharing/advice	53.1%	93
Planning trainings for staff	52.6%	92
Discussion of PIDP external evaluation progress/procedures	46.9%	82

### **Benefits of Participating in PIDP**

In answer to the question “Has being involved with this Collaborative been beneficial to your organization,” of the 171 agency staff who responded, 99% reported yes, 1% reported no. When asked to explain their responses, 133 provided open-ended feedback. These open-ended responses were coded into 8 broad themes. The themes are provided in Table 5.2 with the frequency with which they appeared, as well as an explanation of the theme and examples of responses that typify each theme.

The most prevalent themes were related to the manner in which resources and service were available and the new relationships and partnership that have formed as a result of each PIDP collaborative. Bottom line, the vast majority believed that their organization’s involvement in the PIDP collaborative has been beneficial to their organization in a variety of ways, which included an increase in resource awareness, understanding of the role of other agencies, and overall level of support for the work they do.

Table 5.2  
Benefits of Participating in PIDP

Theme	Definition	Examples	Frequency of responses (%)
<b>Available resources and services</b>	The collaborative has increased awareness of and/or access to services and resources within the community and is thus serving more people. Includes increased visibility.	<ul style="list-style-type: none"> <li>— “It (is) a new opportunity for those that don’t get involved much in the community and knowing there are all these community resources available to them.”</li> <li>— “Our families have had the opportunities to receive more comprehensive services.”</li> </ul>	47 (29%)
<b>Strengthening existing partnerships</b>	The collaborative has helped to strengthen existing partnerships and relationships.	<ul style="list-style-type: none"> <li>— “At an agency level, it has been a catalyst for us to strengthen relationships with other CBOs and institutions such as DCFS.”</li> <li>— “It has helped to support and enhance ongoing community partnerships.”</li> </ul>	8 (5%)
<b>Supporting and better serving families</b>	The collaborative provided support for the organization and generally helped the organization better serve families in some way.	<ul style="list-style-type: none"> <li>— “We have been serving this community for over 30 years. PIDP is a great support for our attempts with treatment, and especially prevention, in helping traumatized families and families in need.”</li> <li>— “I personally feel through this collaboration we have been able to build families and support the community.”</li> </ul>	12 (8%)
<b>Development of new relationships and collaboration</b>	The collaborative has promoted the development of new relationships and increased collaboration between agencies, between community members, and between agencies and community members.	<ul style="list-style-type: none"> <li>— “I have been able to develop a positive relationship with partner agencies...”</li> <li>— “This collaborative is responsible for a renewed focus on the benefits of collaborations, which include a network unity and strength. The collaborative has also increased our sustainability in the community.”</li> </ul>	45 (28%)
<b>Gave a specific example of how families were better served</b>	The respondent provided a specific example of how families were better served.	<ul style="list-style-type: none"> <li>— “I feel our agency has grown as a result of our participation in this collaborative and is able to effectively meet the needs of more individuals in the community.”</li> <li>— “It has assisted in allowing parents to visit with their children in a family-like setting with the intent of reunifying them faster with their children.”</li> </ul>	13 (8%)
<b>Empowering families</b>	The collaborative has helped to empower families.	<ul style="list-style-type: none"> <li>— “This collaborative allowed for the ‘lift-off’ of families to engage in developing and realizing their ‘strengths in numbers’ and to advocate for issues that they commonly feel passionate about.”</li> <li>— “It has empowered participants to seek out their own solution.”</li> </ul>	8 (5%)
<b>Information and knowledge sharing</b>	The collaborative has encouraged an increase in information and knowledge sharing.	<ul style="list-style-type: none"> <li>— “The sharing of information... has been truly exciting.”</li> <li>— “It has brought a whole new dimension of knowledge into prevention activities.”</li> <li>— “As a result of attending meetings with community agencies, we have current information...”</li> </ul>	16 (10%)

Theme	Definition	Examples	Frequency of responses (%)
<b>Commentary/ Miscellaneous</b>	A statement that resembles a general comment and does not fit into any of the other themes.	<ul style="list-style-type: none"> <li>— “You can see how many agencies really care about the population that they work for. You can also see which ones do not care.”</li> <li>— “The resources are very similar to each other in services provided to the public; thus, it feels like competition due to lack of funds.”</li> <li>— “Good community outreach in a very non-threatening and supportive fashion.”</li> </ul>	12 (8%)

### Increase in Knowledge and Sharing Information

Respondents were asked about their knowledge of the three PIDP implementation strategies (i.e., community organizing, economic development, and access to community resources). Across the SPAs, respondents indicated that they were more knowledgeable about these three strategies (see Table 5.3). Likewise, there was agreement among staff that they had told others about each of these topics (see Table 5.4). Overall, these findings indicate an increase in knowledge and sharing the fundamental strategies that form PIDP.<sup>2</sup>

**Table 5.3**  
**Knowledge Gained Concerning PIDP Implementation Strategies**

I am more knowledgeable about...	SPA 1 n=15	SPA 2 n=26	SPA 3 n=28	SPA 4 n=21	SPA 5 n=15	SPA 6 n=16	SPA 7 n=15	SPA 8 n=33	All SPAs
<b>Access to community resources</b>	4.00	4.42	4.24	4.10	3.81	4.44	4.00	4.44	4.23 (n=173)
<b>Community organizing</b>	3.93	4.22	3.52	4.14	3.31	4.12	4.50	4.50	4.06 (n=174)
<b>Economic development</b>	3.33	3.67	3.39	3.81	2.80	3.94	3.87	4.09	3.66 (n=171)

Scale structure: 1=Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly agree

Note: All numbers indicate the mean score.

2 Due to the high reliability ( $\alpha=.876$ ) of the six items shown in Tables 5.3 and 5.4 and a seventh item is not shown, these items were transformed into a scale called the Knowledge and Sharing Scale. In order to develop the scale, the seven items were added together across individuals. As a result, the scale had a minimum of 7, a maximum of 35, and the mean of the scale was 28.25 (n=167). One-way ANOVAs showed that there were significant differences between SPAs’ responses to this scale. There were also significant differences between staff from different types of agencies. Specifically, lead agency staff, on average, reported greater knowledge gained and sharing of that knowledge than staff at subcontracted agencies and DCFS.

**Table 5.4**  
**Knowledge Shared Concerning PIDP Implementation Strategies**

I have told others about...	SPA 1 n=15	SPA 2 n=26	SPA 3 n=28	SPA 4 n=21	SPA 5 n=15	SPA 6 n=16	SPA 7 n=15	SPA 8 n=33	All SPAs
<b>Access to community resources</b>	4.47	4.38	4.31	4.36	3.88	4.69	4.44	4.53	4.39 (n=174)
<b>Community organizing</b>	4.20	4.23	3.52	4.29	3.06	4.19	4.38	4.48	4.06 (n=172)
<b>Economic development</b>	3.20	3.65	3.17	3.81	2.67	4.06	3.62	4.15	3.60 (n=172)

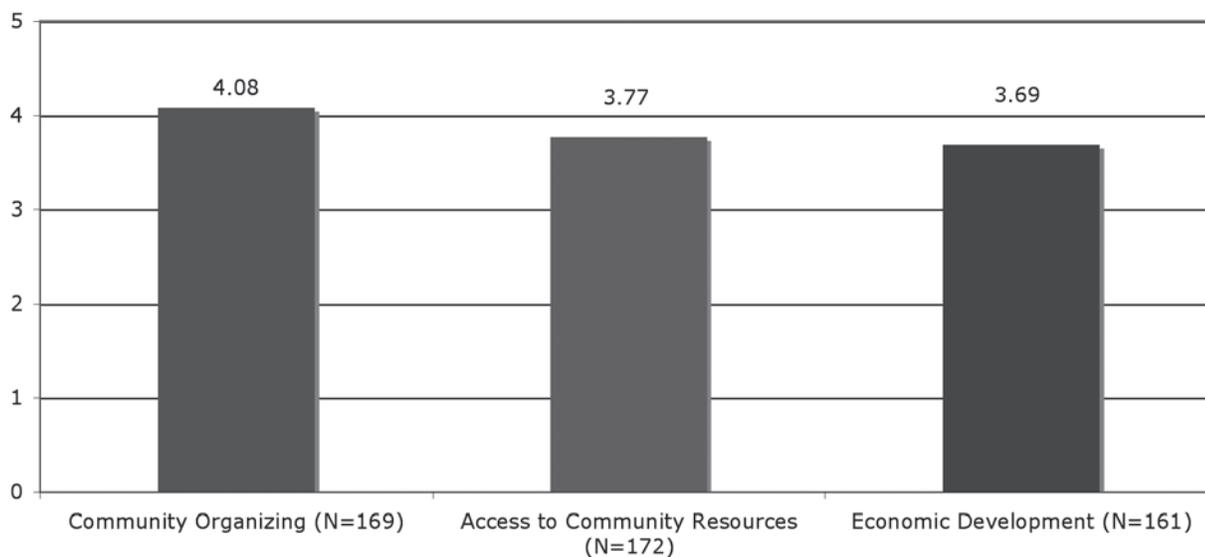
Scale structure: 1=Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly agree  
 Note: All numbers indicate the mean score.

### Resources Available<sup>3</sup>

Respondents were asked to comment about the availability status of 11 types of resources within their PIDP collaborative since PIDP began. The 11 types of resources can be categorized under the 3 implementation strategies mentioned earlier in this report. The resources *community organizing* and *family activities* fall under the purview of the community organizing strategy. The resources *financial assistance for concrete or emergent needs*, *financial literacy & income security supports*, and *job training/employment* fall under the purview of the economic development strategy. The resources *child care/day care*, *developmental screening/assessment*, *information & referral/resource linkage*, *legal assistance*, *other supports for children & youth*, and *parenting classes & support groups* fall under the purview of the increased access to community resources strategy. Figure 5.2 depicts the collapsed means of the individual resource ratings by strategy. This graph shows that the perceived availability of community organizing resources, such as family activities, has increased since PIDP began. Similarly, access to community resources and economic development resources have also increased, but at a less dramatic rate. (For a table with SPA-level data according to individual resource category, see Appendix F, Table F.4.)

3 Due to the high reliability ( $\alpha=.917$ ) of the 11 types of resources, these items were transformed into a scale called the Resources Scale. In order to develop the scale, the 11 items were added together across individuals. As a result, the scale had a minimum of 16, a maximum of 55, and the mean of the scale was 41.44 (n=118). One-way ANOVAs showed there were significant differences between SPAs' responses to this scale. There were also significant differences between staff from different types of agencies. Specifically, lead agency staff, on average, reported greater knowledge gained and sharing of that knowledge than staff at subcontracted agencies and DCFS.

**Figure 5.2**  
**Perceived Change in Resource Availability within a Collaborative**



Scale Structure: 1=Decreased a great deal; 2= Decreased; 3=Stayed the same; 4=Increased; 5=Increased a great deal

**Collaboration**

**With Whom Is Collaboration Occurring?**

When several different County departments were mentioned in the interview, more than a majority of respondents reported having collaborated with each department. The three most cited departments included the Department of Public Social Services, Department of Mental Health, and County Parks and Recreation (see Table 5.5). Examples of “other” agencies include school districts, the SPA Councils, County Commission on Human Relations, Housing Authority, etc. Several respondents did note in the response to “other” that collaboration with these agencies was also occurring *prior to* PIDP.

**Table 5.5**  
**The County Agencies PIDP Agencies Have Collaborated with**

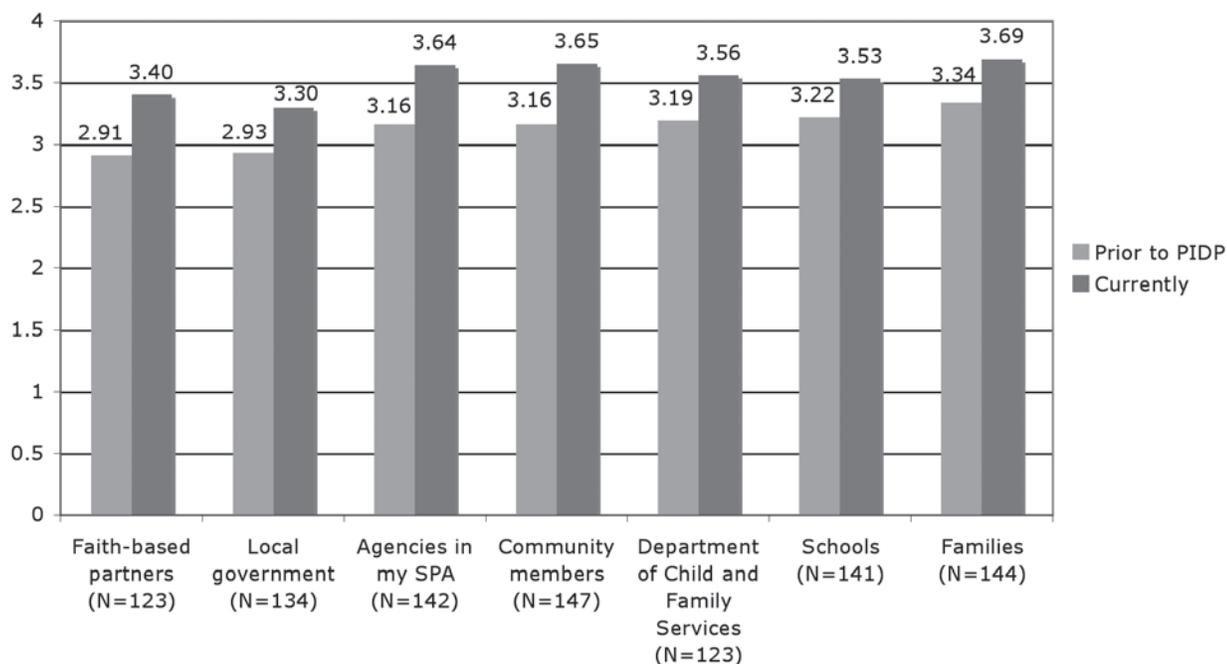
<b>Survey Question: What other county agencies have you worked with as part of PIDP?</b>	<b>Yes</b>	<b>Not Sure</b>	<b>Number of Respondents</b>
Department of Public Social Services	64.8%	17.0%	165
Department of Mental Health	55.4%	19.3%	166
County Parks and Recreation	49.4%	19.6%	158
Probation	40.6%	28.8%	160
Department of Public Health	38.1%	30.6%	160
Other	35.3%	45.1%	51
County Libraries	31.6%	28.9%	152

Agency staff were also asked to rate their agency’s effectiveness at collaborating prior to PIDP compared to currently (see Figure 5.3). Results of a paired sample t-test show that agencies had significantly increased their perceived collaboration effectiveness since the start of PIDP.<sup>4</sup> The largest increases occurred when collaborating with other agencies in the same SPA, local government, and faith-based partners.

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4 Due to the high reliability ( $\alpha=.852$ ) of the 7 items in Figure 5.3, these items were transformed into a scale called the Current Effective Collaboration Scale. In order to develop the scale, the 7 items were added together across individuals. As a result, the scale had a minimum of 7, a maximum of 28, and the mean of the scale was 25.06 (n=112). One-way ANOVAs showed there were no significant differences between SPAs’ responses to this scale. There were significant differences between staff from different types of agencies. Specifically, lead agency staff, on average, reported greater knowledge gained and sharing of that knowledge than staff at subcontracted agencies.

**Figure 5.3**  
**Perceived Effectiveness of Collaboration across Type of Agency and Time**



Scale Structure: 1=Very ineffective; 2=Ineffective; 3=Effective; 4=Very effective

### Agency Collaboration

To the question “With whom and what were the results produced when your collaboration was very effective,” 107 people responded. Some only answered one part of the question, so the first part, “With whom...” was coded separately, with each response coded with one to five themes. A total of 177 codes fell into 7 different themes (see Table 5.6a for descriptions, examples, and frequencies). These data show that agencies are collaborating with a wide variety of individuals and organizations, the top two being other community agencies and government collaborations.

The second part of the question, “...what were the results produced when your collaboration was very effective,” was also coded separately, resulting in 135 total codes, which fell across 11 themes (see Table 5.6b).<sup>5</sup> The themes that arose from this question conveyed that collaborative efforts result in new agency developments, improvements, and relationships, some of which imply indirect benefits to families. There was also mention of the direct benefits to families that come as a result of the agency’s collaborative efforts. In sum, agency staff perceive that their agency’s collaboration with outside entities results in positive outcomes for both the agency and associated families. (See Table 5.6b.)

<sup>5</sup> Comments that answered one part of the question, but not both, were coded as “miscellaneous” for the part of the question that they did not answer. Comments that did not fit into any of existing themes or did not answer the question entirely were also coded as “miscellaneous.”

Table 5.6a  
Agency Collaborations

Types of Collaboration	Definition	Examples	Frequency of responses (%)
<b>Community agency collaboration</b>	Collaborative efforts took place with community organizations that the respondent identified by name or by its association with community programs.	<ul style="list-style-type: none"> <li>— “Parents Anonymous® groups at Prototypes have served 76 parents and 90 children since their implementation.”</li> <li>— “ I have also coordinated and worked with our community partners to provide a community resource fair for the past four years.”</li> </ul>	55 (31%)
<b>Government collaboration</b>	Collaborative efforts took place with government organizations such as city, county, state, and federal agencies.	<ul style="list-style-type: none"> <li>— “We work extensively with DCFS, the court system (for victims of crime), and the school districts in our area.”</li> <li>— “Collaborated with AVHS Cal-Safe (1c) class to introduce literacy program and job readiness program.”</li> </ul>	47 (27%)
<b>Interagency collaboration</b>	Collaboration occurred, but the organization(s) involved in the collaboration is unknown.	<ul style="list-style-type: none"> <li>— “SCIC has been able to collaborate with government agencies, DCFS, and other agencies... Working with other agencies has helped us better serve American Indian families.”</li> <li>— “All other members of my team worked with Pasadena and El Monte agencies.”</li> </ul>	26 (15%)
<b>Faith-based collaboration</b>	Collaborative efforts took place with a faith-based organization, such as a church or other faith-based organization.	<ul style="list-style-type: none"> <li>— “We collaborated with five local churches for a community impact project.”</li> <li>— “Several SPAs are now connected with many faith-based organizations.”</li> </ul>	21 (12%)
<b>Community members</b>	Collaborative efforts took place with community members that may or may not be family members (e.g., Neighborhood Action Councils [NACs]).	<ul style="list-style-type: none"> <li>— “Beach Cities Health District, Break the Cycle, Suicide Hotline; to educate on listening and supporting skills for our volunteer listeners. Students against Destructive Decisions. Multitude of high school youth clubs.”</li> <li>— “Very effective collaboration with families and community members.”</li> </ul>	11 (6%)
<b>Families</b>	Collaborative efforts that involved the participation of families, whether it was involvement from parents or children.	<ul style="list-style-type: none"> <li>— “Had many relationships with family members becoming volunteers...”</li> <li>— “Families: when resources are provided to families for their needs.”</li> </ul>	9 (5%)
<b>Miscellaneous</b>	Results of collaboration that do not fall into any of the above categories or do not answer the question.	<ul style="list-style-type: none"> <li>— “Community organizing and engagement around children.”</li> <li>— “We are the lead agency in the PFF Collaborative, which similarly addresses child abuse prevention.”</li> </ul>	8 (5%)

