

Prevention Initiative Demonstration Project (PIDP) Year Two Evaluation Report



VOLUME 2





executive summary

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PREVENTION INITIATIVE DEMONSTRATION PROJECT

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EXECUTIVE SUMMARY

As described in the Year One evaluation report, Los Angeles County's Prevention Initiative Demonstration Project (PIDP) was designed to address the full spectrum of child abuse prevention including primary prevention approaches directed to the whole community as well as secondary and tertiary approaches directed to families already referred to or engaged with the Department of Children and Family Services (DCFS). PIDP networks were asked to devote about 50 percent of their resources to primary prevention, supporting and engaging families and strengthening social networks so that child abuse/neglect did not occur. They were asked to devote about 30 percent of their resources to secondary prevention, involving parents with unfounded and inconclusive referrals as decision-makers in promoting their children's development, learning, and well-being, and addressing potential risk factors so that re-referrals were reduced. And the networks should devote about 20 percent of PIDP resources to strengthening the capacity of parents with open DCFS cases to care for and protect their children.

Although PIDP is not the only prevention and early intervention initiative underway in LA, it is particularly significant for three reasons:

1. Through a request for qualifications (RFQ) process, PIDP was designed to build on existing community capacity developed over the last decade or more. Related efforts that have enabled capacity building include DCFS-funded Family Support and Family Preservation networks; DCFS contracts for services and funding from Preserving Safe and Stable Families – Child Abuse Prevention Intervention Treatment (PSSF-CAPIT); contract processes run by other County departments; First 5 LA's Partnerships for Families (PFF), School Readiness, Family Literacy, and other networks; City of LA Family Source Centers, Gang Reduction and Youth Development Zones; and philanthropic investments in related efforts.
2. PIDP was designed to fill gaps in local family support and service delivery systems by highlighting social connections and economic opportunities for families, and encouraging partnerships with existing services to increase access to community services and resources.
3. PIDP was designed to build relationships between leaders of DCFS regional offices and leaders of community-based networks serving families and children by encouraging joint planning to fill local gaps in services, joint problem-solving, and ongoing communication.

Thus, while PIDP, to date, represents a relatively modest investment of \$10 million over two years, the implications for partnerships with community-based services, efforts to provide different paths for at-risk families when there are not immediate safety concerns about children, and partnerships with other funders who share the goal of preventing child maltreatment go well beyond PIDP alone. Part of the funding was from the Title IV-E Waiver (\$3.76 million); PIDP was designed as a demonstration project to make strategic use of those funds.

Since Spring of 2008, each of the eight PIDP networks has worked to prevent child maltreatment by decreasing social isolation, decreasing poverty, strengthening families and increasing family protective factors, increasing access to services, and building durable community-based collaboratives to support families. Each of the eight PIDP networks has implemented three integrated core strategies: building social networks through community

organizing; increasing economic opportunities and development; increasing access to and use of beneficial services, activities, and resources.

By the end of Year Two, it has become apparent that the foundational infrastructure and relationship building work done in Year One is paying off. The Year Two evaluation found that PIDP networks are making a continued difference for families. Parents report significant initial gains in family support, connections to the community, and less parenting stress in a wide range of areas after six months of participating in various family action groups or neighborhood action councils. Those gains are powerful, meaningful to families, and maintained over time. Analysis of CWS/CMS data on families in five specific communities who were already known to DCFS revealed that PIDP activities were helping children and families to find safety and stability. Findings show that engaging families with unfounded or inconclusive Emergency Response referrals in supportive services has decreased re-referrals in some areas, and that PIDP activities are helping speed the timeline to permanency for children in out-of-home care.

KEY FINDINGS FROM THE YEAR TWO EVALUATION

Network Development

- During 2009-10, the second year of the initiative, the eight PIDP networks served 17,965 people. Thirteen percent or 2,391 were individuals involved with DCFS – either during the referral stage or after a child abuse case had been opened. The other 87 percent lived in poor communities targeted by DCFS regional offices as posing enhanced risks for children and families.
- Networks demonstrated creativity in blending funding from multiple sources. Existing program infrastructure and cross-agency collaboration facilitated identification of additional resources for individual families, including participation of faith-based and community groups, businesses, and other partners. Consequently, many networks included members funded through other means along with PIDP-funded members; thus, relatively modest amounts of DCFS funding supported networks that leveraged additional resources and developed formal relationships with partners who contributed services and resources for needy families.
- Integration of the three core strategies (networking, economic opportunity, and access) appeared to produce the most positive outcomes for families. Some notable approaches that blended these strategies include Neighborhood Action Councils (NACs) and Ask Seek Knock (ASK) Centers. Two other notable strategies highlighted in the first year evaluation report were the faith-based family visitation centers established to serve Service Planning Area (SPA) 8, and the combination of cultural broker and parent advocate approaches into a case management team approach in SPA 3. By the end of Year Two, almost all of the PIDP networks had been instrumental in planning and developing faith-based family visitation centers.

Protective Factors

- Data collected from surveys and focus groups in all eight SPAs highlighted the benefits that parents and youth felt they had received from PIDP. Benefits cited by parents included greater involvement in their community, more desire to engage in community activities, and feeling less lonely or isolated. More specifically, there was a significant improvement across three points in time for five factors and a “quality of life” item. Significant changes were found for three additional factors between two time points. The effect sizes, while statistically significant, were in the “small” range for all of the functioning areas.
- Data collected from participants in neighborhood action councils (including those not funded by PIDP funds) demonstrate similar results around the impact of the NAC strategy on a much larger group of primary prevention participants.

The majority of people who took advantage of the service were Latino or African-American, and over 55 percent reported earning less than \$20,000 annually.

- Patterns in responses to a parent survey suggest that, in general, the reported impact of this prevention strategy on protective factors is most evident during the first 4-6 months of participation, and then stabilizes. Given the nature of the relationship-based model that serves as the framework for the NACs, it would be expected that as the NAC forms, and as the groups become cohesive and participants develop relationships with each other, perceived improvements in the protective factors measured would be evident. Similarly, it would be expected that once the group attains a moderate to high level of cohesion, which is likely to occur within the first 6 month of group formation, changes in perceived levels of support as a result of group participation would stabilize.
- This pattern of findings is particularly important because such protective factors have been linked to long-term strengthening of families (Center for the Study of Social Policy, 2009) and significant reductions in substantiated reports of child maltreatment (Reynolds & Robertson, 2003).

Economic Empowerment

- The family economic empowerment strategy produced some positive results in terms of employment training, placement, and income supplements across SPAs. For example, families had access to training in financial literacy, budgeting, banking, and credit management. Some had access to personal coaching on achieving educational goals, employment preparation, and developing small businesses.
- Pro bono legal assistance was also shown to help parents in navigating the court system, expunging criminal records, establishing eligibility for reduction in convictions, and/or certification of rehabilitation, all of which increase employability.
- Between 2008-10, the SPA 6 Ask, Seek, Knock (ASK) Centers trained and placed nearly 300 local residents in the workforce, and provided pro bono legal services to over 1,000 residents.
- PIDP networks in SPAs 2, 4, 7, and 8 joined forces, with the leadership of the South Bay Center for Counseling and the SPA 8 Children's Council, in creating the Greater LA Economic Alliance (GLAEA). 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 childcare tax credits, small business tax preparation, Individual Taxpayer Identification Number application preparation, and banking services. Others approached the issue of expanding access to tax benefits by working through Volunteer Income Tax Assistance (VITA) sites. Highlights:
 - There were VITA sites in all eight SPAs and the individuals who attended came from approximately 207 LA County zip code areas; 4,315 individuals participated in this year's program.
 - The majority of people who took advantage of the service were Latino or African-American, and over 55 percent reported earning less than \$20,000 annually. Almost 77 percent of the respondents indicated that they were getting a refund.

- Over \$4.4 million in tax credits were received. (The refunds filed for totaled \$4,411,599, with an average refund of \$1,062.) Based on the data from the survey, this will primarily go to pay existing bills.

CWS/CMS Findings

- **Supervisory District 1 (SPA 3), Pomona and El Monte.** Findings from these offices suggest that the PIDP Case Management model designed to address disproportionality in SPA 3 has helped to shorten the timeline to permanency for children with open Family Maintenance (FM, N=43) and open Family Reunification (FR, N=67) cases. PIDP FR children were more likely to leave foster care during the study period and more likely to experience positive “permanency exits” (reunification, adoption, legal guardianship), and FM children were more likely to have closed cases compared with those in randomly selected comparison groups.

Children with open FR cases served by PIDP were more likely to leave foster care (81% vs. 58%) and more likely to achieve legal permanency through positive “permanency exits” (reunification, adoption, guardianship) than children with open cases selected randomly for the comparison group (67% vs. 54%). PIDP children with open FM cases were also somewhat more likely to have their FM cases closed (91%) versus the comparison group (80%). The 121 parents referred by PIDP who participated in social network groups run by Parents Anonymous also reported that they had substantial pre/post decreases in all of the family stressors tested including use of alcohol and drugs, family problems, housing problems, and mental health problems.

- **Supervisory District 2 (SPA 6), Compton.** Since “re-referrals to DCFS after receiving PIDP services” was a variable of particular interest for all “secondary” referrals from Emergency Response (ER) staff, analysis focused on subsequent re-referrals during the program period (between June 2008 and July 2010). Emergency Response families (N=130) who accessed the ASK Centers in Compton were significantly less likely to be re-referred to DCFS; about 12 percent had re-referrals compared with 23 percent of the randomly selected comparison group. The PIDP group had a significant advantage over the comparison group for both subcategories of families (new referrals to DCFS and re-referrals on existing open cases). It should be noted that the Compton office experienced re-referrals on 31 percent of families referred to ER during this same period, a rate that was even higher than the experience of the comparison group. In addition, the group of 31 children in foster care whose families took advantage of ASK Centers were more likely to have planned positive “permanency exits” (reunification, adoption, or guardianship) from foster care than the children with open cases in the comparison group (100% vs. 83%).
- **Supervisory District 3 (SPA 2), San Fernando, West San Fernando, and Santa Clarita.** Analysis of CWS/CMS data on 38 of the ER families served by the SPA 2 PIDP network during Year Two showed that families receiving PIDP services had similar chances of being re-referred to DCFS as compared with the comparison group (32% of PIDP families versus 27% of the comparison group).

Over \$4.4 million in tax credits were received. (The refunds filed for totaled \$4,411,599, with an average refund of \$1,062.)

Although the numbers were small, data from San Fernando Valley also suggest that subsequent re-referrals for the highest-need PIDP families were more likely to be substantiated. Perhaps DCFS caseworkers had additional information on cases by working closely with their PIDP partners or were more likely to trust in the information received, or PIDP services helped to identify those with the most challenging problems requiring re-referral. (These suggestions were supported during a focus group with regional administrators and managers in the three offices who reported that CSWs trust the ability of the lead agency to help even the most troubled families find appropriate services.)

- **Supervisory District 4 (SPA 8), South County and Torrance.** Findings from the SPA 8 faith-based Family Visitation Centers also showed better results in helping children find permanency. The 79 children with open FR cases who had access to the visitation centers were more likely to leave foster care and more likely to exit through a positive “permanency exit” than were members of the randomly selected comparison group. Seventy-one percent of the PIDP sample left foster care during the study group, and 69 percent of the PIDP children experienced “permanency exits” compared with 50 percent of the comparison group.
- **Supervisory District 5 (SPA 1), Lancaster.** Analysis of CWS/CMS data on 40 families served by the SPA 1 PIDP network compared with a random sample of comparison families suggests that families receiving PIDP services were less likely to be re-referred to DCFS. Only 23 percent (N=9) of families who had received PIDP services were re-referred to DCFS during the study period versus 31 percent (N=22) of the comparison group. Although the numbers were very small, subsequent re-referrals for PIDP families were also more likely to be substantiated. It may be that caseworkers had more information from their PIDP partners or more challenging problems were identified through re-referral.

Families served by PIDP were somewhat less likely to have substantiated allegations of abuse and neglect (63% vs. 73%) on the initial referral, suggesting that they may have been somewhat less “troubled” than the comparison group. This supports the program goal of supplying concrete supports that could help poor families avoid further engagement with DCFS, and suggests that CSWs were referring families who were appropriate for the prevention approach used in SPA 1.

Recommendations

Based on these findings, the evaluation team recommends the following:

1. Continue support for programs that strengthen families and use contracting methods that include the three integrated/braided strategies implemented by the PIDP networks: (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, and resources. The new family support contract redesign process offers an opportunity to put into place some of the best PIDP strategies, such as family councils of varying kinds, neighborhood-based family centers with training and employment programs, tax assistance, parent aides who act as navigators and cultural brokers, and family-based visitation centers.
2. The County should encourage cross-departmental efforts to share funding and support for prevention. Begin by focusing on departments most often reported by the PIDP networks as already involved in PIDP activities: DPSS, DPH, DMH, Probation, and Child Support.
3. Working with the best practices already developed in some regional offices, DCFS should develop consistent protocols to help regional offices assure that the families referred are those most likely to benefit from these strategies. This would include targeting and mapping high-need communities, and assuring that local strategies are widely understood among front-line staff. In some areas with small

numbers of referrals to PIDP, DCFS should also task its regional offices to assure a consistent flow of ER referrals with unfounded or inconclusive allegations.

4. With increased expectations from government leaders for rigorous outcome and cost data, DCFS and its partners will need to consider adopting more rigorous evaluation designs as part of early planning for any subsequent demonstration efforts. This should include designating a sample of comparison group families to better measure outcomes.
5. Re-administer the protective and risk factors survey in the fall of 2010 to determine how much PIDP families are able to maintain the initial gains they made.

REFERENCES

Center for the Study of Social Policy. (2009). Strengthening families through early care and education. (Retrieved from www.strengtheningfamilies.net/index.php/main_pages/protective_factors)

Reynolds, A. J., & Robertson, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago longitudinal study. *Child Development* 74(1), 3–26.

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overview

introduction
to **pidp**

Waiting until risk factors multiply or families are reported to child protective services has not been effective in preventing child maltreatment.

Introduction

Each of the eight PIDP networks seeks to strengthen and support families in communities so that children can remain in their homes without abuse, neglect, removal, and/or placement in foster care. Because families have different strengths and face different kinds of risks, the pathways to child maltreatment are varied and can be difficult to predict. Waiting until risk factors multiply or families are reported to child protective services has not been effective in preventing child maltreatment, and thus many in the field now believe it is better to focus on enhancing the protective factors that research has shown will decrease the likelihood of referral to child protective services or opening of a child abuse case (Horton, 2003; Reynolds & Robertson, 2003).

Each of the eight PIDP networks has worked with its local DCFS regional offices to develop a plan that addresses local needs, enhances family protective factors, decreases social isolation, increases economic resources, and connects families to existing resources, services, and activities. To do so, the networks were required to implement three 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, and resources. Each of the eight PIDP networks has implemented these prevention strategies based on the core concepts, which are designed to prevent child maltreatment from ever occurring and to offer support for at-risk children and families who are referred to DCFS as well as those who have open DCFS cases. Each contract and set of deliverables required by DCFS was also somewhat flexible, allowing for customized approaches to meeting high-priority local needs as defined collaboratively by the PIDP networks and administrators in the local DCFS regional offices.

This volume includes complete profiles of each of the PIDP networks, including the geographic and demographic make-up of each of Los Angeles County's eight Service Planning Areas (SPAs) as well as a description of the activities and accomplishments of the PIDP networks.

Profile data were collected from six sources:

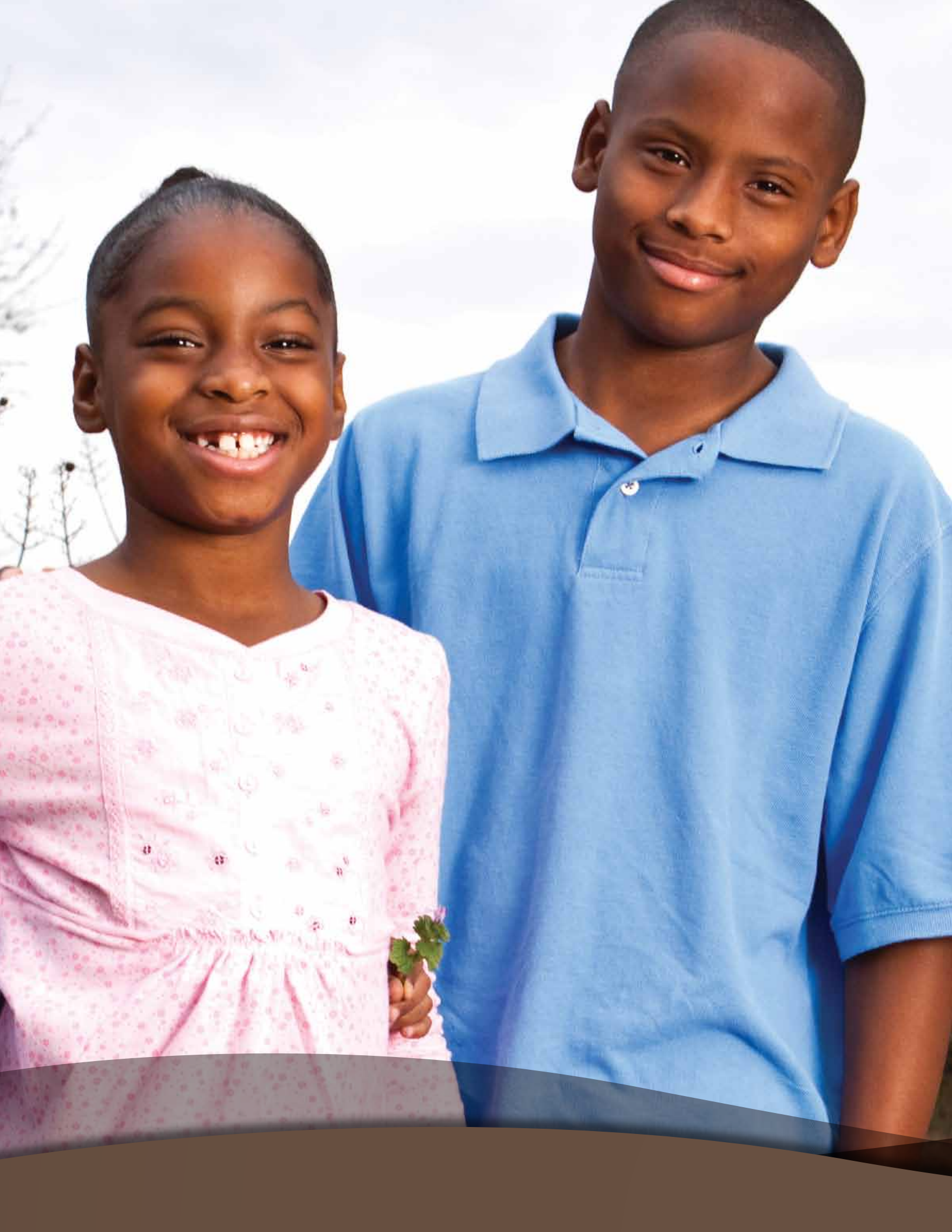
1. Bureau of Information Services (BIS) reports on overall trends in child protective services reports, case findings, and other case activity between July 2008 and June 2010.
2. Statistical data from Healthy City and other websites displaying data on demographic and economic conditions in Los Angeles County (LA) and in each of the eight SPAs.
3. A telephone survey of regional administrators in the 18 DCFS regional offices that assessed attitudes and involvement with local PIDP networks; the survey instrument was designed by evaluators and administered by Community-Based Services Department (CBSD) staff between May and July 2010.
4. Data from contract files maintained by the CBSD, including contract deliverables, total numbers served, and monthly reports on activities and

accomplishments; data were abstracted from the files by two MSW students under the supervision of a doctoral student from the PIDP evaluation team.

5. An electronic survey was administered through which PIDP network leads responded to key questions, described their approach to integrating the three core strategies, and defined any changes in activities in the second year of the program 2009-10.
6. Data from special local data collection activities and reports undertaken by PIDP networks were also included in some of the profiles.

Each profile was drafted by Dr. Jacquelyn McCroskey and reviewed by PIDP network leaders to assure accuracy and consistency with the local approach to prevention. Input from local network leaders was especially important since each PIDP network was designed to fit the specific needs of local communities. Each community operates somewhat differently although they are framed by the three integrated strategies, and each has adapted and changed over time in accordance with changing needs and lessons learned. A special chronicle of the Wilmington community work for the PIDP initiative, authored by community agency leaders, is contained in Appendix A. The results of an evaluation of a Parents Anonymous group in SPA 3 by Peggy Polansky is presented in Appendix B.

The following profiles describe the broad range of prevention activities available to families and children in Los Angeles County as a result of the PIDP between 2008 and 2010.



community profile

spa one

PIDP NETWORK COMMUNITY PROFILE

SPA 1 PIDP Network Community Profile

The SPA 1 service area, served by the DCFS Lancaster and Palmdale regional offices, covers the northern high desert portion of Los Angeles County called the Antelope Valley (AV), an area that includes the largest geography in the County but the smallest number of residents. Grace Resource Center serves as the PIDP network lead, mentored by Friends of the Family.

Recent statistics on demographic factors in SPA1 include:

- The total population of SPA 1 includes 375,201 persons and 31% (114,576) of that population is under 18 years of age.¹
- The population is 42% white, 35% Latino, 16% African American, 3% Asian, 3% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 13% of households in SPA 1 have incomes that fall below the poverty level.²

Other factors that may contribute to difficulties for families in SPA 1:

- 8% percent of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 95,620 students were enrolled in public schools. Among those, 30% were proficient or advanced in reading when tested in the 3rd grade, 46% were proficient or advanced in math; and the high school graduation rate was 66%.⁴
- In 2008, 83% of crimes committed in SPA 1 were crimes against property, such as vehicle theft, and 17% were crimes against persons (out of 450,814 incidents);⁵ 87% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of cases in the DCFS Lancaster and Palmdale offices between July 2008 and June 2009 was as follows:

- The total caseload was 4,854 children, of which 29% (1,414) were in out-of-home care.
- There were 9,988 referrals, of which 23% (2,323) were substantiated.
- 818 children were removed from their homes.

The race/ethnicity of children on the Palmdale and Lancaster caseloads was somewhat proportional to the total population in SPA 1, with the exception of African American children, who were over-represented on the caseloads of both offices. African Americans represented 18.2% of the population in the Lancaster area and 40.3% of the children on the DCFS caseload; they represented 15.2% of the population in Palmdale area and 36.5% of the DCFS caseload.

8% percent of adults aged 25 or older have less than a 9th-grade education.

The SPA 1 PIDP Network

Friends of the Family, the PIDP lead agency for SPA 2, continued to serve as a mentor to the Grace Resource Center. In addition, the SPA 1 PIDP Network for 2009-10 included six key partners.

1. Grandparents as Parents
2. Grace Chapel
3. Antelope Valley Reentry Coalition
4. Antelope Valley Family YMCA
5. Paving the Way Foundation
6. Kinder Music

The SPA 1 network also leveraged its working relationships with 43 other partners in the Antelope Valley in order to expand its efforts to prevent child abuse and neglect. Working with two local DCFS regional offices, the network built and implemented a range of prevention strategies based on the requirements of the PIDP contract that focused on improving outcomes for children and families at risk who could be potentially touched by DCFS.

Relationships with DCFS Regional Offices and Other County Departments. Grace Resource Center reports that it has always had a good relationship with the local DCFS offices, but the combined efforts of the PIDP network has deepened and enhanced these relationships. They admire the leadership of the regional administrators in both offices, and even if everyone doesn't always agree on methods, "we are ready to roll up our sleeves and stand shoulder to shoulder to reduce child abuse in SPA 1."

Administrators from both of the DCFS regional offices serving the Antelope Valley, Lancaster, and Palmdale were interviewed for this study. In response to the question "Is PIDP having the impact you hoped for?" the Lancaster administrator said, "Yes...plus more." From his perspective, the PIDP network is effective in helping clients find the materials they need to provide for their children, in working with landlords to allow clients to move in with ameliorated costs, and in providing life coaching and other classes. PIDP staff members are participating in Team Decision-Making Meetings (TDMs – attending at least five a week), they come to general staff meetings, and Grace has been instrumental in establishing family visitation centers at two community churches. The administrator reported that it is "hard to measure the impact of primary prevention in terms of how many they are keeping out of our system. It provides for so many poor folks who might have ended up in our system."

He sees a difference in how much more closely they are now partnering with Grace and the PIDP network, including the fact that the "whole office participates in Grace's golf tournament" because we "know they will help our clients." Some DCFS staff members even pick up day-old bread at grocery stores on their way in to work to help supply Grace's food bank.

The Palmdale administrator also reported that he is very satisfied with the partnership; they have developed a better relationship since 2008 and his staff has no hesitation in referring families to them. The office staff feel part of the team and are willing to help Grace whenever possible. Grace is responsive and flexible in meeting family needs and has especially good connections in the community for some scarce resources, especially housing. "They engage the family in a variety of ways to meet needs. So many families now have access to services. They assist a large number of families not from the department and [I] feel that they help prevent families from coming into the department."

The Palmsdale administrator reported that he has seen an increase in awareness of the Grace Resource Center, but he wondered if DCFS staff members are aware that Grace is connected to PIDP. He also noted that Palmdale is still hoping to develop an even closer relationship with the PIDP network: "Since Grace went into Lancaster first, it seems like the Lancaster office is better able to connect."

In 2009-10, the SPA 1 PIDP network provided a range of services for DCFS families including emergency financial and concrete support, social networking groups, and intensive case management services. One example of how hands-on and comprehensive the services for families referred by DCFS can be was a case of a mom with seven children referred to Grace in October 2009. PIDP staff helped them to find a home and get the children enrolled in school. PIDP staff provided clothing for the children, and provided dishes and assisted in finding furniture and other basics.

PIDP staff also worked in partnership with DCFS and local churches to develop two family visitation centers. They attended TDMs in both regional offices on a weekly basis. They attended regular DCFS staff meetings and partnered with DCFS staff in developing training on relationship-based community organizing to improve local understanding of strength-based, community-centered social networks for the development of safe families. They met regularly with DCFS administrators to enhance referral mechanisms, and they worked to develop flow charts to help social workers visualize the community connections available through PIDP and its partners.

Relationships with other key government entities included the cities of Lancaster and Palmdale, local school districts, as well as the county sheriff, the probation department, and the chief executive office.

Families Touched by PIDP. The SPA 1 PIDP Network served 614 people in 2009-10 (an unduplicated count). About one-quarter (24%, N=147) were referred by DCFS, while three-quarters (N=467) were self-referred community residents. Since families often came to the network with multiple needs, the following data indicate interest in each of the three core strategies, including some individuals who participated in more than one activity. The network reported that DCFS clients were primarily interested in access to community resources and social connections (with all of those referred by DCFS requesting both); however, only a few (12%, N=18) requested access to economic resources. This order of importance also held true for community participants although the numbers involved were different: all of the community residents requested access to resources and social connections, while just over half (52%, N=243) sought access to economic opportunities.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. Although Grace Resource Center had many partners prior to PIDP, they report that PIDP helped the group organize itself into a network of people working together toward a common purpose. For example, they have jointly organized three resource fairs in different parts of the community to provide information for residents on services and resources that are available locally; DCFS is one of the partners included in these resource fairs. This kind of collaborative work has not only increased the social networking opportunities available to community members through the funded PIDP agencies, but it has also led many of the other local partner agencies toward building social networks.

Families have many opportunities for social networking, including ongoing classes and community action groups (CAGs). Examples of social networking groups that were significantly enhanced in 2009-10 include the AV Reentry Coalition, the Homeless Veterans Group, and the Proactive Parenting Group. They have also sponsored time-limited community projects that pull people together for purposes such as community improvement or celebrating holidays and neighborhood activities. Examples include creating Neighborhood Impact Areas around local elementary schools targeting neighborhood improvement, cleanup, and refurbishing; a Christmas in July toy distribution and fundraiser; and a United We Mentor picnic. An example of how DCFS also gets involved in these efforts was a joint project between Grace, DCFS, and the Salvation Army to raise enough money to send 30 at-risk youth to a weeklong wilderness camp.

