



An innovative child welfare pilot initiative: Results and outcomes



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ABSTRACT

Successful family reunification is achieved only about 50% of the time when children are in foster care. Parents' ability to access and complete court ordered services are paramount in determining whether the family can achieve reunification. However, the research on how to best facilitate service access and utilization are sparse. A matched sample of 100 families with no prior child welfare involvement and at least one child in out of home care were selected from Department of Children and Family closed administrative case files. This study compared 48 families who received traditional child welfare services to 48 families who received a Family First model intervention (PFFP) from a large urban public child welfare agency. The independent variables were the elements that distinguished the Family First model from traditional child welfare services and included the number of caseworkers for the life of the case, caseload size, and service needs met through community partnerships. The dependent variables were the stability of the children's out of home placement, the time to reunification, the length of agency involvement, the stability of reunification at one year follow up, subsequent substantiated child maltreatment reports one year after the cases were closed, the distance a placement location was from the home of the family at intake, the match between identified needs and the timely access of services. Hierarchical regression and survival models were constructed to examine elements of the intervention for their impact on family outcomes. The results suggested that a community partnership model that incorporated family engagement, enhanced service provider accessibility, reduced caseloads, one caseworker for each family, are associated with successful reunification outcomes. Moreover, the intervention families were more likely to have their needs met with clinical or economic services, experienced fewer days in out-of-home placement, shorter involvement with the agency, reduced placement moves and were more likely to be reunified sooner compared to the group who received standard child welfare services. At one year follow up, the intervention families also had fewer substantiated child maltreatment reports and children were more likely to be living in the parental home. Implications for policy, research and practice are presented.

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1. Introduction

For children who have been placed in foster care, reunification with their biological parents is one of the child welfare system's primary goals. Evidence has shown that reunification focused on preventing re-entry has many benefits, which include stability, safety, permanency, and well-being for children, as well as potential cost benefits for state and local agencies (Child Welfare Information Gateway, 2012). Yet, according to a recent report on state performance on federal child welfare outcomes, only 43% of children placed in foster care were reunified within 12 months (Children's Bureau, 2010). In 2014, there were 415,129 children in the foster care system in the United States. Approximately 60% of these children exited the foster care system; yet only 51% were reunified with their biological parents (U.S. Department of Health and

Human Services, 2015). The most recent data from California shows a similar 12-month reunification rate, increasing to about 60% after 24 months in care and then stabilizing at that level (Needell et al., 2013).

Current knowledge about the types of interventions that work best for families who want to achieve reunification have been increasingly over the years. However, current evidence regarding how these interventions may be linked to family outcomes are limited (DePanfilis, 2014; Testa et al., 2014). This study addresses these gaps by evaluating the impact of a community partnership on specific family and child outcomes, which include reunification, number of days in placement, moves and re-entry rates.

2. Background: Pomona Family First project

The Pomona office of the Los Angeles County Department of Children and Family Services (DCFS) collaborated with the Annie E. Casey foundation to implement the "Family First Project" (PFFP) based on the Family to Family initiative. This approach hypothesizes that

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Table 1
Child and caregiver characteristics.

Variables	Comparison by intervention			χ^2	df	p
	Total sample (n = 96)	PFFP subsample (n = 48)	Matched comparison subsample (n = 48)			
	Column %	Column %	Column %			
<i>Child gender</i>						
Male	41	36	46	1.03	1	.31
Female	59	64	54			
<i>Child race/ethnicity</i>						
African American	15	22	8	8.12	3	0.16
Caucasian	20	14	26			
Latino	59	54	64			
Mixed	6	10	2			
<i>Child age at removal</i>						
< 1 year	9	16	24	11.8	4	.45
1–3 years	9	26	16			
4–6 years	12	14	16			
7–9 years	15	8	24			
10 years or older	55	34	20			
<i>Reason for removal</i>						
Removal for neglect	62	40	64	6.89	2	.10
Removal for physical abuse	25	14	8			
Removal for sexual abuse	13	14	12			
<i>Household composition</i>						
Two bio parents	26	30	22	6.16	3	.10
Two bio parents/separate	21	28	14			
Single parent and SO	14	8	20			
Single parent (mom)	39	34	44			
<i>Primary race/ethnicity</i>						
African American	15	22	8	6.41	3	.09
Caucasian	23	16	30			
Latino	61	60	62			
Asian	1	2	–			
<i>Primary language</i>						
English	72	68	76	0.79	1	.37
Spanish	28	32	24			
Primary undocumented	16	18	14	0.30	1	.59

successful outcomes for families are facilitated by a focus on child safety, family well-being, and community partnerships with service providers, local organizations, and private citizens. The Family to Family initiative aims to achieve a set of outcomes that includes: 1) Reduce the number and rate of children placed away from their birth families; 2) Place more children in their own neighborhoods; 3) Reduce number of children served in institutional and group care by shifting resources to kinship care, family foster care and family-centered services; 4) Decrease lengths of stay of children in placement; 5) Increase the number and rate of children reunified with their birth families, 6) Decrease number and rate of children reentering placement; 7) Reduce number of moves

children in care experience; and 8) Increase number and rate of siblings placed together (Annie E. Casey Foundation, 2009).

In an attempt to attain these outcomes, four strategies were implemented in the Pomona Family First project: 1) Found and maintained foster and kinship families who can support children and families in their own neighborhoods; 2) Built community partnerships to better link families with services; 3) Provided Team Decision Making (TDM) meetings; and 4) Created self-evaluation tools utilizing family outcome data that allowed DCF staff, community members, service providers, and local organizations to identify areas of progress and change (Annie E. Casey Foundation, 2009).

Table 2
Needs and services.

	N	PFFP needs case opening	Total % needs met	N	Comparison case opening	Total % needs met
<i>Clinical needs of primary caregiver</i>						
Substance use	27	54%	70%	24	64%	70%
Domestic violence*	13	26%	100%	19	38%	56%
Mental health	4	12%	100%	10	20%	40%
<i>Economic needs of primary caregiver</i>						
Minimal resources	25	52%	51%	28	58%	50%
Medical insurance	31	65%	50%	35	73%	33%
<i>Family economic needs</i>						
Housing	7	14%	25%	11	22%	10%
Transportation	24	48%	87%	39	78%	64%
Child care**	15	32%	60%	23	50%	10%

* p < 0.05.

** p < 0.01.

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