Table 5.6b  
Results of That Collaboration

Types of Collaboration	Definition	Examples	Frequency of responses (%)
<b>Miscellaneous</b>	Response does not answer the question or results of collaboration that do not fall into any of the above categories.	<ul style="list-style-type: none"> <li>— “Community organizing and engagement around children...”</li> <li>— “Partnerships for Families is very similar.”</li> </ul>	29 (22%)
<b>New developments</b>	Collaborative activities resulted in new developments (e.g., new form of outreach, council formation, service, programming, etc.).	<ul style="list-style-type: none"> <li>— “One example is the new partnership with Seaside Church as well as with Parkcrest Church in regards to the DCFS Visitation Centers...”</li> <li>— “Used Chinatown to establish a VITA site...”</li> </ul>	21 (16%)
<b>Strengthened partnerships/relationships</b>	Collaborative efforts enhanced an established relationship between partnerships or agencies.	<ul style="list-style-type: none"> <li>— “The establishment of the visitation centers has strengthened our relationship with the faith-based partners.”</li> </ul>	17 (13%)
<b>Support for families</b>	Collaborative efforts resulted in assistance/support for families (mentioned this specifically).	<ul style="list-style-type: none"> <li>— “Helped families by monitoring visits and supporting our DCFS parents.”</li> </ul>	17 (13%)
<b>Resource sharing activities</b>	Collaborative activities that reflect the exchange of information regarding available resources for families. Agencies shared resources with one another or with their clients.	<ul style="list-style-type: none"> <li>— “sharing of resources, educating each other...”</li> </ul>	15 (11%)
<b>Facilitated training sessions</b>	Individuals considered recipients of collaborative efforts received educational materials in the form of training or class.	<ul style="list-style-type: none"> <li>— “DCFS abuse training for our two groups.”</li> </ul>	10 (7%)

<b>Meetings</b>	Collaborative efforts resulted in various types of meetings. Examples include more frequent meetings, new meetings between agencies, and collaborations through meetings.	<ul style="list-style-type: none"> <li>— “Interagency collaboration has been greatly strengthened and has resulted in productive outcomes such as meeting mergers.”</li> <li>— “Collaboration with schools through SARB meeting”</li> </ul>	8 (6%)
<b>Referrals</b>	Collaborative activities resulted in an increased number of referrals between agencies or for families in need.	<ul style="list-style-type: none"> <li>— “Multiple referrals for various problems were made, both to other agencies and from other agencies.”</li> <li>— “The referrals that I have made to mental health and support groups such as parent education have been a great success.”</li> </ul>	6 (4%)
<b>Improved service delivery</b>	Collaboration resulted in improved administration of services. This can include generally improved service delivery, or improved organization and economic development through service delivery.	<ul style="list-style-type: none"> <li>— “These collaborations are beginning to bear fruit and should improve service delivery when plans are implemented.”</li> <li>— “Positive results for organizing, economic development, and service provision.”</li> </ul>	5 (4%)
<b>New connections/partnerships</b>	Collaborative activities that resulted in the development of new relationships and connections between agencies.	<ul style="list-style-type: none"> <li>— “Several SPAs are now connected with many faith-based organizations as well as their respective community agencies.”</li> </ul>	4 (3%)
<b>Joint funding requests</b>	Funding requests made through interagency collaborations.	<ul style="list-style-type: none"> <li>— “Interagency collaboration has been greatly strengthened and has resulted in productive outcomes such as.....joint funding requests.”</li> </ul>	3 (2%)

### Through What Means Does Collaboration Occur?

Agency staff were asked to rate the extent to which they were using communication methods to collaborate (i.e., in-person meetings, in-person conversations, conference calls, one-on-one phone conversations, and email). The most frequent means of collaborating was through in-person meetings. Conference calls were used the least. (For a table with SPA-level data according to communication method, see Appendix F.)

### Perceived Effectiveness of Addressing PIDP Pursuits

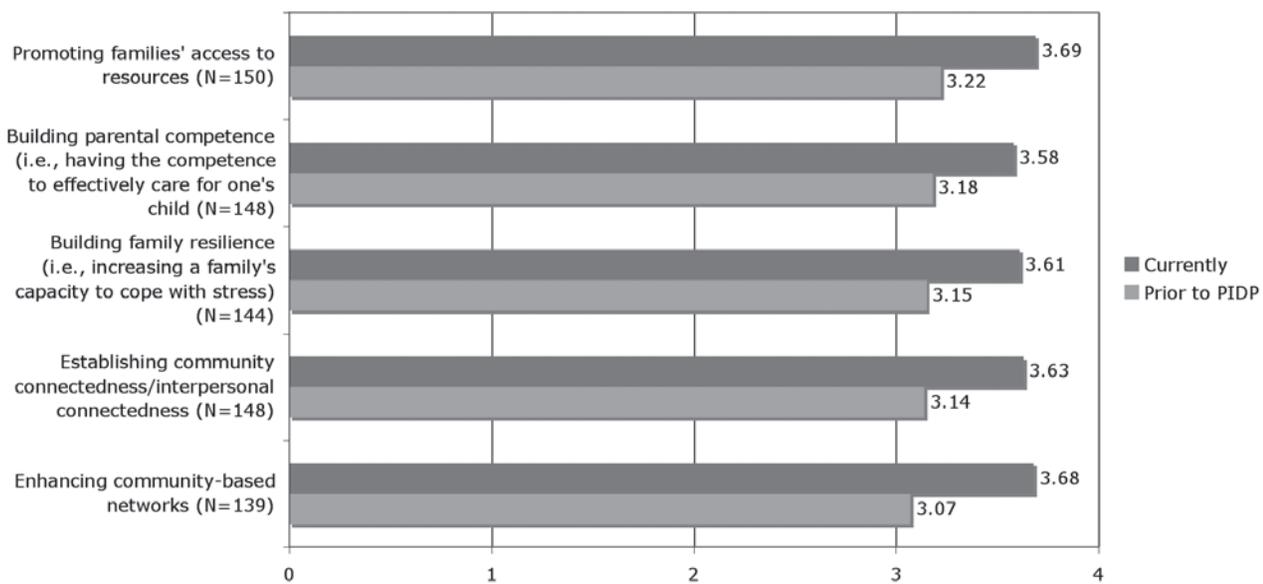
Agency staff, on average, held the perception that their PIDP collaborative had been effective in “...exchang[ing] resources and information among organizations,” “...the ability of PIDP organizations to secure additional resources for prevention,” and “...the ability of member organizations to pursue goals related to PIDP.” (For a table with SPA-level data related to these ideas, see Appendix F.)

## Protective Factors

### Perceived Effectiveness at Addressing Protective Factors<sup>6</sup>

On average, the perception is that the PIDP collaboratives have been effective at addressing each of the protective factors listed in Figure 5.4. Results of paired sample t-tests show that there has been a significant increase in the perceived presence of all the mentioned protective factors since the beginning of PIDP. The largest protective factor increases occurred for community networks, community connections, and family resilience.

**Figure 5.4**  
Effectiveness at Addressing Protective Factors across Time



Scale design: 1=Very ineffective; 2=Ineffective; 3=Effective; 4=Very effective

### Agency Effectiveness

When the question “How effective is your agency at addressing the following issues with families?” was asked, a series of corresponding issues were then listed, all of which are considered protective factors: *sense of community connectedness/interpersonal connectedness, resilience, parental competence, the ability to access and use resources, and enhanced and expanded community-based networks*. Agency staff were then asked to provide an example of when they were effective in addressing one of these issues with families. A total of 107 agency staff answered the question. Each answer was coded with up to two themes, resulting in a total of 145 codes that fell into 9 themes. These themes are described in Table 5.7, along with specific examples and the frequencies with which they occurred.

The most prominent theme was that of providing specific services or strategies that help families

<sup>6</sup> Due to the high reliability ( $\alpha=.935$ ) of the 5 items in Figure 5.4, these items were transformed into a scale called the Protective Factors Scale. In order to develop the scale, the 5 items were added together across individuals. As a result, the scale had a minimum of 5, a maximum of 20, and the mean of the scale was 18.13 ( $n=146$ ). One-way ANOVAs showed there were no significant differences between SPAs' responses to this scale, nor were there significant differences between the responses of those staff from funded PIDP agencies, subcontracted agencies, and DCFS offices.

(34%). The variety of specific examples that were provided suggests that each agency has its own ideal way of effectively addressing issues with families and that numerous effective options are available to families. Other major themes centered around providing services and strategies to participants, empowering and building capacity in participants, and collaboration among agencies and community members. The overall picture is one in which agencies are not only providing families with resources and options but also are enhancing collaborative efforts among community and agency members and helping families to help themselves. In sum, agency staff present a variety of ways in which they are effectively addressing issues with families.

**Table 5.7**  
**Frequency of Themes: Explanation of Effectiveness**

<b>Theme</b>	<b>Definition</b>	<b>Examples</b>	<b>Frequency of responses (%)</b>
<b>Providing specific services or strategies that help families</b>	Agency was effective at providing services and resources and specific examples of what these services or resources are were mentioned.	<ul style="list-style-type: none"> <li>— “For example, housing authority offices, regional center services for special needs children, and accessing food pantry within the community.”</li> <li>— “Our support groups and education services have and continue to support relatives’ emotional well-being when working with birth parents and their understanding the need to work through grief and loss associated with kinship care; understanding the need to encourage reunification.”</li> </ul>	50 (35%)
<b>Community collaboration</b>	Program recipients and/or the agency collaborated with other community members and/or community organizations.	<ul style="list-style-type: none"> <li>— “Through the weekly Neighborhood Action Council meetings, families have the opportunity to collaborate on an issue that they feel strongly about.”</li> <li>— “Several families are in need of a community connection for support; the navigation centers provide a way to connect with the community. The community came together as a network to make their resources available.”</li> </ul>	21 (15%)
<b>Providing services and resources</b>	Agency was effective at providing services and resources.	<ul style="list-style-type: none"> <li>— “...agency continues to provide comprehensive services, case management, and referrals.”</li> <li>— “The family has made amazing progress and that is due to resource and services provided by this agency.”</li> </ul>	17 (12%)

Theme	Definition	Examples	Frequency of responses (%)
<b>Community member empowerment and community member capacity building</b>	Agency was effective at empowering community members and/or enhancing community member capacity building.	<ul style="list-style-type: none"> <li>— "...empowers families to better parent children and advocate for the needs of the families."</li> <li>— "The women in the New Beginnings NAC have used the empowerment felt and resources learned to increase hope and overcome stress."</li> <li>— "Building family resilience has always been one of our goals. We are teaching people to thrive, not just survive, through education, food, legal, medical, and mental services."</li> </ul>	15 (10%)
<b>Agency collaboration</b>	The agency collaborated with other agencies.	<ul style="list-style-type: none"> <li>— "...due to the collaboration of network agencies (financial literacy, counseling, youth leadership)."</li> <li>— "The different agencies in SPA 2 are coming together for the event to share resources with the parents. All the agencies are working hand in hand to make the event a success for the community."</li> </ul>	15 (10%)
<b>Improved or strengthened services</b>	Agency services were improved or strengthened.	<ul style="list-style-type: none"> <li>— "Progress on working and targeting these issues has improved in the community."</li> <li>— "All the issues listed above have improved dramatically due to the team approach for families in the PIDP program in providing parenting support and education, therapy, and case management."</li> </ul>	13 (9%)
<b>Miscellaneous</b>	Response refers to a different program, did not answer the question, or did not fit into other themes.	<ul style="list-style-type: none"> <li>— "I stand neutral on many of these questions because I feel that other SPAs have done more in terms of the questions asked above."</li> <li>— "I'm not sure if this is also related to PIDP, but with Partnership For Families (PFF), we are able to connect high-risk families to a community agency (Children's Bureau), who works with the family to help the family access resources in areas such as childcare, counseling, and parenting."</li> </ul>	6 (4%)
<b>Improved or strengthened networks</b>	A broader theme than agency collaboration that focuses on network building or strengthening.	<ul style="list-style-type: none"> <li>— "They will be moving in the direction of regional network building by participating in the SPA 8 Conference in May."</li> <li>— "In addition, our close relationships with community partners allow us to connect families with other community resources and enhance our community networks at the same time."</li> </ul>	5 (3%)
<b>Increased awareness of services and resources</b>	Clients and families are more aware of services and resources.	<ul style="list-style-type: none"> <li>— "My clients are more aware of the local resources that they can obtain."</li> <li>— "In doing, it has increased the families' awareness of resources."</li> </ul>	3 (2%)

## Visibility of PIDP

### Visibility of PIDP

Agency staff were asked “In your SPA, how visible do you think the PIDP collaborative is to families?” On average, the staff perceived PIDP to be of medium visibility in the community. SPAs 1, 4, and 5 reported slightly lower visibility than the remainder of the SPAs. Staff in SPAs 3, 6, and 8, on average, thought PIDP was of medium visibility but higher than the overall mean across all SPAs. This finding may be attributed to the actual start date of each SPA network. The pattern of findings suggests that the networks that were established first had higher visibility than the networks that emerged later. (For a table with SPA-level data for this item, see Appendix F.)

To the question “Is it important that PIDP is visible to families,” of the 171 agency staff who responded, 90% reported yes, 10% reported no. Of the 171 staff members who responded to the first question, 130 respondents answered the follow-up question: “Please explain your response.” Separate themes were used to code these responses.<sup>7</sup> For the 121 agency staff who explained why they thought it was important that PIDP be visible to families, the majority of the themes described how the increased visibility of PIDP can lead to increased knowledge of resources and benefits for participating families. This suggests that, in the opinion of agency staff, enhancing PIDP’s visibility among families would directly benefit these families and thus contribute to overall PIDP goals. For the 12 agency staff who explained why they did not feel it was important that PIDP be visible to families, the most prominent theme was related to the belief that it is not necessary for PIDP to be visible to families for families to benefit from PIDP. Although this opinion directly contradicts the aforementioned themes that visibility may actually benefit families, the comments expressing that it is important for PIDP to be visible far outnumber the comments that disagree. Descriptions, examples, and the frequencies by which these themes occurred can be found in Table 5.8 and Table 5.9.

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<sup>7</sup> This amounted to 10 themes for those responding “yes” and three themes for those answering “no.” Each comment was coded with up to two themes with a total of 153 codes.

Table 5.8  
Explanation of Why Visibility Is Important

Theme	Definition	Examples	Frequency of responses (%)
<b>Understanding of who is providing resources – or how to access/ use resources/ services</b>	Through visibility, families will become more aware of resources and how to access them.	<ul style="list-style-type: none"> <li>— “More families need to know about County and Community resources available to them. They also need education on various issues that they face day-to-day.”</li> <li>— “The best promotion that PIDP can have is the community sharing how this program help them to change they life style with all the guides and resources that we teach them how to take advantage of then”</li> </ul>	44 (30%)
<b>Creates an awareness of the collaborative effort being made to provide services/support</b>	Respondent indicates that visibility leads to a more positive perception of the agencies or the initiative.	<ul style="list-style-type: none"> <li>— “Families need to know that efforts are being made to increase resources to prevent them from entering Child Welfare system.”</li> <li>- -“People are grateful when they see an agency that really cares. They hold the agency at a higher level of respect when they see everyone participate and be involved.”</li> </ul>	14 (10%)
<b>Needed for participation which allowing for positive impact on the family</b>	Visibility is needed in order for families to take part in the activities that ultimately lead to families’ benefit or positive impact in some way.	<ul style="list-style-type: none"> <li>— “ If it is not visible then families will not be a part of the growth”.</li> <li>— “ The more visible it is, the more likely it will be that more families will join and ultimately benefit.”</li> </ul>	14 (10%)
<b>Visibility empowers families</b>	Visibility empowers the families.	<ul style="list-style-type: none"> <li>— “... and know that they can make a different.</li> <li>— “ that they can also become a part of the project and implement it in their own home, school, community”.</li> </ul>	14 (10%)
<b>Perception of how agencies or PIDP are working/ impacting the community</b>	Respondent describes how they view the agency or PIDP is working. The responses seem to be more like observations or descriptions.	<ul style="list-style-type: none"> <li>— “ I do not know if it’s important that PIDP be visible to families. To be honest, I do not know how visible PIDP is to our DCFS staff. Even for myself, other than working with the PIDP lead agency representative, I am not sure which efforts are “PIDP” or which are one of our other initiatives such as Family to Family or Partnership For Families, or if all of these initiatives are lumped together. I have not attended any meetings specifically for PIDP, although I currently work a lot with our community partners.”</li> <li>— “...Many families in the community see DCFS as a punitive and negative institution. PIDP has worked on changing that perception.”</li> </ul>	13 (9%)

<b>Mentions ways to make PIDP visible</b>	Respondent describes ways in which to make PIDP more visible.	<ul style="list-style-type: none"> <li>— “ The focus on the entire families needs and then pin point each members needs enables the worker to further assist and empower the families outlook in life”</li> <li>— “ We need to let people know via mailers etc.”</li> </ul>	9 (6%)
<b>Miscellaneous</b>	Answer cannot be interpreted; does not seem to address the question; or the respondent writes, “don’t know.”	<ul style="list-style-type: none"> <li>— “That’s how they receive services”</li> <li>— “Provide more services”</li> <li>— “Visibility is critical to those families being referred/identified, but not in so obvious a way as to call undue attention.”</li> </ul>	9 (6%)
<b>Visibility is important, but needs to be increased/or will increase</b>	Respondent states that visibility is important, but still needs to be increased.	<ul style="list-style-type: none"> <li>— “ The visibility has increased, but there a lot of families left to reach.”</li> <li>— “ I think there should be more visibility to the CSWs and DCFS, (9) so we can more effectively refer families who are not a great risk, but who would benefit from the services.”</li> </ul>	8 (6%)
<b>Describes how PIDP is visible</b>	Respondent describes how the agency is visible to the families.	— “Because PIDP represents external support to the families from DCFS.”	4 (3%)
<b>Visibility helps promote networking or collaboration</b>	Mention networking or collaboration in a general sense or specific to agencies.	— “ that is the only way to build the networking”	4 (3%)

**Table 5.9**  
**Explanation of Why Visibility Is Not Important**

<b>Theme</b>	<b>Definition</b>	<b>Examples</b>	<b>Frequency of responses (%)</b>
<b>Not necessary for families to be aware of PIDP to benefit from PIDP</b>	Visibility is not important; community members do not need to know or be aware of an initiative or know its name to be able to benefit from its resources.	<ul style="list-style-type: none"> <li>— “In our experience, families don’t connect to an initiative like PIDP but rather to the particular activity that they deem beneficial to their progress.”</li> <li>— “The families want results, with readily available service delivery; how it is delivered and from whom can be confusing to them, especially when multiple agencies are involved.”</li> <li>— “It’s not important that PIDP is visible in and of itself — it is important that relationships are built between families and organizations/institutions and residents with each other.”</li> </ul>	9 (6%)
<b>Describe ways to increase PIDP visibility</b>	Respondent answers, no but describes how to be visible in the community to increase the mission of the initiative.	<ul style="list-style-type: none"> <li>— “Part of prevention is education or outreach.”</li> </ul>	2 (1%)
<b>Miscellaneous</b>	Answered no but the response provided does not seem to address the question.	<ul style="list-style-type: none"> <li>— “The work of the group is currently available to families through other professionals.”</li> </ul>	1 (1%)

#### **4. Do the SPA-based PIDP networks add value to the existing array of services and supports for families and children?**

Data from several sources help to illustrate the value added by PIDP networks. First, networks have been able to identify local resources to meet the specific needs of individual families, blending informal help into more formalized contract-based funding. Second, leaders of many PIDP networks have reached out well beyond the “usual” CBO players to include faith-based and community groups, businesses, and other local institutional partners. For example, the SPA 8 network included two of the most well-established NACs (Neighborhood Action Councils started under the umbrella of the Children’s Council well before PIDP began) as funded partners. The SPA 5 network included family childcare homes, small family-run neighborhood restaurants, local advocacy groups, and university-affiliated medical groups. A number of networks also included unfunded members along with funded members. (See Appendix C and G for more detail on partners in all eight PIDP Networks.) Third, PIDP networks have demonstrated creativity in blending funding from several sources, creating and enhancing their own capacity to assure that the whole is more than the sum of its parts.

## Examples of PIDP Networks Blending Local Resources to Meet the Needs of Families

Twenty-seven examples of blending resources (e.g., expertise, supplies, influence) for the benefit of families were collected from the eight PIDP networks (see Appendix I for the leveraging examples in their entirety). Across the 27 examples, 11 types of resources were mentioned. The frequency with which these resources were mentioned is depicted in Table 5.10.