Strategy 2: Increasing economic opportunities and development. In 2009-10, the SPA 1 PIDP Network joined the Greater Los Angeles Economic Alliance (GLAEA) in supporting free tax preparation services in the AV. The goal in enhancing participation in the Earned Income Tax Credit (EITC) program was to assist families who received EITC tax refunds in growing their own “education funds” to increase family financial self-sufficiency. Since Grace regularly provides emergency financial assistance, a food bank, and other concrete services for needy families, all of the families touched by PIDP also now have access to these services. In addition Grace offers a nine-week set of POWER (Personal Growth, Order, Wisdom, Ethics, Responsibility) classes designed to move people from dependence to independence and self-sufficiency. Activities include a comprehensive approach to thinking, writing and learning, computer training, and family support activities. The emphasis on self-sufficiency can be seen in the motto that guides this work: “Let’s not just teach them how to fish, but teach them to own the pond.” Other SPA 1 PIDP Network partners also offer financial literacy and other related classes that help community residents make the most of available resources.

Several interesting new efforts were developed in 2009-10. For example, the PIDP network partnered with Wells Fargo Bank to create a Senior Serve program (modeled on a program in Bakersfield designed for seniors who were at-risk or incapable of managing funds) to help senior SSI and TANF recipients better manage their limited resources. PIDP is also partnering with United Way’s Pathways Out of Poverty program to create a partnership between the city of Lancaster and the PIDP neighborhood impact groups to place free family medical clinics in high-need neighborhoods.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. In addition to using the extended partnership of over 40 PIDP affiliates to assure that families can find the help they need, the network took on several special projects that illustrate their approach to this aspect of the PIDP core services. For example, the AV Reentry Coalition identified children of incarcerated parents so they could connect them to resources and mentoring. The PIDP network also developed a resource booklet for patrol officers, providing a booklet for every patrol car with a complete list of services available to families identified through domestic disturbance calls.

Neighborhood impact groups continued to work on improving neighborhoods (painting and repairing homes) around underperforming schools, creating successful neighborhood watch groups, and involving sheriff’s deputies, school personnel, and local residents in a coordinated effort to decrease crime and improve school performance. For example, by October 2009, the neighborhood watch program near Paiute Middle School reported a 36-percent drop in crime and a 45-percent increase in school attendance. Another program has been started at the Valley View Elementary School.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a “primary” prevention point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) The philosophy of the SPA 1 PIDP Network is to respond to all requests from participants regardless of how they were referred or their relationship to DCFS. Network leaders believe that there is only one approach that makes a difference:

There is a supreme race called the human race. When every human being is viewed to be of supreme value, your approach will make a difference....It’s about people helping other people because they see them as worthy....It may seem idealistic but it’s very practical. If people are worthy, they should be living worthy lives.

Strengthening Families and Protective Factors. The SPA 1 PIDP Network integrates the three core strategies through the range of financial and support services offered at Grace Resource Center and the collaboration of AV groups working toward these shared goals throughout the AV area. The SPA 1 PIDP Network reported that the protective factors framework helped them develop a broad range of activities to address all five protective

factors, and activities were provided with the protective factors in mind. It helped them focus on increasing social connections, significantly improving participants' sense of personal empowerment, and strengthening their community involvement and engagement. They reported that individuals participating in PIDP activities had deeper social connections and more knowledge of parenting and child development, and the participants realized that they needed to stay clean and sober and finish their own educations in order to provide a better life for their families. The 28 SPA 1 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, the PIDP network established a formal relationship with DCFS. Even after years of joint work on an informal basis, this required a considerable amount of effort to translate loose informal arrangements into more formalized client referral and tracking, an invoicing system, and accounting for funds. Under the mentorship of Friends of the Family, Grace Resource Center was able to increase its presence in DCFS activities, and the network as a whole took on a number of new projects. One of the most successful projects was focused on the Paiute Middle School neighborhood; volunteers from Grace and five local churches painted over 100 homes, cleaning and repairing homes and fences. Together the school principal, a sergeant from the local sheriff's office, and citizens established neighborhood watch groups. As noted earlier, these coordinated efforts were associated with a 45-percent improvement in school attendance as well and a 36-percent drop in neighborhood crime.

In addition to the food bank, thrift store, computer classes, job placement, parenting, and other support offered by Grace, the PIDP collaborative worked together to provide furniture, bed frames, and food for families who were struggling economically. They formed the AV Reentry Coalition to assist those coming out of incarceration as they reestablished homes, jobs, and connections. And they worked with identified DCFS families to "wrap" services so that cases could be closed and children could remain safely at home.

Highlights of Year Two: In 2009-10, the SPA 1 PIDP Network continued to enhance and refine these activities, adding new partners and projects designed to strengthen individuals, families, and communities.

- The SPA 1 PIDP collaborative, with six member agencies and over 40 affiliated partners, touched the lives of 614 people in 2009-10.
- About a quarter were families with Emergency Response referrals or DCFS clients with open cases, and 76% were not involved with DCFS.
- The 28 SPA 1 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

Given the pockets of extreme poverty in the Antelope Valley, the distances routinely traveled by many residents, and lack of access to resources that are more common in communities "down below" (below the mountain ranges that divide the AV from other parts of the County), SPA 1's focus on a comprehensive approach to enhancing family self-sufficiency was quite strategic.

The faith-based philosophy of the lead agency, Grace Resource Center, helped to create a strong network of groups with a common purpose, decreasing the potential for rivalries among service agencies, and increasing the impact of a relatively limited amount of resources.

Relationships with the two local DCFS regional offices were exemplary; both DCFS administrators and network staff reported that relationships have deepened as a result of PIDP.



community profile

spa two

PIDP NETWORK COMMUNITY PROFILE

SPA 2 PIDP Network Community Profile

The SPA 2 service area, served by the San Fernando Valley, West San Fernando Valley, and Santa Clarita DCFS regional offices, covers the geographically expansive San Fernando Valley section of the City of Los Angeles and several other cities stretching into the Santa Clarita Valley. Friends of the Family serves as the PIDP network lead. PIDP targets three zip code areas that were conjointly chosen as areas of focus by the SPA 2 PIDP Network and the three SPA 2 DCFS regional offices. The three zip codes (Pacoima, 91331; North Hills, 91343; and Van Nuys, 91406) were chosen as areas of focus because they had the highest number of child maltreatment reports and teen pregnancies in the region. The demographics for these three zip codes are not reflective of the overall SPA 2 statistics, so it is important to provide a clear picture of the contrasts that exist.

Recent statistics on demographic factors in SPA 2 include:

- The total population of SPA 2 is 2,073,444 persons and 25% (512,381) of that population is under 18 years of age.¹ The three PIDP-targeted zip codes are some of the most densely populated areas in all of Los Angeles (221,729) with approximately 18,500 individuals per square mile and 29% of the total population under 18 years old.¹
- The population is 42% white, 40% Latino, 10% Asian, 4% African American, 4% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹ In the three target zip codes, 17.3% are white, 67.5% are Latino, 6.7% are Asian, 6% are African American, and 2% report as other.¹
- 11% of households in SPA 2 have incomes that fall below the poverty level.² In the three zip codes, 16.8% are below the federal poverty level. It should be noted that these reported figures are based on 1999 statistics and fall short of portraying the current, even more challenging, economic circumstances.²

Other factors that many contribute to difficulties for families in SPA 2:

- 13% percent of adults aged 25 or older have less than a 9th-grade education.³ In the three targeted zip codes, 26% of adults 25 or older have less than a 9th-grade education, and 44% do not have a high school diploma.
- In 2006, 318,978 students were enrolled in public schools. Among those, 38% were proficient or advanced in reading when tested in the 3rd grade, 59% were proficient or advanced in math; and the high school graduation rate was 56%.⁴ In contrast to this overall statistic of student achievement for SPA 2, in Pacoima, at Maclay Middle School (a closer representation of enrolled students in the three zip codes), only 21% of the students were proficient or advanced in reading/language arts and only 20% were proficient or advanced in math in 2009.⁷
- In 2008, 81% of crimes committed in SPA 2 were crimes against property, such as vehicle theft, and 19% were crimes against persons (out of 322, 841

11% of households in SPA 2 have incomes that fall below the poverty level.

incidents).^{5,6} In the three targeted zip codes, rife with gang activity and neighborhood violence, there have been 61 homicides since 2007 (13 within one mile of Maclay Middle School).⁸

The flow of cases in the three DCFS offices between July 2008 and June 2009 was as follows:

- The total caseload was 6,302 children, of which 28% (N=1,765) were in out-of-home care.
- There were 21,973 referrals, of which 18% (N=3,981) were substantiated.
- 1,260 children were removed from their homes.

The race/ethnicity of children on the caseloads varied across the three offices. In the Santa Clarita Valley, as in the other offices, African Americans were over-represented (3.4% of the population and 9.6% of the children on the DCFS caseload); Latinos were somewhat over-represented (53% of the population and 63.4% of the DCFS caseload); and Asian/Pacific Islanders were under-represented (7% of the population and 1.9% of the DCFS caseload). In the West San Fernando Valley, African Americans were over-represented (4.1% of the population and 13% of the children on the DCFS caseload); Latinos were somewhat over-represented (40.7% of the population and 52.9% of the DCFS caseload); and Asian/Pacific Islanders were under-represented (11% of the population and 2.6% of the DCFS caseload). In the San Fernando Valley, African Americans were over-represented (4% of the population and 11.3% of the children on the DCFS caseload); Asian/Pacific Islanders were under-represented (5.4% of the population and 1.1% of the DCFS caseload); however, unlike the other two offices, Latino children in the DCFS caseload were represented in exactly the same proportion as in the population as a whole (68.7%).

The SPA 2 PIDP Network

In addition to the lead agency, the SPA 2 PIDP Network for 2009-10 included 11 subcontracted partners:

1. North Valley Caring Services
2. Grandparents as Parents
3. Unusual Suspects Theatre Company
4. Los Angeles Mission College WorkSource
5. Youth Speak Collaborative
6. Los Angeles Education Partnership
7. Clearpoint Financial Solutions
8. South Bay Center for Counseling
9. Van Nuys Treatment Center
10. New Directions for Youth
11. Dispute Resolution Services, Los Angeles County Bar Association

Other unfunded partners who made significant contributions to the PIDP effort included:

1. SPA 2 Children's Council
2. Child Care Resource Center
3. The Help Group – Project Safe
4. The Pfaffinger Foundation
5. San Fernando Valley Neighborhood Legal Services of LA County
6. Northeast Valley Health Corporation

7. The Village Ready for School
8. Cal-Safe LACO
9. Maclay Middle, Langdon Elementary, Pacoima Charter, Sylvan Park Elementary Schools (all LAUSD schools)
10. Department of Public Social Services
11. Department of Probation
12. US Census
13. Planned Parenthood
14. Broadous Ready for School
15. LA City Gang Reduction Youth Development Program
16. County Human Relations Commission
17. San Fernando-Santa Clarita Valley Child Abuse Prevention Council

Relationships with DCFS Regional Offices and Other County Departments. Having worked with the three DCFS regional offices in developing initiatives such as Family Support and the Annie E. Casey Foundations-funded Family to Family Program, relationships between DCFS, Friends of the Family (FOF), and many of the collaborative partners were already in place before PIDP. In Year Two, those relationships continued to deepen. The two DCFS administrators interviewed for this study were pleased with PIDP and the services provided to families in their areas; they noted that FOF has been instrumental in deepening collaboration between DCFS and local community agencies. The DCFS San Fernando Valley office administrator said, “Everyone is a team. We’re not just meeting court orders, but treating families holistically.” She gave several examples of partnership activities that have helped DCFS:

- “They developed a relative support group and paid for a [Spanish-speaking] facilitator for Grandparents as Parents....This reduces the social isolation of relative caregivers.”
- “We had CSWs who cover all of Pacoima in the three elementary schools. We would give referrals to families who needed additional support but did not warrant DCFS involvement. I feel that there was a decrease in referrals out of Pacoima....We feel good and think it is working but are still looking at data.”

In response to a question about whether CSWs were aware of PIDP, she noted, “If you asked specifically about the agencies, they would say ‘yes.’ But if you asked if they know who the PIDP network was, they would not know.”

The DCFS administrator covering the Santa Clarita and West San Fernando Valley offices described the extensive set of connections that FOF maintains with community agencies, their ability to connect families with additional resources, as well as their help in establishing two family visitation centers.

- “The numbers served are small—there may only be 60 families [referred by DCFS] who have taken advantage of the services—but I feel that it is critical. I think Friends goes beyond and makes resources available to many families beyond the funds of the PIDP project. I’m pleased with how the program has grown. We are making good progress.”

He also noted that it has taken awhile for staff to understand the services, but they are becoming more familiar and incorporating PIDP into the range of services they use regularly.

The PIDP network’s point of view (expressed in an online survey) also reflected the close and deepening relationship described by DCFS administrators. By the end of 2008-09, 55 DCFS families were receiving support

and enhanced case management services from PIDP family support specialists; about 35 additional slots were added in 2009-10 for a total of about 90 DCFS-referred families that are able to receive ongoing support services, and resources through PIDP. PIDP staff also worked closely with each of the three regional offices in a range of activities including attending and hosting TDMs; attending DCFS staff meetings and hosting regional office representatives who participated regularly in PIDP meetings; working to increase awareness among front-line CSW staff and other first responders; refining data collection and improving tracking of referrals; and participating in joint training (e.g., mediation/conflict resolution).

During 2009-10, the PIDP network worked with all three offices to plan and implement family visitation centers. The SPA 2 lead agency worked with the District 3 and 5 supervisor offices to develop proposals for the implementation of family visitation centers and a Safe Child Custody Exchange Program in SPAs 2 and 1.

Through their extensive networks, FOF and the other PIDP partners also work with other County departments including the Department of Public Social Service, Mental Health, Office of Human Relations, and Parks and Recreation. They are working with the Chief Executive Office and Probation on the County Gang Violence Prevention program in Pacoima. They also collaborate with Los Angeles Mission College, LAUSD, and local charter schools that serve the targeted high-need communities in the SF Valley including the Pacoima area.

Families Touched by PIDP. The SPA 2 network served a total of 2,618 people in 2009-10; 17% (N=445) were DCFS clients and 83% (N=2,173) were community residents. The families referred by DCFS participated in all three of the core service strategies, reflecting the network's approach of braiding all three strategies in order to better serve families. Since community residents often came to the PIDP network with multiple needs, the following indications showing interest in different kinds of assistance and includes individuals who participated in more than one area of activity. Sixty-three percent (N=1,373) of community residents requested help in increasing economic opportunities, 54% (N=1,176) sought access to community resources, and 17% (N=376) wanted social connections and to decrease social isolation.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. The significant program activities of the SPA 2 PIDP Network were social network groups, enhanced case management/coaching, employment preparation and enhancement, financial asset building through concrete support, and Earned Income Tax Credit (EITC) and family visitation centers. All of the activities are interrelated and all serve to deliver the three core PIDP strategies. In 2009-10, the SPA 2 PIDP Network continued their support for 16 of the community action groups (CAGs) established in Year One. They also added six additional CAGs to provide more social networking and support opportunities for adults and youth living in the three target zip code areas (91406, 91343, and 91331).

These groups are all based on similar principles that use social networking strategies to reduce social isolation and link participants to a wide array of support, but the SPA 2 network distinguishes between three kinds of groups: (1) those based on the relationship-based community organizing model developed by South Bay Center for Counseling in SPA 8; (2) those formed as social network groups among people with a common link (e.g., Grandparents as Parents); and (3) those operating as content-focused networks (e.g., Unusual Suspects Theatre Company).

One example that helps to illustrate the potential impact of such close-knit groups on adult participants is the Padres Ayudando a Otros (Parents Helping Others) group in Van Nuys. Their mission statement (developed by the entire group) is: "We are positive, responsible and loving parents with great faith in educating our children and we offer help and give support to our fellow man and to our community."

Comments from participants in youth CAGs illustrate the potential impact of these kinds of experiences as youth develop their self-image, their relationships to the world, and their sense of future possibilities:

- “It was an awesome experience being able to understand new things. I would do it all over again and this program actually encouraged me to go to college.”
- “When I’m at home. I play video games and waste a lot of time. With the Mural Design group, I have a structured and fun environment where I can learn. I think this group is just getting bigger and better, and now I want to be a graphic artist one day!”

The social network groups contribute to strengthening the set of protective factors that undergird healthy family and community life. For example, creating connections with other families breaks down the isolation and helplessness that families under stress experience. Further, through the group activities, parents come together; deepen their connections with one another; provide mutual aid, assistance, and support; and develop leadership, communication, and advocacy skills through designing and implementing projects, programs, and events in their neighborhoods and community.

Strategy 2: Increasing economic opportunities and development. Family economic stability and opportunity tactics are integrated into both group and individual activities. The SPA 2 network continued as part of the cross-SPA collaborative called the Greater Los Angeles Economic Alliance (GLAEA) to provide access to free tax preparation assistance through its County-wide EITC campaign. Focus on EITC grew into an Asset-Building Campaign, which supported residents receiving EITC returns in creating education funds, growing small businesses, and creating Individual Development Accounts. Outreach was coordinated with DCFS offices so that DCFS families knew about the assistance available through eight tax centers and “Tax Days” in the DCFS offices. For 2010, SPA 2 residents received \$914,000 in total refunds with \$281,000 in EITC, a 20% increase over the 2009 number. The network also offered training in starting small businesses and assistance to unemployed participants through its partner, LA Mission College WorkSource. In addition, another partner, Clearpoint Credit Counseling Solutions, provided credit counseling and credit repair services for participants, as well as training for family support specialists in budget development for families. In partnership with one of its foundation partners, the SPA 2 PIDP Network also provided over \$100,000 in concrete support to participants for rental assistance, food, clothing, medical, education, and transportation needs.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. Families entering PIDP through any pathway also receive access to additional help, both through connecting with other participants and through PIDP staff and organizers. Families entering through social networks, referral from DCFS, or participation in community festivals, forums, or events have opportunities to be connected to other local services, activities, and resources. In order to better track the linkages and connections made for families involved in PIDP activities in 2009-10, FOF developed a specialized “membership card” that will better support follow-up and tracking.

Through both the group and individual family activities, participants were connected to available resources and services. Particularly when families were connected through a peer participant, the stigma of accessing services was reduced, and the possibility of utilizing beneficial services increased. Residents had access to a broad array of services through the PIDP collaborative network of agencies and partners including counseling, parenting skills development, youth activities, conflict resolution, substance abuse treatment, recreational activities, and others. Through the development of relationships among the network partners, barriers to the access and utilization of those agency resources were reduced or eliminated for families.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a “primary” prevention point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) The SPA 2 PIDP Network describes

its most significant activities as social network groups, enhanced case management/coaching, employment preparation/enhancement, and financial asset building. All of these activities are interrelated so that families may enter this web of support through any pathway. In addition, network activities are based on two fundamental premises: (1) particular responses, activities, or services are de-linked from particular populations; and (2) expanded, easily accessed pathways to participation are created for families and residents. Thus all activities are open to all participants, and there are many points of entry for potential participants. Families referred by DCFS either as “secondary” (ER referrals) or “tertiary” (those with open cases) referrals are link to family support specialists who act as navigators and personal managers who connect them with social network groups, economic opportunities, and other activities. Vulnerable families not connected to public systems may also join CAGs located in the three target zip code areas, or they may learn about PIDP and access its extensive network of community resources through periodic forums and events.

Strengthening Families and Protective Factors. The SPA 2 PIDP Network reported that the protective factors framework helped them develop a broad range of activities to address all five family protective factors. Examples of how specific protective factors are woven into program design help to illustrate how the protective-factors approach guides the daily work of the PIDP network. For example, CAGs provide opportunities that help participants develop leadership skills and experience a sense of mastery, an essential component of developing “parental resilience.” The “social connections” built through these groups also enable parents to develop and reinforce community norms about behavior that affects everyone (e.g., norms against violence that help to reduce child maltreatment). “Knowledge of parenting and child development” is expanded as multiple models of positive parenting are presented and participants can “try them on.” Parents are also supported in their roles as the first teachers and primary protectors of their children and they have opportunities to practice teaching “social and emotional competence.”

The SPA 2 network reported that the protective-factors framework helped them focus on increasing social connections, significantly improving participants’ sense of personal empowerment and strengthening their community involvement and engagement. They reported that adults and youth participating in the CAGs and other PIDP activities had deeper social connections and stronger feelings about belonging and being involved in their community. The 106 SPA 2 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, the SPA 2 PIDP Network worked with other lead agencies in SPAs 4, 7, and 8 (all of whom were active members of the Children’s Council of Los Angeles County) to develop a shared community-level change process model that was designed to fit local needs and that also reflected research findings and best practices. This model guided their approach to developing 24 social network groups

The SPA 2 PIDP Network reported that the protective factors framework helped them develop a broad range of activities to address all five family protective factors.

or CAGs in three targeted zip code areas (91406, 91343, and 91331). Each of the SPA 2-funded PIDP network partners agreed to organize and facilitate at least one of these social network groups. They participated in the GLAEA collaborative to implement an EITC campaign, and they developed a number of partnerships focused on financial education and employment. For example, they worked with a local foundation to leverage more than \$100,000 of concrete support and resources for PIDP families.

In addition, the SPA 2 network decided to focus on increasing points of entry for families, especially those referred by DCFS, by hiring family support specialists to act as navigators and case managers. They worked closely with the three local DCFS regional offices to develop a unique referral and tracking process for DCFS families, and developed relationships with all three offices through joint planning of local activities and participation in TDMs. All network activities were designed to build neighborhood-based and common-link social networks, increase economic opportunities, and increase access to beneficial services, activities, and resources desired by families.

Highlights of Year Two: In 2009-10, the SPA 2 PIDP Network continued to enhance and refine all of these activities, deepening connections with DCFS regional offices through joint planning and development of family visitation centers.

- The SPA 2 PIDP collaborative, with 11 funded partner agencies and 17 additional unfunded partners, touched the lives of 2,618 people in 2009-10.
- About 17% of families were DCFS referrals (ER referrals or families with open cases) and 83% were not involved with DCFS.
- The number of CAGs was increased to a total of 22.
- Historic partnerships with the three local DCFS offices have been strengthened through the PIDP network. Implementation of a direct referral pathway enhanced line staff capacity to connect families with the PIDP.
- The development of the SFV regional office's school-based initiative, which occurred at the same time as the implementation of the PIDP, created great synergy and capacity for DCFS to connect families with community-based resources without having to unnecessarily open cases.
- Network partners, including DCFS, came together for joint multi-part trainings on both relationship-based community organizing and dispute resolution/mediation, thus expanding SPA-wide expertise in these important areas.
- Friends of the Family has continued to provide particularly valuable mentoring for the SPA 1 PIDP Network, increasing their capacity and strengthening ongoing linkages between service agencies in the Antelope, Santa Clarita, and San Fernando Valleys.
- The SPA 2 collaborative builds on a number of existing partnerships and resources (e.g., Family Support, Children's Council, First 5 LA) in order to leverage and maximize resources. For example, the Interagency Child Abuse Network recommended funding the proposals with AB 2994 funds thus leveraging the reach of the PIDP work.
- The 106 SPA 2 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

- Given the fact that most families targeted for secondary prevention come to the attention of the child welfare system for issues associated with neglect, the network's strategic focus on braiding strategies to reduce social isolation and increase economic stability continues to be extremely valuable.
- In the 2010 tax season, the EITC campaign in SPA 2 prepared 997 tax returns, generating over \$914,000 in refunds.
- DCFS administrators report that they rely on FOF and the PIDP network to help them deepen and extend their relationships with a broad array of community-based agencies and groups that provide needed resources for families and children.



community profile

spa three

PIDP NETWORK COMMUNITY PROFILE

SPA 3 PIDP Network Community Profile

The SPA 3 service area, served by the Pasadena, Glendora, Pomona, and El Monte DCFS regional offices, covers the San Gabriel Valley, including a number of smaller cities and smaller school districts in the northeast region of the County. The area is known for its mixture of higher- and lower-income communities including a large number of Asian immigrants from mainland China, Taiwan, and Hong Kong and a large number of monolingual immigrants from Mexico and Central America. Prototypes serves as the PIDP network lead.

Recent statistics on demographic factors in SPA 3 include:

- The total population of SPA 3 includes 1,887,478 persons and 25% (475,803) of that population is under 18 years of age.¹
- The population is 45% Latino, 25% Asian, 24% white, 4% African American, 2% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 11% of households in SPA 3 have incomes that fall below the poverty level.²

Other factors that may contribute to difficulties for families in SPA 3:

- 15% of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 311,681 students were enrolled in public schools. Among those, 36% were proficient or advanced in reading when tested in the third grade, 59% were proficient or advanced in math; and the high school graduation rate was 76%.⁴
- In 2008, 84% of crimes committed in SPA 3 were crimes against property, such as vehicle theft, and 16% were crimes against persons (out of 543,189 incidents);⁵ 88% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of cases in the three DCFS offices between July 2008 and June 2009 was as follows:

- The total caseload was 6,238 children, of which 36% (N=2,267) were in out-of-home care.
- There were 15,284 referrals, of which 13% (N=2,053) were substantiated.
- 1,033 children were removed from their homes.

The race/ethnicity of children on the caseloads varied across the offices. In Pasadena, African Americans were over-represented (5.1% of the population and 24.5% of the DCFS caseload); Latinos were over-represented (37.1% of the population and 51% of the DCFS caseload); and Asian Americans were under-represented (26.6% of the population and 3.3% of the DCFS caseload). In Pomona, there was a similar pattern of over-representation of African Americans (6.2% of the population and 21.4% of the DCFS caseload); under-representation of Asian/Pacific Islanders (11.4% of the

In 2008, 84% of crimes committed in SPA 3 were crimes against property.

population and 0.6% of the DCFS caseload); but Latinos were not over-represented (60.0% of the population and 60.7% of the DCFS caseload). In the Glendora and El Monte offices, again African Americans were over-represented (2.8% of the population and 11.1% of the DCFS caseload); Asian/Pacific Islanders were under-represented (14.9% of the population and 1.9% of the DCFS caseload); and Latinos represented about equal proportions of the population and DCFS caseload (68.2% of the population and 71.9% of the caseload).

The SPA 3 PIDP Network

In addition to the lead agency, Prototypes, the SPA 3 PIDP Network for 2009-10 included 3 subcontractors and 29 network members.

The subcontractors were:

1. Parents Anonymous
2. Ferandell Villarino Associates
3. D'Veal Family and Youth Services

PIDP network members were:

1. Altadena Public Library
2. Best Babies Collaborative
3. Bienvenidos Family Services
4. Black Infant Health
5. Boys and Girls Club – El Monte
6. Boys and Girls Club – Pomona
7. Carino Partnership for Families Child Abuse Council
8. East Valley Child Abuse Council
9. El Monte Head Start Program
10. Euclid Villa Transitional Housing
11. Faith-Based Community Council
12. Five Acres
13. Good Shepherd of Pasadena
14. Grandparents as Parents
15. Jackie Robinson Community Center
16. New Direction Community Church
17. Pacific Clinics
18. Passageways Homeless Services
19. Pomona Community Council
20. Pomona Hope Food Pantry
21. Pomona Unified School District – Safe Schools Healthy Students
22. Pomona Valley Youth & Employment Services
23. Powerful Families
24. SPA 3 Children's Council

25. Spiritt Family Services
26. Unity Church
27. Walter Hoving Home for Women
28. Westland Mobile Home Park Community Center
29. YMCA Pomona

Relationships with DCFS Regional Offices and Other County Departments. The local DCFS office administrators involved in designing the SPA 3 PIDP plan were particularly concerned about addressing disproportionate numbers of African American and Latino families who came to the attention of the child protective services system in SPA 3, focusing in on specific neighborhoods with high numbers of DCFS referrals and open cases. Together with staff from Prototypes and other network members, they examined several approaches being used in other jurisdictions to address disproportionality.

The group was especially impressed by models that used (a) parent advocates, life-trained paraprofessionals who have successfully navigated the DCFS system themselves, who make home visits to assist families, and (b) cultural brokers, culturally and linguistically appropriate brokers who assist families in navigating the child protective services system. Thus the PIDP model in SPA 3 was jointly designed by DCFS administrators and PIDP network leaders to provide a spectrum of prevention activities, braiding the three core strategies into a collaborative approach that fits the conditions of SPA 3, but with the added goal of addressing the disproportional representation of children of color in the child protective services system.

