

## PERMANENCY



## An Innovative Child Welfare Pilot Initiative

Chambers, R. M., Brocato, J., Fatemi, M., & Rodriguez, A. Y. (2016). An innovative child welfare pilot initiative: Results and outcomes. *Children and Youth Services Review*, 70, 143-151. doi:10.1016/j.childyouth.2016.09.004

### Issue

Successful family reunification is achieved only about 50 percent 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 is sparse. 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 "Ponoma Family First Project" (PFFP) based on the Family-to-Family Initiative. This approach hypothesizes that 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. A matched sample of 100 families with no prior child welfare involvement and at least one child in out of home care was selected from DCFS closed administrative case files. This study compared 48 families who received traditional child welfare services with 48 families who received the Family First Project model intervention.

### Findings

The first finding was that families who received PFFP services reunified at a rate of 76 percent compared with the control group, which reunified at a rate of 44 percent. Children in the PFFP averaged fewer out of home placement days (408.6) compared to the control group children who averaged a greater time in out-of-home care (792.8). At the 12-month mark, PFFP families had reunified at a rate of nearly 40 percent compared to the control group's average of 16 percent. Children in the PFFP group averaged fewer out of home placements (1.11) compared to the control group where the average was 2.4. The final significant finding was that no children in families in the PFFP group returned to custody one year after case closure.

The model components are:

- 1) enhanced service provider availability to provide mental health and substance abuse counseling, parenting education, transportation, etc. on a weekly basis and are accountable for the progress (or lack thereof) with the family clients
- 2) reduced case loads due to the subsequent increase in weekly time spent on each case
- 3) maintaining one case worker for each case (i.e., finding a means to reduce greatly turnover and increase retention)
- 4) regular Team Decision Making (TDM) meetings
- 5) weekly meetings between the caseworker, parents, and the children to chart and assess progress towards the reunification goal.

ISSUE	FAMILY FIRST (PFFP)	TRADITIONAL REUNIFICATION SERVICES
Reunification rate	73%	44%
Out-of-home days	408.6	792.8
Reunification at 12 months	40%	16%
Number of OOH placements	1.1	2.4
Return to custody 1 year after reunification	0	10%

## Implications

This study demonstrated that a community partnership model that incorporated family engagement, enhanced service provider accessibility, reduced caseloads, one caseworker for each family, TDM meetings, and weekly meetings between parents, children, and caseworkers was associated with successful reunification outcomes. Specifically, the PFFP families were more likely to have their needs met with clinical and economic services, experienced fewer days in out-of-home placement, had shorter involvement with the agency, reduced placement moves and were more likely to be reunified.

This study suggests that when community service providers are actively involved, caseworkers have reduced caseloads and work with the families for the length of the time that the case is open, more frequent visits with parents and children occur and families receive services in a timely manner. Consequently, children spend less time in care and are more likely to achieve reunification without reentry. The interventions do require more resources but may be cost effective if children have reduced rates of in substitute care and are less likely to return to care after reunification. While these results are promising, some limitations must be noted. Data was only collected using closed case files and computerized databases. Consequently, some information about the families' needs or services may have not been included in the available documentation. The measurement of service did not include treatment quality or intensity and family needs were determined by self-reports of the caseworkers and family members. The sample size for the treatment and comparison groups was small which limits generalizability and consequently the analysis may have had insufficient power, so caution must accompany interpretation of the findings. Finally, families in both groups represented those experiencing a first time removal of their children; therefore, these families may be different from the general population of families in the child welfare system. A potential threat of history also exists because the comparison group data were collected retrospectively. Although the caseworkers were the same for both groups, the PFFP had the benefit of a more seasoned workforce.