**Table 5.10**  
**Type of Resources Mentioned in Examples Submitted by PIDP Networks**

Type of Resource	Frequency
Training and education	12
Employment	10
Financial assistance	7
Social connectedness	6
Transportation	3
Childcare	2
Furniture	2
Mental health	2
Drug rehabilitation	1
Housing	1
Legal assistance	1

The examples are quite compelling. In all cases, a family or group of community members benefited from receiving one of the above resources. In many of the examples, the receipt of resources marks a critical turning point for a person or an entire family. In other words, the impact of a single resource or a cluster of resources received was important for that person or family.

The two most common types of resources depicted in the examples were employment, followed by training and education. The next most common resources were financial assistance and social connectedness. For example, the opportunity for training and employment significantly helped a couple with young daughters, although it was financial assistance that got them to a place where the training and employment could become a possibility. Without an apartment or food, the family's situation would have made it difficult to take advantage of any other opportunity offered to them. DCFS was notified when the mother hit her 7-year-old with a belt leaving a distinctive mark on her arm. The parents were experiencing high levels of stress because the father had lost his job three months prior. The mom was working overtime, but despite her efforts, they were late on their rent and the family car had been impounded. A family support specialist became involved and acted as coach and advocate for them. The specialist enrolled the family in the Working Poor program offered by a foundation in the community, not related to PIDP funding. Once the family's financial situation improved, they were able to think about other issues. The father was connected to Work Source at Mission College and they helped him create a resume and coached him on interviewing skills. He is now employed as a cook and making 11% more than what he was making at his former job. In this particular example, the family benefited from receiving financial assistance and training that led to employment.

Another training and employment success story is of a father and ex-offender who was having difficulty finding a job because of his prison record and lack of work experience. He began a certification course

in fiber optics cable the day he left the halfway house after prison. He was given information on how to expunge criminal records and received a job immediately after completing the certification. He worked both as a technical consultant and as an independent contractor with several reputable firms. This experience gave him the confidence and opportunity to start his own company. Now he is in a position to hire others. In his words, “Through this organization, the spirit of opportunity that was once lost can be found and a new beginning be realized for so many individuals who just need to be given that one chance.”

Often, one activity led to several different benefits, such as when a community tax assistance initiative was established in a neighborhood. PIDP Neighborhood Action Council (NAC) members were trained and given stipends to assist in providing translation services and administrative assistance as the center prepared income tax returns for the community. Some PIDP NAC members volunteered to assist in marketing. Not only did NAC members benefit from training and employment (which led them to report feeling increased self-esteem and financial support), but members of the community also benefited as they received support in preparing their income tax returns and applying for Earned Income Tax Credits.

In the above examples, a combination of resources made the critical difference. Situations where receipt of even one resource made a substantial difference were also reported. For example, a family received a bed for their son who had been hurt in a car accident when his father had been driving under the influence of alcohol. DCFS placed the son in out-of-home care until the family received this bed so that he might heal properly after extensive surgery and physical therapy. Without that bed, this child would not be with his family.

In another example, PIDP aided in the expansion of a DASH bus route that would bring community members to social service agencies, health care settings, and schools. This bus route, while only one resource (i.e., transportation), represents increased access to many services and resources for community members.

A number of PIDP networks described how they worked to increase social connections. The NACs, among other things, provided space and momentum for community members to feel more connected with one another. For example, the Parents in Motion, Creating New Beginnings NAC is made up of birth parents who have children in the care of DCFS. These parents have gone through a 9-week financial literacy course, and the NAC organizer brought in a lawyer to explain legal issues related to criminal backgrounds and expungement of criminal records. Members of this NAC have received support in learning how to navigate the DCFS system so they are better educated on what they need to do to get their children placed back in their home. One NAC member has emerged as a leader and has been hired as a community organizer. Being part of the NAC helped bring these birth parents together to support one another, and also helped them to receive much needed resources. In addition, a certain level of empowerment occurred through training and education.

Social connectedness is also being nurtured outside of the NACs. For example, families benefit from attending family nights. Volunteer time and support, as well as donations, allowed one SPA to host family nights such as a neighborhood Thanksgiving potluck, a toy boutique night, and a movie night. These family nights not only provided opportunities for families to have fun together, but they allowed families to build their social networks.

Typically, in the examples provided by the PIDP networks, existing program infrastructure and cross-agency collaboration connected resources to meet family needs. Many examples included more than one agency stepping in to offer support to a family in need. Rarely did an agency work alone. The benefits to these families and community members are numerous: stress is alleviated, children are returned to their parents, people are more educated, they are employed, they feel less isolated, and they feel empowered. The impact of these benefits far exceeds the immediate monetary cost. As described in Appendix I, the ripple effects of these resources will be felt for quite some time in a family or community.

## PIDP Network Maps Demonstrate Financial Leveraging

Interactive PIDP network “maps” were designed as Web-based visual graphics that could keep up with changes in organizational participation in these networks as they evolve over time. These maps display information about the organizations participating in PIDP overall, the participants in each SPA-level PIDP network, and the DCFS regional offices served by the SPA-level networks. The maps highlight connections between PIDP agencies and other Countywide initiatives funded by DCFS and First 5 LA, illustrating the ways that the 89 organizations involved in PIDP are working to leverage the financial resources provided by two different funders. These maps build on a process already underway that was funded by First 5 LA to help illustrate the geographic reach of various First 5-funded initiatives.

The set of nine interactive maps (one Countywide and one for each of the eight SPAs are available in Appendix C) present a visual overview of how funding from these two County organizations intersects among agencies that provide support and care to at-risk children and their families. One purpose of these maps is to highlight where financial leveraging is already occurring, as well as where additional opportunities could be found. The maps also demonstrate the versatility of the agencies in acquiring funding from different sources in order to ensure sustainability. Staff at the lead agencies within each network provided the data that populated these network maps. Since the membership of the PIDP networks change, with networks adding new members or refining roles regularly, the maps were designed so that they can be updated and enhanced as the PIDP networks change over time. The screen shots of the maps included in this report are accurate as of July 8, 2009 (the last time the maps were reviewed by the PIDP Network Evaluation Advisory Committee).

The maps show that many of PIDP-funded agencies also receive additional funding from DCFS to provide Family Support (FS) services (n=20), Family Preservation (FP) services (n=13) – both key components of the Promoting Safe and Stable Families (PSSF) program. Fifteen network agencies also received Child Abuse Prevention, Intervention, and Treatment (CAPIT) funding through DCFS. (See Figure 5.5.)

Organizations receiving First 5 LA support primarily receive funds from two initiatives: Partnership for Families (PFF) (n=20) and the School Readiness Initiative (SRI) (n=18). The agencies receiving funding from both DCFS and First 5 LA were not as numerous as agencies funded primarily by DCFS. These two First 5 LA initiatives dominated the field of First 5 funding sources for those agencies that were supported by both DCFS and First 5 LA. It is also interesting to note that about half of the PIDP lead agencies received funds primarily from DCFS and the other half funds from both First 5 LA and DCFS.

There were different funding patterns across the SPAs. For example, SPA 8 had an almost even distribution of agencies that were funded by DCFS only and agencies that were funded by both First 5 LA and DCFS (Figure 5.6). In contrast, the majority of agencies in SPA 3 were funded by DCFS only, except for one partner agency, which was the only one receiving First 5 LA funding (Figure 5.7). This pattern highlights an opportunity for agencies in SPA 3 to consider how their goals fit with the First 5 LA funding priorities so they can plan to apply for additional support as appropriate.

These patterns show how DCFS and First 5 LA might partner to more purposefully leverage their available funding. These two different LA County entities (First 5 LA and DCFS) fund agencies that help to care for and support children and their families. At the initiative level, DCFS’s FS, FP, and CAPIT programs tended to fund the same agencies that are funded by First 5 LA’s PFF and SRI initiatives. These initiatives may have different goals overall, but there appears to be an agency-level connection or synergy between them. This connection could offer an opportunity to leverage resources around common goals and objectives. For example, First 5 LA’s PFF initiative and DCFS’s FS program broadly aim to provide supports for at-risk families. This goal intersection is reflected in the funding patterns (as represented in the maps), and it suggests a strategic opportunity for both funding entities to collaborate on their efforts to achieve this goal. From a sustainability perspective, it could be assumed that the more versatile an agency is in its funding

streams, the more stable its presence in a community. The county-level map shows that of the 89 PIDP partner agencies,<sup>8</sup> more than half (53%) are receiving funds from other DCFS or First 5 LA initiatives. This could be seen as a positive step toward the sustainable development and evolution of these agencies as they become more integrated into the community. This could also be viewed as an opportunity to bring in and support the other 47% of agencies who are receiving only PIDP funds. By expanding their financial support horizons, these agencies could continue to play a role in improving the well-being of children and their families in the communities they serve. Clearly, these maps do not include all of the sources of funding available to support agencies serving families and children, so they only begin to illustrate how funding partnerships might contribute to the sustainability of such services over time; however, they do raise interesting questions for further deliberation. If additional mapping of other funding sources is deemed to be useful in later years of the PIDP initiative, these maps could be augmented with additional data.

The screen shots below are taken from on-line interactive maps that can be accessed at [http://www.interactiveconcepts.info/files/SPA\\_Map\\_and\\_Partners\\_interactive\\_Draft\\_32.swf](http://www.interactiveconcepts.info/files/SPA_Map_and_Partners_interactive_Draft_32.swf)

The countywide map shows the overall number of PIDP participants, their roles, and those receiving funding from DCFS, First 5 LA, or neither funding source. The two sidebars show the total number of PIDP participants receiving funding from DCFS under eight different kinds of contracts and the total number receiving funding under 14 different First 5 LA initiatives. The maps from SPAs 3 and 8 contain the same kinds of information for the PIDP networks in those areas of the county. When accessed online, the “roll over” function allows the reader to find additional information about each agency and each funding stream.

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8 This data was collected through the use of an on-line survey that was sent to lead and partner agencies. Most of the PIDP network agencies completed the survey; however, a few agencies did not. Results were reviewed by the PIDP Network Evaluation Advisory Committee on July 8, 2009. Thus, this map provides a nearly complete picture of the network, but some agencies are not represented.

Figure 5.5  
Prevention Initiative Demonstration Project Countywide Network Map

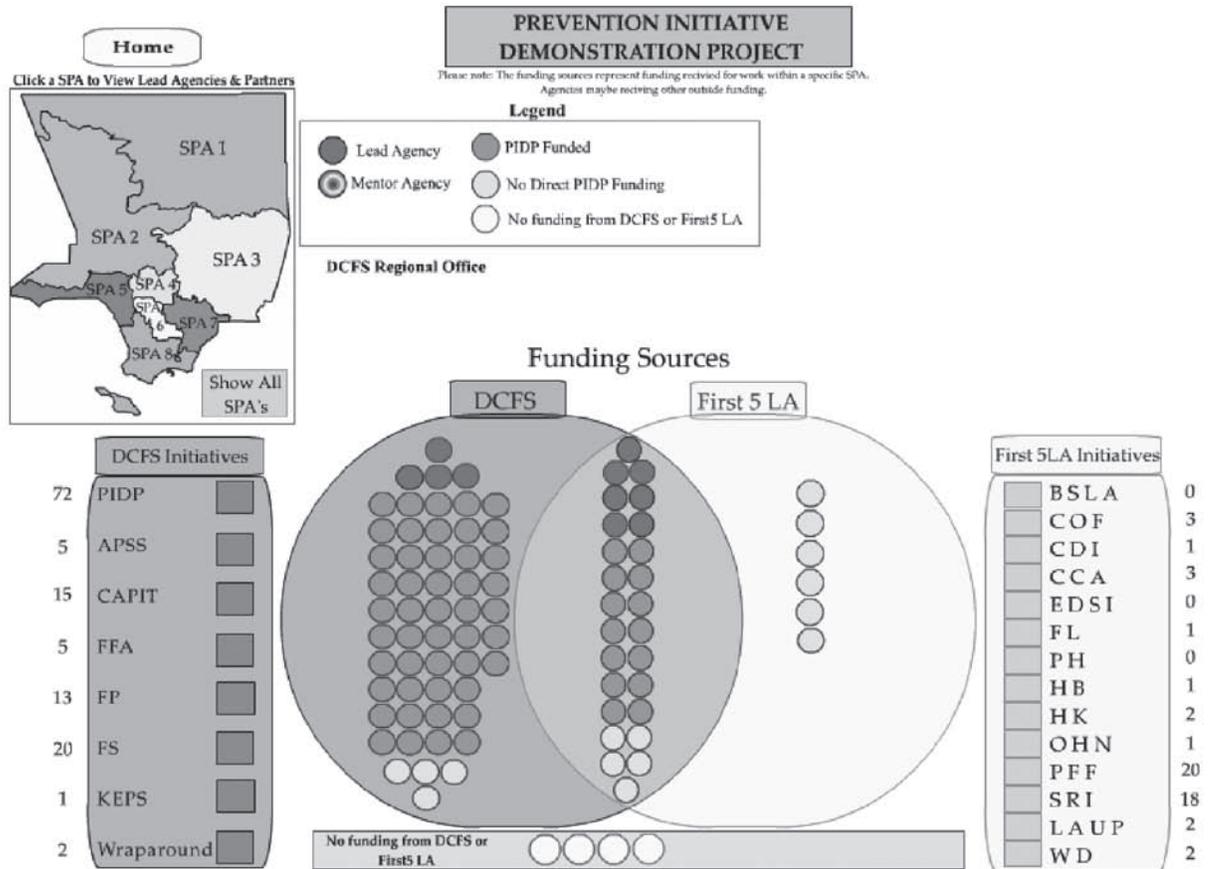


Figure 5.6  
Prevention Initiative Demonstration Project SPA 8 Network Map

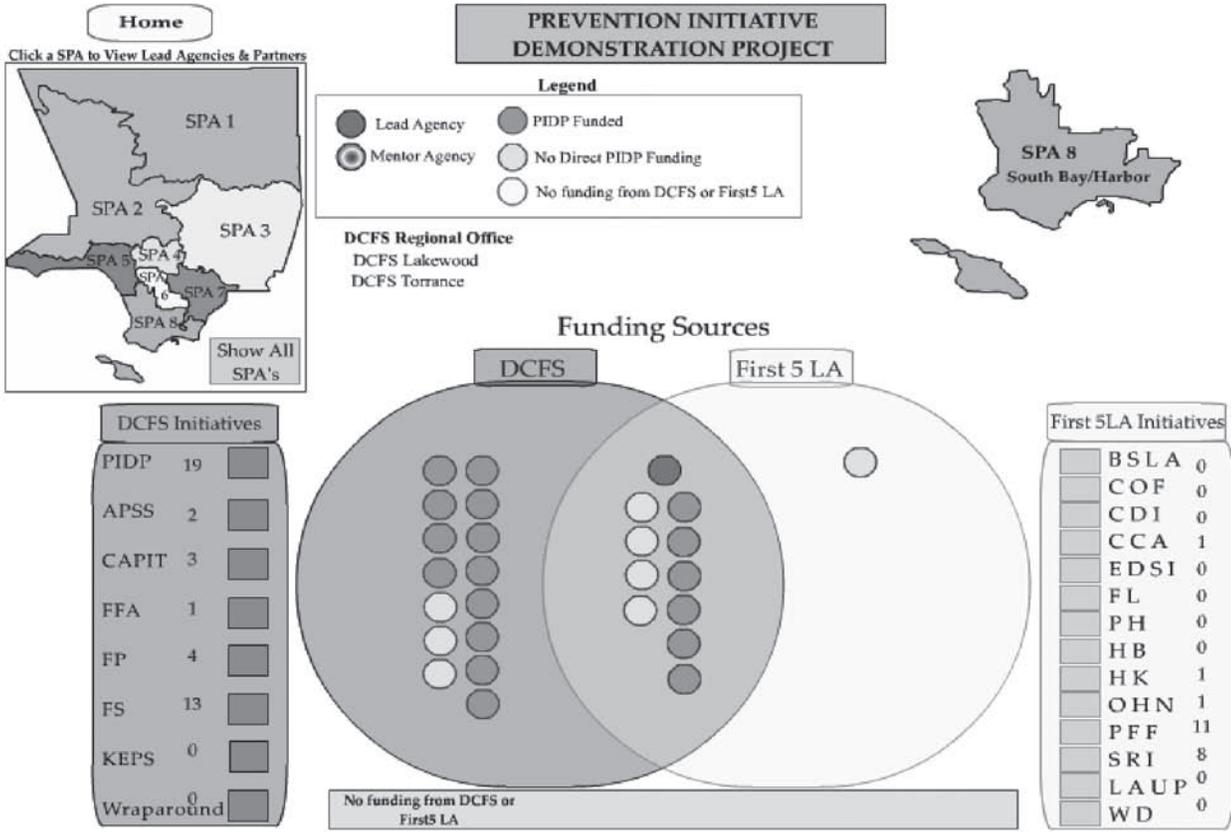
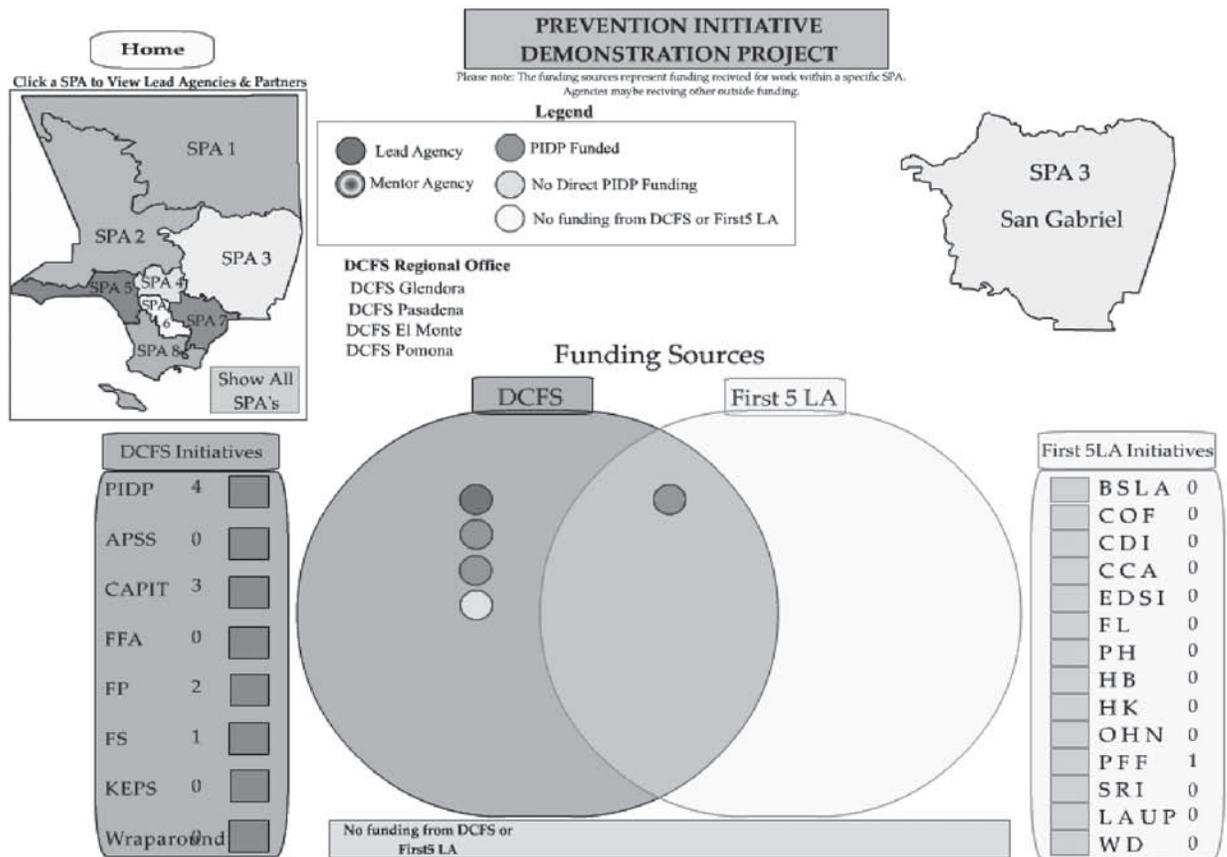


Figure 5.7  
Prevention Initiative Demonstration Project SPA 3 Network Map



## 5. How have DCFS administrators, supervisors, and staff responded to PIDP?

As part of the individual interviews and focus groups conducted with four levels of staff in DCFS regional offices, the USC evaluation team included questions on staff participation in PIDP planning and familiarity with current operations. (See Appendix D for the number and level of DSCS staff participating in these interviews.) Analysis of these qualitative data led to identification of four themes: (1) PIDP planning and implementation processes varied considerably across DCFS offices; (2) front-line staff had the least knowledge about PIDP; (3) “prevention” is such a global term that there was some confusion about what it means in the DCFS context; and (4) reactions to the idea of prevention were quite positive. These data highlight perceptions of PIDP from the perspective of staff in the County’s public child welfare system.