The overall approach to providing PIDP services in SPA 3 includes three levels of support with increasing intensity of services to meet the needs of three groups of families.

1. The primary prevention level includes families who have no contact with DCFS but who may have other risk factors. The strategy for these families includes social networking and support groups run by Parents Anonymous (PA) as well as the possibility of referral to a PIDP case manager for enhanced service linkages.
2. The secondary prevention level includes families with unsubstantiated DCFS referrals or referrals from other community agencies; the strategy for these families includes referral to PA groups and coordinated services from a PIDP case management team made up of a case manager, mental health therapist, and a parent advocate. The mental health therapists provide no-cost individual and family therapy as needed, including marriage counseling, trauma-focused therapy, substance abuse recovery maintenance, child and adult counseling, and family therapy.
3. The tertiary prevention level includes families with open DCFS cases, some of which may have a child in out-of-home care. These families receive all of the services mentioned previously as well as advice and navigation from a cultural broker.

At the end of Year Two, in response to an online survey of lead agencies, the SPA 3 PIDP Network lead reported that they continue to have good relationships with all of the local DCFS offices, including effective collaboration and good communication mechanisms. PIDP staff members attend meetings of DCFS Community Councils, the Eliminating Racial Disparity and Disproportionality Action Committee, and the Casey Breakthrough Series Collaborative. DCFS offices have not only identified high-need neighborhoods but also provide annotated maps for the Cities of Pomona and El Monte, highlighting blocks and clusters where there have been a substantial number of DCFS referrals and cases.

The network lead noted that while some social workers were initially apprehensive about working with the PIDP team, once they understood the services available, they were willing to refer families for both “secondary” and

“tertiary” services. When there is an open DCFS case, the social worker remains in regular communication with the case management team. In addition to their case management functions, the cultural brokers attended TDMs to assist other DCFS families on a regular basis.

DCFS administrators from two regional offices were interviewed in a telephone survey as part of this study. The administrator from the El Monte office said that there has indeed been an increase in utilization of PIDP resources by social workers in his office, and reported that three aspects—PA parent support groups, parent advocates, and cultural brokers—were seen as particularly useful. Taken together, these PIDP activities “promote child safety and well-being, strengthen families, and prevent child abuse.” In his opinion, “parent advocates are a big asset.”

In addition to continuing relationships with DCFS, PIDP network partners work with the County Departments of Public Social Services (GAIN Transitional Employment Program) and Mental Health. They also work closely with the San Gabriel/Pomona Regional Center and a wide array of schools, not-for-profit agencies, and other anchor organizations across the San Gabriel Valley.

Families Touched by PIDP. The SPA 3 network reported that it served a total of 772 people in 2009-10; 36% (N= 281) were DCFS clients and 64% (N= 491) were community residents (an unduplicated count). Since families often came to the PIDP network with multiple needs, the following data including interest in different kinds of assistance include individuals who participated in more than one area of activity. Families referred by DCFS participated in the core service strategies as follows: 24% (N=68) participated in social network groups; 20% (N=57) received help with family finances; and 77% (N= 217) had greater access to community resources. For community residents, 83% (N= 409) requested help in social connections; 16% (N= 79) sought help in increasing their economic opportunities; and 90% (N= 444) sought more access to community resources.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. In 2009-10, PA continued to offer three kinds of research-based social network and family support groups as part of the SPA 3 PIDP model. These included Parent Mutual Support Groups, Children and Youth Groups, and Shared Leadership in Action Groups where parents and staff work collaboratively. On average, there were 16 Parent Mutual Support Groups and 16 Children and Youth Groups held in English and Spanish per month. In addition to the PA groups, Ferandell Villarino Associates also ran 12 multi-family support groups for families in El Monte monthly. The PIDP network also organized and worked with local agencies in hosting a number of celebrations, holiday events, information sessions, and family gatherings.

Strategy 2: Increasing economic opportunities and development. The SPA 3 PIDP Network offered several activities to address the economic needs of families, including financial literacy workshops and individual coaching available from PA to help parents find resources and plan for the future. The network worked with the Volunteer Income Tax Assistance (VITA) program to provide free tax preparation services for families, assisting undocumented residents obtain taxpayer identification numbers as an initial step toward legal status, and increasing access to Earned Income Tax Credits (EITC). In addition, they helped families get furniture and other concrete benefits through the County’s Strengthening Needy Families program funded by American Recovery and Reinvestment Act funds.

They also helped to connect eligible families to TANF and other public benefit programs. As an approved partner agency for the GAIN Transitional Employment Program, Prototypes offered employment training and job placement services through their Vocational Rehabilitation Workshop for eligible PIDP participants. And they linked families to the Urban League’s employment assistance programs at the WorkSource Center.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. Families at each level of the prevention spectrum had increased access to services, including access to the existing services offered by the PIDP lead agency and other network members. Families participating in social network groups received help and support from their fellow group members as well as from group leaders. Those receiving case management not only had direct services through the case manager and mental health professionals on the team, but all of the team members including parent advocates and cultural brokers helped link families to a wide range of other benefits, resources, and services.

In addition to this direct support for PIDP participants, the SPA 3 PIDP Network partners drew on their own service systems, for example, referring PIDP families to substance abuse services offered by Prototypes, to Family Preservation services, and to First 5 LA-funded Partnerships for Families and other services.

The network members built on existing partnerships, creating and leveraging relationships to serve DCFS families and community residents through a number of ongoing community partnerships. For example, in the Pomona area, partners included Pomona Youth Employment Services, San Gabriel Child Abuse Council, Westland Mobile Home Park Community Center, Trinity United Methodist Church, New Direction Community Church, Pomona Girl Scouts, and Pomona Unified School District, among others. In El Monte, they included SPIRITT Family Services, El Monte Head Start, El Monte School District, El Monte WIC Office, and El Monte Boys and Girls Club. In the Pasadena area, they included Altadena Public Library, Good Shepherd of Pasadena, and Nia Educational Charter School.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a “primary” prevention point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) As described above, the design for the SPA 3 PIDP Network includes three levels with increasing intensity of service resources as needed by participating families.

Strengthening Families and Protective Factors. The SPA 3 PIDP Network offered an integrated child maltreatment prevention approach that focused on helping parents organize into mutually supportive community-based groups, as well as providing support and resources through case management and linkage to an array of community-based services. The SPA 3 PIDP Network reported that the protective-factors framework helped them focus on increasing social connections, significantly improving participants’ sense of personal empowerment, and strengthening their community involvement and engagement. The 35 SPA 3 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Challenges. The DCFS Pasadena regional office administrator interviewed for this study was concerned that their local parent advocates and cultural brokers, who were very involved in activities in her regional office, will not be available in Year Three due to budget cuts. She said, “When they were here, we did see the impact” and expressed her fear of “going backwards” without their help and support. The PIDP network leader explained that, unfortunately, the cuts described in Pasadena took place on June 30, in response to the 50-percent decrease in PIDP funding for Year Three. While the decision was based on comparative usage rates across the three offices and was discussed beforehand with the Pasadena office liaison, this DCFS administrator anticipated that these staff members would be missed.

Another challenge noted by the evaluation team concerned the mental health therapists on the case management teams. While including mental health professionals on the PIDP case management teams appeared to be a good idea given the needs of the families served (especially the 147 DCFS families), it may have been possible to make even more use of the mental health services already available through the contracted agencies or their partners to sustain funding for this program component. The lead agency reported that PIDP employed only one therapist in Pomona and funded therapy in Pasadena and El Monte through subcontractors. Part of the benefit of having PIDP therapists was that they were not dependent on Medi-Cal billing. This allowed flexibility for therapists and filled a gap for parents who need therapy but don't have Medi-Cal (i.e., parents whose children are in DCFS placement).

In Year Three, they plan to use an existing Prototypes therapy program with Pomona clients and continue using subcontractors in the other cities. These situations raise a question about how best to use funding from a short-term initiative such as PIDP where only one year of funding was guaranteed initially. While staff are necessary to carry out any program, investing in additional staff members implies continuity and people will inevitably be disappointed when they are no longer available. The SPA 3 model appears to have been designed at least in part around hiring new staff members, in addition to leveraging existing resources, helping the existing system to work more effectively, and creating better alignment among existing agencies and organizations. The PIDP challenge is how to build capacity and enhance existing resources so that carefully cultivated relationships and "best practices" can continue even in times of scarce funding.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, the SPA 3 PIDP Network developed parent social networking and support groups based on the interventions developed by Parents Anonymous; they developed three case management teams to serve high-need families in Pomona, El Monte, and Pasadena; and they served many other individuals and families through an array of outreach activities, community events, family days, and holiday celebrations. The design team worked with the four DCFS regional offices in the San Gabriel Valley to decrease the disproportional numbers of African American children in out-of-home care, to reduce over-representation among Latino families and other groups facing special risk factors, and to prevent child maltreatment among families in high-need communities throughout the area.

Highlights of Year Two: In 2009-10, the SPA 3 PIDP Network led by Prototypes continued to enhance and refine these activities. In addition, they expanded their focus on family economics and worked with DCFS to plan a family visitation center.

- The SPA 3 PIDP collaborative, with three subcontractors and 29 member agencies, touched the lives of 772 people in 2009-10.
- 36% were DCFS clients or emergency response referrals, and 63% were not involved with DCFS.
- The SPA 3 PIDP collaborative builds on a number of existing partnerships and resource, (e.g., Family Preservation, First 5 LA, GAIN, DMH) in order to leverage and maximize resources.
- The 35 SPA 3 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

- The SPA 3 PIDP Network had the challenge of maintaining relationships with the largest number of DCFS regional offices. Working collaboratively with all four offices presented several strategic challenges, especially in light of decreasing budgets and changes in administration of regional offices.

- The SPA 3 PIDP collaborative uses existing resources (e.g., Family Preservation, First 5 LA, GAIN, DMH). In addition, the network partners drew on their own service systems, for example, referring PIDP families to substance abuse services offered by Prototypes, to Family Preservation services, and to First 5 LA-funded Partnerships for Families.
- Given the pockets of extreme poverty in the San Gabriel Valley, the diverse population groups, and the uneven access to resources in different parts of the area, SPA 3's focus on a comprehensive approach through three levels of prevention services that draw on many different partners and network members is systematic and strategic.

community profile

spa four

PIDP NETWORK COMMUNITY PROFILE

SPA 4 PIDP Network Community Profile

The SPA 4 service area, which is served by the Metro North DCFS regional office, covers the core of the City of Los Angeles including downtown LA and the densely populated surrounding areas. Children's Bureau of Southern California serves as the PIDP fiscal lead, with two co-lead agencies—Children's Institute, Inc. and El Centro Del Pueblo.

Recent statistics on demographic factors in SPA 4 include:

- The total population of SPA 4 includes 1,210,219 persons and 23% (284,249) of that population is under 18 years of age.¹
- The population is 55% Latino, 21% white, 16% Asian, 5% African American, and 2% of the population identifies themselves as bi- or multi-racial.¹
- 24% of households in SPA 4 have incomes that fall below the poverty level.²

Other factors may contribute to difficulties for families in SPA 4:

- 24% of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 95,620 students were enrolled in public schools. Among those, 26% were proficient or advanced in reading when tested in the 3rd grade, 50% were proficient or advanced in math; the high school graduation rate was 44%.
- In 2008, 82% percent of crimes committed in SPA 4 (out of 322,841 incidents) were crimes against property, such as vehicle theft, and 18% were crimes against persons;⁵ and 75% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of cases in the DCFS Metro North office between July 2008 and June 2009 was as follows:

- The total caseload was 3,409 children, of which 30% (N=1,017) were in out-of-home care.
- There were 13,229 referrals, of which 15% (N=2,038) were substantiated.
- 687 children were removed from their homes.

The race/ethnicity of children on the DCFS caseload was roughly proportional to the total population in SPA 4, with the exception of Asian American children, who were under-represented (13.1% of the population and 2.0% of the DCFS caseload) and African American children, who were over-represented (2.8% of the population and 17.5% of the DCFS caseload).

The SPA 4 PIDP Network

In addition to the three contracted co-lead agencies, the SPA 4 PIDP Network for 2009-10 included twelve key partners. These partners played a variety of roles, which

The total caseload was 3,409 children, of which 30% were in out-of-home care.

illustrate the network's outreach efforts, local coordination, and ability to leverage a variety of resources and services. The role they played is in parenthesis after each organization:

1. Berendo Middle School (facilitated a neighborhood action council or NAC)
2. Korean Youth and Community Center (facilitated a NAC)
3. Greater LA Economic Alliance (Tax Center and EITC campaign)
4. South Bay Center for Counseling (training and supervision of NAC community organizers)
5. Magnolia Place Initiative Workgroup
6. Southern California Counseling Center
7. SPA 4 Children's Council
8. CleanSlate (financial education and community building)
9. Salvadoran American Leadership and Education Fund (SALEF) (community building)
10. City of Los Angeles Family Source Center (financial education and family services)
11. United Way (Volunteer Income Tax Assistance or VITA campaign)
12. Community Financial Resource Center (CFRC)

Relationships with DCFS Regional Offices and Other County Departments. The DCFS administrator who represented the Metro North regional office when the SPA 4 PIDP plan was being developed was interviewed in a telephone survey conducted for this study. She reported that the lead agency and network members took a very collaborative approach to planning for PIDP and that their work together was "very helpful in planning for the needs of the community." She believes that they are doing a good job in braiding the three core strategies together and that PIDP "is a big help to the families in SPA 4."

During 2009-10, PIDP network leaders worked with DCFS staff to maintain the system developed in the first year of PIDP for referring families to the SPA 4 network partners. PIDP leaders and DCFS staff developed materials (including visuals) to inform social workers about services available for families; and they developed strategies to increase DCFS staff participation in PIDP meetings and events. They continued participation in DCFS Metro North Community Partners monthly meetings, attended DCFS staff meetings, participated in DCFS monthly open house events, and made a presentation to DCFS staff on February 9, 2010. They also worked with DCFS staff and the local faith-based community in developing a family visitation center. The PIDP network was also involved in monthly partnership meetings sponsored by the DCFS Metro North office.

Through the Magnolia Place Community Initiative, the network has access to out-stationed staff from the County Departments of Public Social Services (DPSS), Child Support, and Public Health (the Nurse Family Partnerships program), and the Chief Executive Office or CEO (Office of Child Care and Service Integration Bureau). The PIDP collaborative met regularly with representatives of these County departments and the CEO to integrate services for families in SPA 4. All three co-lead agencies also have a variety of partnerships with other County and City departments and the Los Angeles Unified School District that could be called on to support the PIDP network.

Families Touched by PIDP. The SPA 4 PIDP Network served 2,405 people in 2009-10 (by an unduplicated count). About 5% (N=121) were referred by DCFS, while 2,284 were self-referred community residents. Since families often came to the PIDP network with multiple needs, the following data indicating interest in each of the three core strategies include some individuals who participated in more than one activity. Almost half of the DCFS clients were interested in access to community resources (45%, N=55) and social connections (46%, N=56), while many fewer (8%, N=10) expressed interest in the economic opportunities available through PIDP. Community participants were about equally divided in terms of their requests: 38% (N=862) wanted access to economic opportunities, 32% (N=729) wanted access to community resources, and 30% (N=693) wanted social connections.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. Ongoing activities for youth included two NACs with over 20 participants each, and a teen group and Tae Kwon Do classes. Ongoing activities for adults included two parent NACs with 25 participants and parenting classes. Multi-generational activities included ongoing groups such as Parents and Children Together with Art and the General Mills Nutrition Class. One-time special events or “Community Family Nights” provided opportunities for family members to socialize and have fun together; for example, one event was a Dinner and Dollars Game Night that drew 25 families. Holiday-oriented family activities drew large numbers of participants. These included events such as Dia de los Muertos (N=1,168), the Thanksgiving Neighborhood Celebration (N=156), Thanksgiving luncheon at the Children’s Bureau Early Childhood Development Center (N=280), Navidad en El Barrio Food Basket Giveaway (N=1,900), and the Christmas Toy Drive (N=2,000).

Strategy 2: Increasing economic opportunities and development. Ongoing activities included the VITA campaign to increase EITC tax returns, thus providing low-income families with cash in hand; a series of family literacy workshops; developing employment opportunities (Census jobs for local youth and adults, and other summer youth employment activities); and supporting eligible families in applying for government benefits. Other activities included supporting one of the NACs in hosting a DPSS workshop, and helping families become familiar with local food resources through “field trips” to local food banks.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. The three co-lead agencies provided family support, counseling, and treatment for individuals and families; they also referred clients to an array of other organizations outside the collaborative that provided needed services (10-15 agencies received referrals in a typical month). In 2009-10, most of those receiving counseling services were not known to DCFS (about 35 families per month), and a few were DCFS clients (about 5 per month). In addition to responding to family needs, the SPA 4 PIDP Network hosted community activities, including a health fair and nutrition workshops, designed to help people learn about local resources and services.

Approach to Families Who Fall into Different Categories of Prevention.. (For PIDP, a “primary” prevention point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) The philosophy of the SPA 4 PIDP Network is to work with all families based on the family’s need and circumstances. The co-lead agencies assess families to determine the best service strategy regardless of where they fall on the prevention spectrum or what their point of entry into PIDP is. All families are given the same information for all levels of service. Their work is based on a “no wrong door” approach that allows all families to participate in any program of interest to them.

Strengthening Families and Protective Factors. The SPA 4 PIDP Network braids the three core strategies into all program activities. Some examples of how these strategies were combined and connected in 2009-10 include (1) all of the four NACs participated in the VITA/EITC campaign by recruiting community residents to come to the VITA sites and letting them know about financial education and literacy programs (among other activities); (2) the adult NACs developed collaborative relationships with DPSS and; (3) youth NACs worked to help local youth find jobs with the Census.

The SPA 4 PIDP Network reported that the protective factors framework helped them develop a broad range of activities to address all five protective-factors, and all activities were provided with the protective factors in mind. For example, activities that helped to enhance parent resilience and create social connections included parenting groups, a KinCare support group, a teen support group, NACs, community family nights, and counseling. Activities that helped to enhance knowledge of child development included Parents and Children Together with Art, and parent participation in early childhood care and education programs such as Children’s Bureau’s Early

Childhood Development Center. Activities that helped to increase access to concrete support in times of need included familiarity with local food banks, nutrition workshops, a health fair, assisting families to access federal stimulus dollars through the DCFS-administered Strengthening Needy Families fund, and financial literacy workshops.

The protective-factors framework helped the PIDP network focus on increasing social connections, significantly improving participants' sense of community involvement and civic engagement. The network reported that adults and youth participating in the NACs and other PIDP activities had deeper social connections and stronger feeling about belonging and being involved in their community. In addition, some youth obtained jobs with the Census. The 22 SPA 4 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Challenges. The network reported that it has been more difficult to sustain DCFS participation in PIDP network meetings during the second year, and there appear to have been relatively few referrals for secondary or tertiary clients. DCFS Metro North staff have had little involvement in key PIDP activities such as building social networks through the NACs, or increasing family access to tax returns through the VITA/EITC campaign. This may, in part, be due to turnover at the regional administrator (RA) level and attrition at other levels. The previous RA, interviewed in a telephone survey for this study, noted that because she believed that PIDP would be helpful to families, she made sure that Metro North staff received training on PIDP and that the topic was raised "over and over" (necessary due to staff attrition and turnover). While she was in the office, CSWs were using the services for their clients. It may be that new administrators have not continued this practice or do not fully appreciate how much reinforcement is required to assure that the changing workforce consistently receives the information needed to make use of this unique resource.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, one of the challenges for SPA 4 was developing a collaborative led by three agencies that were accustomed to competing for many of the same resources. As a result of this process, the co-leads have strengthened their own relationships and drawn on their multitude of pre-existing partnerships to create a collaborative network focused on preventing child abuse and neglect. With administrators from the DCFS Metro North office, they identified 90006 and 90026 as high-need zip code areas and designed a referral and services protocol. The collaborative shared responsibility for implementing four sets of activities: (1) two adult and two youth NACs; (2) a VITA campaign and financial literacy activities; (3) community-based social networking activities such as Community Family Nights and group activities for at-risk, gang-involved, emancipated youth and their parents; and (4) family support and treatment, including resource navigators, counseling, and youth development.

Highlights of Year Two: In 2009-10, the SPA 4 PIDP Network continued to deepen, enhance, and refine activities in all four areas, expanding their outreach and touching a large number of families and children in high-need communities.

- The SPA 4 PIDP collaborative, with three co-leads and 12 member agencies, touched the lives of 2,405 people in 2009-10.
- About 5% of families were emergency response referrals or had open DCFS cases, and 95% were not involved with DCFS.
- Community Family Night activities appear to have been very popular, drawing large numbers of parents and children to participate in arts and culture programs, have fun together, and meet their neighbors. The activities have helped to strengthen the social connections between SPA 4 residents.

- The SPA 4 NACs appear to have deepened and developed well through the second year of PIDP, retaining participants and developing engaged groups that have identified and worked on shared concerns. The youth groups made concrete steps toward solving their own problems, for example, by advocating for youth employment with the Census. The adult groups focused on how to help themselves and others in their neighborhoods by visiting local food banks and developing relationships with local DPSS offices and programs.
- One of the primary challenges in the second year appeared to be maintaining relationships with the DCFS Metro North regional office, perhaps because a new RA was appointed during the contract period. During 2009-10, there were few referrals from DCFS staff, so families who came to DCFS as emergency response (ER) referrals and those who already had open cases missed out on a potentially beneficial experience.
- The 22 SPA 4 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

- Given the fact that almost 25 percent of households in SPA 4 had incomes below the poverty level, focus on economic development activities such as increasing EITC outreach, connecting youth and adults to summer employment, and developing familiarity with local food and concrete resource programs was well placed.
- Given the educational challenges faced by families in SPA 4, focus on increasing family involvement in education through activities such as Community Family Nights, encouraging family involvement in early childhood development programs, and support for youth NACs was also strategic.

community profile

spa five

PIDP NETWORK COMMUNITY PROFILE

SPA 5 PIDP Network Community Profile

The SPA 5 service area, served by the DCFS West Los Angeles regional office, covers the western portion of the County, which is home to many of the County's most affluent families but also encompasses the county's largest housing development, Mar Vista Gardens. Westside Children's Center (WCC) serves as the PIDP network lead.

Recent statistics on demographic factors in SPA 5 include:

- The total population of SPA 5 includes 653,166 persons and 16% (107,372) of that population is under 18 years of age.¹
- The population is 60% white, 17% Latino, 13% Asian, 7% African American, 4% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 8% of households in SPA 5 have incomes that fall below the poverty level.² According to census data, SPA 5 has both economic extremes; in some areas, up to 29% of the total population is currently living below the poverty line.²

Other factors that may contribute to difficulties for families in SPA 5:

- 5% of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 69,176 students were enrolled in public schools. Among those, 47% were proficient or advanced in reading when tested in the 3rd grade, 64% were proficient or advanced in math; and the high school graduation rate was 58%.⁴
- In 2008, 82% of crimes committed in SPA 5 were crimes against property, such as vehicle theft, and 18% were crimes against persons (out of 341,244 incidents);⁵ and 91% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of cases in the West LA DCFS office between July 2008 and June 2009 was as follows:

- The total caseload was 970 children, of which 28% (N=274) were in out-of-home care.
- There were 4,027 referrals, of which 9% (N=380) were substantiated.
- 153 children were removed from their homes during this year. (Removed during 2008-09 versus the total of those in care, which includes those from previous years).

The race/ethnicity of children on the caseload varied from that of the SPA 5 population as a whole. Two groups were over-represented: African Americans (9.3% of the population and 38.2% of the DCFS caseload) and Latinos (28.35% of the population and 36.8% of the DCFS caseload). Two groups were under-represented: whites (51.2% of the population and 22.1% of the DCFS caseload) and Asian/Pacific Islanders (11% of the population and 2.45% of the DCFS caseload).

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from their
homes during
this year.

The SPA 5 PIDP Network

In addition to the lead agency, Westside Children's Center (WCC), the SPA 5 PIDP Network for 2009-10 included six key partners:

1. Open Paths Counseling Center
2. Families for Children
3. St. John's Child and Family Development Center
4. St. Joseph's Center
5. Venice Family Clinic
6. LAUSD, Local District 3

Relationships with DCFS Regional Offices and Other County Departments. A DCFS administrator interviewed for this study suggested that in the past there had been a disconnect between the PIDP network and the DCFS office. In the wake of a significant turnover in staff at WCC, the current PIDP network staff reported that the relationship with the DCFS has grown stronger over the last six months. When asked to describe the PIDP services offered, the DCFS administrator said that she was "not sure" what services were offered and had not seen much impact from the project as a whole; however, she was hopeful that the new PIDP manager would improve things, and she noted that DCFS staff members were especially hopeful about the potential for collaborative work to develop a family visitation center.

From the perspective of the PIDP network, the partnership had been effective in piloting a differential response program between November 2009 and January 2010, had streamlined the referral process for DCFS client families, was communicating regularly with DCFS staff, and was beginning to work with the DCFS office on developing a visitation center. At the same time, they had been able to connect families to resources and community agencies. One example of a DCFS family who received assistance from PIDP began with a hotline call when a 14-year-old girl ran away from home. DCFS investigated and closed the case but referred the father to PIDP for services. WCC referred the family to counseling at Our House Grief Support Center. WCC provided grief counseling for the father, who had recently lost his wife, and for the wife's mother and sister; the family was referred to County Department of Public Social Services (DPSS) and an array of community resources. The network also kept in touch with the family as they worked through the stages of grief and began healing, in order to assure that they were able to reestablish a stable home. The network indicated that it had relationships with the DPSS and Probation and intends to work more closely with these departments in the future.

Families Touched by PIDP. The SPA 5 PIDP Network served 125 people in 2009-10 (by an unduplicated count). About 41% (N=51) were referred by DCFS, while 59% (N=74) were self-referred community residents. All of the DCFS families requested access to community resources and social connections, while 35% (N=18) sought economic opportunities. Likewise, all of the community families requested access to community resources and social connections, while 39% (N=29) sought economic opportunities.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. The SPA 5 PIDP Network used the parent café model to build social networks for parents; this includes an on-site parent café at WCC as well as others to be located at partner agencies. In addition, partner agencies offered an array of training and classes on topics such as infant mental health, child development, and parenting. WCC hosted a monthly family event to promote positive parent-child interaction; examples of these events in 2009-10 included arts and

crafts, nutrition and fitness, and financial literacy. Key messages are discussed during each event. The events promote and cost-effective ways of having fun as a family.

Strategy 2: Increasing economic opportunities and development. While the network continues to provide referrals to local job training and financial literacy resources, PIDP network leaders admit that they have faced significant challenges in the area of expanding economic opportunities. These challenges were exacerbated by the unstable economy and funding limitations. One example of a current program is the culinary training program offered by one of the PIDP network partners, St. Joseph's Center, which provides an introduction to the food industry for low-income residents.

The network is working to develop new partnerships to address this issue in more depth next year. For example, they recently partnered with local WorkSource Centers to discuss opportunities for collaboration, and they expect to be able to provide job training, educational classes, and additional activities such as food assistance, legal advice, financial literacy, and pre-employment services in Year Three.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. WCC uses its Early Childhood Education Center program to connect with other local childcare centers and family daycare providers around common goals and to help providers share resources for families. For example, they hosted training for local providers on using developmental screening tools to assess children and families in need of additional resources. They hosted a transition forum to bring together preschool and kindergarten teachers and parents to support transitioning young children into kindergarten. They also hosted a resource event during the Week of the Young Child that included a number of local partners such as Foundation for the Junior Blind, Open Paths Counseling Center, St. Johns Child and Family Development Center, and others. Another example of how the SPA 5 PIDP Network has worked to link families with similar needs through shared social experiences, linkage, and resource exchange is their collaboration with Free Arts for Abused Children, which provides arts and crafts activities for parents, children, and volunteers.