### Theme 1

#### Planning and implementation varied across offices

PIDP planning and implementation processes varied greatly across DCFS offices and between SPA regions. The majority of administrators interviewed — including both regional administrators (RAs) and assistant regional administrators (ARAs) — reported that they, or a designated person on their team, had been directly involved in planning with the PIDP lead agencies. Most also reported that administrators had shared information with staff in their offices to prepare for the development of office-specific and community-specific PIDP strategies. Administrators in some SPAs were able to describe notable local PIDP strategies and were conversant with implementation issues. These “notable” PIDP strategies included the Neighborhood Action Councils in SPAs 7 and 8, the Ask Seek Knock Centers in SPA 6, the faith-based parent visitation centers in SPA 8, and the parent partners and cultural brokers in SPA 3. (These strategies are described in more detail below.)

Planning processes that DCFS staff participated in included identifying high-need communities based on CWS/CMS data, as well as a variety of SPA, zip code, and community-specific indicators. A majority of DCFS offices selected specific zip code areas that had high poverty rates and referrals for child maltreatment. For example, an administrator in the Glendora office said, “The El Monte office and Pomona use Prototypes. We selected a small number of zip codes because they don’t have the volume or the funding to do much beyond that right now. So it is primarily in El Monte and Pomona and Prototypes handles it. We’ve had quite a few referrals, more than 20 referrals in the first few months.”

Administrators in other offices began with identified problems, such as domestic violence, substance abuse, or the disproportionately high representation of African American children among DCFS clients, or they thought about key institutions that should be partners in prevention. An administrator in the San Fernando office said, “The crux of our prevention effort is working in schools. Schools are the perfect place to launch a community-friendly relationship. They are not intimidating. So we presented the benefits of this to the school through a concept paper. It’s a no-brainer. It’s the relationships that are invaluable.”

Very few offices had included Emergency Response Children’s Social Workers (CSWs), Supervising Social Workers (SCSWs), or other front-end staff in PIDP planning discussions. Thus, it was not surprising that CSWs showed the least familiarity with PIDP.

DCFS offices that had long-standing collaborative relationships with community partners had an advantage in working with those service providers to plan for PIDP. In many cases, relationships were established because lead agencies already had Family Support or Family Preservation contracts. DCFS’s contracting strategy of using a Request for Qualifications was evidently quite effective in drawing the most recognized and well-thought-of agencies into PIDP leadership in many areas of the county. Administrators who already knew of and had established relationships with the lead agencies had a head start in being able

to short-cut the planning process and move quickly to implementation. Obviously, this was a significant advantage for a short-term complex initiative like PIDP. The traditional contracting strategy of issuing a competitive Request for Proposals would not only have taken much longer to organize but would potentially have raised many more barriers to timely and effective implementation.

The USC evaluation team developed four categories to describe different planning approaches that were applied in different SPAs based on descriptions provided by staff in DCFS regional offices. Quotations from interviews and focus groups with DCFS staff illustrate the different perspectives and issues involved.

### **1) Some offices had strong relationships with lead agencies**

Administrators in some DCFS offices already had trusting relationships with lead agencies that led naturally to coordinated planning and shared responsibility. Many were ready with ideas about focus or geography that the networks could build on quickly. As an administrator in Lancaster noted,

PIDP is fairly recent, within the last year, and we partnered with Grace Resources, which is the provider for PIDP. Grace Resources has been here for 15-20 years, a long time. And they are a community-based agency that's totally funded by donations and through the faith-based community. They were, as far as we were concerned, the perfect agency to administer these available funds because they had so many things in place already. They had food programs, computer labs, computer and financial classes. Through the different churches that they are associated with, they had all kinds of services that were available for our people. They were above reproach, non-denominational; they were seen in the community as an agency who was there, who had no ulterior motive except to help whoever needs help. The homeless, the poor, the people down on their luck, the people who needed counseling and therapy, so we have been very pleased with our collaboration with Grace Resources.

And an administrator in Pomona observed, "The office has a strong relationship with Prototypes, the lead PIDP agency in SPA 3.... At the same time, the community involved with Family to Family was raising concerns about disproportionality. I helped to steer the Prevention Initiative's focus towards disproportionality. Zip codes were identified; parent advocates and a cultural broker were hired. The parent advocates are former DCFS clients."

### **2) Developing relationships with lead agencies during the PIDP planning process**

In some cases, where there was not a long history of working together or where administrators were relatively new to their leadership roles, DCFS and network leaders needed to develop relationships quickly. A few DCFS administrators commented on how impressed they were with the response of the lead agencies during the planning process. According to one administrator from South County (Lakewood), "A visitation center was one of the staff's high priorities, so South Bay and the PIDP network worked on implementing that idea first. The NACs are 85% of what we're doing here, but it is hard to articulate to our staff. ...A visitation center is clearer and more concrete. The visitation center is located at the Park Crest Christian Church Lakewood Campus about two miles from the office and is convenient for the North Long Beach community, which is in our highest zip code referral area."

Another DCFS administrator, from San Fernando, noted that the PIDP planning process helped them to learn about an agency they thought they knew.

Some people in the office would tell you that we did not think we had that many resources

before. Friends of the Family was just one of the agencies, but as we have gotten to know them, they are incredible! I think we had about 15 PIDP slots in three months and we have used them all. They said ‘it doesn’t matter, send us more’ and they have been able to accommodate everyone. What we are doing with the Prevention Initiative is sending families from a Pacoima zip code (91331) that will benefit from the services, need the services, but will not become part of DCFS.

### 3) Bringing multiple regional offices together on a plan

In cases where one regional office took a lead based on previous relationships, they worked with other offices in the same SPA to share the work and ensure inclusion. As an administrator from Belvedere noted,

SPA 7 was very involved, and had some input about which agencies might be involved.... We looked at aligning with the borders of the HST program and also looked at our high referrals areas and unincorporated areas (e.g., Walnut Park and Whittier in the Santa Fe Springs area). The fortunate thing is that each of our agencies had a familiarity with those communities as well. We liked what they were doing in SPA 8, so we wanted to try and bring that model into SPA 7. The value in what we have done is that we have trained our staff in the ABCD model. It is the opposite from what we were taught about how to implement programs in an institutional setting. It turns it around and puts us in a very different place.

And an administrator from Pasadena remarked,

The other thing that we did was run focus groups with all three offices before implementation. What came out of the focus groups was the need for a parent advocate — that is, the person who is a model for the parents and advocates for parents at Team Decision-Making Meetings (TDMs) or at a meeting with us.... Even at a doctor’s appointment, at the DPSS office, they can go with them and that is funded by our PIDP dollars. We also saw the need for a cultural broker, someone who navigates a person’s ethnic culture. Everyone has their own mores and values, and we chose a person to go to the community and advocate for that person, whether it is being with us, at the grocery store, doctor’s office....A lot of times the barrier is a cultural one; nothing is wrong, there is no abuse, it’s just that in that particular culture that is how they do things. So we did hire those two people with prevention dollars and those two positions are in every office in SPA 3. Focus groups consisted of all RAs, ARAs, some staff, and the community — one position is full and the other part-time.

### 4) The need to build relationships delayed planning

Other DCFS offices delayed planning with lead agencies, perhaps because they did not know each other or weren’t sure about who they would be working with until funding was in place. In these cases, implementation was delayed, and PIDP activities got a late start. Only one office described communication problems severe enough to hold up planning: “We are still very much in stage one; we are not quite sure how that is going to go, but we are trying to work it out.” An administrator in the same West LA office reported that the limited amount of money available for PIDP, combined with differences in perspectives, made joint planning extremely difficult:

All agencies are great and they all have gifts. The issue is can we make the match that we need to make? And when we don't make those matches, how do we make something else work? The bottom line is that, with the amount of money allocated to SPA 5, how much can we do? Their specialty is young children, 0 to 5, but our biggest needs are for older kids. So we need to bridge that gap. Sometimes when you do that because you do not have enough money, nobody wins. You are just trying to deal with what you have and piece it together. How do we continue this? Or do we really have the courage to change it?

## Theme 2:

### Front-line staff had the least knowledge about PIDP

Focus groups with CSWs underscored the fact that very few were familiar with PIDP. Most CSWs had little or no knowledge of the initiative. When asked, they made comments such as:

“I never heard of it.” (Pomona, West LA)

“I did not know what it meant; I have not had a chance to use the services.” (Vermont Corridor)

“We do not know much about it.” (Lakewood)

Front-line CSWs who had a moderate level of working knowledge about PIDP were at least able to identify the lead agency, and a few said that they had referred families to that agency. Since CSWs were not necessarily clear about what PIDP entailed, this may not have been a PIDP referral but a referral for another kind of service. SCSWs were more likely than CSWs to know about PIDP. A majority of supervisors interviewed had some knowledge about PIDP and a few were actively involved. Said one SCSW from Wateridge, “It's fairly new, but we are informed about the Ask Seek Knock Centers through SHIELDS for Families, linking families to services.... We have discussed them more often in TDMs and at the back end... legal aid and housing tend to come up most often. The agency came out and gave us information about the services. The hope is that it stays around long enough to be effective.” A small number of supervisors stated that they didn't know about PIDP or “heard the label but am not familiar with it” (SCSW, Santa Fe Springs).

Staff in a few offices described how they had integrated PIDP into the TDM referral process, and several had developed referral processes and/or forms for the limited number of “slots” available for “indicated” (tertiary) prevention. One administrator from Pasadena remarked,

Then we all developed our own general referral process, most of it comes through ER, from families that meet various criteria to refer to that program — these are usually cases not opened up at DCFS.... We now have filled up our 25 spots with that program. I think actually across the board, with the other two offices as well. So we are in the process of creating a waiting list to get other families as well.... And once again the parent advocate and cultural broker can come to the table with the parent, with the family, and can go to court with the parent. The court is involved with us also, so they actually recognize these people for what they do. Parent advocate, cultural broker, it all fits within the service model on the prevention piece.

## Theme 3

### Confusion about the term “prevention.”

Interview and focus group data also revealed that there is considerable confusion among workers about

different meanings of “prevention,” the different levels addressed, and how PIDP fits in with other DCFS prevention-related activities already in place. This is not at all surprising given the field’s overall response to the idea of prevention. What are we trying to prevent? Should public child welfare agencies work on preventing any occurrence of child abuse and neglect or is their role more appropriately focused on preventing maltreatment from happening again, or preventing even worse experiences down the line? A number of DCFS staff cited the department’s work on Differential Response and Alternative Response Services as being closely related to the PIDP strategies that focused on families already known to DCFS staff. One administrator from Vermont Corridor observed, “...there was a staff member getting unfounded referrals and linking families to services. It was as if PIDP was occurring in-house. It’s been slow for workers to see what the difference is because the staff person was there already.”

Others commented along the same lines. An SCSW from Compton said, “The majority of the referrals go to the program manager. But because I have workers who are actually at the [police] station, and when families come to the station they can actually refer a family out [to CBOs] as opposed to making a referral [to DCFS]. So in a sense, they are doing that [prevention], but it hasn’t been called that.” An administrator in Santa Clarita noted, “We don’t refer to it as PIDP but we definitely practice some form of referring lower risk families to much needed services.” And a CSW in Lancaster said, “I think that we have done some prevention in the community before PIDP. We partner with a school down the street... We don’t have to wait for a referral to be called in... Having a social worker available has been nice for the school and nice for DCFS because the goal is to have less referrals and do prevention work at the front end.”

## Theme 4

### Positive reactions to PIDP

DCFS staff familiar with PIDP reacted very positively to the initiative, saying that they need all the help they can get to serve families. An administrator in Compton described how he thought that PIDP worked to extend existing efforts:

The Prevention Initiative is an excellent idea, and it is also part of POE. We have been doing Prevention since we opened this office. We called it ‘Differential Response.’ Prevention is my medicine. I like Differential Response a great deal because it has helped the families reduce poverty and also the community at large. I think it also helps the community agencies for them to be accountable, to communicate, and to make a link with the department in terms of preventing child abuse. It’s essential. At the beginning, CBOs were sitting by themselves and no one was linking with anybody.

An SCSW from Glendora, speaking of the cultural broker model in SPA 3, gave another example of how that group saw PIDP strategies as supplementing the department’s efforts: “The cultural brokers do engage the family, making sure that the family regains confidence with our agency and I think that no matter how blue in the face when I talk to a parent, they’re not going to trust me or believe me over what a cultural broker says.”

Not surprisingly, workers reacted most positively when they could see immediate benefits for families. For example, an administrator from the Vermont Corridor observed,

Anything we can do to help families be more self-sufficient and create a community safety net. Our lead agency, Avalon Carver, comes to general staff meetings but it’s more than just presenting resources, it’s a process of having workers see PIDP in the front of their mind. You have to have successes with first connections before workers trust the service provider. ....There have been small successes and I can see an expansion for the office. One staff referred a mom to a certificate program and the mom graduated! So the worker was ecstatic about the mom’s progress and her ability to get employment. Having staff share successes is much more powerful than when I share information....

Another administrator from Lancaster described how PIDP has altered the perception of DCFS in the community. “Word is out in the community, families know about PIDP; they no longer have to come into the system...Our relationship with this agency improves our standing in the community.”

### Practical steps that DCFS could take to deepen the impact of PIDP

While it is not surprising that information about a ground-breaking initiative such as PIDP would take some time to spread, the patterns of staff responses in these interviews suggest some practical steps that DCFS could take to spread the word and encourage full utilization. Allowing lead agencies to *involve front-end staff in planning and refinements to PIDP* would not only provide helpful information about current needs but might help to develop relationships that will lead to appropriate referrals and use of other services provided by network agencies. As workers hear from their peers about how these agencies work, whether they respond to suggestions, and whether they use their networks and expertise to help solve problems, word will spread quickly. Finding ways to share information on the practical benefits of PIDP for even one family will be more productive than distributing brochures or making general presentations at staff meetings. One ARA noted that confusion cleared and the atmosphere changed when she found a way to highlight just one case example in a general staff discussion.

Although there have been some initial opportunities for sharing across DCFS offices within SPAs, most staff have had little exposure to what is going on in other SPAs. *Opportunities for cross-SPA sharing about the most effective strategies* — including both PIDP network and DCFS staff — could help to highlight and spread successes, as well as transmitting rapidly developing ideas about what “prevention” is coming to mean in LA.

Since word about PIDP is catching on, it could be worthwhile for DCFS *executive staff to think strategically with allied countywide funders such as First 5 LA and other County departments about how to leverage and sustain funding*. In addition, regional administrators should work with cities, school districts, and local funders in discussing how to leverage and sustain funding available at the local level. Including network partners in these conversations is essential since they understand local conditions and resources, and can encourage additional sharing and deeper levels of conversation.

In many of the areas where PIDP lead agencies had previous contracts with DCFS, those relationships made it easier to get a head start on planning and implementation. *DCFS executive managers should consider the importance of continuing these relationships, working with regional office administrators to align and reinforce relationships that are productive and effective*. A strategic conversation about how to best allocate roles and responsibilities among the centralized community-based services staff, regional office staff, and the networks would also be useful as the initiative moves into its second year.

As described above, evaluators have begun to map some of the relationships represented in PIDP networks, showing how community-based groups relate to each other when these PIDP networks are a starting point for analysis. Administrators (both RAs and ARAs) in every area had up-to-date knowledge about which agencies had which contracts to serve families in their areas, but very few knew about all of the groups involved in the PIDP networks in their SPAs. It appears that PIDP lead agencies have done a good job in identifying relevant community resources that were previously unknown to DCFS staff, but *additional sharing of information about known and needed resources in each SPA could be helpful in aligning resource utilization*. This could be especially timely since many DCFS regional offices are actively seeking to expand their relationships with community-based service providers.

## **6. What are the key or notable approaches being used by PIDP networks?**

Each of the PIDP networks implemented approaches reflecting the integration of all three prevention strategies. Based on data from multiple sources, the evaluation team and the PIDP leadership team believe that it is the integration of the three strategies, universally available, that is producing positive outcomes. The following section highlights some examples of practice approaches based on the three strategies:

- 1. Building social networks using community organizing approaches**
- 2. Increasing economic opportunities and development**
- 3. Increasing access to and utilization of beneficial services, activities, resources, and supports**

The following examples of “notable approaches” help to illustrate the creativity of the PIDP networks, providing examples of concrete activities that can help to ground consideration of the potential of this initiative. It is important to note that these examples are based on special studies carried out by evaluators affiliated with and funded directly by PIDP networks. This set of five examples by no means covers all of the prevention approaches being used across this large and diverse region. However, they do provide laudable examples that make it easier to visualize how the diffuse notion of “prevention” is being brought to life in neighborhoods throughout Los Angeles County. Findings from these sub-studies are described in

the following sections of this report, and additional tables illustrating the findings are available in Appendix J. Two other notable strategies that did not have separate special studies were the combination of cultural brokers and parent advocates adapted for use by the SPA 3 PIDP network, and help with access to tax benefits. Both are described briefly below.

As noted throughout this report, the “notable approaches” highlighted in these special studies are only some of the many local approaches developed by PIDP networks and their partners throughout the County.

### **Cultural brokers and parent advocates**

A unique approach to decreasing the disproportionately high representation of African American children known to DCFS was used in SPA 3, combining cultural brokers and parent advocates and based on models developed in Fresno and Contra Costa Counties (see SPA 3 description, Appendix G). Staff from the SPA 3 PIDP network submitted the following brief descriptions of these approaches. Cultural brokers have participated in 164 TDMs and, as a result, were responsible for significantly fewer placements of children into the foster care system from 2008 to 2009. Cultural brokers negotiated with DCFS social workers to provide more services and support systems to families instead of placement as the only option. They also maintained the focus on risk and safety issues for families while participating in the TDMs. Cultural brokers also work to increase the quality of the relationship between the DCFS and the families it serves, so that better outcomes are achieved for families. Cultural brokers are community members ideally from the same culture as birth families that help families understand the culture and expectations of DCFS, communicate strengths of families and their community of origin, and when possible, prevent unnecessary removal of children that can occur as a result of cultural misunderstanding.

Parent advocates have been assigned to 112 families in SPA 3 and have assisted them in building stronger community support systems, participating in parent networks that focus on community organizing and self-empowerment, securing economic stability through linkages to public benefits, financial literacy programs, and job training programs. Parent advocates are life-trained paraprofessionals who have successfully negotiated the child welfare system and provide daily advocacy, leadership, and training for parents. Parent advocates are highly accessible to families and also participate in TDMs in order to help parents understand DCFS case plans, provide transportation, and most importantly, provide social support.

### **Increasing access to tax benefits**

In addition, many of the PIDP networks used two synergistic strategies to help families receive help in completing and submitting income taxes, providing access to the Earned Income Tax Credit (EITC) and other tax benefits. As noted earlier, half of the PIDP networks joined forces, under the leadership of the South Bay Center for Counseling and SPA 8 in creating the Greater LA Economic Alliance (GLAEA). The Children’s Council and its network of SPA Councils also provided resources and institutional support in creating GLAEA. The Children’s Council had also worked for several years with United Way of Greater Los Angeles to establish VITA (Volunteer Income Tax Assistance) sites. The United Way now provides countywide leadership in facilitating development of VITA. More detail on the VITA work done by the SPA 4 PIDP Network is described in Section VII of this report.

GLAEA provided free income tax preparation for individuals with a maximum gross annual income of \$50,000, free workshops on earned income tax credits and child care tax credits, small business tax preparation, ITIN (Individual Taxpayer Identification Number) application preparation, and banking services. NAC members have reached out to their neighbors and friends, encouraging many people who had never used such services before to receive benefits. Participants were also able to open bank accounts. According to participating PIDP networks, this campaign is an on-going demonstration of the potential of relationship-based organizing to reach disenfranchised, marginalized populations and connect them to resources that impact their daily lives.



## **VI. Special Study Report: Visitation Centers**

This section summarizes findings from a special study conducted by Todd Franke, a professor at the UCLA Department of Social Welfare. A more detailed report including copies of surveys and measurement instruments used is available from Dr. Franke by contacting him at [tfranke@ucla.edu](mailto:tfranke@ucla.edu).

### **Overview of the Visitation Centers in South County and Torrance**

One of the biggest and most heartbreaking challenges facing the child welfare system is the separation of parents from their children. The goal of reunification, though paramount, is filled with many obstacles. One major obstacle has emerged surrounding mandatory monitored visitations during which parents are required to demonstrate that they are improving their parenting skills and are capable of regaining custody of their children. With numerous competing demands, little or no space to conduct meetings, and tension between social workers and parents, completing visitation requirements has been very difficult for many parents. In order to address these problems, the concept of visitation centers was created, developed, and implemented.

### **Evaluation Methods**

Qualitative measures were used to evaluate the progress of the visitation centers in the South County (formerly known as Lakewood) and Torrance regions. Qualitative methods included in-depth interviews and focus groups involving program participants at many levels. First, both regional administrators were interviewed. Second, staff including DCFS social workers and supervisors who use the visitation centers were interviewed through two focus groups. Third, the South Bay Counseling Center (SBCC) provided training for the monitors as well as LiveScan services. To understand the training that the monitors received, the trainers were interviewed. All three trainers participated in phone interviews due to a combination of scheduling difficulties and one trainer being on maternity leave. Finally, the monitors (sometimes referred to as “coaches”) of the Lakewood Visitation Center were interviewed in a focus group.

In Torrance, there was only one monitor; she participated in a one-on-one in-depth interview. With one exception, there were no notable differences in the responses between the two regions. The noted exception occurred in the Torrance region where monitors are paid a small wage (\$8 per hour for any hours of monitoring) whereas in Lakewood, monitors receive no money for their participation in the visitation center. As a result, differences in what regional administrators and staff alike designate as future needs for the program are based on these divergent practices.

## Interview with the Regional Administrators (RAs)

Interviews were conducted with the RAs of Torrance and Lakewood.

### Vision of the Visitation Centers

Both RAs described the motivating force behind the creation of the visitation centers as their desire to improve the way that visits were being conducted in their regions, as well as to qualitatively change the way that parents and children experienced their interactions. Before the visitation centers were conceptualized, parents had to visit their children in public spaces (e.g., McDonalds) or within the child welfare facilities. The RA from Lakewood gestured to a small space and said, “You can imagine that this is not an ideal situation to start rebuilding relationships with your kids. So, we needed to do something that provided a physical area where people could visit their children, where parents could feel supported, and that was accessible.”

Similarly, the Torrance RA discussed the difficulties of current visitation practices before the centers were established. She said, “As opposed to our DCFS offices, or a McDonalds, the visitation center offers a cleaner, quieter, and more private environment for parents to bond with their children.” Further, both RAs expressed their belief that the visitation centers would help to speed up the reunification process. The guiding principle behind their establishment holds that the visitation center would facilitate the reunification of families. The Torrance RA stated, “The visitation centers are critical for shortening the length of time that children are in foster care.” It was vividly apparent during the interviews that the RAs had a specific vision for the visitation centers and what would make the centers the most successful for the families. This vision would entail everything from how the families would access the centers to how the centers would look and feel to the families that were going to use them. It was equally apparent that both the RAs felt that the visitation centers were a viable and, indeed, preferred alternative to the way visits had been conducted before the creation of the centers.

### Visitation Centers Were Developed through Community Partnerships

The development of the PIDP-funded visitation centers occurred in both areas through community collaborations. Both RAs explained that they belonged to a region-wide faith-based coalition called the South County Faith-Based Council, which includes churches, agencies, and local community residents. The idea of the visitation centers was introduced to the Faith-Based Council and was very well received. From this original council, the regions were then partnered with the South Bay Counseling Center (SBCC), which provided support in the form of training and LiveScans for the coaches. Thus, the relationship with SBCC has been one of technical support and initial introduction to the coaches for a two-session training. The reaction to SBCC was similar. The Lakewood RA said of the SBCC, “They have played the biggest role with our training and screening. They actually developed a curriculum and they also pay for all the LiveScan clearances for the coaches. They have been extremely supportive.”

The Torrance RA also acknowledged the training that SBCC provided for their coaches. However, this is where the similarities between the two regions end. While the two regions may have started out developing the same types of coalitions and definitely share the overall vision of the visitation centers, the implementation of the program has been very different in the two areas, beginning with the relationship with the community partners.

Torrance received a lot of interest from community agencies and faith-based organizations in their area. Reportedly, there were no problems in the relationship building and development of a relationship between DCFS and the faith-based community. However, the Torrance RA pointed out that “getting them [faith-

based community, agencies, etc.] to participate in large government initiatives like the visitation centers and also maintaining their commitment” was a challenge. Further, the Torrance RA stated, “People were involved because they thought there was money.” While there was some funding, it was not in the amounts that the partners may have assumed and it appeared, from the perspective of the RA, that the lack of funding affected the motivation of the community partners. From the point of view of the RA, this lack of motivation coupled with the declining economy made it very difficult to increase or even maintain participation of coaches in the region.

## Successes

The main successes of the visitation centers for both Torrance and South County have occurred with the initial establishment of the centers, staffing the center, the reaction of the families that have been able to use the center, and the commitment of the child welfare staff.

The first major success for the visitation center concept was noted in the ability to establish these centers. “We were lucky just in getting it off the ground!” one RA exclaimed. This sentiment was shared by both RAs, who talked about initial challenges (see the following section). The set-up and organization of the centers in conformity with the vision of what they should be constituted the first important step. In both Torrance and South County, the centers were established to re-create a home-like atmosphere with amenities like a kitchen that would help to aid in family interaction and communication. The Torrance RA remarked, “It was really important that when families walked into the center, they would have an immediate healing, calming, and soothing effect.” South County also had a visitation center created that exceeded everyone’s expectations.

A second major area of success occurred with the staffing of the centers. With this process, there was a slight difference between how the staffing is handled at each site. In Torrance, the visitation center is staffed by human service aides (HSAs) during the week for family visits. On the weekend, a coach is used for family visits. This combination has allowed the center to be open three days a week (Tuesday 9-4 pm; Friday 9-7 pm; and Saturday 9-4 pm). In July 2009, they planned to expand open hours to four days during the week. In South County, the visitation center has been able to secure 15 coaches who completed the training. No HSAs or social workers are used, although if there are no visitations scheduled, they are able to use the visitation center (supervisors for the social workers and HSAs have keys and access to the center). The center is open seven days a week from 9 am to 7 pm.

Perhaps the third and most profound measure of success is the response of the families that have been able to use the center. Both RAs report having families tell their social workers that they are grateful for the environment and the change, which has provided them with the opportunity to spend some real time with their children. One mother told the Lakewood RA, “I was able to make my son his favorite things to eat for his birthday and then we ate like a family. It makes such a difference.”

## Challenges

Any innovative project will be faced with challenges. For each region, the visitation centers experienced challenges unique to their area. Challenges in Torrance, as stated earlier, were identified by the RA as related to lack of funds. She felt that the funding shortages made it difficult to provide more visits in the center as well as recruit more coaches. She said, “Our only concern is to be able to include full-time employment in the funding stream so that we can facilitate employment and expansion of the volunteers to sustain the operation. Currently, we are only able to pay our coaches a meager stipend of \$8 an hour and only for the visitation hours. If there were more funding, there would be more of a way to attract coaches to the project.”

Challenges in South County primarily take the form of accessibility and communication. As mentioned earlier, issues of accessibility proved paramount in trying to find a church partner whose location was convenient for DCFS clients. The RA explained, “There were a lot of well-meaning churches that wanted to do this but unfortunately, a lot of them are in affluent and/or suburban areas that a lot of our families would have a hard time accessing.” This challenge was solved when Park Crest Church stepped in and became the partner organization in the community. The second, and more pervasive, challenge that remains is the issue of communication. The South County RA reported that there have been “snags” in the project around scheduling, reporting, and exchange of information, which all have to do with the chain of communication. “The way that the communication was set up was that we have a church liaison and then DCFS and sometimes this wasn’t working, especially if the coach needed to get in touch with the family or the family’s social worker. It was a mess for a while but it’s getting better.”

One way this challenge is being addressed is through different types of communication “patches” currently being piloted as well as the assignment of two DCFS supervisors to be agency liaisons to the coaches. Monthly meetings between DCFS staff and coaches have also been proposed to encourage the exchange of information. While communication remains a challenge, both Lakewood and Torrance RAs indicated that they were confident this would improve in the future.

## **Interviews with the Staff**

In undertaking evaluation research, it is critical to assess a program from multiple perspectives. In this approach, staff perspectives may often differ radically from management perspectives. However, the staff at both Torrance and South County sites shared a vision consistent with that expressed by their RAs in terms of the role and the goals of the visitation centers.

Working with the coaches has been a mixture of successes and challenges. For all of the staff in both regions, the presence of the coaches has alleviated some of the stress of serving their caseload; it has also served as a general support for their work. The staff reported that they genuinely enjoyed working with the coaches. It is important to note that for the Torrance staff, the “coaches” are primarily paid HSAs (there is only one “volunteer” coach) and are carefully trained. For the South County staff, the “coaches” are volunteers from the Park Crest Church and have received only training from SBCC.

The visitation centers have received positive reactions from the families. In both Torrance and South County, families being served have been tremendously positive about the visitation centers and the coaches. Staff members report that families have enjoyed the space. One social worker commented, “I think that the family really loves the space. The mother of one family said to her coach, “This is the only home my family has right now with one another. In this space, the time is sacred.” The staff also reported that the families appreciate the availability of the kitchen because cooking was so central to family life. One social worker said, “It creates the same dynamics that they would have at home.” As a whole, the families that use the visitation centers appreciate not just the atmosphere but also report that they appreciate the monitors as someone they can talk to. The question, however, remains whether these positive reactions are enough to facilitate and speed up the process of reunification.

## **Interviews with the Trainers**

Along with the DCFS staff, the visitation center approach involves other professionals from SBCC who provided training for all the coaches. Three trainers conducted a two-session training. Each training session was four hours long and covered a variety of topics such as active listening, attachment styles, boundary setting, body language, and empathy. Details of these interviews are provided in the full report.

## Talking with the Coaches

Second only to the families, the coaches constituted the major stakeholders in the visitation centers. A focus group consisting of 6 of the 15 South County coaches was conducted. In addition, a one-on-one depth interview was conducted with Torrance's one volunteer coach. There was no single interview approach. Instead, because of the differing nature of visitation centers operation, coaches were identified and interviewed separately according to region. The questions are available in the full report.

### Coaches became involved out of a desire to help families

All of the coaches responded to either an e-mail or church bulletin announcement concerning the prospect of doing outreach for the visitation center program. Everyone interviewed reported participating in the program from the summer of 2008 to the present, which dates their involvement to the beginning of the visitation center projects in Torrance and South County. The coaches initially responded because of a deep commitment to wanting to help others, particularly families in need. The coach from Torrance also added that she was a student who was getting her BA in a similar field and she wanted to gain more experience. The coaches from South County were all highly connected to the Park Crest Church; they reported having become involved out of a sense of "calling" and/or "ministry." One woman explained, "I heard God calling me to do this work."

### For the most part, coaches have had positive experiences with the families they have monitored

All of the coaches reported having positive experiences with the families they have worked with, with the exception of one coach. This coach had a negative experience when a family with an active domestic violence case was accidentally assigned to the visitation center and there was almost an altercation between the father and mother. Despite this unfortunate event, overall the coaches surveyed reported extremely positive experiences.

### The coaches experience some frustrations with the social workers assigned to the families

The Torrance coach did not report any frustrations with DCFS although she admitted that she did not have direct contact with many of the social workers. It is important to note that she does have regular contact with the DCFS supervisor of the Torrance visitation center. In turn, the South County coaches all expressed initial frustration with DCFS. Mainly, these frustrations centered on a lack of communication and the inability to contact the social workers assigned to their families directly. To illustrate this, one coach recalled, "It took the social worker two weeks to call me back." Another coach explained that she felt that "the social worker acts like 'out of sight, out of mind' and that once they put the family here I never hear from them again."

### The visitation center approach constitutes an important program

Overall, the response from the coaches was unequivocal: The visitation center approach constitutes an important program that should be replicated and expanded. All of the coaches agreed that they would want to do more if they could. Although the Torrance coach did not articulate or provide examples of how the families she has worked with have changed because of the visitation center, the coaches from South County had a number of examples. These include:

- "The way parents talk to their children with more interaction and more communication has definitely improved."

- “Children are learning to take responsibility for their actions.”
- “Parents are learning to set boundaries.”

## **Recommendations**

Based on initial results from this study, DCFS should assess the need for and begin to plan for visitation centers to serve all of its regional offices. Specific recommendations for the most effective implementation include:

1. Increased communication between DCFS and visitation centers, particularly around scheduling.
2. Increased and more advanced training from DCFS and SBCC for the coaches.
3. A plan for sustainability of centers that does not rely on funding.
4. A similar project designed for more serious family cases that are not currently eligible for the visitation centers that are currently in use.
5. Further research focused on the types of families using the center and their outcomes.





## **VII. Special Study Report: Economic Development (VITA)**

The tables and charts below represent the information collected from participants in the Volunteer Income Tax Assistance (VITA) program at three VITA sites in SPA 4 operated by Children's Bureau, Children's Institute, and El Centro Del Pueblo. A total of 168 individuals agreed to complete a survey during their visit to the VITA site. This 168 does not represent all the people who were provided services, simply those who agreed to complete a survey. The survey asked several socio-demographic questions about the individual, and their family, including children. Highlights from the information are provided below (for additional detail, see additional charts and tables in Appendix J).

- The vast majority of those served indicated they were Hispanic/Latino/a.
- The majority (>60%) had reported incomes less than \$20,000 annually.
- The vast majority (87%) have been in a stable living arrangement for the past 2 years.
- The majority have a checking and savings account and less than 20% report having to use a checking cashing service.
- Over 50% report have no children, with another 47% reporting 1-3 children.
- For families with children, over 85% of them receive free or reduced lunch and over 75% receive Medi-Cal.
- At the time of their participation in the VITA program, the majority of participants indicated they planned on using the refund (if they were receiving one) to pay existing bills/expenses/debts (60%), followed by savings (27%).
- Of the 168 participants who completed the questionnaire, approximately 64% (107/168) agreed to be part of a follow-up telephone call.

This is the first time systematic data has been collected by these sites. It is recommended that to the extent this program continues at these sites (or expanded within SPA 4), this become a regular part of the process.



# **VIII. Special Study Report: Neighborhood Action Councils (NACs)**

This section summarizes findings from another special study conducted by Todd Franke. A more detailed report including surveys and measurement instruments is available from Dr. Franke by contacting him at [tfranke@ucla.edu](mailto:tfranke@ucla.edu).

## **Relationship-Based Community Organizing**

While the critical nature of relationships in supporting healthy child development is a major organizing principle in the study of effective intervention and prevention practices for young children, it has only recently been extended to other areas of healthy family development. As described by the National Research Council (2004, p. 4): “Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development.”

Typically, older models of intervention focused almost exclusively on what was done with the family and what services were delivered to the family. As noted by Kalmanson and Seligman (1992, p. 48), “The success of all interventions will rest on the quality of the provider-family relationships, even when the relationship is not the focus of the intervention.” Relationship-based organizing takes intervention one step further, both recognizing and supporting the importance of the relationships among families in the community as they support each other.

Relationship-based community building is an approach to strengthening community through relationships and collective action, operating from an asset-based perspective of individuals and communities. This approach focuses on creating groups where community members can build relationships around shared values and then design and implement projects, programs, and events to improve their lives and the life of the community.

## **Overview of Neighborhood Action Councils (NACs)**

The Neighborhood Action Councils, or NACs as they are referred to by participants, comprise a project funded through PIDP but developed and initiated by the South Bay Center for Counseling even before this initiative. The idea of the NAC is to use asset-based relationship community organizing to engage and empower the community. The NAC project is located in two SPA regions: SPA 7 and SPA 8. Due to the nature of the community-organizing framework, the NAC project is composed of several key activities and actors including the coordination of the South Bay Counseling Center, the partnership of community

agencies, and the community members themselves. This section examines the progress of the NACs in both SPAs from the perspective of those involved, discusses several common themes among those interviewed, and offers several recommendations.

## Evaluation Methodology

Both quantitative and qualitative measures were used to evaluate the progress of the SPAs. Qualitative methods included in-depth interviews and focus groups. The South Bay Counseling Center was instrumental in setting up interviews and focus groups. In SPA 8, two focus groups of participants were held in January 2009 with one follow-up focus group held in June 2009. Focus groups were also conducted with staff involved in the NAC project. One-on-one in-depth interviews were conducted with executive directors and supervisors of participating agencies and organizations serving as partners for NAC community groups. In SPA 7, two focus groups of participants were held in June 2009. One group was composed of participants who started to work with the agencies as a result of the NAC; the second focus group was composed of individuals who had worked with the agency before joining the NAC.

There were no notable differences between the responses or the needs of SPA 7 and SPA 8. Slight differences were noted that concerned logistics and planning, a reasonable distinction given that SPA 8 had been working with the NACs for a longer time. In addition, the SPA 8 NACs had implemented and completed more projects, campaigns, and events than SPA 7 NACs, largely as a consequence of the longer time they had been organizing.

## General Themes: Participant Focus Groups

Focus groups were held in both SPA 7 and SPA 8. General themes from the participants are outlined below and then discussed individually. These general themes are as follows:

1. Participants defined and/or saw their community in more positive terms.
2. The importance of the NAC in addressing community issues.
3. The feeling of empowerment that is gained by participation in the NAC.
4. The relationship between the NACs and the agencies consists of rapport and mutual respect.
5. The role of the NAC as more than an “action” group.
6. The richness of resources that participants have been able to access by working with the NACs.
7. Ongoing challenges they experience in organizing NACs.

### Theme 1:

#### Positive change in how participants defined and/or saw their community

Evaluators were interested in examining how participants defined community or what they considered their “community.” Typically, there is an equivalent interchange between the uses of the words *neighborhood* and *community* as there is here; they are conceptual synonyms. At first, for all the groups, it was difficult for them to pinpoint an exact definition that articulated their understanding of their community. However, when prompted with the follow-up question, “Has participation in the NAC changed the way you define and/or see your community,” participants had a more immediate and definite response. Overwhelmingly,

they “felt” or “saw” their neighborhood and community in a “different way” since being involved. Here are some examples:

- “I guess the community is where I live. I live in Hawthorne. I used to only see the negative but now I see the strengths in the community and how everyone is connected to it.” (SPA 8)
- “It’s all of us in this together — even the drug dealers and the people that don’t work. It even includes the people here — the office administrators and the parents and the children — everybody making up our community even if they aren’t part of our group [the NAC]. I saw this once I started working with our group. Everyone who is in the community makes up the community and people need to see that.” (SPA 8)
- “Now that I am in the group, I can see that the community works for a lot of people, even those who don’t live there in that neighborhood, them too.” (SPA 7).