Approach to Families Who Fall into Different Categories of Prevention.. (For PIDP, a “primary” prevention point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) A key goal of the SPA 5 PIDP Network is to leverage partnerships in order to continue providing high-quality services and case management for needy families. They also want to build and maintain a resource hub for SPA 5, expand the network, and help to create a family visitation center in partnership with DCFS. They reported that network partners are working together to identify the needs of families who fall into any one of the three prevention spectrum categories. Families who fall under the “primary” end of the spectrum are generally community residents coming to the program via community or self-referral who may need housing, employment, financial assistance, and counseling. “Secondary” referrals, which generally have the same range of service needs, come from DCFS, the community, or self-referral. Services for “tertiary” clients referred by DCFS or community agencies include case management, counseling, linkages, and support with navigating other County departments such as DPSS. In some cases, these clients may be transferred from Family Preservation to PIDP so that services can be extended.

Strengthening Families and Protective Factors. The SPA 5 PIDP Network integrates the three core strategies by assessing family needs, identifying available services and opportunities, and developing linkages for families. The network reported that the protective-factors framework guides them in addressing all five protective factors. WCC's experience with early care and education makes this a natural fit since the framework was based on experiences in high-quality early education settings. The protective factors framework helped them focus on increasing social connections, improving participants' sense of personal empowerment, and strengthening

community connections. The six SPA 5 participants who completed the protective factors survey showed improvements in all areas of functioning: social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Challenges: The primary challenge appears to be the lingering “disconnect” between the DCFS office and the SPA 5 network as described by the West LA regional office administrator. There are some hopeful signs in that the DCFS office administrator expressed confidence in new staff, and the agency reported that it wants to build the relationship in order to better serve local families. The lead agency WCC agreed there has been a “disconnect” with DCFS, in part due to changes in agency leadership. In February 2009, executive leadership at WCC changed; during the interim period, lines of communication and responsibility were less delineated and the relationship with DCFS was strained. WCC has addressed these issues and improved its management structure.

The new PIDP program administrator began in February 2010, and since then, WCC and the West Los Angeles DCFS office have been communicating about plans for the upcoming year. The new program management team, which includes an administrative director and a clinical director, has helped to bridge the gap between DCFS and WCC. DCFS representatives and WCC have been attending community meetings together, and are continuing to build relationships and service capacity, and to strengthen community linkages.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, the SPA 5 PIDP Network focused on building community through collaboration among key social service agencies, local small businesses (family daycare providers), and other key institutions. They also leveraged existing partnerships such as Family Preservation, Family Support, and Partnerships for Families. The network included some non-traditional participants such as People Organized for Westside Renewal, an organizing group focused on issues such as affordable housing, community safety, and transportation. They worked to leverage resources in order to expand and enrich service delivery, including access to bi-lingual mental health services, special needs screening, and case management support for underserved monolingual Spanish-speaking residents. One of the challenges identified by the network was the very limited funding (\$210,000) available to SPA 5 compared with the other SPAs.

Highlights of Year Two: In 2009-10, the SPA 5 PIDP Network continued to enhance and refine its three core strategies. As noted earlier, due to leadership changes during the period between July and December, it was difficult to maintain momentum for PIDP. The more recent change in leadership in February at WCC has brought more opportunities for partnerships in the community. Under the new leadership of Executive Director Heather Carrigan, PIDP has clearer assignments and program direction, and staff are working more collaboratively with DCFS and community partners.

- The SPA 5 PIDP collaborative, with six partners, touched the lives of 125 people in 2009-10.
- 41% were emergency response referrals or families with an open DCFS case, and 49% were not involved with DCFS.
- The six SPA 5 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

- Plans are underway to address a perceived disconnect between the PIDP network lead and the local DCFS office. New partnerships are also being developed to better address the economic needs of families.



community profile

spa six

PIDP NETWORK COMMUNITY PROFILE

SPA 6 PIDP Network Community Profile

The SPA 6 service area, served by the DCFS Compton, Vermont Corridor, and Wateridge regional offices, covers the southern central portion of LA County, including many of the poorest sections of the City of Los Angeles, the City of Compton, and County-unincorporated areas such as Florence-Firestone. SHIELDS for Families serves as the PIDP network lead.

Recent statistics on demographic factors in SPA 6 include:

- The total population of SPA 6 includes 979,574 persons and 32% (314,617) of that population is under 18 years of age.¹
- The population is 67% Latino, 27% African American, 3% white, 1% Asian, 1% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 29% of households in SPA 6 have incomes that fall below the poverty level.²

Other factors that may contribute to difficulties for families in SPA 6:

- 31% of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 189,854 students were enrolled in public schools. Among those, 20% were proficient or advanced in reading when tested in the 3rd grade, 41% were proficient or advanced in math; and the high school graduation rate was 35%.⁴
- In 2008, 81% of crimes committed in SPA 6 (out of 322,841 incidents), were crimes against property, such as vehicle theft, and 19% were crimes against persons (19%);⁵ and 57% of surveyed adults reported that they believed their neighborhoods were safe.⁶

Two of the DCFS offices in this area (Compton and Wateridge) carry the highest total caseloads in the County, while Vermont Corridor is among the highest third of DCFS offices in terms of caseload. Thus, the flow of cases in the SPA 6 area accounts for a very large proportion of all DCFS cases. The flow of cases through the three regional offices between July 2008 and June 2009 was as follows:

- The total caseload was 12,284 children, of which 29.3% (N=3,607) were in out-of-home care.
- There were 27,402 referrals, of which 19.2% (N=5,267) were substantiated.
- 2,545 children were removed from their homes.

African American children were over-represented on the caseloads of all three offices, while Latino children tended to be under-represented. In the Wateridge area, African Americans made up 19.9% of the population but accounted for 50.7% of the children on the DCFS caseload; Latinos made up 79.2% of the population but accounted for only 47.5% of DCFS children. In the Vermont Corridor area, African Americans made up 38.8% of the population but accounted for 67.8% of the children on the

Between
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and June 2009,
2,545 children
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homes.

DCFS caseload; Latinos made up 58% of the population but accounted for only 29.1% of DCFS children. In the Compton area, African Americans made up 22.5% of the population but accounted for 45.4% of the children on the DCFS caseload; Latinos made up 75% of the population but accounted for only 51.1% of DCFS children.

The SPA 6 PIDP Network

In addition to SHIELDS for Families, the SPA 6 PIDP Network for 2009-10 included eight subcontractors:

1. Avalon Carver Community Center
2. Asian American Drug Abuse Program
3. Institute for Maximum Human Potential
4. Wings of Refuge
5. West Angeles Community Development Corporation
6. People Who Care Youth Center
7. Big Time Telephone Services
8. Public Counsel

Other partners who made significant contributions to the PIDP effort included:

1. State of California AmeriCorps Program
2. Los Angeles Urban League
3. LAUSD Local District 3/Maxine Waters Adult School
4. Department of Public Social Services, GAIN Office
5. US Census
6. Social Security Administration
7. Cedars-Sinai Coach for Kids
8. Prototypes
9. Ellis Foundation
10. Black Women for Wellness
11. Office of Assembly Speaker Karen Bass
12. Office of Los Angeles City Mayor Antonio Villaraigosa

Relationships with DCFS Regional Offices and Other County Departments. Since SHIELDS for Families has worked with the three DCFS regional offices in developing initiatives such as Family Preservation, Family Support, and Point of Engagement, relationships between DCFS, SHIELDS, and many of the collaborative partners were strong before PIDP. The PIDP opportunity was especially welcome, however, in that it helped to address local gaps and needs for primary prevention services; the SPA 6 collaborative used the opportunity to develop four Ask, Seek, Knock (ASK) Centers serving all families regardless of income, residency, or DCFS status. Although families may not be formally known to DCFS, many families in very low-income communities have unmet needs, and some may even have contacted DCFS in their search for economic stability, resources, and services. PIDP has helped the SPA 6 network address the many economic and social needs facing these families without imposing restrictive eligibility requirements (e.g., income, zip code) that can make it difficult to support families before a crisis occurs.

PIDP partners and the three DCFS offices developed a referral process and a uniform referral form to be used

for primary, secondary, and tertiary referrals. This process expedites electronic and paper tracking to assure accuracy in follow-up on all DCFS referrals. PIDP navigators work directly with community-based liaisons at each DCFS office to facilitate referrals, and they update other DCFS staff at general staff and unit meetings. The SPA 6 PIDP team also developed a laminated visual flow chart to guide CSWs through the differential response referral process, including referrals to PIDP, family support, family preservation, Partnerships for Families (PFF), and other services. DCFS regional office staff attend regular collaborative meetings, and they participated in planning for Year Two PIDP deliverables. DCFS staff were invited to attend open house events focusing on the strengths-based, relationship-focused services available through the ASK Centers; these events also featured parents sharing their own stories and experiences.

Realizing that some of the families referred by DCFS in 2008-09 refused services or were unable to access the ASK Centers, in 2009-10 the group developed new outreach strategies to engage these families. During the second year, AmeriCorps community outreach specialists went out to visit DCFS-referred families, delivering “welcome bags” and connecting families to needed resources.

During 2009-10, the PIDP collaborative worked with all three offices to plan family visitation centers, beginning by working with the Compton DCFS office and the Compton Family-Based Collaboration to develop a Compton family visitation center. During telephone interviews conducted for this study, DCFS administrators from the Vermont Corridor and Compton regional offices stressed the importance of these family visitation centers to their on-going work.

The SPA 6 PIDP collaborative also worked with other County departments including the Departments of Public Social Services (DPSS), Public Health (Alcohol and Drug Programs), Mental Health (DMH), Parks and Recreation, and Child Support Services (CSSD), as well as the County-City Los Angeles Homeless Service Authority (LAHSA). The partnership with DPSS employed 63 community residents through the County’s PayWex program, which was designed to allow people with little or no work experience who are enrolled in the Jobs-First GAIN program to receive job training through employment with non-profit agencies. Participants are paid at a rate higher than minimum wage, have access to free childcare, and assistance with professional attire while acquiring job skills. To date, 15 people have obtained full-time employment.

Overall, the two DCFS administrators interviewed for this study affirmed that the lead agency, SHIELDS for Families, works very well with their offices and has done a good job in PIDP. As one administrator said, “SHIELDS has done a good job...and although we have the same number of referrals to our office, it might have been worse without the help SHIELDS provides to the community.”

The Vermont Corridor office administrator noted that the ASK Centers not only receive referrals from DCFS but also from the other County departments co-located in the same building: DPSS, CSSD, and DMH. This administrator also noted that SHIELDS needs to communicate more effectively with the office on what they are doing since one PIDP staff member attends staff meetings three times a year, but otherwise they do not usually report back to the office on whom they are seeing. Regular checking in is important since “40% of the [DCFS] staff have not been here over a year.” The Compton office administrator praised the job training opportunities now available, especially the fiber-optics program, and said that the SPA 6 PIDP network is “very effective, but a visitation center is needed very badly.”

Families Touched by PIDP. The SPA 6 ASK Centers served 4,320 people in 2009-10 (an unduplicated count). About 14% (N=597) were referred by DCFS, while 3,723 were self-referred community residents. Since families often came to ASK with multiple needs, the following data indicate interest in each of the three core strategies and include some individuals who participated in more than one activity. Although DCFS clients were interested in all three of the core strategies, by far the largest number (83%, N=497) wanted greater access to community

resources; 100 (16.7%) sought economic opportunities, and 25 (4%) wanted to decrease social isolation. The order of importance also held true for community participants although the numbers involved were substantially different: 69% (N=2,569) wanted access to community resources, 37% (N=1,392) sought economic opportunities, and 11% (N=417) wanted to decrease social isolation.

2009-10 Strategies and Accomplishments

Strategy 1: Building social networks by using community organizing approaches. The SPA 6 Ask, Seek, Knock (ASK) approach is based in a SPA-wide collaborative approach that provides four family resource centers in high-need areas, linking families referred by DCFS as well as any community family who seeks assistance to resources and services. All of the ASK Centers blend the three core PIDP strategies.

In 2009-10, there were a number of different support and activity groups requested by families. These included groups focused on improving family well-being such as parenting, child development, financial literacy, stress management, domestic violence, health, and nutrition, as well as recreation and relaxation activities for busy parents such as book clubs and scrap booking. There were also a number of special group activities including community advisory councils, conflict resolution training, and Spanish-language computer classes. In May, ASK sponsored a community health fair, Just for the Health of It, with over 500 community residents participating. In addition, ASK participated with partner organizations in sports, holiday, and special events that attracted large numbers of community residents. These included a Community Pride Back to School Block Party (n=100), a Clippers Basketball Game Family Night (n=147), a People in Progress Thanksgiving Neighborhood Festival (n=123), a Homeless Connect Day/Resource Fair (n=339), and a Soccer in the Streets Health Fair (n=200). In addition, groups sponsored health and resource fairs, and attended legal education workshops, community dinners, and political rallies.

Strategy 2: Increasing economic opportunities and development. ASK provides on-site high school completion classes to obtain a GED, computer and job development classes at all four centers. It sponsors employment certification programs for emergency medical technicians, as well as medical billing and fiber-optics, which have been quite successful. Upon completion, students are placed with companies such as AT&T and Time Warner that offer opportunities for upward mobility. Between 2008-10, the SPA 6 PIDP Network trained and placed nearly 300 local residents in the workforce.

Recognizing that many people in the SPA 6 community face legal issues that limit employment options, ASK partnered with Public Counsel and other local pro bono legal services groups to provide on-site legal clinics addressing issues such as immigration, child support, the homeless court system, adoption, and guardianship. They host free workshops to educate the community on navigating the court system, expunging criminal records, eligibility for reduction in convictions, and/or certification of rehabilitation. Overall, they have linked over 1,000 residents to legal services.

ASK supplements all costs related to basic skills and employment (e.g., computers, books, test materials, instructors) in order to help people find jobs with secure living wages so they can provide economic stability for their families. They provide classes on financial literacy as well as training for individuals who want to start their own businesses. They offer mediation and conflict resolution services to assist in cases of eviction. They have also helped to secure housing, preventing eviction and providing housing for homeless families by working closely with LAHSA and other local housing programs. ASK also helps local youth succeed in school by providing Saturday Academies, after-school tutoring, and bus tokens for transportation to school.

Another successful strategy developed by the SPA 6 PIDP Network in 2009-10 was a partnership with the US Census. ASK provided employment testing and training facilities for Census jobs; more than 300 community

members applied for Census employment and received employment training through the ASK centers. This had the additional advantage of increasing knowledge about the Census and helping to assure a more accurate count of the population in SPA 6.

In addition to direct preparation and support for employment, ASK Centers participated in the VITA campaign to provide assistance with income tax preparation and access to EITC benefits. Over 100 families took advantage of this service in 2009-10.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. The four ASK Centers clearly focus on linking families to services and resources that can help with whatever needs people identify. Navigators are available at each site to assist, and they have developed a database of over 1500 resources that offer assistance and services throughout the area. In 2009-10, ASK Centers assisted 4,320 families in accessing a broad range of resources including housing, food, transportation, and legal services. The ASK Centers also work with families to help meet unexpected or overwhelming needs as they come up, including individualized support in times of joy (prom dresses) and in times of sorrow (funeral expenses).

Members of the SPA 6 PIDP Network are often able to provide support services through related agency programs or through their extended partnerships. Examples of how these partnerships have been leveraged include work with Assembly Speaker Karen Bass's office to provide health and job fairs; work with the Mayor's office to support community resource fairs at schools included in his Partnership for LA Schools; work with LAUSD Local District 3 on coordinating resources to better serve local families and children; and work with the First 5 LA-funded PFF partners to leverage additional services for families with young children (under age 5) referred to the DCFS hotline.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a "primary prevention" point of entry means no contact with DCFS, "secondary" means the family has received a hotline referral but does not have an open case, and "tertiary" means that there is an open DCFS case.) Families come to the ASK Centers either by self-referral or through referrals from local DCFS offices. All families receive the same continuum of services; no differentiation is made between primary, secondary, and tertiary referrals.

Strengthening Families and Protective Factors. As described above, the SPA 6 PIDP Network braids all three of the PIDP core strategies into all ASK Center activities. The collaborative model provides a continuum of services that address a broad range of needs in the community. The protective-factors framework has helped to reinforce focus on increasing economic stability and social connections, significantly improving participants' sense of personal empowerment and strengthening community involvement and engagement. Participants reported that they had deeper social connections and stronger feelings about belonging and being involved in their community as a result of their involvement with ASK activities. The 36 SPA 6 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Summary of Progress and Highlights of Year Two

Summary of Year One: The SPA 6 collaborative adopted a community drop-in family resource center as the PIDP program model because it was their collective experience that families often know their own needs but have difficulty locating or navigating local systems to find the resources to meet those needs. Rather than focusing on case management services for identified families, this model recognizes that all families need a safe place with trusted advisors so they can discuss their issues and find appropriate resources. The collaborative set up four family resource centers and adopted the name Ask, Seek, Knock (ASK) to convey the idea of an open door available to all. Since many African American families have historically found the church to be a "safe and trusted"

place, one of the sites was designed as a faith-based navigation site. ASK also focused on providing a wide range of employment services including high school equivalency classes, vocational preparation, and job placement. In 2008-09, ASK Centers engaged over 700 adult students in employment-related workshops and classes. They also identified a need for legal aid services that could remove barriers to employment.

Highlights of Year Two: In 2009-10, the SPA 6 PIDP Network continued to grow and refine the activities of the four ASK Centers.

- In 2009-10, the SPA 6 PIDP ASK collaborative, under the leadership of SHIELDS for Families, with eight subcontractors and 12 additional unfunded partners, touched the lives of 4,320 families.
- 597 were DCFS families with emergency response referrals or open cases, and 3,723 were not involved with DCFS.
- Between 2008 and 2010, the SPA 6 PIDP Network trained and placed nearly 300 local residents in the workforce.
- Recognition of the legal barriers facing families in SPA 6 led to creation of a valuable partnership with local Public Counsel that has been welcomed by many families who would not otherwise have access to pro bono legal services.
- Historic partnerships with the three local DCFS offices have been strengthened through the PIDP network. Implementation of a new system in 2009-10 to follow up with DCFS-referred families who are unable or do not choose to follow up by themselves appears to be promising.
- The 36 SPA 6 participants who completed the protective factors survey showed improvements in all areas of functioning.

Strategic Impacts

- Given the fact that about 29 percent of SPA 6 households had incomes under the poverty line, the network's emphasis on developing multiple pathways to meet concrete needs, ensure economic stability, and help people obtain employment is very strategic.
- Given the fact that so many adults have less than a high school education and that only 20 percent of 3rd graders in SPA 6 are proficient in reading (the lowest level in the County), the focus on classes to help adults pass the GED and gain basic skills, as well as continuing support to help youth stay in school, is important.
- Given the broad range of challenges faced by families in SPA 6, the ASK Center model has been cost-effective in helping families navigate a fragmented services system, while at the same time making maximum use of existing resources.
- PIDP has strengthened historic partnerships among the three DCFS offices in SPA 6. The 2009-10 implementation of an outreach system to follow up with DCFS-referred families who are unable or unwilling to follow up on their own appears promising.



community profile

spa seven

PIDP NETWORK COMMUNITY PROFILE

They have shifted their perspective from only a service delivery system to a model in which community residents act as partners in creating change in the neighborhood.

SPA 7 PIDP Network Community Profile

The SPA 7 service area, served by the DCFS Belvedere and Santa Fe Springs regional offices, covers the southeast portion of LA County, an area that includes a large number of smaller cities and school districts. South Bay Center for Counseling serves as a mentor to the three co-lead agencies: SPA 2 Human Services Association, Alma Family Services, and Helpline Youth Counseling. Recent statistics on demographic factors in SPA 7 include:

- The total population of SPA 7 includes 1,323,143 persons and 28.04% (384,982) of that population is under 18 years of age.¹
- The population is 74.1% Latino, 12.7% white, 3.1% African American, 8.4% Asian, 1.3% bi- or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 13.65% of households in SPA 7 have incomes that fall below the poverty level.²

Other factors that may contribute to difficulties for families in SPA 7:

- 22.5% percent of adults aged 25 or older have less than a 9th-grade education.³
- In 2008, 82.9% of crimes committed in SPA 7 were crimes against property, such as vehicle theft, and 17.07% were crimes against persons (out of 394,771 incidents);⁵ and 82% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of DCFS cases in the SPA 7 area, including both the Belvedere and Santa Fe Springs regional offices, between July 2008 and June 2009 was as follows:

- The total caseload was 6,798 children, of which 29% (N=1,999) were in foster care.
- There were 18,835 referrals, of which 18.5% (N=3,492) were substantiated.
- 1,212 children were removed from their homes.

For the Belvedere office, the race/ethnicity of children on the DCFS caseload was roughly proportional to the total population since 95.8% of the population was Latino while 96.1% of the children served by DCFS were Latino. For the Santa Fe Springs office, Asian American children tended to be under-represented (9% of the population and 2% of the DCFS caseload) and African American children tended to be over-represented (3.9% of the population and 9.2% of the DCFS caseload).

The SPA 7 PIDP Network

The three SPA 7 co-lead agencies, Human Services Association, Alma Family Services, and Helpline Youth Counseling, were selected for PIDP with South Bay Center for Counseling, SPA 8, as a mentor on collaboration development. It is important to recognize the development of the partnership in SPA 7. The three agencies had not

partnered or shared resources prior to PIDP. Over the last two years, a strong collaboration has been established through the leadership of Alma Family Services, Helpline Youth Counseling, and Human Services Association. These agencies have come together to create a genuine partnership based on respect and sharing a common vision.

They have shifted their perspective from a service delivery system only to a model in which community residents act as partners in creating change in the neighborhood. DCFS offices are working in a collaborative partnership with each other and with community-based organizations. The SPA 7 collaboration has supported the capacity building of community agencies that are not traditionally connected to the county departments. The most compelling beneficiaries of the collaboration are the community residents. Through the collaboration, residents have access SPA-wide to coordinated activities and resources that support their decisions for stronger families and communities.

In addition to the three contracted co-lead agencies, the SPA 7 PIDP Network for 2009-10 included 10 partners:

1. Mexican American Opportunity Foundation
2. Oldtimers Foundation
3. South Gate Police Department Domestic Violence Program
4. Southeast Community Development
5. Rio Hondo Temporary Homes
6. Rio Vista YMCA (focused on residents of East LA)
7. Adventure County Park
8. Little School District
9. Santa de los Rosa Catholic Church
10. Los Angeles Centers for Alcohol and Drug Abuse/LA CADA (focused on women in recovery in Norwalk)

Relationships with DCFS Regional Offices and Other County Departments. During the two years of PIDP, the co-lead agencies' relationships with each other and the two local DCFS offices have grown strong. DCFS staff members from both offices are now active members and part of the decision-making process of the SPA 7 PIDP collaborative. PIDP network staff members have made presentations at general DCFS staff meetings, and DCFS administrators helped to refine goals and outcomes for 2009-10. The partnership continues to grow and build, involving a number of community agencies that have not previously been connected to County departments.

In 2008-09, the co-lead agencies worked with DCFS staff members from both offices to identify high-need areas for new neighborhood action councils (NACs). They also developed and implemented a formal referral process to help DCFS social workers refer clients as potential NAC members. NACs are resident groups that provide the primary mechanism and setting for the PIDP community-organizing project in SPA 7, building community assets, effective relationships, and resident empowerment. (See below for further details on NACs' role in the PIDP organizing project.)

Direct referrals of clients by DCFS social workers to participate in NACs thus represents a significant linkage between social service provision and the broader context of community organizing, individual and neighborhood asset-building, resident and family empowerment, access to support services, peer education, and other outcomes targeted by the organizing project centered on the NACs. Given the significant amount of positive impact on social support and individual/neighborhood empowerment evident in data on the SPA 7 NACs in 2009-10, this linkage indicates a strong potential for the SPA 7 PIDP Network to facilitate community-level change supporting and increasing the effectiveness of residents' involvement in prevention strategies. The process begins

with a social worker's assessment that a client might benefit from participation; social worker and client then complete the referral form together and send it to PIDP staff, who determine which NAC might be the best fit.

The SPA 7 PIDP Network also collaborated with DCFS to support the new family visitation centers strategy. Zoe Visitation Center, the first one to be implemented in SPA 7, was established in 2009 and was fully operational by early 2010. During the months of February and March 2010, 63 children were served in 27 family visits, and the center served as a site for 6 TDM meetings. During 2009-10, PIDP network leaders worked with DCFS staff from the Belvedere office to plan and implement another family visitation center to serve that area. The SPA 7 PIDP partners have also established relationships with the County Departments of Public Health, Mental Health, Public Social Services, Probation, and Parks and Recreation.

Families Touched by PIDP. The SPA 7 PIDP Network served 1,586 people in 2009-10 (by an unduplicated count). About 4% (N=58) were referred by DCFS, while 1,528 were self-referred community residents. Although DCFS clients were interested in all three of the core strategies, most sought access to community resources and social connections. The order of importance of the core strategies was somewhat different for community residents, with the greatest number seeking social connections, and about equal interest in social connections and economic opportunities (numbers of clients are not available).

2009-10 Strategies and Accomplishments

Through the creation of the NACs, the implementation of the Asset-Building Campaign, and the community resources that have been made available to all members of the NACs, the network in SPA 7 has successfully braided all three core strategies.

Strategy 1: Building social networks by using community organizing approaches. The core strategy for community-level change in the SPA 7 PIDP Network is a relationship-based community organizing (RBCO) model. Within this model, the foundation for achieving individual-, family-, and community-level change is developing relationship-based resident groups (sometimes referred to as neighborhood action groups 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 deepen their connections with one another, 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.

The RBCO model is based on the understanding that while services may be necessary for anyone at various points in life, services themselves are not sufficient for achieving community-level change no matter how well they are delivered; and in some instances, services actually create dependency within individuals and families. Research in public health, early child education, child abuse and domestic violence prevention, and other fields has also found strong indications that for socially isolated, at-risk individuals and families, effective support-seeking and use of community resources and services is highly dependent on the development of strong peer relationships within the community. Effective networks of social engagement and support create a context in which access to services can take place, with peers facilitating each other's access and helping to reduce the stigma associated with asking for help. The RBCO model is thus designed to build on the strengths and assets of individuals, and to maximize the capacity of community residents to create safe, nurturing, and responsive environments for themselves, their peers in the NAC, and their broader community.

Residents participating in NACs make social connections, increase their resilience for coping with stress, gain a knowledge of parenting techniques and the stages of child development, foster their children's social and emotional growth, and create mutually supportive relationships that provide concrete support in times of need. This process builds a greater sense of community and connectedness, plus a move toward civic engagement

that is truly resident-owned and resident-led. Resident-owned and resident-led actions result in partnerships that change institutional policies and practices, transforming and creating neighborhood assets such as high-quality schools and childcare, economically viable jobs, good affordable health care and mental health services, safe and affordable housing, safe streets and parks, and other community elements like libraries, banks, stores, transportation options, and so on. Ultimately, these neighborhood-level assets contribute to the health and well-being of those living within them, thus contributing to the community-level outcomes of good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness.⁷

This community-level change model is a developmental process supported by research within each stage of development, and it emphasizes an approach that is particularly well suited to primary prevention goals. The fields of early childhood development and education stress the ecological context of child and family development, where healthy communities support families in the complex and multifaceted tasks of raising and nurturing children. Research within this domain has identified key behaviors, mental health indicators, and social contexts as “protective factors” that contribute to positive outcomes for children. These protective factors include parental resiliency; hope and personal power to act to improve oneself, one’s family, and one’s community; self-empowerment; knowledge of nurturing parenting; social connectedness and a network of social support; reduced stigma and increased ability to access basic services in times of need; and the social/emotional competence of young children.

Among these protective factors, the specific “internal” factors associated with resiliency and self-empowerment (e.g., perception of self-efficacy, reduction in depression and anxiety, hopefulness for the future), and “external” factors associated with social support (e.g., existence of peer networks, caring adult-child relationships, civic engagement) have been strongly linked to reductions in incidence of child abuse and neglect, and gains in behaviors promoting healthy child development including good nutrition and physical exercise, parental engagement in developmental play, and parent-child engagement in early education.

Because of the importance of engaged, mutually supportive, and durable peer relationships to the development of these protective factors, the RBCO model of development for NACs is a multi-year, phased process. In its first phase, residents are recruited (through DCFS referral, peer referral, or referral through participation in other lead or partner agency services) for participation in the NAC. Many of these residents entered the RBCO process as socially isolated individuals who were disconnected from their community and who felt they did not have resources and support available to them. The initial process of outreach, recruitment, and group formation brings these residents together based on shared geography and community institutions: residents who share the same neighborhood and who may have children attending the same schools, attend shared places of worship, participate in events at the same park or public space, etc., are brought together as the core of the new NAC.