While communities and neighborhoods are both relational, the goal of the NAC is to extend these relationships past neighborhood boundaries. Certainly, this goal was successfully met as evidenced by the many participants who had been working with the NAC for several months who reported relationship-based changes in the way they perceived their communities. They reported feeling more connected to their neighbors and willing to talk to them, feeling responsible for each other, and counting on others in their community that they would not have previously included in their personal networks. For example:

- “I used to just nod to the people who lived near me if at all, but now I smile at my neighbors and talk to them. We are people who live together and we have to help each other and try to help each other.” (SPA 7)
- “I was isolated before, just in my house. But now, I have some people who I am connected with, especially with the school.” (SPA 8)

## **Theme 2:**

### **The importance of the NAC in addressing community issues**

All four groups felt that the NAC was extremely important in addressing community issues. On the one hand, they believed that the NAC offered a space where they could come together and talk about what challenges their communities faced. For example, members from an SPA 8 focus group stated that there were a number of things that the NAC was instrumental in addressing. “We have these problems with understanding the system and so we are disadvantaged out of the gate, but the NAC has helped us understand how to deal with it the right way.” In SPA 7, participants explained what they learned from the NAC was essential to how they have been able to navigate through their communities, specifying the importance of information they have received on discrete topics such as “rent control.” One participant noted that he felt that the NAC was essential because it was where “we could share our problems so each one can be analyzed and we can try to find a solution among all of us, not just one.” The identification of community issues was central in this discussion of the need for NACs to be the most relevant and effective for their participants.

## **Theme 3:**

### **The feeling of empowerment that is gained by participation in the NAC**

It is not surprising that the focus group participants reported feeling that NACs were necessary in addressing community issues and that as a result of their involvement, individuals reported a rise in their own

feelings of empowerment. Many individuals admitted that they simply did not feel that they possessed the necessary skills required to be active members of an organization like a NAC, but that through participation, they had slowly begun to build their skills. One woman from SPA 8 explained, “I was just going because someone asked me to and pretty soon I was like, ‘Hey, I can get someone else to go,’ and got where I am organizing people to join.” One teen from SPA 7 said, “At my school [the Boys and Girls Club], we are always being told that we can do everything and anything, but it wasn’t until I got involved in the NAC that I really felt that I was doing something that would make a difference.”

#### **Theme 4:**

##### **The relationship between the NACs and the agencies consists of both rapport and mutual respect.**

One of the major concerns of the NAC is whether it has been able to successfully shift relationships from being based on service provider/client to one that is based more on partnership. All of the focus group participants were adamant about feeling this shift occur within their partner agencies, SBCC, and other areas in the community. Half of the participants from SPA 7 had no prior experience with their partner agencies before participating in the NACs. This was also the case with most of SPA 8. These participants overwhelmingly agreed that they have been treated by the agencies as a partner and as an “equal” rather than as a client. They all perceived that they were being treated with respect and that their work was valued. They also elaborated that they did not see themselves as “clients.” And as a part of this, not only were they treated differently, they also “carried themselves differently” (SPA 7). In fact, though participants might use more of the agency resources than they had prior to their participation in the NAC, they still viewed their role as being one of partner and not being one of a client. One woman from SPA 8 who came directly to the focus group following a counseling session at SBCC stated, “The agency provides us with these resources like counseling for me and my kid, but that’s not our primary relationship with them and they know that. I’m with the NAC.”

#### **Theme 5:**

##### **The role of the NAC as more than an “action” group**

Participants were also very clear that they thought of the NAC as more than an “action” group or organization for change. Most participants viewed the NACs as a source of support above and beyond fulfilling their function of creating community change. For example, many focus group participants stressed that they looked forward to their meeting days and that they were excited to go to them. As mentioned previously, one participant had stated that she felt they did not even meet long enough (SPA 7). Participants said that they saw the NAC meetings as places to reconnect and gain personal support. One woman from SPA 7 explained, “I was very depressed because my husband became ill and we didn’t know what to do. We were kind of in our own world and the NAC members really reached out to us and helped us. My husband is still sick but we aren’t alone anymore.” The focus groups had many of these types of examples, including:

- “I’m so happy to go to my group. We aren’t just a group, we are really a family.”
- “At our house, being part of the NAC has brought us closer together. We understand the work and how it is to communicate.”
- “It makes me feel like we are doing this for ourselves and that we are really there for each other.”

## Theme 6:

### The richness of resources that participants are able to access by working with the NACs

While participants mentioned that they could always use more resources, one of the themes that emerged from the focus groups involved the acknowledgement of the reality that working with the NACs provided members with a number of resources that were beyond “just the usual materials.” One NAC member from SPA 8 commented, “We are already getting a lot of stuff in terms of working with the NAC and support and all of that but what I appreciate also is the real information that we are able to get. I feel like I know things now about things and that is worth a lot.” Information that was referred to during the focus groups included knowledge of the child welfare system, particularly around family reunification; health care; and other social service options that participants wished to pursue.

## General Themes: Executive Director Interviews

About half of the participating partner organizations had administrators such as executive directors and supervisors who participated in interviews. Overall, the responses of the executive directors fell into one of two areas: the NAC program was a good fit for their agency because they were doing similar work, or the NAC program was a shift in agency culture and practice. Although there was a division in the type of response, all the executive directors interviewed said the NAC program and its framework had overwhelming value for their agencies and was a program and philosophy they would continue. One example from a SPA resident is included below. The full NAC research report includes detailed descriptions of these executive director interviews.

### Case Stories:

#### Parents in Motion, Creating New Beginnings

KA had her children removed by DCFS on two occasions. When she first heard about the NACs, she had five kids in the system and was working toward getting them back. She was introduced to the NAC concept by Kelly Hopkins at SBCC and was impressed by their approach.

**“Kelly talked to us about positive things, things that every parent wants for their children,” she said.**

**“And we were like, ‘Oh, my God, it’s like a little ray of light coming through,’ because our life was dark at the time. We were sad because we had lost our kids, and we knew it was our fault.”**

KA’s NAC is appropriately called Parents in Motion, Creating New Beginnings. KA’s NAC began with what they already knew — what it’s like to be in the system. The group brought in one of SBCC’s partner agencies to discuss how to work with DCFS, and an SBCC staff member came to talk about financial literacy in response to the group’s concerns about poverty.

By working with her peers in the NAC, KA learned how to move beyond a negative mindset, “to learn from your own situation and go forward,” she said. She and her husband have been reunited with their children, who now number six. She lives below the poverty line and explained that she used to believe “if you can swim, swim. If you can’t, you’re going to drown. And that’s how it was.” She said her NAC taught her how to swim — how

not to feel sorry for herself and instead to change the situation.

Two other families in her NAC have reunited with their children who were in DCFS custody, a testament to the power of NAC members' support for one another, Hopkins said. "KA's guidance and counsel based on her own experiences had a lot to do with why she and her husband were able to get their kids back," she said. "And for KA to actually facilitate growth in other people has had a huge positive impact on her."

KA's whole approach to life is different now: "Being in my NAC is teaching me a broader thought process so when I wake up in the morning, I don't scream at my children anymore. My children are happier at school. They play better with the neighbors. My children are no longer whining." She smiles as she talks about her six children: "They're so beautiful. They eat so much!"

Source: Edgar, 2009, p. 10.

## General Themes: Staff Focus Group and Interview

A focus group was held in SPA 8 while staff members from SPA 7 were interviewed in one-on-one in-depth interviews (due to scheduling difficulties). Those questions are available in the full NAC report. For the most part, staff responses were very similar to agency executive directors' responses regarding the value of the NAC programs (as part of PIDP). The most notable aspects of their responses concerning the value of the NAC programs demonstrated that the majority felt that the work of the NACs was very empowering for the community members they were interacting with. One community organizer stressed that the NAC program was particularly effective for the youth who benefitted from being given leadership opportunities. She said, "It blows my mind to think about what kind of individual that person would become if there were no NACs to channel their energy into but now they are really organizing and creating change in their community." One community organizer summed up the value of the NAC program when he emphatically said, "The NACs create a true collaborative partnership with community-based agencies that is not based on deficits but on the communities' assets."

Staff for the NAC also felt that they were supported by their agencies and especially appreciated the flexibility of the work schedule. One community organizer exclaimed, "They [the agency] understand that you can't be a community organizer from 9 to 5 and that you have to be able to work with the community on their terms." Another community organizer observed that her job was supplemented and made easier by the information, donations, and other resources that the agency is able to obtain for the NACs in the community. A support staff member exclaimed, "I've seen how our agency leadership creates networks between the NACs and others in the community and this has really created greater community collaboration." A community organizer described her agency support as "messengers" who provide her with the information and the means by which to organize communities in such a way that she is able to "live it to understand it." In other words, her supervisors help her use her own life experience to apply to the organizing they are doing in the communities.

As with all partnerships, there is a learning curve for both sides alongside the lessons that are ultimately learned. In the end, the lessons that staff have taken from their experience working with the NACs are illustrated by the following remarks:

- **"Community-based agencies are highly responsible for creating dependency-based models. Here is an opportunity to change the direction we have been heading in for years. Working in partnership**

instead of ‘for the community’ can create greater outcomes for both the agencies and the residents. Isn’t this why we chose to work in this field in the first place?”

- “People who seek services in the community, especially mental health services, in this community are often labeled as ‘crazy.’ This program takes away that stigma because we are helping to empower people.”
- “Youth are not used to being in control. They are used to being told what to do. In the NAC, they make their own decisions. I’ve learned how simple and how powerful that can be. It can be the difference.”
- “I’ve learned how much community members can be motivated through group interaction to solve their life problems rather than having to be advised by a social service professional.”

This important perspective of the staff members who are “on the ground” and doing the day-to-day work with the community members is extremely telling. Most importantly, the finding that the reports offered by the staff so closely mirror the sentiments of the participants themselves indicates that community partnerships are indeed being built and empowerment models are being replicated.

## Recommendations

The glowing reports given by the participants, executive directors, and staff of the NAC program all point to the strength of the asset- and relationship-based community organizing model. Many of the individuals interviewed indicated that with or without funding, this model is something that they would utilize. The level of empowerment is one that cannot be fully measured in terms of impact on participants’ lives, stressing the need for more programs like this. All involved and interviewed hope that the program will thrive, improve, and be replicated in other regions. In order to facilitate this, the following recommendations are proposed:

1. Since the largest challenges of the NACs involve outreach, expansion, and retention of members, community organizers should take a more active role in helping NACs come up with viable organizing and outreach plans. One suggestion made by one NAC member was possibly offering incentives for NACs that continued to grow and consolidate their membership.
2. Provide more training to partnering agencies in the community to help with a smoother transition and buy-in from staff for the NAC community-organizing model.
3. Have partnering agencies work closer with the NACs as opposed to the NACs simply working with the community organizers so that the community members can get a larger, more nuanced picture of the goals and objectives of this program.
4. Provide more research and evaluation on exact models that are being used to organize the NACs, perhaps utilizing one or two additional NACs to serve as a case study to provide more insight into what is working (and what context and characteristics encourage the NAC to grow).



## **IX. Special Study Report: Neighborhood-Based Family Resource Centers (ASK)**

This section summarizes findings from special studies conducted by Todd Franke and Phillip Nunn. More detailed reports are available from Dr. Franke by contacting him at [tfranke@ucla.edu](mailto:tfranke@ucla.edu).

SHIELDS for Families, the lead agency for PIDP in SPA 6, worked with five collaborative partners, chosen not only for their expertise, but for their locations in different areas within the SPA. The key partners are:

- **Institute for Maximum Human Potential (IMHP)**
- **Avalon-Carver Community Center**
- **West Angeles Community Development Corporation (West Angeles CDC)**
- **Wings of Refuge**
- **Asian American Drug Abuse Programs (AADAP)**

The PIDP project in SPA 6 was launched August 1, 2008, under the name Ask, Seek, Knock (ASK). The intent was to enhance the unification of the partners so that staff of the project would identify as a new and unique initiative instead of a member of an agency working on the initiative. There are currently four Family Resource Centers (FRCs) in SPA 6, including one faith-based navigation site at West Angeles CDC. The other three sites are at SHIELDS, Avalon-Carver, and AADAP. At each resource center, English- and Spanish-speaking navigators provide linkages and referrals to families seeking community resources. The FRCs also provide direct service through vocational and educational classes, supportive services, transportation assistance, and legal referral services. In addition to developing and partnering with other community agencies to implement the ASK Centers, SHIELDS also secured additional funding through partnering with AmeriCorps to provide additional staff and volunteers to support the implementation of the Volunteer Income Tax Assistance (VITA) program in SPA 6 for the 2010 tax season.

The ASK family resource centers provide full-service referrals to help and support the entire community. They also conduct classes in a broad range of topics including basic skills and employment training. Resource center navigators work with DCFS cases as well as clients referred and recruited from other community sources. There is no differentiation of services for DCFS-referred or walk-in clients in accessing these no-cost services. The ASK centers were designed to present an alternative to case management so that clients are able to have a say in what they need and what services would have the most impact in their families. ASK center staff become partners with families in achieving outcomes and they follow up with them to see if they have encountered any barriers or need additional resources. Moreover, navigators serve as a community resource themselves as they pass on general information to families about childcare, low- or no-cost health and dental checkups, job openings, and other community events as they arise.

## Decreasing social isolation

Navigators conduct regular outreach activities to agencies outside the immediate collaborative, and they follow up with clients after linkages to community services are made. This allows for continued interaction with families who might otherwise remain isolated. Other activities that also target reduction of social isolation are community resource fairs, “days of dialogue”, the book club, the men’s support group, parenting workshops, scrapbooking, women’s empowerment group, stress management, the community library, and family planning.

## Improving economic stability

Options for families wanting to improve their economic success are implemented through a vocational certification program, high school equivalency and basic-skills classes, financial literacy workshops, entrepreneurial education, job readiness/development, legal services, and job placement. The ASK collaborative has taken an approach that combines training with legal services to assist families in removing barriers to employment such as criminal records, tickets/

warrants, immigration status, and lack of education. Through collaboration with various entities such as Public Counsel Law Center, Los Angeles County Region V GAIN (Greater Avenues to Independence) office, and Los Angeles County Child Support Services Department, the PIDP network has been able to provide legal education for the community on criminal record expungement, child support services, special education law, adoptions & guardianship, homeless court legal advocacy, and immigration law. Through this collaborative approach, the SPA 6 PIDP network is able to leverage resources for all related costs (computers, books, instructors, test materials, space) associated with these services to provide families with access to skill building/educational attainment to promote economic stability.

**A client came in who needed food. The grandma said she needed a dress for her granddaughter’s prom. She was linked with a church where a member handmade a dress and cap and gown for graduation.**

## Integrating services

The SPA 6 collaborative has developed a strong community network that has identified resources to meet the needs of its clients. DCFS is a full participating member of this collaborative. Besides referring low-risk open cases and potential cases to the collaborative, members from each office meet with navigators and administrators on a regular basis. In these meetings they are involved with planning and developing modifications that improve family outcomes.

## Internal and external capacity building

Leveraging resources provides some program stability to secure services for families in a stagnant economy. It also provides an extended network of services and opportunities for families. To address the need for external capacity building within the community, SHIELDS for Families joined PIDP with the First 5 LA Partnership for Families initiative to further leverage resources among the core partners. Out of this collaboration developed a partnership with California State University, Dominguez Hills to implement on-site Master’s in Social Work program for partner agency staff, addressing the professional workforce shortage in the SPA 6 community. Currently in discussion among the collaborative is the purchase of ground leases for retail property to secure employment for local community residents while providing an income stream.

## ASK Achievements to Date: Family Services Provided

Through June 2009, ASK staff had worked with over 1500 families (n=1515). Table 9.1 below summarizes the number of clients per month.

**Table 9.1**  
**Number of Families Served by Month**

	All	DCFS	Non-DCFS
Aug-08	88	27	61
Sep-08	56	2	54
Oct-08	112	50	62
Nov-08	87	72	15
Dec-08	143	50	93
Jan-09	82	49	33
Feb-09	123	96	27
Mar-09	181	118	63
Apr-09	153	105	48
May-09	230	86	144
Jun-09	260	114	146
<b>TOTAL</b>	<b>1,515</b>	<b>769</b>	<b>746</b>

Navigators also met with 130 clients (not included in the table above) who returned for additional linkages or had other needs. Of the 1500 clients, 70% were female. The table below (9.2) presents the ethnic breakdown of families for whom ethnic information was given. It is fairly reflective of the general population in SPA 6.

**Table 9.2**  
**Number and Percent of Families Served by Ethnicity**

Ethnicity	Number	%
African American	702	54%
Latino/Hispanic	560	43%
Caucasian/White Non-Hispanic	21	2%
Other	12	1%
Biracial	4	0%
Asian American/Pacific Islander	3	0%
<b>TOTAL</b>	<b>1,302</b>	<b>100%</b>

## ASK Achievements To Date: Family Linkages to Community Services

Linkages are a critical part of the ASK model. Navigators have identified and verified over 1000 community resources to link clients with when needs are identified. The resources are stored in a database and can be accessed by area of need or zip code. In order to make the resources more available to the public, a kiosk was developed where the public can anonymously access the resource data in a public location.

### DCFS referrals

Of the 1515 unduplicated clients described above, approximately half (n=769) were referred by the three DCFS offices mentioned earlier. Three hundred and seventy four (374) of these families were linked to services that addressed their needs. The remainder of clients could not be contacted (i.e., the handoff information was invalid or the client moved out of the area) or they refused assistance. Table 9.3 summarizes the disposition of these referrals by office.

**Table 9.3**  
Disposition of DCFS Referrals

Status	Compton	Vermont Corridor	Wateridge	All DCFS
Family linked to services	100	149	125	374
Unable to contact family	150	89	58	297
Family not referred for some other reason	18	26	54	98
<b>TOTAL</b>	268	264	237	769

Tables 9.4 and 9.5 summarize data on the top 10 needs described by SPA 6 families needing linkages to resources. In order to make comparisons between the DCFS and non-DCFS clients, shading is used in Table 9.5 to identify when a service area is in the top 10.

Table 9.4  
 Top 10 Needs (Linkages) for All Families, DCFS Families and Non-DCFS Families

Linkage to Services	All	DCFS	Non-DCFS
Food	652	329	323
Housing/shelter	577	214	363
Legal aid	389	44	345
Counseling	368	303	65
Employment	258	57	201
Clothing	240	138	102
Transportation	195	42	153
Parenting	193	166	27
Emergency funds	160	68	92
Child Care	157	116	41
Furniture	152	102	50
Tutoring	99	95	4
Education	80	24	56
Mental health	73	69	4
<b>Total</b>	<b>3,593</b>	<b>1,767</b>	<b>1,826</b>

There were community-wide shortages of resources for some of these services. Staff had to be resourceful to cover the needs of families in the areas of food, housing/shelter, and furniture. The first two are shortages and often have unstated or narrow requirements that exclude individuals. Housing and shelter is another area in which a serious shortage exists. As for furniture, there are simply few community programs/agencies/businesses that offer free furniture. There have been some in the past but the resources have dwindled to only a few now. As mentioned earlier, there were many success stories like the one below.

**Case Stories:  
 From Prison to a Business of His Own**

Mark Anthony Douglas, a father of three and an ex-offender, was in a half-way house when he heard of SHIELDS for Families. He was struggling with finding stable employment because of his prison record and lack of work experience. He got out of the half-way house and started the fiber optics cable certification course at SHIELDS the very next day. He got a job immediately and has worked as a technical consultant and an independent contractor with several reputable firms. With this experience under his belt, he decided to start his own company. Now he can hire others. He said of SHIELDS: “Through this organization, the spirit of opportunity that was once lost can be found and a new beginning can be realized for so many individuals who just need to be given that one chance.”