Once membership of the NAC is stabilized at 10-25 individuals, the NAC then begins a process facilitated by SPA 7 PIDP Network organizers that is designed to build group cohesion, articulate shared values, develop individual and group leadership capacity, and initiate planning of community projects. At each one of these developmental steps, participants have new opportunities to become aware of their gifts and talents and those of their peers, develop leadership and communication skills (including practical skills such as computer software, neighborhood-level outreach and information dissemination, meeting facilitation, etc.), increase their understanding and commitment to their own and the group’s core values, and develop an expanded sense of self-efficacy and the effectiveness of the NAC as a venue in which to increase their engagement and impact within their community. These phases of NAC formation and development, from initial group formation through relationship-building, consensus-building on groups’ shared core values, and leadership/skills development, form the majority of RBCO activities in year 1.

Beginning near the conclusion of year 1 and taking place over the duration of year 2, the next phase in the development of the NACs is the development of a mission statement linked to their consensus core values, and the planning and execution of a community project supporting that mission. Engaging this process over

the course of year 2, the NACs thus transform and expand from networks of social relationships to networks of working relationships specifically focused on community change. Individual residents participating in this work progress toward a sense of themselves as effective agents of social change in their neighborhoods. There is a high degree of “buy-in” among participants for the levels of time and effort required to see the project through to this point, summed up well by one NAC member who commented in a discussion about the process, “...*why are we doing this? And then I realized, “Oh yeah, I get it—if we trust each other in this exercise, we will trust each other to plan this event.”*”

It is important to note that the primary outcomes associated with this phase of project development and implementation have to do with the broadening of NAC members’ skills, self-efficacy, self-perception as change agents, and increased capacity to engage and collaborate with other NACs, other community groups, and the public systems and CBOs serving their communities. The projects themselves also significantly target and impact areas of community need, with a particular focus on areas of child development and early education, child and family nutrition and fitness, abuse prevention, and others specifically prioritized by DCFS. However, from the broader perspective of the overall multi-year RBCO model, this “first wave” of projects is most valuable as a vehicle for further development of resident social supports and for modeling how these relationships can be effectively put into action.

From this perspective, the central gains and developments during year 2 are the intensified leadership development and skills-building undertaken by each NAC member and by the groups as a whole; the consolidation of effective modes of group functioning (increased comfort and facility with collaborative, consensus-based decision-making processes); ability to interface with other NACs and with public agencies and CBOs; and increased engagement in the health and well-being of the larger community composed of both NAC members and other residents. A 10-step project process of brainstorming, planning, and implementation, facilitated by PIDP network organizers, is designed to fully support the development of these additional and expanded capacities and skills.

Based on the stage of development of the NACs in year 2, and on the model outlined above, outcomes for the PIDP organizing initiative thus fall into three main categories. These categories, with their data sources/measures, are as follows:

- Increase in social support/external protective factors for NAC participants. These changes are measured by responses to the protective factors survey, by focus group interviews conducted with NAC members, and by a broad NAC member letter-writing campaign, in which 1,086 total letters countywide submitted to SBCC by NAC participants were subjected to intensive content analysis and coding.⁸ Outcomes for SPA 7 letters were aligned with those for the overall County-wide sample.
- Increase in self-efficacy/empowerment/internal protective factors for NAC participants (measured as above).
- Successful planning and initial implementation of community projects (measured by completion of project planning and achievement of project deliverables by each NAC).

It is significant to note that the three modes of assessment and evaluation, whether targeting internal protective factors, external community-level protective factors, or the practical implementation of NAC-led projects, all indicate substantial capacity on the part of the RBCO model to produce positive impacts and gains at both the individual and community level.

Strategy 1 Outcomes: Development of Internal Protective Factors

1. Improvements in personal mental health and other individual factors:
 - The mean score for SPA 7 NAC participants on the personal empowerment scale of the protective factors survey increased from 2.46 on a scale of 1 to 4 for a 6-month retrospective rating to 3.36 in December 2009.
 - The mean score for SPA 7 NAC participants on the quality of life scale of the protective factors survey increased from 3.31 on a scale of 1 to 4 of a 6-month retrospective rating to 3.87 in December 2009.
 - The largest group of responses to the letter campaign (33%) indicated that the most significant impact of participation in the NAC was the positive impact it had on the participant's own mental health.
 - Smaller but significant numbers of letter writers reported that the primary benefit of NAC participation had been an increase in their access to or level of education (8%) or an improvement in their economic status (6%).
2. Increased confidence with public/group self-expression:
 - A majority of focus group participants reported significant personal changes and improvements in their ability to express themselves in public or group settings. One focus group participant summed it up: "I used to not want to talk to anyone. I wasn't even friendly! But then I started feeling more comfortable talking to people and making friends and then I realized I was just scared. Being in the group has helped me make better friendships with people."
 - A majority of focus group participants experienced this new confidence with public speaking and engagement in contexts outside the NAC itself. The "embeddedness" of the NACs in the community was seen as a significant factor in this ability to translate skills learned in the NAC to application in the broader community.
3. Increased leadership skills and confidence in their application:
 - All focus group participants reported significant gains in their ability to plan and organize, both within their own families and within broader community settings.
 - A majority of focus group members reported gaining new knowledge and capacities for conflict mitigation and resolution.
 - A majority of focus group members reported development of leadership and advocacy skills at the micro-level (immediate family and peer group). A significant minority reported development of these skills at the mezzo-level (NAC and neighborhood), and at the macro-level (schools, school district, and public agencies).

Strategy 1 Outcomes: Development of External Protective Factors

1. Increased knowledge of, and access to, community services.
 - All focus group participants reported an increase in their knowledge of free services, resources, and information affecting their families through

A majority of focus group participants reported significant personal changes and improvements in their ability to express themselves in public or group settings.

contact with other NAC members. Services and information included dental care, free infant/toddler car seats, clothing resale shops, vaccinations, legal services, housing assistance, healthcare, child support assistance, and medical advice.

- A majority of focus group participants reported participating in the distribution of information on service access at the broader community level.
2. Increased knowledge of, and use of, healthy and developmentally appropriate behaviors supporting child health and education.
 - All focus group participants reported increased knowledge of and comfort with new skills and behaviors positively impacting their children's health and development.
 - Specific new skills and capacities reported by NAC members included attendance at parenting and child development workshops, workshops on teen pregnancy and drug use prevention, and knowledge of healthy nutrition practices (and locations to shop for healthy food).
 - A majority of focus group participants reported participating in the distribution of information and making referrals related to training/workshops on parenting, childcare, and early education skills at the broader community level.
 3. Expansion/intensification of perceived social support documented by the protective factors survey.
 - The mean score for SPA 7 NAC participants on the social support scale increased from 2.49 on a scale of 1 to 4 at a 6-month retrospective point in time to 3.24 in December 2009.
 - The mean score for SPA 7 NAC participants on the immediate and extended family support scale increased from 9.74 on a scale of 1 to 15 at a 6-month retrospective point in time to 11.89 in December 2009.
 - The mean score for SPA 7 NAC participants on the professional support scale increased from 10.42 on a scale of 1 to 20 at a 6-month retrospective point in time to 14.38 in December 2009.
 - The mean score for SPA 7 NAC participants on the personal non-family support scale increased from 8.02 on a scale of 1 to 15 at a 6-month retrospective point in time to 11.31 in December 2009.

In addition, we found the following:

- The second-largest group of letter campaign respondents (17%) reported that the most significant aspect of NAC membership was an increase in their engagement with their own community.
- The third-largest group of letter respondents (13%) reported that the most significant aspect of NAC membership was that it had increased the quality of their social interactions (friendships, peer networks, etc.).
- All focus group members reported significant impact on their sense of available support in their community due to the engagement of the PIDP network organizer facilitating each NAC. One participant summarized the importance of the relationships to the organizer, speaking about an organizer's role in helping her to track down information on a specific question she had and noting that the organizer's prompt and informative response made her feel "important and valuable."

4. Economic stability/economic optimism.

- The mean score for SPA 7 NAC participants on the economic stability/economic optimism scale of the protective factors survey increased from 2.59 on a scale of 1 to 4 at a 6-month retrospective rating to 2.79 in December 2009.

5. Parenting skills.

- The mean score for SPA 7 NAC participants on the successful parenting scale of the protective factors survey increased from 5.17 on a scale of 1 to 7 at a 6-month retrospective rating to 5.45 in December 2009.
- The mean score for SPA7 NAC participants on the parenting challenges scale of the protective factors survey decreased from 5.00 on a scale of 1 to 6 at a 6-month retrospective rating to 4.76 in December 2009.

Strategy 1 Outcomes: Project Planning and Implementation. The RBCO developmental process has led in year 2 to a series of community-building projects that represent the evolution of the NACs to support parent resiliency, personal empowerment, child abuse prevention, and to enhance parenting and child development knowledge. Significant projects include:

- A set of mini-workshops on domestic violence, self-esteem, connecting to community resources, and global warming.
- A play that was written and performed by NAC members about family violence and substance abuse, followed by a community dialogue on these topics.
- A set of health/nutrition workshops in a fair setting where people could attend more than one of the workshops and get nutrition resources.
- A family bonding day where parents could work with their children on low-cost activities that could be done at home to increase the quality time families spend together, as well as an emergency preparedness workshop.
- An intergenerational event to connect teens and seniors to better communication and connections in the community and allow both populations to share their gifts/talents with each other.

Finally, this project-based work among the NACs has begun to develop in the second half of year 2 into broader cross-neighborhood organizing, project planning, and relationship building. Members of the ten SPA 7 PIDP NACs participate in a SPA-wide planning group that has begun to plan projects at the SPA level. In addition to the expanded potential for efficacy and scale of resident-led projects, this planning process also provides a further layer of personal empowerment, engagement, and leadership development for participants. The project planned and in the early stages of implementation in SPA 7 was designed to promote early education and parent involvement in healthy development for children ages 0-5, and it incorporates significant collaboration with agency partners, including the participation of a DCFS staff member in the planning group.

This project will present events in 4 different community locations with this early education and parent involvement focus. To date, the first of these events has been conducted, with planning underway to implement the remaining three events in the first half of year 3.

Beginning in February 2010, the PIDP network project has also begun to work at the County-wide level, with representatives from all 8 SPAs participating in a County-wide process replicating the RBCO model of NAC formation at this broader scale. This process has implemented the recruitment, relationship-building, and core

In 2009-10, the network developed an informal process so that people referred by NAC members and organizers could be connected to resources and support services.

values consensus-building phases of NAC development, and it has identified County-wide core values of support for immigrants, and focus on immigration issues, quality education, and good community health.

The County-wide project (to be developed and implemented in year 3) will focus on education. Feedback from NAC members participating in the County-wide project has emphasized the value of a process that in many cases has taken individuals in the span of 1-2 years from social isolation (often as new immigrants with no existing social or kinship network in their new community) to membership in a fully supportive social network, with access to childcare, supportive resources, education and leadership-building opportunities, and the power to impact their own lives, their families, and the public systems and private agencies of their neighborhood, SPA, and county.

Strategy 2: Increasing economic opportunities and development. The Asset-Building Campaign was also developed to utilize the capacities of the residents' relationship through the NACs. SPA 7 community residents had access to EITC and other tax preparation activities (e.g., processing applications for individual Taxpayer Identification Numbers) at four tax center sites. These sites served 522 SPA 7 families and generated \$626,583 in income tax refunds for residents. The Asset-Building Campaign included financial education workshops on topics such as food stamps and housing services. Entrepreneurial training was provided to SPA 7 residents interested in small businesses; residents who took advantage of this opportunity had business ideas that included selling jewelry, being a DJ, renting equipment for parties, and starting a variety of food-related businesses (catering, snack bars, cakes, and flan). PIDP staffing for 2009-10 was expanded to hire an economic development specialist who implemented a personal coaching program. Interested NAC members self-identified as someone who was interested in and would benefit from such coaching.

The economic self-sufficiency goals that these NAC members have set for themselves include finishing high school (obtaining a GED), finding a job and starting their career, staying clean and sober, and developing their communication skills. The coaches worked with these individuals, setting short-term and long-term goals in order to assist/support them in reaching their goal. Through this process, many of the participants have furthered their education or found employment.

Strategy 3: Increasing access to and utilization of beneficial services, activities, and resources. As noted above, participants gain access to needed resources through their fellow NAC participants as well as through organizers and staff working for partner agencies. Partner/resident community projects also provide opportunities for residents and staff from partner agencies to sit at the same table and work collaboratively. This helps residents gain leadership skills, and it deepens relationships that also contribute to more effective use of local resources and services.

In 2009-10, the network developed an informal process so that people referred by NAC members and organizers could be connected to resources and support services. This provides concrete assistance to the NAC members receiving the referral, and it empowers the NAC members providing the referral and places them in a position of providing resources to their community.

Many of the NAC members share the resources that are made available to them with their families and their neighbors. The variety of resources includes, but is not limited to, where to find household essentials in time of need, mental health services, employment opportunities, and obtaining assistance with paying rent and/or utilities. There are times when the emotional support comes from within the group as stated by a NAC mother, “We would tell each other whenever we heard someone’s story, especially one of the youth that was making a difference. We wanted to share good stories. This made it seem like even if we were having trouble with our own kids, there was still opportunities for them and for us.” These resources assist the families in a time of need, which in turn builds parent resilience.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a “primary prevention” point of entry means no contact with DCFS, “secondary” means the family has received a hotline referral but does not have an open case, and “tertiary” means that there is an open DCFS case.) The collaborative name for the SPA 7 PIDP Network is Partnership for Change...Transforming Communities One Relationship at a Time. As suggested by this name, the philosophy that guides the network is that all resources should be made available to all residents, no matter where they fall on the prevention spectrum. In addition, all of the institutional partners have adopted strategies that bring agency staff and community residents to the same tables for planning, so that community residents work collaboratively with agency and DCFS staff members, building relationships, and developing respect for each other through shared work. Development of the SPA 7 NACs is also a collaborative process based on a set of 10 steps that encourage residents to develop their ideas, define goals, decide on projects and activities, develop subcommittees, follow through on tasks, develop partnerships to enhance success, and develop community outreach strategies. Thus, valuing and strengthening relationships is essential in every aspect of the SPA 7 PIDP Network, from developing NACs to sharing responsibility among the co-lead agencies.

Strengthening Families and Protective Factors. The SPA 7 PIDP partners reported that they have shifted their perspective from focusing on the “service delivery system” to seeing community residents as partners in creating change in their own neighborhoods.

The focal point of SPA 7 is the development of the neighborhood action councils. It has been found that when residents create such relationships, their individual life, the life of their families, and the lives within their communities are strengthened. As a result of all of the relationship-building that takes place in the NACs, protective factors including parent resilience, social connections, knowledge of parenting and child development, and availability of concrete support services are enhanced. Parents have social connections through the NAC and are able to find concrete support in times of need through the NAC organizers as well as the other members of the NAC (through the informal referral process). Knowledge of parenting and child development is also obtained through the activities and projects that the NAC members are exposed to as well as from what is learned from and shared by other NAC members.

The SPA 7 PIDP Network reported several examples of changes seen in participants during 2009-10 including the fact that the NACs implemented a variety of community projects with leadership from community residents who were NAC participants. The NACs also worked together on special events and campaigns. For example, the letter-writing campaign described above began as a joint project of SPA 7, 2, 4, and SPA 8 NACs asking their members to identify how they had been affected and impacted by their participation. Writers identified improvements in their own mental health, social interactions, community engagement, family involvement, economics, and education. (Consistency across writers was especially striking since there were no prepared talking points).

In SPA 7, NAC members participated in the protective factors survey. Overall, the group showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Summary of Progress and Highlights of Year Two

Summary of Year One: In 2008-09, the primary challenge for SPA 7 was developing a collaborative led by three agencies that had not worked together previously. The lead agency from SPA 8, South Bay Center for Counseling, served as mentor to the group of co-lead agencies and administrators from the two DCFS offices serving this area. The SPA 7 network put development of NACs at the center of their PIDP plan, asking each of the partners to make a commitment to facilitating a NAC. By the end of the first year, the network had developed and it was facilitating 10 NACs located throughout SPA 7. One of these NACs was composed of DCFS relative care providers.

The SPA 7 PIDP collaborative also participated in the work of the Greater Los Angeles Economic Alliance (GLAEA), opening four community tax centers to assist in the countywide 2009 EITC campaign; SPA 7 generated nearly 523 tax returns and \$521,166 in tax returns. In partnership with the Pacific Asian Consortium in Employment (PACE), SPA 7 offered training for NAC members interested in developing small businesses. Network partners worked with the South East Community Development Corporation to implement a summer economic development program to provide volunteer and work experience for youth. They also worked with the Santa Fe Springs DCFS office and Zoe Christian Center to develop a family visitation center.

Highlights of Year Two:

- The SPA 7 PIDP collaborative, with three co-leads and seven subcontractors, touched the lives of 1,586 people in 2009-10.
- 58% were DCFS clients or emergency response referrals, and 96% were not involved with DCFS.
- In the 2010 tax season, the EITC campaign prepared 522 tax returns generating over \$628,583 in returns for SPA 7 residents.
- Entrepreneurial training was provided to SPA 7 residents interested in small businesses; residents who took advantage of this opportunity had business ideas that included selling jewelry, being a DJ, renting equipment for parties, and starting a variety of food-related businesses (catering, snack bars, cakes, and flan).
- SPA 7 established and implemented two family visitation centers. Zoe Church Visitation Center was established in collaboration with PIDP SPA 7 and the Santa Fe Springs DCFS office. Pico Gardens Four Square Church Visitation Center was established in collaboration with PIDP SPA 7 and the Belvedere DCFS office.

Strategic Impacts

- The SPA 7 PIDP collaborative PIDP Year One investment in the development of NACs and collaboration partners has evolved in Year Two to deepened relationships and personal empowerment.
- Given the poverty rates in SPA 7, the focus on economic strategies such as the EITC campaign, training for potential entrepreneurs, and emergency cash support for families facing financial crises was well placed.
- Given the educational challenges faced by families in SPA 7, additional focus on individual support such as personal coaching for NAC members and outreach to help connect non-NAC members with local resources and supports was strategic.
- Given the number of smaller cities and school districts in SPA 7, outreach to local partners such as the South Gate Police Department was also strategic.
- Partnerships with the two local DCFS offices are strong and ongoing.

In addition, all focus group participants reported an increase in their knowledge of free services, resources, and information affecting their families through contact with other NAC members. Services and information included dental care, free infant/toddler car seats, clothing resale shops, vaccinations, legal services, housing assistance, healthcare, child support assistance, and medical advice. All focus group participants reported significant gains in their ability to plan and organize, both within their own families and within broader community settings. A majority of focus group members reported gaining new knowledge and capacities for conflict mitigation and resolution. NAC members participated in a County-wide project to raise early literacy through a library card enrollment campaign. This campaign created more access to library resources for community residents.

As a result of all of the relationship-building that takes place in the neighborhood action councils, protective factors including parent resilience, social connections, knowledge of parenting and child development, and availability of concrete support services are enhanced. NAC members demonstrated their leadership skills by developing three community relationship building projects:

1. The NACs also worked together on special events and campaigns. For example, the letter-writing campaign described above began as a joint project of SPA 7, 2, 4, and SPA 8 NACs asking their members to identify how they had been affected and impacted by their participation. Writers identified improvements in their own mental health, social interactions, community engagement, family involvement, economics, and education. (Consistency across writers was especially striking since there were no prepared talking points).
2. NAC members developed and provided set of workshops on domestic violence, self-esteem, connecting to community resources, and global warming.
3. NAC members planned a family bonding day where parents could work with their children on low-cost activities that could be done at home to increase the quality time families spend together.



community profile

spa eight

PIDP NETWORK COMMUNITY PROFILE

SPA 8 PIDP Network Community Profile

The SPA 8 service area, served by the DCFS South County and Torrance regional offices, covers the South Bay/Harbor areas in the southern-most section of the County. South Bay Center for Counseling serves as the PIDP network lead.

Recent statistics on demographic factors in SPA 8 include:

- The total population of SPA 8 includes 1,540,694 persons and 27% (410,401) of that population is under 18 years of age.¹
- The population is 41% Latino, 27% white, 16% African American, 14% Asian, 3% bi or multi-racial, and less than 1% Native Hawaiian or Pacific Islander, or American Indian or Alaskan Native.¹
- 15% of households in SPA 8 have incomes that fall below the poverty level.²

Other factors that may contribute to difficulties for families in SPA 8:

- 14% of adults aged 25 or older have less than a 9th-grade education.³
- In 2006, 257,730 students were enrolled in public schools. Among those, 37% were proficient or advanced in reading when tested in the 3rd grade, 59% were proficient or advanced in math; and the high school graduation rate was 61%.⁴
- In 2008, 83% of crimes committed in SPA 8 were crimes against property, such as vehicle theft, and 17% were crimes against persons (out of 394,771 incidents);⁵ and 82% of surveyed adults reported that they believed their neighborhoods were safe.⁶

The flow of cases in the DCFS South County and Torrance Offices between July 2008 and June 2009 was as follows:

- The total caseload was 6,621 children, of which 29% (N=3,145) were in out-of-home care.
- There were 19,361 referrals, of which 18.5% (N=3,587) were substantiated.
- 1,418 children were removed from their homes.

The race/ethnicity of children on the South County and Torrance caseloads was somewhat proportional to the total population in SPA 8, with the notable exception of African American and Asian/Pacific Islander children in both offices. In the South County office, African Americans were over-represented (13.5% of the population and 35.1% of the children on the DCFS caseload); and Asian/Pacific Islanders were under-represented (12.4% of the population and 3.2% of the DCFS caseload). In the Torrance area, the same pattern was evident: African Americans were over-represented (15.7% of the population and 37.8% of the DCFS caseload); Asian/Pacific Islanders were under-represented (13.3% of the population and 2.6% of the DCFS caseload).

The PIDP network reported that their relationship with both the South County and Torrance DCFS regional offices has become even stronger through PIDP.

The SPA 8 PIDP Network

In addition to the lead agencies, the SPA 8 PIDP Network for 2009-10 included 13 partners:

1. City of Carson Parks and Recreation
2. Community Helpline
3. Families for Children
4. For the Child
5. City of Inglewood Parks and Recreation
6. National Council on Alcoholism and Drug Dependence South Bay
7. Pacific Asian Counseling Services
8. Richstone Family Center
9. Lennox Guardian Angels NAC
10. Quantum Community Development Corporation
11. YWCA of San Pedro
12. Southern California Indian Center
13. South Bay Children's Health Center

Relationships with DCFS Regional Offices and Other County Departments. South Bay Center for Counseling (SBCC), the lead agency for PIDP, has built on its successful Family Support Collaboration and its relationship with DCFS to leverage a number of resources so that PIDP is not really seen as separate but as a logical extension of ongoing activities. For example, all PIDP partners, including the two DCFS regional offices, are also active members of the SPA 8 Family Support Collaboration. SBCC also serves as the leader of the SPA 8 Children's Council, and the executive director is the director of the Children's Council of Los Angeles County. Through these connections, SBCC also has relationships with other County departments including the Department of Public Social Services, Mental Health, Public Health, and Probation, and key institutions such as the LAUSD. All of these relationships provide opportunities for leveraging resources, building on common purposes, and creating synergies across funding streams.

The PIDP network reported that their relationship with both the South County and Torrance DCFS regional offices has become even stronger through PIDP. In 2008-09, SBCC worked with DCFS staff members from both offices to identify high-need areas for new neighborhood action councils. Both offices have invited PIDP staff to speak to DCFS staff about NACs at unit meetings and at general staff meetings; some of these presentations have included NAC members telling their own stories. In a joint effort, DCFS and PIDP network staff developed and implemented a formal referral process to help DCFS social workers refer clients as potential NAC members.

NACs are resident groups that provide the primary mechanism and setting for the PIDP community organizing project in SPA 8, building community assets, effective relationships, and resident empowerment. (See below for further details on NACs' role in the PIDP organizing project.) Direct referrals of clients by DCFS social workers to participate in NACs thus represent a significant linkage between social service provision and the broader context of community organizing, individual and neighborhood asset-building, resident and family empowerment, access to support services, peer education, and other outcomes targeted by the organizing project centered on the NACs. Given the significant levels of positive impact on social support and individual/neighborhood empowerment evident in data on the SPA 8 NACs in 2009-10, this linkage indicates a strong potential for the SPA 8 PIDP Network to facilitate community-level change, thus supporting and increasing the effectiveness of residents' involvement in prevention strategies.

The NAC referral process begins with a social worker's assessment that a client might benefit from participation; social worker and client complete the referral form together and send it to PIDP staff, who determine which NAC might be the best fit. PIDP staff members contact the client and CSW to determine what might be the best fit, and it is then up to the client to follow through. Staff from the Torrance office are also working with the network to create a youth NAC composed of youth identified by DCFS staff; the goal is to engage youth in a support system that goes beyond the traditional services available to them, helping them to feel empowered to make changes in their own lives and in their communities.

In addition to these direct linkages and collaborations between DCFS staff and the PIDP organizing project, other elements of both the SPA 8 PIDP Network and of the project administered by its lead agency have built significant collaborative relationships with DCFS. The SPA 8 Asset-Building Campaign (formerly called the Earned Income Tax Credit or EITC Campaign, administered as part of the Greater Los Angeles Economic Alliance, which is led by SBCC) includes outreach to DCFS clients in coordination with DCFS offices. This includes opportunities for clients to receive help with tax returns and other financial assistance, either at Tax Days in local DCFS offices or at community tax centers. A data tracking system was developed to assure accurate data on DCFS families who participate in these activities.

Perhaps most important from the DCFS perspective, the SPA 8 PIDP Network and SBCC staff have also collaborated with DCFS to implement four family visitation centers, two developed in the first year of PIDP and two additional centers developed this year. SBCC provided training for visitation coaches recruited by DCFS and local churches that house the family visitation centers. One of the new centers is in the Lakewood area and the other is in Inglewood. A DCFS administrator in the South County office reported that PIDP has been "very effective" especially in relationship to the family visitation centers. "It's helping reunify families and helps prevent further abuse of kids." She noted:

It has helped to improve relationships between the community and the department as we work closely with the faith-based organizations. In our case it has helped to decrease some workload from staff with volunteers that help monitor visits and help ensure child safety. Quality visitation is taking place due to a better environment and can lead to more successful reunification.

In terms of staff reaction to PIDP as a whole, the administrator reported that "staff doesn't know particularly what PIDP is, but they see the fruit of it and what is happening as a result, seeing the outcome and benefit through visitation centers. We have a waiting list for Visitation Centers, so they are using it." One child reported that it was "great to have people who are not my biological family that care for me so much."

Further support for youth in foster care was provided by a NAC directly funded in Year One as part of the PIDP initiative. While most PIDP NACs did not initiate their community-based projects until Year Two, the Guardian Angels NAC, an existing SPA 8 NAC consisting of adults from zip code 90304, had already made sufficient progress on the relationship-building, consensus-building on values and mission, and other phases of NAC group formation (see below for an outline of this process) that its members were prepared to initiate a project in Year One. (This project has continued during Year Two as one of the community projects that all PIDP NACs are now engaged in.)

The Guardian Angels NAC created a project that would build relationships between the families of the NAC members and selected youth in foster care from the Torrance DCFS office. The purpose of the program was to let the youth know they are not alone and that there are people in the world who do love them, care about them, and want them to be happy. By doing so, the people involved, whether it be the NAC members and their families or the youth and their resource families, are building social connections, not only to each other but to the community as well. These NAC members became mentors to 12 youth in foster care and resource families. One weekend

a month, the NAC families, which include mothers, some husbands, and approximately 23 children (age 5-13), planned activities for the 12 youth in foster care. These activities often provide the youth in care opportunities to experience aspects of their communities that they might not have otherwise encountered, and to do so with the support of caring adults and peers.

Perhaps more importantly, the activities help to facilitate the building of longer-term relationships between children in foster care and the NAC families, as well as stronger relationships within the NAC families and among the NAC members. Allowing community members to engage directly with DCFS and become an asset to the foster care system significantly increases the sense of empowerment and efficacy for participants, moving community members from disengagement to ongoing involvement with children whose need for connection and a caring community these NAC members can directly address. Among the youth in foster care, receiving support and ongoing engagement from community members who are not part of a professional service system and who are not paid for their involvement allows for a focus on the primary value of healthy and engaged relationships with caring adults and peer children and youth in the community.

Experiencing and sustaining this kind of social support is often challenging for young people in the foster care system, and it is a significant benefit of the Guardian Angels NAC project. Due to the bonds that have been established and the trust that has been formed, the youth from foster care know that the NAC family is another pillar of support for them. They understand that the NAC family has people they can turn to in time of need, people who will not be judgmental but who instead will offer the concrete support needed.

Thus far, this project has had a powerful impact on both the youth in foster care as well as the mentoring families. The youth have learned that there really are people in the world who care about their well-being. There have also been relationships developed between the mentoring families and the foster parents. Because of the training the NAC families have been through, they are able to offer support to the resource families, which contributes to confidence building in the resource parents. A network of the NAC parents and the resource families has developed in which they communicate and talk about the well-being of the children.

While other PIDP NAC community projects differ from the Guardian Angeles NAC project in start time (beginning during Year Two), all participating NACs have worked to develop projects that address the same broad set of goals:

- Increasing the effectiveness and empowerment of NAC members to serve as assets in their communities.
- Providing direct benefit to the health, well-being, and development of children, youth, and families in the community (both NAC families and the broader community).
- Increasing access to resources and facilitating effective support-seeking among NAC members, their families, and the families engaged by the project.

Families Touched by PIDP. The SPA 8 PIDP Network served 5,525 people in 2009-10 (by an unduplicated count). About 12% (N=691) were referred by DCFS, while 87% (N=4,834) were self-referred community residents. Since families often came to PIDP with multiple needs, the following data showing interest in each of the three core strategies include those who participated in more than one activity. Although DCFS clients were interested in all three of the core strategies, more than two-thirds (68.7%, N=475) wanted social connections, about a third (31%, N=216) sought greater access to community resources, and only 3% (N=26) came to PIDP seeking economic opportunities. Three-quarters (N=3,523) of community participants wanted social connections, while about a quarter (N=1,232) sought economic opportunities, and a quarter (N=1,107) wanted access to community resources.

2009-10 Strategies and Outcomes

Through the creation of the NACs, the implementation of the Asset-Building Campaign, and the community resources that have been made available to all members of the NACs, the PIDP network in SPA 8 has successfully braided all three core strategies.

Strategy 1: Building social networks by using community organizing approaches. The core strategy for community-level change in the SPA 8 PIDP Network is a relationship-based community organizing (RBCO) model. Within this model, the foundation for achieving individual-, family-, and community-level change is developing relationship-based resident groups (sometimes referred to as neighborhood action groups 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 deepen their connections with one another, 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.

The RBCO model is based on the understanding that while services may be necessary for anyone at various points in life, services themselves are not sufficient for achieving community-level change no matter how well they are delivered; and, in some instances, services actually create dependency within individuals and families. Research in public health, early child education, child abuse and domestic violence prevention, and other fields has also found strong indications that for socially isolated, at-risk individuals and families, effective support-seeking and use of community resources and services is highly dependent on the development of strong peer relationships within the community. Effective networks of social engagement and support create a context in which access to services can take place, with peers facilitating each other's access and helping to reduce the stigma associated with asking for help. The RBCO model is thus designed to build on the strengths and assets of individuals, and to maximize the capacity of community residents to create safe, nurturing, and responsive environments for themselves, their peers in the NAC, and their broader community.

Residents participating in NACs make social connections, increase their resilience for coping with stress, gain a knowledge of parenting techniques and the stages of child development, foster their children's social and emotional growth, and create mutually supportive relationships that provide concrete support in times of need. This process builds a greater sense of community and connectedness, plus a move toward civic engagement that is truly resident-owned and resident-led. Resident-owned and resident-led actions result in partnerships that change institutional policies and practices, thus transforming and creating neighborhood assets such as high-quality schools and child care, economically viable jobs, good affordable health care and mental health services, safe and affordable housing, safe streets and parks, and other community elements like libraries, banks, stores, transportation options, and so on. Ultimately, these neighborhood-level assets contribute to the health and well-being of those living within them, contributing to the community-level outcomes of good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness.

This community-level change model is a developmental process supported by research within each stage of development, and it emphasizes an approach that is particularly well suited to primary prevention goals. The fields of early childhood development and education stress the ecological context of child and family development, where healthy communities support families in the complex and multifaceted tasks of raising and nurturing children. Research within this domain has identified key behaviors, mental health indicators, and social contexts as "protective factors" that contribute to positive outcomes for children.

These protective factors include parental resiliency; hope and personal power to act to improve oneself, one's family, and one's community; self-empowerment; knowledge of nurturing parenting; social connectedness and a

network of social support; reduced stigma and increased ability to access basic services in times of need; and the social/emotional competence of young children. Among these protective factors, the specific “internal” factors associated with resiliency and self-empowerment (perception of self-efficacy, reduction in depression and anxiety, hopefulness for the future), and “external” factors associated with social support (existence of peer networks, caring adult-child relationships, civic engagement) have been strongly linked to reductions in incidence of child abuse and neglect, and gains in behaviors promoting health child development including good nutrition and physical exercise, parental engagement in developmental play, and parent-child engagement in early education.

Because of the importance of engaged, mutually supportive, and durable peer relationships to the development of these protective factors, the RBCO model of development for NACs is a multi-year, phased process. In its first phase, residents are recruited (through DCFS referral, peer referral, or referral through participation in other SBCC or Family Support Collaborative services) for participation in the NAC. Many of these residents entered the RBCO process as socially isolated individuals who were disconnected from their community and who felt they did not have resources and support available to them. The initial process of outreach, recruitment, and group formation brings these residents together based on shared geography and community institutions: residents who share the same neighborhood, and who may have children attending the same schools, who may attend shared places of worship, and who may participate in events at the same park or public space, etc., are brought together as the core of the new NAC.

Once membership of the NAC is stabilized at 10-25 individuals, the NAC then begins a process facilitated by SPA 8 PIDP Network organizers and designed to build group cohesion, articulate shared values, develop individual and group leadership capacity, and initiate planning of community projects. At each one of these developmental steps, participants have new opportunities to become aware of their gifts and talents and those of their peers, to develop leadership and communication skills (including practical skills such as computer software, neighborhood-level outreach and information dissemination, meeting facilitation, etc.), to increase their understanding and commitment to their own and the group’s core values, and to develop an expanded sense of self-efficacy and the effectiveness of the NAC as a venue in which to increase their engagement and impact within their community. These phases of NAC formation and development, from initial group formation through relationship-building, consensus-building on groups’ shared core values, and leadership/skills development, form the majority of RBCO activities in Year One. (In the case of some groups, such as the Guardian Angels group discussed above, these activities took place to a significant degree before the groups’ inclusion in PIDP, thus allowing for first-year project planning and implementation. For the great majority of groups, project-based work has been part of Year Two.)

Beginning near the conclusion of Year One and taking place over the duration of Year Two, the next phase in the development of the NACs is the development of a mission statement linked to their consensus core values, and the planning and execution of a community project supporting that mission. Engaging this process over the course of Year Two, the NACs thus transform and expand from networks of social relationships to networks of working relationships specifically focused on community change. Individual residents participating in this work progress toward a sense of themselves as effective agents of social change in their neighborhoods. There is a high degree of “buy-in” among participants for the levels of time and effort required to see the project through to this point, summed up well by one NAC member who commented in a discussion about the process, “...it has to be a slow process because there is a lot to learn. We’re not just planning parties you know, we want to change our community.”

It is important to note that the primary outcomes associated with this phase of project development and implementation have to do with the broadening of NAC members’ skills, self-efficacy, self-perception as change agents, and increased capacity to engage and collaborate with other NACs, other community groups, and the public systems and CBOs serving their communities. The projects themselves also significantly target and impact

areas of community need, with a particular focus on areas of child development and early education, child and family nutrition and fitness, abuse prevention, and others specifically prioritized by DCFS. However, from the broader perspective of the overall multi-year RBCO model, this “first wave” of projects is most valuable as a vehicle for further development of resident social supports, and for modeling how these relationships can be effectively put into action.

From this perspective, the central gains and developments during Year Two are the intensified leadership development and skills-building undertaken by each NAC member and by the groups as a whole: the consolidation of effective modes of group functioning (increased comfort and facility with collaborative, consensus-based decision-making processes); interface with other NACs and with public agencies and CBOs; and increased engagement in the health and well-being of the larger community composed of both NAC members and other residents. A 10-step process of project brainstorming, planning, and implementation, facilitated by PIDP network organizers, is designed to fully support the development of these additional and expanded capacities and skills.

Based on the stage of development of the NACs in Year Two, and on the model outlined above, outcomes for the PIDP organizing initiative thus fall into three main categories. These categories, with their data sources/ measures, are:

1. Increase in social support/external protective factors for NAC participants. These changes are measured by responses to the protective factors survey, by focus group interviews conducted with NAC members, and by a broad NAC member letter-writing campaign, in which 1,086 total letters County-wide submitted to SBCC by NAC participants were subjected to intensive content analysis and coding.⁹ Outcomes for SPA 8 letters were aligned with those for the overall County-wide sample.
2. Increase in self-efficacy/empowerment/internal protective factors for NAC participants (measured as above).
3. Successful planning and initial implementation of community projects (measured by completion of project planning and achievement of project deliverables by each NAC).

It is significant to note that the three modes of assessment and evaluation, whether targeting internal protective factors, external community-level protective factors, or the practical implementation of NAC-led projects, all indicate substantial capacity on the part of the RBCO model to produce positive impacts and gains at both the individual and community level.

Strategy 1 Outcomes: Development of Internal Protective Factors

1. Improvements in personal mental health and other individual factors.
 - The mean score for SPA 8 NAC participants on the personal empowerment scale of the protective factors survey increased from 2.4 on a scale of 1 to 4 at a 6-month retrospective rating to 3.33 in December 2009.
 - The mean score for SPA 8 NAC participants on the quality of life scale of the protective factors survey increased from 3.31 on a scale of 1 to 4 at a 6-month retrospective rating to 3.93 in December 2009.
 - The largest group of responses to the letter campaign (33%) indicated that the most significant impact of participation in the NAC was the positive impact it had on the participant's own mental health.

- Smaller but significant numbers of letter writers reported that the primary benefit of NAC participation had been an increase in their access to or level of education (8%) or an improvement in their economic status (6%).
2. Increased confidence with public/group self-expression.
 - A majority of focus group participants reported significant personal changes and improvements in their ability to express themselves in public or group settings.
 - A majority of focus group participants experienced this new confidence with public speaking and engagement in contexts outside the NAC itself. The “embeddedness” of the NACs in the community was seen as a significant factor in this ability to translate skills learned in the NAC to application in the broader community.
 3. Increased leadership skills and confidence in their application.
 - All focus group participants reported significant gains in their ability to plan and organize, both within their own families and within broader community settings.
 - A majority of focus group members reported gaining new knowledge and capacities for conflict mitigation and resolution.
 - A majority of focus group members reported development of leadership and advocacy skills at the micro-level (immediate family and peer group). A significant minority reported development of these skills at the mezzo-level (NAC and neighborhood), and at the macro-level (schools, school district, public agencies).

Strategy 1 Outcomes: Development of External Protective Factors

1. Increased knowledge of, and access to, community services.
 - All focus group participants reported an increase in their knowledge of free services, resources, and information affecting their families through contact with other NAC members. Services and information included dental care, free infant/toddler car seats, clothing resale shops, vaccinations, legal services, housing assistance, healthcare, child support assistance, and medical advice.
 - A majority of focus group participants reported participating in the distribution of information on service access at the broader community level.
2. Increased knowledge of, and use of, healthy and developmentally appropriate behaviors supporting child health and education.
 - All focus group participants reported increased knowledge of and comfort with new skills and behaviors positively impacting their children’s health and development.
 - Specific new skills and capacities reported by NAC members included attendance at parenting and child development workshops, workshops on

A majority of focus group members reported gaining new knowledge and capacities for conflict mitigation and resolution.

teen pregnancy and drug use prevention, and knowledge of healthy nutrition practices (and locations to shop for healthy food).

- A majority of focus group participants reported participating in the distribution of information and referrals to training/workshops on parenting, childcare, and early education skills at the broader community level.
3. Expansion/intensification of perceived social supports.
- The mean score for SPA 8 NAC participants on the social support scale of the protective factors survey increased from 2.36 on a scale of 1 to 4 at a 6-month retrospective point in time to 3.46 in December 2009.
 - The mean score for SPA 8 NAC participants on the immediate and extended family support scale of the protective factors survey increased from 11.31 on a scale of 1 to 15 at a 6-month retrospective rating to 13.59 in December 2009.
 - The mean score for SPA 8 NAC participants on the professional support scale of the protective factors survey increased from 13.25 on a scale of 1 to 20 at a 6-month retrospective rating to 18.27 in December 2009.
 - The mean score for SPA 8 NAC participants on the personal non-family support scale of the protective factors survey increased from 9.6 on a scale of 1 to 15 at a 6-month retrospective rating to 13.93 in December 2009.
 - The second-largest group of letter campaign respondents (17%) reported that the most significant aspect of NAC membership was an increase in their engagement with their own community.
 - The third-largest group of letter respondents (13%) reported that the most significant aspect of NAC membership was that it had increased the quality of their social interactions (friendships, peer networks, etc.).
 - All focus group members reported significant impacts on their sense of available support in their community due to the engagement of the PIDP network organizer facilitating each NAC.
4. Economic stability/economic optimism.
- The mean score for SPA 8 NAC participants on the economic stability/economic optimism scale of the protective factors survey increased from 2.62 on a scale of 1 to 4 at a 6-month retrospective rating to 3.01 in December 2009.
5. Parenting skills.
- The mean score for SPA 8 NAC participants on the successful parenting scale of the protective factors survey increased from 5.34 on a scale of 1 to 7 at a 6-month retrospective point in time to 5.52 in December 2009.
 - The mean score for SPA 8 NAC participants on the parenting challenges scale of the protective factors survey decreased from 4.77 on a scale of 1 to 6 at a 6-month retrospective rating to 4.4 in December 2009.

Strategy 1: Outcomes: Project Planning and Implementation. The RBCO developmental process has led in Year Two to a series of community-building projects that represent the evolution of the NACs to support parent resiliency, personal empowerment, child abuse prevention, and enhance parenting and child development

knowledge. Significant projects (in addition to the Year One project noted above) include:

- A Long Beach NAC developed and presented a 3-part workshop on child abuse prevention and awareness. Each part focused on a distinct set of topics: physical abuse, sexual abuse, and emotional abuse. This workshop was presented at multiple locations in Long Beach, and the sexual abuse component was presented at the SBCC SPA 8 School Readiness Conference for a group of more than 100 attendees. The skills-building, information-sharing, and resource access developed in the workshop led to effective referral of at least one suspected abuse incident, and a reported gain in awareness and capacity to respond to abuse among a majority of all workshop participants.
- Beach Cities on TAP, an intergenerational NAC where teens and parents/adults work together, held community forums about issues facing the community such as substance abuse and its impacts on families, and sex/teen pregnancy. Teens and adults in the community were able to learn from each other and help both groups understand where the other is coming from on these critical topics.
- In zip code 90250, the Uniendo Familias NAC developed a project to prevent domestic violence, substance abuse, and teen pregnancy. It is significant that these NAC members have been working together for a year and a half. In Year One, this NAC organized a project around a family camping trip, allowing families with limited access to nature and limited time in their daily routines for intensive family communication to connect with the natural environment and engage in focused parent-child communication. The increased capacity for personal empowerment and social and family connections stemming from this project has fed into the new project, which directly relates to prevention outcomes while remaining rooted in the ongoing nature of the NACs, with weekly meetings, relationship-building, leadership development, and opportunities for personal empowerment.
- Young Leaders of Wilmington includes 21 members from the 90744 zip code area who have worked to create a community magazine for Wilmington teenagers to bring awareness to issues such as poverty, graffiti, and littering.
- The Native American Circle NAC (NAC NAC) created a Native American Cultural Block Party in order to spread Native American culture and traditions and facilitate awareness of these traditions intergenerationally among American Indian families, while facilitating broader community awareness of the presence and cultural vitality of American Indian families and communities. Through the process, NAC members were able to build their social connections, learn more about American Indian cultures other than their own, and take a leadership role in educating the community.
- The We Unite NAC located in Carmelitos housing development developed and implemented a drug and alcohol abuse prevention workshop for youth.

Finally, this project-based work among the NACs has begun to develop in the second half of Year Two into broader cross-neighborhood organizing, project planning, and relationship-building. Members of the 22 SPA 8 PIDP NACs participate in a SPA-wide planning group that has begun to plan projects at the SPA level. In addition to the expanded potential for efficacy and scale of resident-led projects, this planning process also provides a further layer of personal empowerment, engagement, and leadership development for participants. One project, planned in the early stages of PIDP implementation, was designed to promote early education and parent involvement in healthy development for children age 0-5, and incorporates significant collaboration with agency partners. This project will present a series of 4 workshops in 4 different community locations with this early education and parent involvement focus. To date, the first 4-workshop series has been conducted for an attending group of 75 parents.

Beginning in February of 2010, the PIDP network project has also begun to work at the County-wide level, with

representatives from all 8 SPAs participating in a County-wide process replicating the RBCO model of NAC formation at this broader scale. This process has implemented the recruitment, relationship-building, and core values consensus-building phases of NAC development, and it has identified County-wide core values of quality education, promoting good health in the community, and support for immigration issues. The County-wide project (to be developed and implemented in Year Three) will focus on education. Feedback from NAC members participating in the County-wide project has emphasized the value of a process that in many cases has taken individuals in the span of 1-2 years from social isolation (often as new immigrants with no existing social or kinship network in their new community) to membership in a fully supportive social network, with access to childcare, supportive resources, education, and leadership-building opportunities, and the power to impact their own lives, their families, and the public systems and private agencies of their neighborhood, SPA, and county.

Strategy 2: Increasing economic opportunities and development. The Asset-Building Campaign was also developed to utilize the capacities of the residents' relationship through the NACs. SPA 8 community residents had access to EITC and other tax-preparation activities (e.g., processing applications for individual Taxpayer Identification Numbers) at tax center sites located in Wilmington, Long Beach, and Inglewood. These sites served 984 SPA 8 families and generated over \$1 million in income tax refunds for residents. The Asset-Building Campaign included financial education workshops on topics such as food stamps and housing services. These workshops in 2009-10 included a series presented by the Southern California Indian Center on Financial Skills for Families, designed as a culturally competent approach to money management, financial strategies, and budgeting for American Indian families.

PIDP staffing for 2009-10 was expanded to hire an economic development specialist who implemented a personal coaching program. Interested NAC members self-identified as interested in and someone who would benefit from coaching. The economic self-sufficiency goals that these NAC members have set for themselves include finishing high school (obtaining a GED), finding a job and starting their career, staying clean and sober, and developing their communication skills. The coaches worked with these individuals, setting short-term and long-term goals in order to assist/support them in reaching their goal. Through this process, many of the participants have furthered their education or found employment.

Strategy 3: Increasing access to and utilization of beneficial services, activities, resources and supports. As noted above, participants gain access to needed resources through their fellow NAC participants as well as through organizers and staff working for partner agencies. Partner/Resident Community Projects also provide opportunities for residents and staff from partner agencies to sit at the same table and work collaboratively. This helps residents gain leadership skills, and it deepens relationships that also contribute to more effective use of local resources and services.

In 2009-10, the network developed an informal process so that people referred by NAC members and organizers could be connected to resources and support services. This provides concrete assistance to the NAC members receiving the referral, and it empowers the NAC members providing referrals and places them in a position of providing resources to their community. Many of the NAC members share the resources that are made available to them with their families and their neighbors.

A focus group quote from a NAC member regarding concrete services support is instructive: "We told each other things that could help each other. Not like where to buy a new dress or where there was a sale but you know, things like where to buy healthy food for my family or where to get good, cheap household supplies. It was very important – helping each other take care of our families." The variety of resources includes but is not limited to where to find household essentials in time of need, mental health services, employment opportunities, and

assistance with paying rent and/or utilities. There are times when the emotional support comes from within the group as stated by a NAC mother: "I was just coming through my depression, and I thought I should get involved in something. I'm very happy this is what I decided to do." These resources assist the families in a time of need, which in turn builds parent resilience.

There were significant new developments in this outcome area during 2009-10. Noting the number of requests for legal assistance in the first year of PIDP, SBCC implemented a legal services component by subcontracting with a community attorney to provide advice on such topics as child support, immigration, child custody, wage garnishment, DUI, and expunging criminal records.

NAC members, other community residents, and institutional partners have also expressed interest in and frustration about changing their attitudes about health and wellness. The Health and Wellness group was designed to attract NAC members in targeted communities in SPA 8 (with additional participation from NAC members in SPAs 4, 5, and 7) who possess a high level of interest in the health and wellness of their families. Many have either participated in a nutrition class or received written materials on nutrition and fitness from schools, community organizations, and public agencies. However, thus far, impacts on family nutrition habits and fitness have been small. NAC members participating in the Health and Wellness Group are engaging the principles of the 10-step planning process to adopt a problem-solving action plan, assessing the reasons that their personal and family health and fitness habits have been resistant to change, and developing health advocacy projects in their own lives. The series runs 25 weeks, meeting weekly for 2 hours and serving 98 parents.

Approach to Families Who Fall into Different Categories of Prevention. (For PIDP, a "primary prevention" point of entry means no contact with DCFS, "secondary" means the family has received a hotline referral but does not have an open case, and "tertiary" means that there is an open DCFS case.) The philosophy of the SPA 8 PIDP Network is that all resources should be made available to all residents no matter where they fall on the "prevention spectrum." In addition, all of the institutional partners have adopted strategies that bring agency staff and community residents to the same tables for planning, so that community residents work collaboratively with agency and DCFS staff members, building relationships and developing respect for each other through shared work. Thus valuing and strengthening relationships is essential in every aspect of the SPA 8 PIDP Network, from developing NACs to sharing responsibility among the community partners.

Strengthening Families and Protective Factors. The SPA 8 PIDP Network reports that the protective-factors framework has helped them to deepen and extend their philosophical orientation to relationship-based community organizing, assuring that relationship-building occurring naturally through the NACs also helps to strengthen families and communities. Relationships developed through the NACs help to enhance parental protective factors including resilience, social connections, and knowledge of parenting and child development. An example of parent resilience and parenting is stated by a NAC member who thought she was a failure as a mother: "Being in this group taught me that I wasn't a failure and that I had to also make myself feel better. So, being in this group helped me become a leader in my family and I think my son respects me more for that. He told me, 'Mom, you've changed.' And, now he listens and does what I tell him because now he respects me." Parents are able to find concrete resources in times of need through other NAC members, community organizers, and the array of PIDP partner organizations. For further information on development of protective factors, please consult the summary of SBCC's analysis of the NAC focus groups and letter-writing campaign. (Both of these data analysis reports are available as full documents upon request from SBCC.)

The SPA 8 PIDP Network reported several examples of changes seen in participants during 2009-10 including the fact that NACs implemented a variety of community projects with leadership from community residents who were NAC participants. The NACs also worked together on special events and campaigns. For example, the letter-writing campaign described above began as a joint project of SPA 8, 7, 2, and 4 NACs asking their

33% of group responses to the letter-writing campaign indicated that the most significant impact of participation in the NAC was the positive impact it had on the participant's own mental health.

members to identify how they had been affected and impacted by their participation. Writers identified improvements in their own mental health, social interactions, community engagement, family involvement, economics, and education. (Consistency across writers was especially striking since there were no prepared talking points.) Another achievement was a library card campaign targeting library access for families with young children that generated 5,000 new library cards County-wide.

The network reported that adults and youth participating in the NACs and other PIDP activities had deeper social connections and a stronger feeling about belonging and being involved in their community. The SPA 8 participants who completed the protective factors survey showed improvements in all areas of functioning including social support, personal empowerment, economic stability/optimism, support from immediate and extended family, support from professionals, support from non-family members, and feeling successful in parenting.

Summary of Progress and Highlights of Year Two

Summary of Year One: In SPA 8, PIDP created an opportunity to enhance its established framework for a community-level change model including community organizing, economic opportunities, and access to community-based services, resources, and activities. Having experienced success with this model through previous work in the Family Support Collaboration and the Children's Council, the SPA 8 PIDP Network put further development of the model and the NACs at the core of their PIDP plan. The SPA 8 lead agency served as mentor to the SPA 7 PIDP Network, collaborating around the same model and sharing a number of activities; SPA 8 also provided RBCO training and facilitation to help the PIDP networks in SPAs 2 and 4 develop NACs based on the RBCO model.

In 2008-09, the SPA 8 PIDP Network created 18 NACs in the South Bay area, expanding and deepening the model by braiding the three core PIDP strategies through the NACs. They partnered with DCFS and local churches to create two family visitation centers. They also worked with related networks to create the Greater LA Economic Alliance (GLAEA) focusing on increasing free tax return services for low-income families designed to maximize use of the EITC. By the end of April 2009, the combined results of this campaign had generated nearly \$5.5 million in income tax returns County-wide, with approximately 20 percent of this total in SPA 8.

Highlights of Year Two: In 2009-10, the SPA 8 PIDP Network continued to enhance and refine activities in all of these areas. Additional community organizing activities increased the number of NACs in SPA 8 to 41 (22 of which were included in the PIDP network), mentoring the PIDP network in SPA 7, and providing leadership for several other SPA networks around an Asset-Building Campaign (formerly called the EITC Campaign) and measurement of family protective factors.

- The SPA 8 PIDP collaborative, with 13 partners, touched the lives of 5,525 people in 2009-10.
- About 12% were emergency response referrals or families with open DCFS cases, and 87% were not involved with DCFS.
- Guardian Angels NAC, in zip code 90304, created a project built on the

relationships between NAC families and youth in foster care from the Torrance DCFS office. NAC mentors are mentors to 12 youth in care and the resource families. The youth and NAC members meet once a month for planned activities. These activities often provide the youth in care with opportunities to experience other aspects of their communities with the support of caring adults. This project has allowed community members to engage directly with DCFS and become an asset to the foster care system.

- In the 2010 tax season, the EITC campaign prepared about 984 tax returns generating over \$1,067,160 in returns for SPA 8 residents.
- NAC projects target and impact areas of community need, with a particular focus on areas of child development and early education, child and family health and wellness, and child abuse prevention.
- Outcome of the PIDP organizing initiative has three main categories: 1) increase in social support/external protective factors for NAC participants; 2) increase in self-efficacy/empowerment/internal protective factors for NAC participants; and 3) successful planning and initial implementation of community projects (measured by completion of project planning and achievement of project deliverables by each NAC).
- 33% of group responses to the letter-writing campaign indicated that the most significant impact of participation in the NAC was the positive impact it had on the participant's own mental health.
- Relationships developed through the NACs help to enhance parental protective factors including resilience, social connections, and knowledge of parenting and child development.
- The SPA 8 collaborative builds on a number of existing partnerships (e.g., Family Support Collaborative, Children's Council) in order to leverage and maximize resources. It has also provided County-wide leadership among the PIDP networks especially in regard to the EITC campaign, development of NACs, and development of a measure of family protective factors.
- Recognition of the legal barriers facing families in SPA 8 led to creation of a legal services program that provides access to pro bono legal advice for families facing complex legal issues.



appendices

appendices

Appendix A: Wilmington Research Chronicle

Introduction

The information and data provided below represent a subset of the available information on the impact of neighborhood action councils (NACs) throughout Los Angeles County, focusing on the context of the NACs' development and impact within Wilmington. As indicated in the SPA 7 & 8 Community Profile document for the most recently completed project year (2009-10) of the PIDP initiative, the core of the approach to primary prevention in Wilmington—as in SPA 8 more broadly—is the integration of a relationship-based community organizing (RBCO) methodology into a strategy that addresses social network-building, increased economic opportunity, and increased access to and utilization of preventive and supportive services. In a county as large as Los Angeles, it is virtually impossible for programs to keep up with service demand for individuals and families. It is even more challenging to couple meeting this service need with the achievement of community-level change that impacts individuals beyond those “touched” by a specific service.