**Table 9.5**  
**Rankings of Top 10 Needs (Linkages) for All Families, DCFS Families**  
**and Non-DCFS Families**

<b>Linkage to Services</b>	<b>All</b>	<b>DCFS</b>	<b>Non-DCFS</b>
<b>Food</b>	1	<b>1</b>	<b>3</b>
<b>Housing/shelter</b>	2	<b>3</b>	<b>1</b>
<b>Legal aid</b>	3	14	2
<b>Counseling</b>	4	<b>2</b>	<b>7</b>
<b>Employment</b>	5	13	<b>4</b>
<b>Clothing</b>	6	<b>5</b>	12
<b>Transportation</b>	7	15	5
<b>Parenting</b>	8	<b>4</b>	11
<b>Emergency funds</b>	9	<b>10</b>	<b>6</b>
<b>Child Care</b>	10	<b>6</b>	<b>10</b>
<b>Furniture</b>	11	<b>7</b>	<b>9</b>
<b>Tutoring</b>	12	<b>8</b>	17
<b>Education</b>	13	17	<b>8</b>
<b>Mental health</b>	14	<b>9</b>	18

There were some understandable differences between families that were referred by DCFS versus those that walked in to the ASK centers. For example, DCFS clients were less likely to need (or ask for) legal services. They were more likely to be employed, have transportation, and were better educated. Walk-in clients were less likely to need tutoring for their children or have mental health issues. In total, approximately 4,000 linkages were made. Approximately 2,200 referrals in 30 different categories were made to DCFS-referred families.

**ASK Achievements to Date: Education and Vocational Classes**

**Vocational and general education classes**

In SPA 6, ASK resource centers have engaged 758 adult students in employment-oriented workshops and classes. General education courses include: job readiness, basic skills, and high school equivalency courses oriented to helping students earn their GED or high school diploma. Vocational offerings include business office communications, emergency medical technician, medical billing, medical coding (upcoming), and a course in fiber optics. Specialty workshops have thus far addressed financial literacy, entrepreneurial skills, and family planning. All of these educational offerings are designed to improve the economic stability and self-sufficiency of families. Table 9.6 summarizes the student hours logged through June 2009.

Table 9.6  
Vocational and General Education Classes

<b>Name of Class</b>	<b># of Classes</b>	<b>Student Hours</b>
High School GED/Basic Skills	262	18,252
Fiber Optics	117	5,658
Medical Billing	40	1,404
English and Math Basic Skills	59	905
Business Office Communications	39	702
Job Readiness	43	531
Emergency Medical Technician (EMT) Training	13	178
Medical Terminology	13	150
Entrepreneur Workshop	1	32
Computer Training (Spanish)	8	27
<b>TOTAL</b>	<b>595</b>	<b>27,839</b>

#### ASK Achievements to Date: Legal Services and Special Interest Classes

The PIDP network in SPA 6 has also identified a strong need for legal aid services to remove barriers to employment. Therefore, the ASK program has engaged the services of a legal services coordinator to help link families with attorneys and legal aid entities in the community that offer pro-bono or sliding-scale counseling. To date, nearly 400 referrals have been made. Through collaboration with various entities such as the Public Counsel Law Center, Los Angeles County Region V Gain office, Los Angeles County Child Support Services Dept etc., ASK has been able to provide legal workshops in the following areas: criminal record expungement, child support services, special education law, homeless court legal advocacy, and immigration law. Legal aid provides an unforeseen yet essential complement to vocational and basic skills training. Many community families are deprived from economic stability or advancement because of legal barriers. The need for these services has been so great that ASK is planning to hire an attorney part-time in the upcoming year to consult with clients at the FRCs.

A summary of the legal clinics and special interest classes is provided in Table 9.7. Most of the legal clinics and specialty classes are only offered once or a few times with a broad and varied audience. The exceptions are the Planned Parenthood and Prototypes classes that were conducted 15 and 13 times, respectively.

**Table 9.7**  
**Student Hours in Special Interest Classes**

<b>Name of Class</b>	<b>Student Hours</b>
Prototypes	410
Planned Parenthood/Family Planning	356
Financial Literacy	108
Child Support Presentation	96
Criminal Record Expungement Clinic	60
Adoption and Guardianship Legal Clinic	51
Special Education Law Seminar	36
Mother Net	36
Homeless Court Presentation	30
<b>TOTAL STUDENT HOURS</b>	<b>1,183</b>

### **What Did Parents Think about the ASK Centers?**

Todd Franke conducted focus groups with participants of the ASK program in December 2008 and again in June 2009. In addition, he observed a vocational course and conducted a focus group with program staff members in order to gain their perspective on the program’s strengths and challenges. The purpose of these special study activities was to carefully investigate the ways in which the ASK resource centers are successful at providing linkage and supportive services to families referred by DCFS and the community. A more detailed report is available from Dr. Franke.

### **Evaluation Methods**

Three focus groups were conducted for the SHIELDS program participants at its two sites, Avalon-Carver Resource Center and SHIELDS CORE Family Resource Center. Two focus groups, one English-speaking (Group 1A) and one Spanish-speaking (Group 2A<sup>1</sup>), were held at Avalon-Carver. A third group (Group 3) was held the SHIELDS CORE Family Resource Center. Each group had from 4-6 participants and was composed of members who use SHIELDS services. Group 1A was composed of 1 man and 4 women. Group 2A was composed of 6 men. Group 3 was composed of 4 women. All focus groups took place within a one-hour period and were recorded. An evaluation facilitator conducted the focus groups. Program staff members were not present for any of the focus groups. One follow-up focus group was conducted in June 2009. Exhaustive attempts were made to invite each individual who had originally participated. However, due to both time constraints and scheduling difficulties, only 7 of the original 12 participants were able to attend the follow-up group.

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<sup>1</sup> Note: One focus group participant in Group 2A had to leave early due to a prior appointment. However, before she left, the evaluator was able to ask her the complete battery of questions.

## Findings

### History and context (experiences) with SHIELDS and in the community

Across the board, all of the participants expressed positive feelings and described positive experiences with SHIELDS. A major theme that emerged from all three groups was their agreement that SHIELDS staff members made them feel comfortable and respected in the program. One woman stated, “I get greeted when I get here; people know who I am and they check up on me — even if it is to get mad or upset at me because I done something wrong.” Another group of women agreed with each other that they felt very supported by the staff. As part of this, despite occasionally uncomfortable initial experiences, participants reported that both sites eventually became “another home.” One man remarked:

I didn’t come here because I wanted to, I was mandated to and at first, I didn’t want to participate and I didn’t like the staff. I thought they were too familiar with the people but then since I’ve been here, I’ve realized ‘wow, that’s why it’s like that — the more they get to know you, these people really like you’ and that blew my mind. You know? I was there for substance abuse and thought I would go through the motions, but then it was like ‘wow.’

Their primary complaints concerning other agencies focused on either a lack in services or their inability to afford the fees charged for services. Four of the women interviewed stated that they went to other agencies that they were referred to,<sup>2</sup> but that those agencies charged direct fees. As a result, they were unable to pay for services. In addition, several focus group participants reported negative reactions to other agencies, describing the setting as too “cold” and “institutional.” One woman specifically mentioned an agency that she was referred to and observed that it felt like she was “in a hospital — you know they had a receptionist and all that and it was like an office. I didn’t feel like I was comfortable, you know like I didn’t feel like I could make a real connection with the people that were there. I think I was just another file to them.” Similarly, another participant offered that he had been to several substance abuse programs but that SHIELDS felt vastly different. He attributed that difference to the efforts of the staff to create a “family like-atmosphere.”

### Experiences with navigators and linkages to services/resources

Although focus groups registered a positive finding with participants unanimously expressing their feelings of “ownership” in the agency and their complete comfort accessing its services, the evaluation also endeavored to establish which services and programs participants found useful. Most respondents discussed the initial services that were received either at their initiative or that were mandated through court. In all instances, participants stated that they were either “satisfied” or “beyond satisfied” by the services they received.

Only two participants who were part of the vocational training program expressed frustration. Both had completed the program but had since been unable to get placed in employment. One woman explained, “I know the economy is bad but it’s so hard because I’m going to lose my job at the end of the week and it’s going to be hard.” Despite this, they continued to engage with the agency because they believed that the agency was doing what it could to help support them and provide possible leads for work.

The participants repeatedly expressed their feelings that the programs and staff they were involved with helped them in very concrete ways that were relevant to their immediate needs. One woman in the Avalon-Carver group stated that she not only participated in her program but that she also came to the site for

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<sup>2</sup> Follow-up questions revealed that the referrals mentioned here were obtained from DCFS

other services such as the opportunity to obtain clothes, food, and referrals. In fact, most of the participants commented on the linkages that they were able to access because of referrals they received.

In some instances, the facilitator had to explain the concept of “referral” because participants felt that the transition to further services was so efficient they believed the additional services they received were part of the agency offerings. One woman explained, “I needed some help with my kid and I was referred to this one program. For a couple of weeks, I didn’t even realize it was part of my kid’s school and not part of SHIELDS. I almost didn’t really have to do anything; the staff helped me set it all up. I just walked in.” Repeatedly in this area, discussions of the staff and their consistent accessibility came up. One man explained, “I’m treated very kindly and I was...and...sometimes I got personal problems and I can come in and they help. I was surprised at what I found here. Then I was like, why should I come, well you never know they might help. So I told myself, keep talking, just keep talking and let it out. The minute I was thinking of, you know, just doing something else and you know they help you out a lot.”

All the participants agreed that the services they received helped to strengthen their families as a whole and increased family functioning. One woman who attended reported that she felt more confident to “provide” for her family because of her completion of the vocational program. Even participants who did not access services for other members of their family felt that their own participation had helped to make them a better parent, and therefore, build their families’ capacity. One man said, “For me, at home this has helped me a lot. Now I’m better with my wife and kids because they know I’m in the program.”

### **Impact of family participation with the resource center(s)**

It was difficult for participants to substantially articulate or answer the question of how they would define their “community.” However, it was not difficult for them to discuss how their definition of community had changed since being involved with SHIELDS. Virtually every focus group participant responded that they felt that they were members of their neighborhoods and communities. At the beginning, when asked how they would define “community,” no one had an immediate answer except to describe the geographical boundaries of their neighborhoods. However, when the same question was focused on their participation with SHIELDS, they talked at length about multiple subjects, including their neighborhoods, schools, and churches. One man recounted how he created a more positive relationship with his neighbors and how that helped strengthen his ties and feelings of “ownership” with his local neighborhood community. He commented on what was almost a ripple effect of his participation in SHIELDS and related programs:

With my neighbors, they used to look at me funny, but now they know I go to AA and I come to this program and now it looks like my neighbors are noticing my change and they see me in a more positive way. They are probably saying something like he’s getting better and he’s not like before. I used to come and go acting all crazy. Well, now I feel a little better with myself. I feel like now I can see what’s good and bad. And now I see my old drinking buddies at the liquor store and they want me to chill with them and I give them a short line in order to avoid them. This has helped me a lot. I see that some of the neighbors that used to avoid me and look at me funny are beginning to acknowledge me when I greet them in passing, before these folks used to ignore me.

Beyond the comments on the services, participants described their connection with and relationship with agency staff. During the course of the focus groups, the conversation frequently segued to a comment about how a staff person had helped them out. Participants’ feelings about the services they received were strongly tied to their interaction and experiences with staff. Thus, while further evaluation will reveal whether SHIELDS’ programming is having the desired effect and substantively building community, preliminary focus

group responses indicate that SHIELDS is successfully creating a feeling of “family” among their clients. At the conclusion of a focus group, one participant summarized, “Well what can I tell you, for me this has been a great experience. I don’t have family in this country. The people here, I see them as my family.”

## **Follow-Up Focus Group**

Roughly six months after the first set of focus groups was conducted, evaluators were interested in following up with the participants to examine their current status. A planned observation of a vocational course offered by SHIELDS turned into a focus group discussion. Since the participants had used other SHIELDS services and/or had been with the agency, the same follow-up group questions were asked (responses are included in this section).

The areas that demonstrated the most consistent responses for all the focus groups (time 1 and time 2) were items that examined the participants’ perceptions of the SHIELDS program and the staff. Aside from one exception, every participant reported positive experiences with staff and navigators. The lone participant who offered a negative response complained about one instructor in particular whom he felt “pushed him to do things too much, like talk in front of the class.” However, overall, the participants were very enthusiastic about the program and the staff. They emphasized the fact that they felt they could gain real resources from SHIELDS. One woman exclaimed, “They give you real things that you need and can use like calculators, books, that’s all there for you.” Another participant maintained that she was very confident that “if they don’t have the services, they have the resources and connections to ensure services.” Compared to other agencies they had worked with in the past, participants emphasized what they liked the most was that they felt respected by the SHIELDS staff. One participant said, “You can just walk in and they know your first name. That’s how important you are. They remember your name.” Even participants who were not familiar or did not use the term “navigator” inadvertently shared experiences that revealed that the navigators were fulfilling role expectations.

The majority of respondents agreed that the navigators exceeded their expectations, going above and beyond what they were supposed to do. One participant’s remarks illustrated this dramatically. She stated, “I needed some information on housing and this navigator, they listened to my questions and problems and they didn’t have to. She could have just said, ‘here’s the referral, take it.’ But, she really listened.”

## **Staff Perspectives**

Ten staff members participated in a focus group in April 2009. The staff members included: the program manager, the vocational coordinator, an in-house evaluator, legal services coordinator/vocational instructor, administrative assistants, and navigators.

### **Comparison of the ASK model to other programs or agencies**

All of the staff members had a clear understanding of the ASK model. They were equally clear about what distinguished it from other programs and were able to articulate important points of innovation and divergence. The staff uniformly described the model as being rooted in “accessibility,” elaborating that it was located at four different sites and that it did not require any special eligibility requirements for clients to receive the services.

According to the staff who participated in the focus group, the same components that make the ASK program unique also enable service providers to “think outside the box” and engage with the community on a deeper level as opposed to working within the limits imposed by case management or traditional

counseling paradigms. Staff emphasized that the ASK model offers them the ability to navigate their clients through the community and to utilize services whenever they are available and appropriate, irrespective of what the agency provides them. In this way, the staff has felt less constricted.

## Needs of the families

Staff identified areas where their families demonstrated the greatest need as well as areas in which the program proved unable to provide enough services. Their input matched the responses of the families themselves: the most pressing needs reported have to do with the lack of jobs and housing. With housing, the biggest challenges arise with the requirements established by certain shelter services. For example, some shelters will only accept males while barring females, which makes it difficult to secure shelter services for an entire family. “This usually means the family will have to separate and it’s hard to see that happen,” one staff member said. Even if families are able to find housing, secondary issues arise over such diverse problems as the lack of furniture, healthcare, and emergency funds. However, one of the ongoing problems emphasized in focus group interaction was the problem of employment. Staff insisted that the main impediment to work, other than the current economic downturn, was that most families they served had potential working adults who possessed some kind of criminal record.

Additionally, many families are undocumented, which made securing employment even more problematic. “It’s hard because work and homes are what most people need and those are the services with the most gaps right now,” one staff member observed. Services and needs that the program could more easily fulfill included provision of vocational instruction, food, clothing, and legal advice. The ASK program also runs an after-school program that is used by community members. As reflected in the program participant responses, healthcare or health-related issues did not comprise major service requests. One staff member proposed, “It’s hard to think about health care when you don’t know where you are going to sleep at night.”

## Recommendations

Fine-tuning and improvement of the ASK program should continue to follow and reinforce the successes that have been reported and the strengths that are evidenced. Along with this, the following recommendations are based on the input from clients and staff of SHIELDS.

- 1. Both increases in money and resources were clearly the most frequently recommended and interrelated changes that both program staff and participants suggested. It was recommended that available or additional funds be utilized first to hire full-time staff for the program and to make sure there was a dedicated staff member for the maintenance and updating of the resource database.**
- 2. Based on its success, it is critical to increase the size and scope of vocational courses. This may entail creating more linkages between SHIELDS and potential employers in the community. The majority of participants identified vocational training as the most valuable program of all services offered.**
- 3. Building upon the strength of collaborations, it is important to create more partnerships in the community to increase job placement programs currently in existence.**





# X. Special Study Report: Shared Leadership in Action Programs and Parents Anonymous® Adult and Children's Groups

This section summarizes findings from special studies conducted by Peggy Polinsky, Director of Research & Evaluation for Parents Anonymous® Inc. Questions and requests for additional information should be directed to Dr. Polinsky at [ppolinsky@parentsanonymous.org](mailto:ppolinsky@parentsanonymous.org).

## SPA 3 Shared Leadership in Action (SLA) Programs

Through the Parents Anonymous® Inc. evidence-informed Shared Leadership in Action Program, low-income African American and Spanish-speaking families and community stakeholders in El Monte, Pasadena, and Pomona engaged in PIDP-sponsored local community change and primary prevention activities. Evaluation included quantitative and qualitative methodologies.

### Changes in Shared Leadership knowledge, skills and abilities

Forty-one parents, community stakeholders, and agency staff participated in SLA trainings in October and November 2008 and completed the SLA Training Evaluation Form. Average changes in ratings of Shared Leadership skills, knowledge, and abilities showed a 107% increase for the El Monte group and 55% increases for the Pomona and Pasadena groups. Most of the respondents felt confident about themselves as leaders, with 90% giving ratings of *Extremely* or *Quite Confident*. The average score was 4.40 on a scale of 1-5, with 5 being "Extremely Confident". All of the respondents saw themselves as a role model for others, with 100% giving ratings of *Much* or *Very Much a Role Model*, average = 4.50 on a scale of 1-5, where 5 is highest. In terms of changes in leadership behaviors, an overall average rating of 4.22 (on a scale of 1-5, where 5 is highest) for engaging in the six leadership behaviors addressed in the Leadership Practices and Behaviors Inventory (LPBI) reflected notable leadership in areas such as seeking out new leadership opportunities, experimenting with new ideas for improving family and community, trying to get others involved in leadership activities, helping other recognize and use their strengths, setting a leadership example, and recognizing and celebrating the accomplishments of others. In addition, responses to the LPBI showed statistically significant increases in the 5 Practices of Exemplary Leadership (Kouzes & Posner, 2003): *Model the Way*, *Inspire a Shared Vision*, *Challenge the Process*, *Enable Others to Act*, and *Encourage the Heart*.

All three SLA programs engaged in Shared Leadership activities that reflected their Action Plans developed at the end of each SLA training. The El Monte SLA parents partnered with the El Monte DCFS

(Department of Children and Family Services) office to present a half-day educational event about the DCFS system, child abuse reporting, and family preservation. The parents and DCFS also led an open forum in which a supervisor and two field workers participated in a question-and-answer session. Fifteen parents participated. The El Monte SLA parents also partnered with their local WIC (Women Infants and Children) office to present two nutrition workshops for community residents in which 11 families participated. The Pomona SLA parents implemented health-focused projects in partnership with Western University, including a *Walk for Health* program where moms and an RN walk together twice a week. The RN also provides pre- and post-walk health screenings, a nutrition program of three free nutrition workshops, and two free health screenings for community residents. Seventy individuals participated in these activities. Stress reduction and increases in social support were accomplished when six families in this SLA group formed a *Respite Care Club*, where once a week one family takes care of all the children and the other five couples go out together. They rotate who provides childcare. This club has been active for about three months and plans to continue, as well as become a role model for other families that want to create “respite” in this way. With a goal of providing activities for teenagers, the Pomona SLA parents partnered with Pitzer College to provide an afterschool program on Fridays for 12- to 18-year-olds. From April through May 2009, 15 teens participated in photography and video training. The program culminated with a field trip in which the teens took pictures and videos, which were then successfully exhibited at the Pomona Community Center. The Pasadena SLA parents have had a slower start but have partnered with two local churches, the Nia Charter School and the Altadena Library to ensure a monthly meeting space. Several Pasadena SLA parents have attended the El Monte SLA meetings to gain leadership skills and improve their knowledge and awareness about advocacy.