Research in public health, early child education, child abuse and domestic violence prevention, and other fields has also found strong indications that for socially isolated, at-risk individuals and families, effective support-seeking and use of community resources and services is highly dependent on the development of strong peer relationships within the community. Effective networks of social engagement and support create a context in which access to services can take place, with peers facilitating each other's access and helping to reduce the stigma associated with asking for help.

During 2008, several leading organizations in LA developed a consensus around a “community-level change model” that reflects this broader conceptualization. The group includes regional collaborative networks from SPAs 4, 7, and 8; the Children's Council, and First 5 LA. 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 Los Angeles County 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.

The core strategy for community-level change in the SPA 7 and 8 PIDP networks is the RBCO model. Within this model, the foundation 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 deepen their connections with one another, 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.

The core values that inform this approach are the following: (1) empowerment is the key to self-sufficiency; (2) collaboration is about equal relationships where people share power and money; (3) 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. The RBCO model specifically addresses the strengthening of protective factors, including building social connections, increasing parental resilience, building individual recognition of personal strengths and gifts, increasing the exchange of support referrals and information among participants, and encouraging the broader sharing of knowledge of parenting and child development. Among these protective factors, the specific “internal” factors associated with resiliency and self-empowerment (perception of self-efficacy, reduction in depression and anxiety, hopefulness for the future),

and “external” factors associated with social support (existence of peer networks, caring adult-child relationships, civic engagement) have been strongly linked in major studies to reductions in incidence of child abuse and neglect, and gains in behaviors promoting health child development including good nutrition and physical exercise, parental engagement in developmental play, and parent-child engagement in early education.

As an approach to building these protective factors, the Wilmington NACs in 2008-09 and 2009-10 progressed through the steps of the RBCO process including recruitment and group formation, relationship-building, consensus-building on core values and mission, leadership and organizing skills-building, project planning and development, and cross-NAC planning at the neighborhood, SPA, and County level. While individual NAC community projects vary for each group, all participating NACs have worked to develop projects that address the same broad set of goals:

1. Increasing the effectiveness and empowerment of NAC members to serve as assets in their communities.
2. Creating a community environment that works to protect children from abuse and neglect, and that provides direct benefit to the health, well-being, and development of children, youth, and families (both NAC families and the broader community).
3. Increasing access to resources and facilitating effective support-seeking among NAC members, their families, and the families engaged by the project.

A more detailed account of the overall RBCO model – its timeline, and its relationship to the formation and development of the NACs – are included in the SPA 7 & 8 Community Profile section of this document.

In many ways, Wilmington represents an ideal setting in which to assess the impact of this approach within a broader orientation to primary prevention. Wilmington is currently home to 11 NACs formed and operating according to the RBCO model. Of these 11, many are part of the PIDP network. The majority of organizational partners in the SPA 8 PIDP Network have service provision locations within Wilmington, as do many of the organizations in the broader Family Support Collaborative, thus helping to facilitate access to services and partnership between the resident-led NACs. Beyond this consideration, the particular set of challenges and community assets evident in Wilmington, and the intensity of application of the RBCO model (with Wilmington having more NACs per 1,000 residents than any other neighborhood included in the PIDP network), help to determine the effectiveness of the RBCO model in developing protective factors, facilitating access to services, and encouraging family and community economic self-sufficiency when the RBCO model is approached as an intensive, place-based program.

Wilmington Background

In addition to the SPA 8 demographic and contextual data provided in the SPA 7 & 8 Community Profile document, additional factors characterizing Wilmington’s population, institutions, and community include:

Demographics and housing: Wilmington has a population of 61,000, 84.6% of whom are of Latino ethnicity, and 75% of whom speak English as a second language. Of occupied housing units in the community, 61.4% are occupied by renters.¹⁰ The broader Harbor Corridor area, which includes Wilmington, has an estimated housing vacancy rate of 5.67%.¹¹ Again of occupied housing units, 8.1% have at least one common indicator of substandard housing (lack of complete plumbing, lack of telephone service, or lack of complete kitchen facilities), and 33% have 1.51 or more occupants per room, an indicator of overcrowding.¹²

School performance and educational indicators: Standardized assessment data on Wilmington’s public schools reveal a pattern of moderately low to low overall performance. All schools in the community have significant

populations of English learners (ranging from 30.2% to 53.3% in elementary schools, and declining to 27.7% at the middle school and 22% at the high school level), and all display some level of disparity in academic outcomes for this subgroup. Levels of educational attainment within Wilmington as a whole are quite low.

U.S. Census data for 2000 indicated that 59.9% of adults in the community had less than a high school diploma, with 35.7% having less than a 9th-grade education. Graduation rates (at 75.2% in the community's high school) and overall educational attainment within the community's schools, while low by state and national standards—and displaying significant disparity for English learners—nonetheless represent a growth trend toward higher levels of education for the community as a whole. Maximizing this growth must be a key strategy for overall community empowerment in Wilmington.

Economic and work force indicators: Family and community economic factors play a significant role in overall prospects for young people's health, safety, and development. Wilmington's 2000 individual poverty rate stood at 27.2%, with a family poverty rate of 23.9%. By at least one estimate, over 40% of children and youth in the community live below the federal poverty level.¹³ The Los Angeles County Economic Development Corporation estimated that in September 2009, the unemployment rate in Wilmington was near 20%, totaling approximately 12,000 unemployed residents, within a Los Angeles city-wide context of 13.5% unemployment.¹⁴

Community health and safety indicators: Health and safety data for Wilmington indicate a community facing significant challenges to the healthy development of its young people and the well-being and security of its families. Among Wilmington children, 11.63% have been diagnosed with asthma and 18.2% of community residents have diabetes or significant pre-diabetic conditions. Over one-quarter of residents lack health insurance. The community faces challenges to good nutrition and fitness as well, with 52.6% of residents consuming fewer than 5 servings of fruits and vegetables per day, and 60.6% either overweight or obese.¹⁵

Finally, above and beyond the SPA 8 protective services referral rates noted in the SPA 7 & 8 Community Profile document, crime involving youth presents a significant challenge to community health and safety. During 2009, Harbor Police Division—the Los Angeles police division including Wilmington—had a total of 20 homicides, of which 8 were gang-related. There were 628 violent crimes during the same period in the Division, 239 of which were gang-related. During the same period, there were about 77 juvenile arrests for violent and/or drug-related crimes, based on total number of arrests and the city-wide proportion of juvenile arrests to total arrests as indicated by California Department of Justice data. Youth age 18-24 were the largest number of victims of both violent and property crimes.¹⁶

PIDP Network Impacts

In this context of multiple challenges facing family stability, healthy child and youth development, educational attainment, and individual and community economic self-sufficiency, the PIDP network, centered on the RBCO model and working through the formation and support of the Wilmington NACs, demonstrated significant impact in Wilmington in all three key strategy areas of the overall PIDP initiative.

Economic opportunity and development: Impact of the economic opportunity and development strategy (Strategy 2 in the three-part overall PIDP strategy) was included within overall SPA 8 outcomes and were proportional to these outcomes in terms of population size. Outcomes at the SPA 8 level included:

1. Free tax preparation services provided to 994 SPA 8 families, which generated over \$1 million in EITC and other income tax refunds for residents.
2. Financial education workshops provided to SPA 8 families on topics such as food stamps and housing services. These workshops included a series presented by the Southern California Indian Center on Financial Skills for Families, designed as a culturally competent approach to money management, financial strategies, and budgeting for American Indian families.

3. Expansion of PIDP staffing for 2009-10 to hire an economic development specialist who implemented a personal coaching program. Interested NAC members self-identified as someone who was interested in and would benefit from such coaching. The economic self-sufficiency goals that these NAC members have set for themselves include finishing high school (obtaining a GED), finding a job, starting a career, staying clean and sober, and developing communication skills. The coaches worked with these individuals, setting short-term and long-term goals in order to assist/support them in reaching their goals. Through this process, many of the participants have reached a goal of furthering their education or finding employment.

Increased access to and utilization of support and prevention services: Outcomes for the service access strategy (Strategy 3 within the PIDP network approach) are indicated in large part by the increase in scales of social support documented in outcomes for the RBCO model. These are included in detail below and are further detailed in the SPA 7 & 8 Community Profile. While the RBCO model has been demonstrated to lead to increases in effective support-seeking behavior among participants, SBCC is aware that such behavior is ultimately only effective in the context of seamless referral and readily available services. For this reason, the network aligned their own organization's service provision priorities to target communities in which the PIDP-supported RBCO initiative is operating, notably including Wilmington. All community organizers and other staff assigned to the project are fully trained in performing initial screening and providing direct referrals for participants in need of SBCC services, which are available in some cases at our Wilmington location and in other cases at our administrative offices in El Segundo.

Transportation assistance or assignment of a staff member to provide services "in the field" for residents with transportation barriers are provided. Specific services provided directly by SBCC and available to PIDP participants include:

- Individual and family mental health counseling
- Case management
- Medical plan enrollment (MediCal, Healthy Kids, etc.)
- Resource and referral services

Because of the broad organizational partnerships involved in the SPA 8 PIDP Network, and the service location of many of these organizations in or near Wilmington, SBCC is also able to provide referrals for an array of additional supportive services including:

- Drug and alcohol counseling and treatment
- Childcare
- Domestic violence intervention
- Primary healthcare services
- Immigration legal assistance
- Housing and emergency food assistance

Building social networks by using community organizing: Outcomes and impacts of this strategy (Strategy 1 in the overall PIDP network approach) fall into two main categories. Because the organizing model of RBCO is both a strategy within the PIDP initiative and the basis for the initiative as a whole, its capacity to develop protective factors leading to improved family function, better child abuse and neglect prevention outcomes, and more cohesive communities is presented in greater detail below. In essence, these outcomes and impact are the core of the PIDP strategy and the strongest indication of its success both in Wilmington and more broadly across SPA 8.

In addition to the protective factor-related outcomes based in the process of the organizing model itself, each NAC participating in the project has also worked to develop its own community-based project oriented to overall primary prevention goals. In the second half of 2009-10, NACs began to work as well on broader neighborhood, SPA, and County levels, planning projects in collaboration with other NACs, stakeholders, public agencies, and CBOs.

Some highlights of the Wilmington NACs' projects in 2009-10 include the following:

- Young Leaders of Wilmington includes 21 members from the 90744 zip code area who have worked to create a community magazine for Wilmington teenagers to bring awareness to issues such as poverty, graffiti, and littering.
- Aguilas Unidas partnered with Wilmington Middle School on a project aimed at helping elementary school students transition successfully to middle school. Members of the NAC presented on the challenges of this transition for both parents and students and ways that parents can stay involved and help their kids with the transition.
- Chosen Generation did a series every Wednesday night for young people to discover their gifts and talents and have productive activities to do in the evening hours. Activities included urban art, basketball, relationship-building activities, and facilitated discussions about the challenges facing youth in Wilmington. The series ended with a leadership conference facilitated by the youth.
- Friendship House created an event to promote unity in families and to encourage parents and children to spend quality time together. They focused on celebrating cultural values and creating opportunities for families to build stronger relationships within the family.

The Wilmington NACs also played a central leadership role in developing a proposal submitted by SBCC, and including participation of a wide range of Wilmington-based organizations and schools, for funding by the U.S. Department of Education's Promise Neighborhoods grant program. In the process of developing this proposal and the various collaborative agreements needed for it, the Wilmington NACs committed themselves to the development of a broader series of community-wide projects in the coming years that are centered on community economic development with a particular focus on support for individual and family entrepreneurship, community health and nutrition, and youth employment. The scale and ambition of these projects are clear indications of the rapid growth of cohesion and effectiveness of the Wilmington NACs. These projects, currently the subject of planning processes involving multiple NACs, SBCC, other PIDP network organizational partners, and a broader set of funders, stakeholders, and agencies, include the following:

Wilmington community kitchen and bakery: Building on the skills and experience of the many Wilmington residents who operate small (often unlicensed) food preparation businesses out of their own homes, the Wilmington NACs will work with SBCC and other partners to refit and repurpose a facility in Wilmington to support a commercial kitchen and bakery operation. This partnership will carry out a schedule of activities that will result in the launch and initial support of a "hybrid" food service/catering business including both a commercial enterprise owned, managed, and operated by community residents, along with the capacity for individual residents to pursue their own smaller-scale entrepreneurial food preparation businesses in licensed, inspected, and adequately equipped facilities. Access to these individual uses of the kitchen and bakery facilities will be open to individuals participating in the Wilmington NACs and who devote a number of hours per month (to be decided in the business planning phase) to working in the larger commercial kitchen/bakery operation. SBCC's Director of Social Ventures, assisted by SBCC community organizers, will convene a Community Enterprise Planning Council composed of delegates from the Wilmington NACs. This council will serve as the initial nucleus for planning, and it will form the basis for an ownership and management team for the kitchen/bakery and other community enterprise activities in Wilmington.

Wilmington urban agriculture project: The inter-NAC Community Enterprise Planning Council will function as the leadership team for planning and feasibility study of an urban agriculture project in Wilmington, which will allow individual community members to garden or farm small individual plots for small financial or “sweat equity” contributions to a central farming business. This central business will engage in larger-scale cultivation and will market its produce directly to Wilmington (which is severely undersupplied with nutritious and fresh food) at a market to be developed at SBCC’s Wilmington location. The farming operation may also create cost-efficiencies for the kitchen/bakery operation, building its supply chain capacity to include locally sourced fresh produce. Discussions are currently in progress with ConocoPhillips regarding use of a large tract of land in Wilmington that may be suitable for this project.

Wilmington youth design and media company: SBCC launched the Urban Arts Academy in 2009, providing training and education, work readiness skills, and an introduction to careers in media and design for at-risk youth in Wilmington. The youth and young adult members of the Academy are organized as a NAC, and they are currently equipped to operate as a small business (the Urban Arts Crew) out of SBCC’s facility in Wilmington, under the business license of the Seventh Element, a local retailer. Developing the capacity of the Urban Arts Crew component of this business to increase the scope and effectiveness of its retail operations, and to move beyond retail into providing graphic and web design, promotional film and video, and other services to individual and organizational clients, would enhance the effectiveness of this youth-led small business. It would also provide a sustainable set of employment and economic self-sufficiency outcomes for the young people participating in the project, which would supplement and expand the opportunities already available through the Urban Arts Academy to move into employment in the media sector.

Resident-led community economic development organization: A key component of the Wilmington NACs’ strategy will be the incubation and transition toward autonomy and sustainability of a community-benefit financial and business services corporation. Membership in this corporation will be open to participants in the Wilmington NACs. NAC members wishing to take part in the new community-benefit organization will donate a set number of volunteer hours per month to administration and staffing of the new organization. To participate in the micro-finance and other direct financial benefit services of the organization (see below), participants will also be required to contribute by direct financial means, or by “sweat equity” valued at rates to be determined by the organization’s membership. PIDP network organizational partners and other stakeholder organizations will provide training, technical assistance, seed capital, and other requirements for this organization.

PIDP Network Impacts: Protective Factors

As indicated above, the central set of impacts of the PIDP network in Wilmington during 2009-10 relate to the development of protective factors among NAC participants. In order to assess these impacts, SBCC as lead agency for the SPA PIDP network has contracted with Dr. Todd Franke of UCLA as an independent evaluator. Dr. Franke’s evaluation methodology and results are presented in detail below.

Instrument: The Relationship-Based Community Organizing Protective Factors Survey (RBCO-PFS) was developed in collaboration with agencies from SPAs 2, 4, 7, and 8 and numerous community members. The current version of the RBCO-PFS is comprised of 72 items and has the following domains; social support, personal empowerment, economic stability/economic optimism, and quality of life (2 measures). There are also five domains designed specifically to assess families with children: immediate and extended family support, professional support, personal non-family support, successful parenting, and parenting challenges. Data were collected at three (3) points in time. There were versions of the survey in two different languages, English and Spanish.

Participants: The instrument was administered to all NAC members in Wilmington in December 2009 and April/May of 2010. The number of surveys returned was over 120 at any of the 3 time points. Wilmington contains approximately 12 neighborhood action councils, comprised of approximately 250 active members.

Longitudinal results: The results from Wilmington present a rare opportunity to study the impact of having a more concentrated “place-based” approach, such as the NACs. Table A.1 presents the results of the repeated measures analysis of variance. This analysis is designed to address questions relating to change over time on each of the 9 factors and the QOL item. Only participants who had data at all three time points and participated in a Wilmington NAC are included in this analysis. All of the factors demonstrated significant changes across the 3 time points. All of the factors demonstrated statistically significant change (improvement) across the three time points.¹⁷

Graphs of each factor over time are displayed on the subsequent pages (see Table A.1). The single biggest difference between Wilmington and the other NACs is that the pattern of change is noticeably different between the two. With three exceptions (3 - economic stability/economic optimism, 9 - successful parenting, 10 - parenting challenges), the overall pattern observed for all the NACs is represented by substantial improvement between the retrospective data collection and December with a leveling off or slight decrease between December and April/May. For the Wilmington-based NACs, there is steady improvement across all three time points on 8 of the 10 measures (see charts below). Not surprisingly, many of the changes from the retrospective to December are large. What is more interesting is the size of the change from December to April, particularly in comparison with the change over the same interval for the NACs as a whole. This is most noticeably true on the measures of immediate and extended family support, personal non-family support, and parenting challenges. The change between December and April is nothing short of astonishing.

Summary: The network of NACs in the Wilmington community is clearly having an impact on the participants, particularly in comparison to all the NACs. It must be remembered that the NACs overall have a statistically significant impact on the families that participate, but in Wilmington this impact is even more pronounced. This may be due to several factors, including the fact that in this well-defined geography, the number of NACs may be reaching (or have reached) a tipping point.

In addition, these NACs have generally been in place for more than a year and are beginning to think of themselves not just as separate NACs but as a network of individuals based on the relationships they have both within and between the groups. In the future, consideration might be given to considering utilizing Wilmington as a case study site for a place-based initiative, with particular focus on establishing correlations between this community-level dramatic gain in protective factors and incident report and other data documenting rates of suspected or confirmed child abuse and neglect. Research literature from other locations has confirmed in multiple studies that such significant gains in protective factors strongly tend to be associated with decreases in overall rates of abuse and neglect.

TABLE A.1. MEANS AND RESULTS FOR ALL 10 MEASURES

	Descriptives				Tests of Within-Subjects Effects	
		T1r	T2	T3	F	Effect size ¹
F1: Social Support	M	1.89	3.63	3.99	F 2,52= 78.07***	0.75
	SD	0.90	0.66	0.47		
	N	27	27	27		
F2: Personal Empowerment	M	2.23	3.37	3.59	F 2,104= 70.66***	0.576
	SD	0.73	0.67	0.51		
	N	53	53	53		
F3: Economic Stability/ Economic Optimism	M	2.80	3.20	3.51	F 2,108= 13.03***	0.194
	SD	0.93	0.74	0.59		
	N	55	55	55		
F4: Quality of Life Scale	M	3.44	4.28	4.46	F 2,108= 29.27***	0.352
	SD	1.16	0.59	0.56		
	N	55	55	55		
F4b: Quality of Life (Single Item)	M	73.45	88.83	88.68	F 2,104= 11.35***	0.179
	SD	25.07	14.81	12.17		
	N	53	53	53		
F5: Immediate and Extended Family Support	M	7.90	8.75	10.35	F 2,38= 4.91*	0.205
	SD	4.41	3.78	5.46		
	N	20	20	20		
F6: Professional Support	M	14.13	22.09	20.48	F 2,44= 9.54***	0.303
	SD	8.82	5.74	5.55		
	N	23	23	23		
F7: Personal Non-Family Support	M	6.55	13.75	16.50	F 2,38= 20.08***	0.514
	SD	5.94	4.71	5.46		
	N	20	20	20		

		Descriptives			Tests of Within-Subjects Effects	
		T1r	T2	T3	F	Effect size ¹
F8: Successful Parenting	M	5.61	6.01	6.54	F 2,46= 3.99*	0.148
	SD	1.51	0.98	0.99		
	N	24	24	24		
F9: Parenting Challenges	M	4.55	4.20	1.84	F 2,42= 16.16***	0.435
	SD	1.75	1.68	1.22		
	N	22	22	22		

*** p < .001; ** p < .01; * p < .05; † p < .10. With the exception of Factor 9, higher means represent improvement
¹Partial ₂ (eta squared)

The means in Table A.1 are presented in Figures A.1 through A.9, which compare the Wilmington NACs to all the NACs.

FIGURE A.1 RATINGS OF SOCIAL SUPPORT OVER TIME

Rating scale:

1-Not at all, 2 - 1-2 times/week, 3-About 1 time a week, 4-Several times a week, 5-About every day.

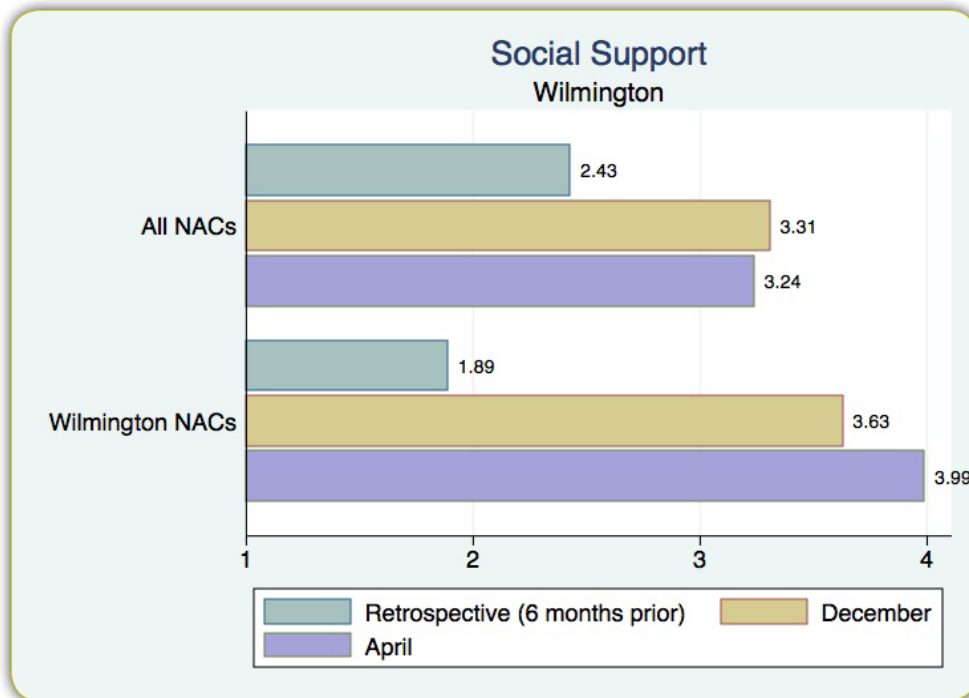


FIGURE A.2 RATINGS OF PERSONAL EMPOWERMENT OVER TIME

Rating Scale:

1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true.

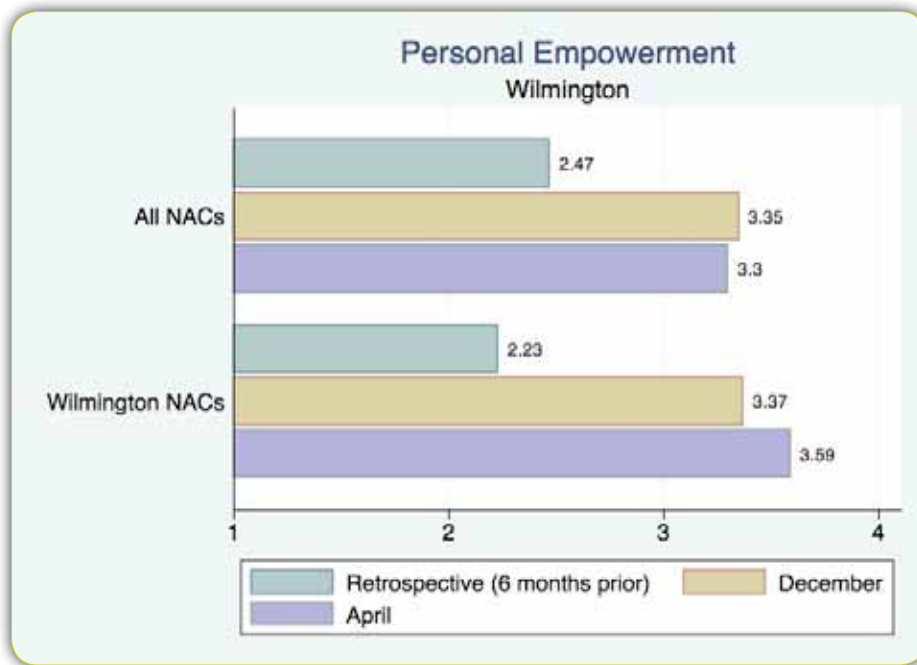


FIGURE A.3 RATINGS OF ECONOMIC STABILITY OVER TIME

Rating Scale:

1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true.

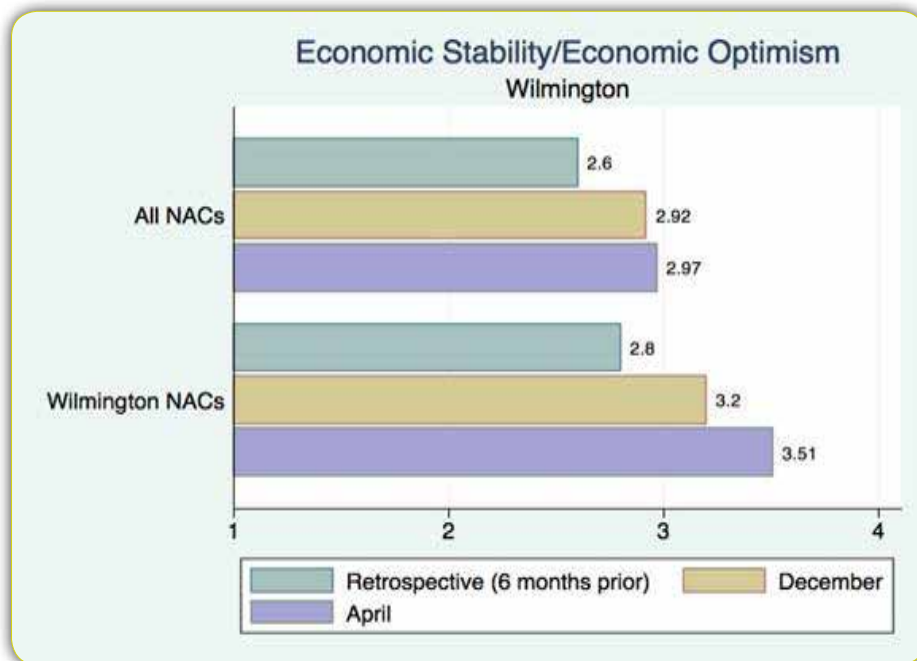


FIGURE A.4 RATINGS OF QUALITY OF LIFE OVER TIME

Rating Scale:

1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.



FIGURE A.5 RATINGS OF OVERALL QUALITY OF LIFE OVER TIME (SINGLE ITEM)

Rating Scale:

0-No quality of life to 100-Perfect quality of life.

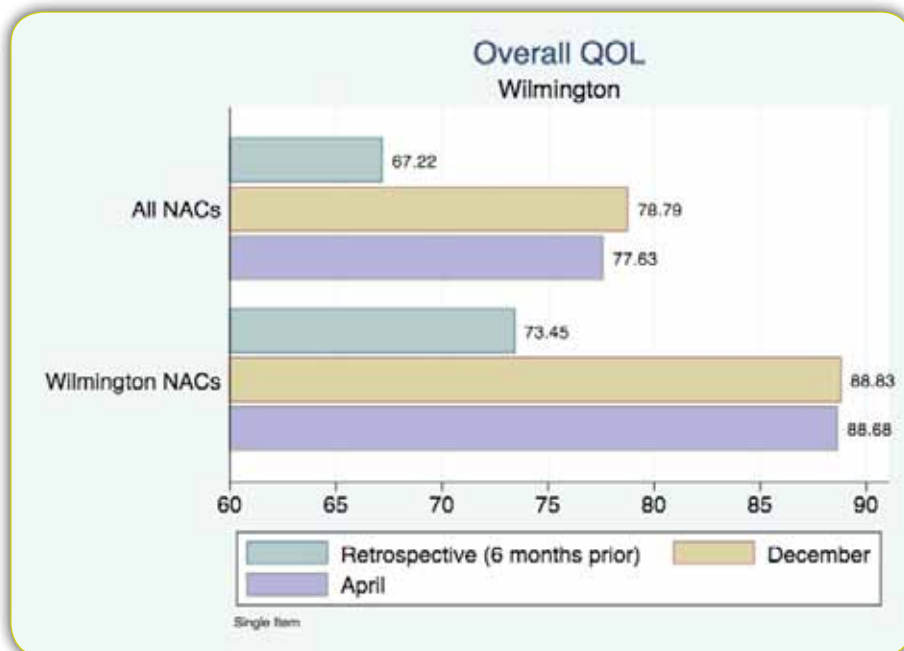


FIGURE A.6 RATINGS OF IMMEDIATE AND EXTENDED FAMILY SOCIAL SUPPORT OVER TIME

Rating Scale:

Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

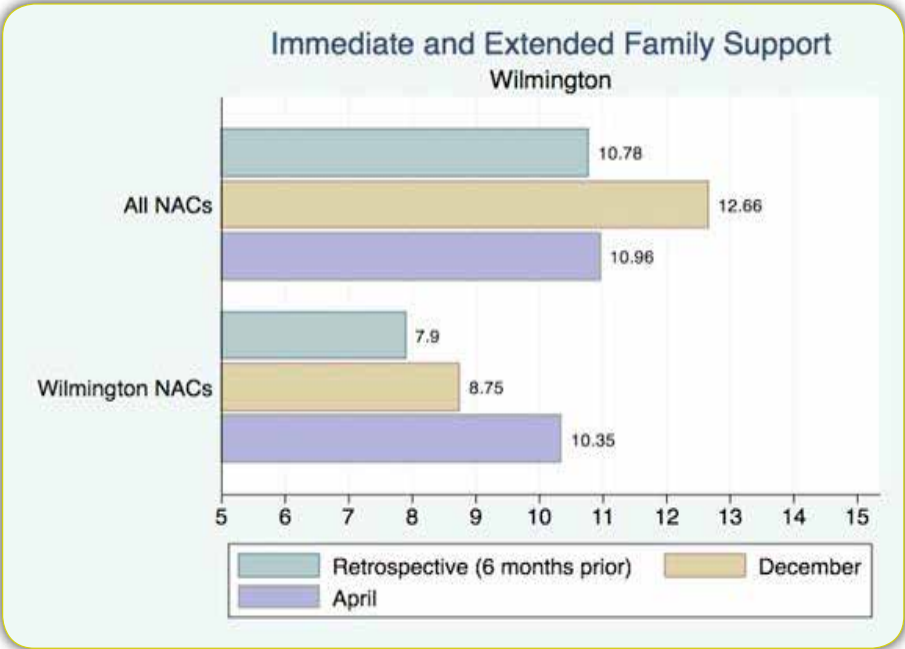


FIGURE A.7 RATINGS OF PROFESSIONAL SUPPORT OVER TIME

Rating Scale: Sum of 6 items - range 6-30; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

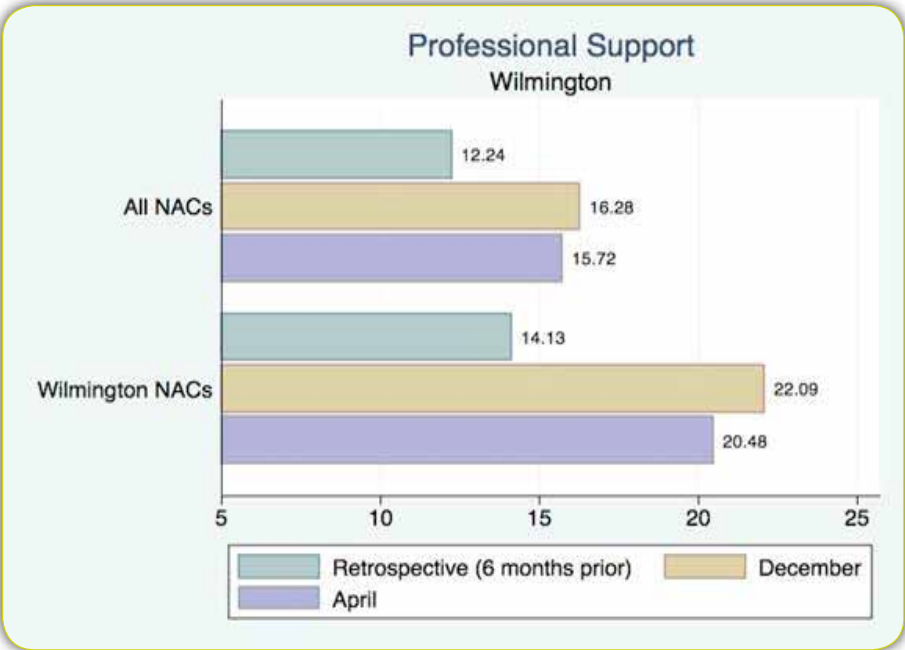


FIGURE A.8 RATINGS OF PERSONAL NON-FAMILY SUPPORT OVER TIME

Rating Scale:

Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

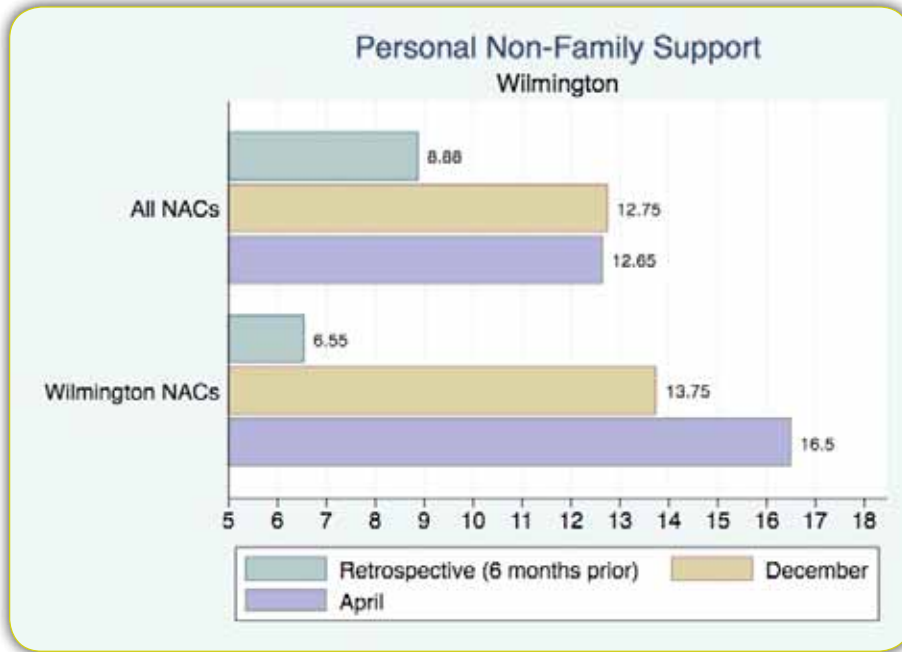


FIGURE A.9 RATINGS OF SUCCESSFUL PARENTING OVER TIME

Rating Scale:

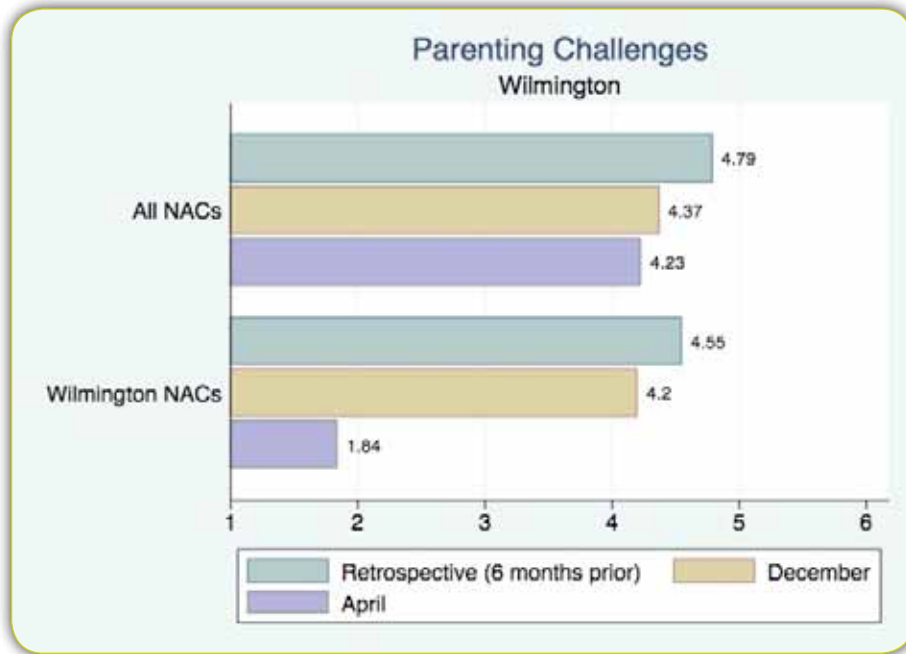
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.



FIGURE A.10 RATINGS OF PARENTING CHALLENGES OVER TIME

Rating Scale:

1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.



Appendix B: Report on PIDP Prototypes SPA 3

Parents Anonymous® Inc. Report on PIDP Prototypes SPA 3 Parents Anonymous® Shared Leadership in Action Program

July 1, 2009 through June 30, 2010 | (Report Date: September 1, 2010)

Introduction

Under the Program Initiative Demonstration Project (PIDP), one of the Parents Anonymous Inc. programs in SPA 3 created and maintained four Parents Anonymous Adult Mutual Support Groups and Children & Youth Programs. 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 and youth program workers. Attendance data are kept in a sophisticated network database from which reports can be generated for specific timeframes. The Parents Anonymous Adult Mutual Support Groups and Children & Youth Programs 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 Parents Anonymous Children & Youth Program designed to promote healthy growth and development and conducted by trained children and youth program workers. After each group meeting, the Parents Anonymous group facilitator debriefs with the parent group leader and the children and youth program workers to discuss significant events and plans for the next week. Between weekly meetings, Parents Anonymous group facilitators and parent group leaders are available for support to group members, as are members to each other. Dissemination of information and outreach to parents interested in the Parents Anonymous group are conducted on a regular basis.

Evaluation methodology includes reviews of attendance data reports; information from Parent Outcomes Surveys, which measure changes in parents who attend Parents Anonymous groups, and findings from the Group Fidelity Tool, a standardized measure of the degree to which Parents Anonymous groups; for adults follow the prescribed model by adhering to Parents Anonymous group principles and standards.

Parents Anonymous Group Attendance Data

Participant and group dynamics information is collected regularly via attendance data collection sheets and entered into the Parents Anonymous Inc. network database.

Adult Group Participant and Group Dynamics Information. One hundred and twenty-one parents attended the Parents Anonymous mutual support group in SPA 3 from July 2009 through June 2010 (12 months). The ethnic background of the parents was 69% (N=83) Latino, 18% (N=22) Black/African American, and 14% (N=12) white. One person was Asian/Pacific Islander, and another was multi-racial. Sixty-seven percent (N=81) were female and 33% (N=40) were male. Thirty-five percent (N=42) were from zip code 91767, 30% (N=36) from 91766, 16% (N=19) from 91732, 6% (N=7) from 91001, 5% (N=6) from 91733, 3% (N=3) from 91768, 2% (N=2) each from 91762 and 91763, and one person each from 91103, 91104, 91731, and 91765. The most common way parents found the group was through a social services or community agency (36%, N=44), followed by hearing about the group from another participant (26%, N=31). The 121 adults served represented 110 families. The group met 148 times during the 12 months with an average weekly attendance of 6.4 participants. Number of times attended

ranged from 16 people who attended once to one person who attended 43 times. A total of 734 group facilitator and parent group leader hours were spent on the group during the 12 months. The topics discussed most frequently were communication and discipline, followed by child abuse and/or neglect, child/teen development, and shared leadership.

Children & Youth Program Participant and Group Dynamics Information. One hundred and two youth attended the Parents Anonymous Children and Youth Program from July 2009 through June 2010. The ethnic background of the youth was 67% (N=68) Latino, 25% (N=26) African American, and 8% (N=8) white. Forty-six percent (N=47) were female and 54% (N=55) were male. Ages ranged from 1 to 15; the most common age range was 6 to 10 years old (46%, N=47), followed by 1 to 5 years old (39%, 40), and 10 to 15 years old (15%, N=16). This group met 146 times during the 12 months, with an average weekly attendance of 5.3 children. Number of times attended ranged from 8 children who attended once to 2 children who attended 30 times. A total of 612 children and youth program worker hours were spent on the group during the 12 months.

Parent Outcomes Survey (POS) Findings

Evaluation and parent satisfaction data were collected from adult group participants via the POS, which contains background questions and charts in retrospective pre-testing format where parents rate their family stressors and the importance of specific reasons for group attendance before attending the Parents Anonymous® group and at the present time. Twelve POSs were collected from group members in January and February 2010. Please note that the small sample size precludes any inferences related to the ratings.

TABLE B.1 BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

Background Characteristics of the Respondents (N=12)	# of Respondents	% of Respondents
# Of Times Attended		
First time	2	17%
2-4 times	1	8%
1-3 months	5	42%
3-6 months	2	17%
6-12 months	2	17%
More than one year	2	17%
Marital Status		
Never been married	2	17%
Currently married	5	42%
Divorced, widowed, or separated	5	42%
Ethnic Background		
African American	3	25%
Latino	5	42%
White	1	8%
Multi-racial	1	8%
No answer	2	17%

Background Characteristics of the Respondents (N=12)	# of Respondents	% of Respondents
Yearly Household Income		
Below \$5,000	7	58%
\$5,001-\$20,000	3	25%
\$20,001-\$35,000	1	8%
\$35,001-\$50,000	1	8%
# of Children in Their Care		
1	8	67%
2	1	8%
3	2	17%
4	1	8%
Children with Special Needs		
ADD/ADHD	2	17%
Adults with Special Needs		
ADD/ADHD	2	17%
Mental health problems	1	8%
Learning disabilities	1	8%

What Respondents Got from the Parents Anonymous Group. Table B.2 shows the average ratings of parents' perceptions of what they got from the Parents Anonymous® group. Highest ratings were given to learning about better ways to communicate with their children, learning about how to reduce stress, and finding out about community resources that would help them.

TABLE B.2 AVERAGE RATINGS OF PARENTS' PERCEPTIONS REGARDING WHAT THEY GOT FROM THEIR PARENTS ANONYMOUS® GROUP (N=12)

Rating scale: 1=None, 2=A Little, 3=Some, 4=Much, and 5=Very Much	Average Rating
Learned about better ways to communicate with my children.	4.17
Learned about how to reduce stress.	4.17
Found out about community resources that could help me.	4.17
Learned about better ways to discipline my children.	4.08
Learned about better ways to raise my children.	4.08
Got help so I could keep my children or get them back.	4.00
Got support from the other parents.	3.92
Learned about ways to control my own emotions.	3.92
Was able to make friends.	3.92

The Importance of the Parents Anonymous Children & Youth Program. On average, parents rated the importance of the Parents Anonymous Children & Youth Program to them as 4.67 and to their children as 4.42 (on a scale of 1-5, with 5 being highest), indicating that the parents perceived the Children & Youth Program as slightly more important to themselves than to their children.

Helpfulness of the Parents Anonymous Written Materials. All parents attending Parents Anonymous® Groups receive an I Am A Parents Anonymous Parent (IPAP) booklet that provides welcoming information and information about how the group operates. Average rating of the helpfulness of the IPAP was 4.27, on a scale of 1-5, where 5 is the highest.

Perceptions of the Parents Anonymous Group Process. The average rating of feeling welcome at the Parents Anonymous group was 4.58, with 83% of the respondents giving the highest ratings of “Much” or “Very Much.” The average rating of how well the group was meeting the respondent’s needs was 4.50, with 83% of the respondents giving the highest ratings of “Much” or “Very Much.” Ratings for both items were on a scale of 1-5, with 5 being the highest.

Ten respondents (83%) reported that they would recommend the Parents Anonymous® group to others and 2 respondents did not answer the question. Those responding described their reasons as:

- It is a comfortable place for help.
- Because they help you.
- It is very helpful.
- It is very helpful to me and the kids.
- You can talk and share your problems and issues.

Ten respondents (83%) also reported that the group had helped them strengthen their relationships with their children and family and 2 respondents did not answer the question. Those responding described their reasons as:

- I can talk to other parents.
- Having someone to talk to.
- I know how to talk to my children instead of yelling [at them].

POS Comparisons of before and after Participating in the Parents Anonymous Groups. Table B.3 provides a comparison of the ratings of family stressors before and after participating in the Parents Anonymous group. The rating scale was from 1=Not Causing Stress to 5=Causing Very Much Stress. As can be seen, the highest before stress rating was for family problems (3.83), followed by unemployment (3.58), legal difficulties (3.58), and concerns about money (3.36). Across the board, ratings after coming to group were lower than before coming to group for all stressors. However, ratings for unemployment, legal difficulties, concerns about money, and family problems remained the highest.

TABLE B.3 RATINGS OF FAMILY STRESSORS

Stressor	Average Ratings before Coming to Group	Average Ratings after Coming to Group	Change
Rating Scale: 1=Not Causing Stress, 2=Causing a Little Stress, 3=Causing Some Stress, 4=Causing Much Stress, 5=Causing Very Much Stress			
Alcohol or drug use	2.17	1.42	↓
Concerns about money	3.36	2.75	↓
Family problems	3.83	2.75	↓
Housing problems	2.83	2.00	↓
Mental health	2.92	2.25	↓
Unemployment	3.58	2.67	↓
Child behavior	3.08	2.18	↓
Family violence	1.83	1.58	↓
Legal difficulties	3.58	2.67	↓
Physical health	2.09	2.00	↓

Table B.4 provides a comparison of the ratings of reasons for coming to Parents Anonymous before and after coming to group. As can be seen, there were increases in all ratings of Reasons for Coming to Parents Anonymous, except for help with family stress, which stayed the same. Interestingly, “For social support, a place where people listen” rose to top ranking.

TABLE B.4 RATINGS OF REASONS FOR COMING TO PARENTS ANONYMOUS®

Reasons for Coming	Average Ratings before Coming to Group	Average Ratings after Coming to Group	Change
Rating Scale: 1=Not Important for Me, 2=A Little Important for Me, 3=Somewhat Important for Me, 4=Very Important for Me, 5=Of Highest Importance for Me			
For social support, a place where people listen	3.50	3.67	↑
For help with family stress	3.58	3.58	↑
For help with parenting skills	3.33	3.50	↑
For help with family violence	2.50	2.67	↑
For help with child emotional abuse	2.50	2.58	↑
For help with child neglect	2.42	2.58	↑
For help with child sexual abuse	2.50	2.58	↑
For help with child physical abuse	2.50	2.58	↑

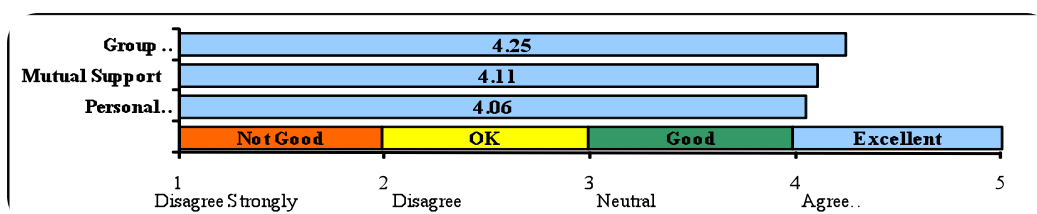
GROUP FIDELITY TOOL FINDINGS

The Group Fidelity Tool (GFT) measures perceptions of the degree to which the adult groups follow the standards and principles of the Parents Anonymous® model. There are two versions of the GFT—one for parents and one for group facilitators. The parent version is in English and Spanish. Psychometric testing has demonstrated the reliability and validity of the GFT. Reports are available to Parents Anonymous® staff via the Parents Anonymous® Inc. network database. There are 13 group standards and 4 principles for Parents Anonymous® groups. The principles are mutual support, personal growth, parent leadership, and shared leadership.

The Parent Perspective

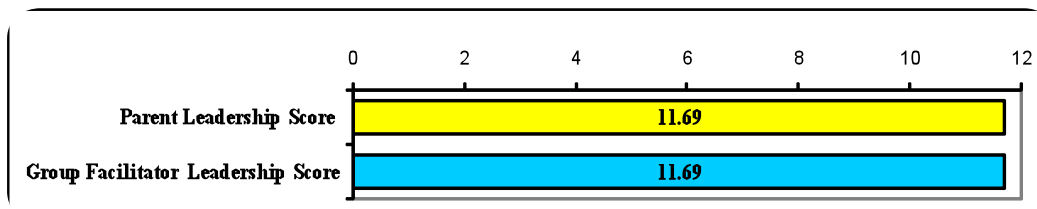
As can be seen in Figure B.1, the average rating of the 17 parent respondents for the degree to which the 13 group standards were followed was 4.25. The average rating for mutual support was 4.11, and the average rating for personal growth was 4.06. All ratings were in the Excellent category.

FIGURE B.1 GROUP FIDELITY INFORMATION



Parent leadership is inherent in shared leadership. Shared leadership is when the parents and group facilitator share responsibility for the group, its operation, and its maintenance. Shared leadership has been a Parents Anonymous group principle since the first Parents Anonymous group in 1969, which was led by the parent founder of Parents Anonymous and her social worker. The GFT contains 12 items that reflect leadership behaviors in the group. The balanced leadership demonstrated by this group is excellent.

FIGURE B.2 SHARED LEADERSHIP



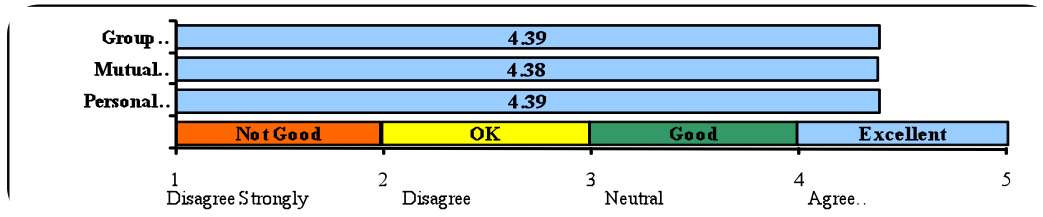
0% difference – Balanced Leadership

Note: A difference of 15% or less between parent leaders and group facilitator average scores is considered “balanced leadership”—the goal for Parents Anonymous groups. Otherwise, group leadership is “parent leader-driven” or “group facilitator-driven,” which are not ideal.

The Group Facilitator Perspective

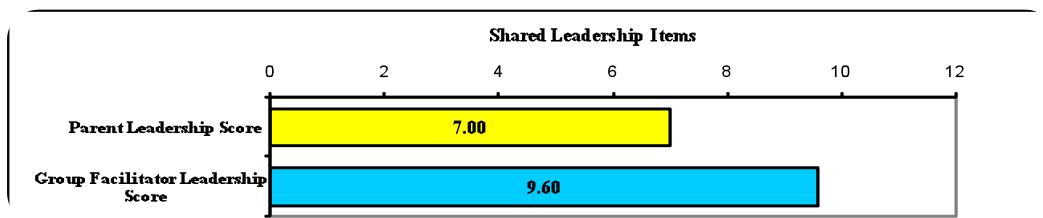
The reporting by the five group facilitators (who share the position) was somewhat different. They reported average ratings of 4.39 for group standards, 4.38 for mutual support, and 4.39 for personal growth – all in the category of Excellent but higher than the parent ratings.

FIGURE B-3 GROUP FIDELITY INFORMATION



In terms of shared leadership, the group facilitator picture was quite different from the parent picture. The group facilitators reported that they performed more leadership behaviors in the group than the parents, resulting in “group facilitator-driven leadership.” (See Figure B-4).

FIGURE B-4. PARENT RATINGS OF SHARED LEADERSHIP



27% difference – Group Facilitator-Driven Leadership

A difference of 15% or less between parent leaders and group facilitator average scores is considered “balanced leadership” – the goal for Parents Anonymous groups. Otherwise, group leadership is “parent leader-driven” or “group facilitator-driven,” which is not ideal.

SUMMARY AND CONCLUSIONS

The data indicate that the adult groups and children and youth programs are maintaining steady attendance and that parents are experiencing improvements in their lives and parenting skills. On average, parents indicated that they highly valued what they got from attending their Parents Anonymous groups. The reasons for valuing the program are evident by looking at the average ratings of family stressors before and after coming to the group meetings, where stressor ratings decreased. In addition, ratings of reasons for coming to Parents Anonymous increased, indicating parents felt they were getting help with family problems and especially that they were receiving social support. For the GFT data, it appears that the parents and the group facilitators agree that there is excellent fidelity in following group standards, mutual support, and personal growth. However, with regard to shared leadership, the group facilitators rate the groups as group facilitator-driven, whereas the parents rate the groups as being led in shared leadership between parents and group facilitators, which is the ideal model.

Endnotes

- 1 Nielsen Claritas, Inc. (2009). Total population. Retrieved from HealthyCity.org
- 2 Nielsen Claritas, Inc. (2009). Household income Retrieved from HealthyCity.org
- 3 Nielsen Claritas, Inc. (2009). Educational attainment. Retrieved from HealthyCity.org
- 4 The Children’s Council of Los Angeles County. (2008). Education and workforce readiness. *Los Angeles County 2008 Children’s Score Card*.
- 5 Crimes. (2008). California Attorney General Criminal Justice Statistics Center. Retrieved from HealthyCity.org
- 6 Los Angeles County Healthy Survey. (2007). Neighborhood safety. Retrieved from HealthyCity.org
- 7 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 included in a series of bi-annual LA County Children’s ScoreCards beginning in 1994.
- 8 Further detail on the methodology applied by Dr. Todd Franke, SBCC’s independent evaluator, with respect to the focus groups and the letter campaign, is available in separate reports upon request.
- 9 Further detail on the methodology applied by Dr. Todd Franke, SBCC’s independent evaluator, with respect to the focus groups and the letter campaign, is available in separate reports upon request.
- 10 2000 U.S. Census (most recent data year available for the 90744 zip code).
- 11 U.S Bureau of Census, American Community Survey 2006-2008 data.
- 12 2000 U.S. Census.
- 13 United Way of Greater Los Angeles, “*Quality of life in Los Angeles County: 2007 state of the County report.*” Retrieved from <http://www.unitedwayla.org/getinformed/rr/socialreports/Pages/QofL.aspx>.
- 14 White, R. D. Wilmington struggling with slowdown at ports: Local unemployment has soared as trade levels plummeted. *Los Angeles Times*, September 19, 2009.
- 15 Data by zip code accessed at the Healthy City website, www.healthycity.org.
- 16 Unless otherwise noted, all statistics in this section were obtained from the Harbor Division “Harbor Area Profile: 04/25/10-05/22/10” document. Full-year data is an estimate based on the approximately 6 months of data for 2009 contained in the report, and includes extrapolations of percentages of gang-related crime to all violent crime per metropolitan area produced by the California Gang Reduction, Intervention and Prevention Initiative (CalGRIP) and proportions of youth victims of crime to overall crime victims per metropolitan area found in the FBI’s Uniform Crime Statistics.
- 17 This is a significant decrease in the case of factor 10 (Parenting Challenges) and represents improvement – reduction in challenges.

Acknowledgments

The evaluation team would like to acknowledge the continuing contributions of the PIDP network leaders, liaisons, and DCFS staff involved in local efforts for sharing their ideas and recommendations, for working closely with us over two years to assure that data were accurate and timely, and for assuring that the evaluation design reflected the wide array of prevention approaches and activities included under the PIDP umbrella. We appreciate the advice, support, and hard work of the DCFS leaders and staff members who supported this second year report including Patricia Ploehn, Norma Doctor Sparks, Harvey Kawasaki, Corey Hanemoto, Jonathan Sydes, Janis Williams, Cecilia Custodio, Rae Hahn, Thomas Nugyen, and Elizabeth Castillo (MSW intern).

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SPA Prevention Initiative Demonstration Project Networks

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