### **SPA 3 Parents Anonymous® Adult Mutual Support Group and Children & Youth Program**

As part of PIDP, Parents Anonymous® Inc. also developed and maintains a Parents Anonymous® Adult Mutual Support Group and Children & Youth Program in Pomona. Parents Anonymous® programs are evidence-informed and operate according to a model with standards specified in manuals for group facilitators, parent group leaders, and children & youth program workers. Attendance data is kept in a sophisticated network database from which reports can be generated.

Services available through the Parents Anonymous® Adult Mutual Support Group and Children & Youth Program in SPA 3 are provided weekly. Adult groups are co-led by a parent group leader and a group facilitator trained in the Parents Anonymous® model. The groups are free of charge to all participants and provide a safe, supportive, and confidential environment where parents are able to learn new parenting skills, transform their attitudes and behaviors, and create lasting change in their lives. While the parents are meeting, their children participate in a free Parents Anonymous® children & youth program designed to promote healthy growth and development and conducted by trained children & youth program workers. The network database recorded attendance for 47 parents and 70 children in the 10 months since the groups started. Most of the parents reside at the Prototypes residential drug treatment center and are battling recovery while they are learning new ways to parent. Their responses to the group show decreases in family stressors related to alcohol or drug use, concerns about money, family problems, housing problems, and mental health issues. One commented, “it helped me be closer to my child.” They also completed a group fidelity tool (GFT), which measures the degree to which the group follows the evidence-informed Parents Anonymous® model. They gave high ratings for the group following the prescribed group standards, engaging in mutual support, experiencing personal growth, and utilizing shared leadership.

## Summary

The participants in the Shared Leadership in Action Programs in the SPA 3 communities of El Monte, Pasadena, and Pomona have increased their leadership skills and their ability to work in Shared Leadership, which is optimal for achieving community change. The groups involved in the Adult Mutual Support Group and Children & Youth Program are maintaining steady attendance. Parents are experiencing improvements in their lives and parenting skills. Findings from a national study of Parents Anonymous® groups revealed that the model is effective in decreasing risk factors and increasing protective factors for child abuse and neglect. According to the GFT findings, this group is following the model and if the national pattern of findings holds true, this intervention should be preventing child abuse and neglect with these Pomona families. It is recommended that these programs continue and expand to provide more leadership development opportunities for parents and families in SPA 3.



# XI. Benefits of PIDP and Lessons Learned

## Strategic Issues Raised by DCFS Deputy Directors

Interviews with five DCFS deputy directors helped to frame the evaluation team's thinking about how PIDP can continue to make an important contribution to the multiple reform strategies already put in place by DCFS. As noted at the beginning of this report, *there is growing recognition that there is no single solution to the complex challenge of helping families find needed supports and thereby reducing rates of foster care*. Although DCFS has made significant progress in reducing entry and length of stay in foster care, achievements in terms of engaging the community in this shared goal are uneven. A subsequent report on implementation of Point of Engagement later this year will describe the different methods used by DCFS regional offices to weave community service providers into implementation of early assessment and intervention in more detail.<sup>1</sup> Interviews and focus group data collected during the last year clearly showed, however, that there is not one specific approach to working with community-based service providers shared across DCFS offices. The second year of PIDP implementation should provide additional opportunities for leaders to share best practices with each other, offering technical assistance for regional staff members on how to work effectively with community groups.

This is not a simple task. A top DCFS administrator identified one of the underlying problems involved in trying to bring ideas about prevention — particularly the universal and wellness-promoting strategies included in PIDP — into the culture of public child welfare:

Professionalization of social work has an 'expert-ization.' We're not dealing with that [in DCFS]....We are not talking about it here in the agency. We don't see it. We are blind to a number of things, but one of the things we are blind to is professionalization. When you [bring in] an expert...it is not valuing the community. It's very disrespectful of people and individuals, families, and the community. That is our orientation — we have expert knowledge, and you don't. What can you do without us? So if we are going to move forward as a field, I think we have to revisit the settlement houses and the community-based movement.

Another administrator suggested that PIDP is consistent with the internal changes made so far. It reflects the department's "culture of innovation," and it reflects the idea that the flexibility allowed through PIDP represents another important step in the right direction.

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<sup>1</sup> Local evaluation of LA County's IV-E Waiver Strategy Point of Engagement forthcoming from the USC team.

I think PIDP is another part of the ‘culture of innovation’ and it was designed to be extremely flexible. We asked the SPAs to tell us what they wanted to do and, if it fit in the parameters, then they could go for it. One of the parameters was the networks. I think networking is important in such a big place, so I think we are having our cake and eating it too with PIDP, because we are piggy-backing on the culture of innovation and using it to seed networking and relationships. This is the design to try to ‘break down the silos’ that I think is the essence of PIDP. We are piggy-backing on letting people do what they think is right for their community...and at the same time using it to connect and put things together to break down silos. This is not only about the silos between providers and providers, but silos between the offices and the providers.

Bringing community networks and groups inside the public child welfare system — or at least bridging the culture of public child welfare and community activism represented by PIDP — will require ongoing commitment on both sides. PIDP represents an important first step from which many lessons have been learned.

Based on the promising findings in this report, the PIDP evaluation team believes that DCFS’s approach to preventing child abuse and neglect should be continued, refined, and enhanced. As suggested by the administrator quoted above, PIDP is LA County’s effort to revisit the community-based settlement house movement, updating the sentiments and experiences of settlement founders to fit the large, often-unruly, and chaotic but always fascinating communities of Los Angeles County. In order to make this work, several key issues will need to be considered carefully. These include replicability, sustainability, scalability, and the evidence base required to continue and improve initial efforts.

While the question of *replicability* — how can best practices be replicated? — will undoubtedly be called at some future point, these evaluation findings suggest that it is too soon to require that PIDP networks do things the same way. Regional conditions and resources are different enough that it may never be possible to require “fidelity” to a particular “model” of prevention across LA County. It should be possible over time, however, to identify key elements or approaches that should be more widely replicated. Based on these first-year findings, for example, it appears that DCFS should explore replicating the best visitation practices discovered in the early-adaptor SPAs and create faith-based visitation centers to serve each DCFS office.

The question of *sustainability* is even more difficult, especially in the midst of a general budget crisis. One of the core problems is that there is no dedicated funding source for these prevention activities. These initial data have demonstrated, however, that there is a nexus between the DCFS-funded Family Support and Family Preservation programs on the one hand, and the First 5 LA-funded Partnerships for Families and School Readiness Initiative programs on the other. This nexus should be further analyzed, and the possibility of a more extensive and strategic partnership between DCFS and First 5 LA should be explored. These initial findings may also be useful in expanding analysis of funding providers by allied funders who also provide resources to support the efforts of the many organizations and agencies involved in the PIDP networks.

The great advantage of the County’s approach to PIDP is that it was not seen as a small area pilot project that would need “scaling up” in order to cover the entire County. Just as sustainability is a continuing issue among funders, the issue of “*scalability*” often presents huge problems for continuing development of new or promising approaches in a place the size of Los Angeles County. Additional resources will be needed to serve the entire County, but a Countywide infrastructure for PIDP is already in place.

The fact that DCFS, Casey Family Programs, and First 5 LA were all willing to invest in this first-year evaluation underscores a substantial institutional commitment to the three strategies that undergird PIDP,

as well as development of an evidence base and using data from multiple sources for continuous quality improvement. One way to make optimum use of all available resources in the future would be to better coordinate the data collection roles played by local PIDP networks, DCFS internal monitoring and information system staff, and external evaluators. After an initial year of development, it should be much easier in Year Two to identify the most important measures and indicators, and thus to share responsibilities for data collection.

## **Program Design and Implementation Concerns<sup>2</sup>**

### **The economy**

The recession continues to be a significant challenge. Families in the PIDP communities were struggling with poverty long before the current economic crisis. Loss of jobs grew over the year, which has resulted in an increasing demand for basic necessities of life, such as food and housing. Leaders are concerned that the impact of the recession will continue to hit low-income Los Angeles communities hardest and they will take longer to recover. A state budget crisis only adds to the worries, especially if threatened cuts to public assistance go through.

### **The depth of the need**

The community-based PIDP networks have come far, and the promise is great. But as Audrey Tousant from the SPA 6 network said, “The demand is deep. My staff, including me, is only 11 people. That’s not enough. I’d like an outreach coordinator, two navigators at each site instead of one, plus administrators, plus more legal help.” Navigator Sharron Eason added: “You’re trying to help one person, and the couch is filled with people waiting. And you don’t want to lose them. You need to spend at least an hour with each person to listen to their story. It takes time to figure out what they need.”

### **Uneven implementation**

With different starting points, needs, and resources in each community, it is not surprising that progress has varied across the SPAs. Collaborative planning between a government agency and multiple community organizations is a challenge anywhere, but especially in Los Angeles County. One of the issues that should be addressed in Year Two is how to provide effective technical assistance and capacity-building strategies to meet the different needs of different PIDP networks. Conversations at the local level should focus on deepening the partnership between DCFS regional offices and the PIDP networks. While best practices from different areas of the County can be highlighted, they generally cannot be transferred without in-depth understanding of local communities and resources. For example, in some areas, family support networks require many members in order to include representation from all necessary services, while in others there may be more multi-service providers so that a smaller number of agencies can provide access to the supports that families need. Such factors need to be taken into consideration when working to build the capacity of local networks.

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<sup>2</sup> Adapted from Edgar, 2009, pp. 29-30.

## **How can PIDP networks, DCFS, and their partners improve the implementation of PIDP at the local level in the year two?**

As the preceding sections of the report show, a great deal can be learned in the relatively short time of 12-18 months. Each PIDP SPA network has developed or enhanced a broad range of partnerships, building on previous efforts or developing new approaches to support families, increase child safety, and diminish child abuse and neglect. Each network has learned important lessons about how to weave prevention approaches into their ongoing activities, but three key lessons stand out as being especially important for grounding progress in Year Two:

### **1. DCFS and other collaborators should continue to require that PIDP networks braid the three strategies together**

Data from several sources suggest that the three strategies operate most effectively when they are considered as a holistic approach to building communities and linking public and private services into a flexible array that can be easily accessed by families. Taken together, the three strategies — decreasing social isolation, increasing economic stability, and integrated community-based networks — appear to be much more effective than any one strategy alone. Rather than just linking each family to “services” in a time of crisis or need, integrated networks addressing all three goals serve everyone by strengthening the capacity of communities to support all families.

### **2. Both the network agencies and their DCFS partners indicated the critical importance of developing relationships and sharing information at the local level**

During the first year, a good deal of attention was focused on countywide meetings, including monthly PIDP forums, two learning sessions, evaluation work group sessions, and other key meetings. While this was appropriate for the initial development stage, focus should now shift to helping to facilitate local conversations. Time is a critical resource for PIDP network members, and the more time that is spent driving to and participating in countywide meetings, the less that is available for the critical partnerships work needed at the SPA level. This would require a slight shift in the roles of central DCFS staff and technical assistance providers toward facilitating local-level conversations, identifying the information needed by each network, and sharing and adapting tools created in one place so they can be useful in other places too. For example, the SPA 2 network and the San Fernando Valley DCFS office created specific referral forms that should be shared across offices in order to make cross-agency referrals less cumbersome.

### **3. Purposeful efforts to bring CSWs and other front-line DCFS staff members into local PIDP conversations will help to improve access to PIDP, increasing the number of families who can benefit**

As noted in interviews and focus groups in DCFS offices, administrators were most likely to be familiar with PIDP. While it may be difficult to translate the abstract concept of “prevention” into concrete terms that every social worker will understand, each network has very concrete things to offer. Furthermore, front-line staff who interact directly with families need to know about them.





# XI. Recommendations

## Recommendations for Year 2 Program Design and Deliverables

It appears that DCFS and its partners are seeing results from the integration of these three core strategies, at all stages of prevention and from all of the approaches implemented by the PIDP networks. *The approach to prevention should continue to support the integration of the three strategies (i.e., build social networks, increase economic opportunities, increase access and utilization of resources and supports).* Data from several sources suggest that the three strategies operate most effectively when they are considered as a holistic approach to building communities, supporting families, and increasing child safety. Linking public and private services into a flexible array that can be easily accessed by families makes even more sense during a time of economic crisis for families and budget cuts for service providers. Taken together, the three strategies — decreasing social isolation, increasing economic stability, and integrated community-based networks — appear to be much more effective than any one strategy alone. Rather than just linking each family to “services” in a time of crisis or need, integrated networks addressing all three goals serve everyone by strengthening the capacity of communities to support all families and strengthening the capacity of families to care for themselves and their children.

- 1. All networks need to engage residents and DCFS clients in a strengths-based and relationship-focused manner (such as Community Action Groups) as part of their provision of comprehensive prevention services, resources, and supports to participants.**
- 2. All networks need to deepen their family economic success strategies to mirror those that demonstrated the best outcomes for residents, families, and communities as a whole. Effective strategies demonstrated during the first year include job training and placement programs and expanding access to EITC benefits.** The networks need to work in partnership with regional offices to ensure greater access for DCFS families and relative caregivers to these economic benefits.
- 3. Some networks need to refine PIDP referral processes with their regional offices for secondary and tertiary supports for families referred by DCFS. Peer consultation and strategies from the PIDP networks that have demonstrated the highest levels of efficiency and timeliness in meeting the needs of these families could help to spread best practices.** During the first year, a good deal of attention was focused on countywide meetings, including monthly PIDP forums, two learning sessions, evaluation work group sessions, and other key meetings. While this was appropriate for the initial development stage, focus should now shift to helping to facilitate and strengthen local conversations. Time is a critical resource for PIDP network members, and the more time that is spent driving to and participating in countywide meetings, the less that is available for the critical partnerships work needed

at the SPA level. Best practices need to be shared at the local level. For example, the SPA 2 network and the San Fernando Valley DCFS office created specific referral forms that should be shared across offices in order to make cross-agency referrals less cumbersome. This might involve streamlining internal paperwork and referral processes to reduce the number of forms needed by caseworkers. The San Fernando Valley office has also developed a Memorandum of Understanding with local community partners that outlines shared responsibility for determining which community partners are on rotation for attending Team Decision-Making meetings.

4. **Implement visitation centers across all SPAs, with a focus on partnering with the faith-based community to develop and implement the centers, recruitment and training of coaching volunteers, and determining ongoing sustainability of these centers as modeled in SPA 8.**
5. **The demonstrated ability of the lead agencies to significantly expand their networks of services and resources indicates that these agencies, with proper support, can grow to meet many of the future needs of DCFS and County government.** This could include activities such as Differential Response Path One and current efforts to implement the federal American Recovery and Reinvestment Act Stimulus program in LA County.
6. **Networks in conjunction with DCFS should explore varied sustainability strategies that would leverage and enhance the County's ability to provide ongoing investments in prevention work.** This should be in conjunction with the County's need to maximize matching for prevention efforts (see next section for details). Hopefully, findings from this study will be useful as DCFS continues its work on redesigning County contracts for PSSF and CAPIT programs, a critical opportunity to better integrate a number of key funding sources to assure maximum impact for families in need. DCFS should also continue to explore additional opportunities for enhancing its partnerships with First 5 LA and other funders as suggested by the first-year PIDP network maps.

## **Recommendations for DCFS Contracting, Procedures, and Practice**

Based on these promising findings PIDP should be continued, refined, and enhanced. To do this, several key issues will need to be considered carefully.

1. **DCFS should assure that second-year contracting processes are aligned with desired goals, outcomes, and processes referenced in the Program Design recommendations section.** Administrators and staff from regional offices should continue to be involved in their PIDP lead agency's design for development of the second-year program deliverables.
2. **It is essential that the County maximize drawdown from all possible matching funding sources and that it continue to explore synergies with private grant making.** There should be further analysis of the nexus between the DCFS-funded Family Support and Family Preservation programs and the First 5 LA-funded Partnerships for Families and School Readiness Initiative programs. For example, to what extent would First 5 LA be willing to continue its support of the Strengthening Families Initiative (First 5 LA contracts with the Center for the Study of Social Policy to provide technical assistance to its grantees working under its Partnerships for Families initiative) to support those DCFS offices and PIDP networks that are not yet familiar with important protective factors for families?

3. **Integration strategies need to be developed between the Chief Executive Office, DCFS and PIDP network leaders to link other County departments into PIDP networks without overwhelming the limited capacity of these networks.** It is important that conversations about how to work effectively across departments consider the networks' potential for effective outreach and information sharing in local neighborhoods, as well as direct participation of families in specific activities. It is also important to consider the extent to which the overall outcomes desired for families and children can be enhanced through better integration and alignment. Many of the PIDP approaches and activities should not only be effective in reducing child maltreatment but also contribute to improving other aspects of the County's five outcomes for children: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being and Education/Workforce Readiness.
4. **During Year Two, DCFS and the PIDP lead agencies should jointly develop communication and outreach strategies to increase linkages for DCFS social workers to the PIDP networks.** This may require special training for supervisors of caseworkers who need to communicate and support the PIDP message. It will also require strategic thinking in each office about how to communicate the practical benefits of PIDP to caseworkers. Regional offices administrators should share success stories at staff meetings, create newsletters, and email these success stories to everyone to reinforce the PIDP message and increase information about the opportunities available to families.
5. **DCFS and PIDP lead agencies should help caseworkers by developing visual case flows and other aids that clarify the different kinds of community connections that are possible for families.** Materials should go beyond the usual terminology of "referral to service providers" to include, for example, participation in relationship-based community support groups, access to free services and supports, claiming tax benefits, and enrollment in early care and education programs. Adapting or refining DCFS flowcharts or case flows to show how PIDP and other community-based services can fit into the regular flow of services would help caseworkers expand the options they recommend to families.

## **Recommendations for Future Research and Evaluation**

Our recommendations involve two kinds of activities: better coordination of data collection and analysis activities, and the need for more rigorous evaluation methods to be implemented in the future. Findings from descriptive evaluation of PIDP during its first year are very promising, suggesting that at least some of the prevention approaches should be evaluated more rigorously during subsequent years.

1. **Better coordination between PIDP network staff, internal DCFS program monitoring staff, DCFS information system staff, and external evaluators would help to ensure that data collection tasks are not overwhelming for any one of these parties.** After the first year, it is reasonable to readdress questions about what really needs to be included in regular program monitoring reports. While it is easier to track the numbers served, such data generally do not pay enough attention to the value derived from different levels of effort, or different kinds of effort expended toward various types of gain. A workgroup composed of representatives of all parties should be established to revise basic monitoring and data tracking forms in order to get the best and most useful information possible.
2. **A targeted and rigorous evaluation plan should be developed by multiple stakeholders for the next stage of PIDP.** Although it was not possible to closely track child and family

outcomes during the first year of PIDP, it will become more important every year to track both traditional child welfare outcomes every subsequent year and to measure improvements in protective factors, family attitudes, and staff attitudes. Research questions could include the following:

- **How does PIDP affect DCFS referral rates in targeted high-need small communities (zip code areas)? How does PIDP affect case openings, foster care, child safety, and subsequent system utilization for the families known to the department who are referred to PIDP networks?**
- **How does PIDP, including utilization of the new visitation centers (based on a coaching model), impact reunification rates and length of time in out-of-home care?**
- **To what degree does social network group participation positively affect protective factors (resilience, concrete support, pro-social connection, and social and emotional competence) in ways that are known to reduce child abuse and neglect?**
- **What PIDP outcomes can be monetized to document the economic benefits or return on investment (ROI) of this initiative?**

Addressing these questions will require that DCFS and community agencies support a rigorous set of comparison group studies, as well as longitudinal data analyses of CWS/CMS and other data over time. By carefully phasing in key practice interventions, it should be possible to use comparison group evaluation designs that will more definitively address the questions above, including what set of prevention strategies works best for certain kinds of communities.

In conclusion, Los Angeles has made tremendous strides in increasing access to family supports and decreasing the use of foster care by over 50%. During these challenging economic times, the PIDP networks and collaboration with local DCFS offices has helped the County to maintain some of these gains. Given this foundation, the County of Los Angeles has an opportunity to help solidify these networks and build on this progress to create one of the most innovative multi-faceted child abuse prevention systems in the country.





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# Appendices

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