Partnerships For Families

Stories and Lessons from Los Angeles Communities
For the Reader: Organization of the Report

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This report presents the findings of a case study of the First 5 LA initiative, Partnerships For Families. The report consists of seven chapters:

**Chapter I Introduction** describes the purpose of PFF, its design and core components, and the anchor concepts and principles that guide its development.

**Chapter II Purpose and Design of the Case Study** presents the goals, design, and methodology of the case study. Instead of evaluating the initiative, the case study describes PFF implementation and implications. It draws on extensive interviews, focus groups, and materials to present the perspectives of various stakeholders, the challenges, successes, lessons learned, and implications for various audiences.

**Chapter III Successful Collaboration: Relevant National Field Research** provides context for the collaborative efforts of PFF partners by summarizing national research about community collaboration. From the research and a sample of community experiences, it describes the many ways that community groups work together, the conditions and strategies that contribute to successful collaboration, and lessons from the field.

**Chapter IV Parent Engagement: National Research and Experiences** uses a similar approach to briefly examine the national context for parent engagement efforts. It provides a synopsis of the experiences and lessons of service providers and communities nationwide, including definitions and types of parent engagement, barriers that parents and other residents experience, and characteristics of effective strategies.

**Chapter V Profiles of PFF: Documenting Each Service Planning Area’s Unique Story** features a concise profile of PFF implementation in each of the eight service areas of Los Angeles County. The heart of the case study, these profiles tell the story of collaborative groups working together to strengthen families and keep children safe in the communities of Los Angeles. Each profile briefly outlines the community context within which the local PFF Collaborative operates, its strategies for collaboration and parent engagement, and the policy and system-level impact of its efforts.

**Chapter VI Emergent Themes and Lessons** explores the themes and lessons that have emerged from PFF. It addresses the case study’s four objectives by synthesizing the range of experiences across local PFF Collaboratives, providing illustrative examples from the field, and analyzing the lessons.

**Chapter VII Implications of PFF: Considerations for Communities, Systems and Funders** considers the experiences and lessons of PFF in the context of national developments. The Center for the Study of Social Policy case study team explores the implications for multiple audiences: the prevention field, place-based initiatives, public child welfare systems, and policymakers and funders. The authors recommend options for these audiences to consider as they work to improve outcomes for young children and their families.
Many people and organizations contributed to each step of the case study from its inception to completion. A key goal was to co-design the research project to ensure that it would be a useful, reflective process for all those involved in PFF — including parent participants, frontline staff, community partners, lead agencies, First 5 LA staff and Commissioners, evaluators, and consultants. Mutual learning was a priority. Staff and consultants of the Center for the Study of Social Policy are the authors of this report and accept full responsibility for any omissions or flaws. Unless otherwise indicated, the opinions expressed are theirs alone. At the same time, the report is informed by the best thinking, diligent work, and profound commitment of many partners throughout Los Angeles County.
Chapter I. Introduction: Partnerships For Families

Partnerships For Families (PFF) is unique initiative funded by First 5 LA to prevent abuse and neglect of young children. Drawing from research regarding the risks for children and the factors that help protect them, the initiative aims to strengthen both families and communities to ensure that young children thrive. In addition to promoting research-backed prevention programs, the initiative encourages the development of community networks of services and supports that can help parents nurture their children.

PFF targets families with children from birth through age 5 who are at high or very high risk of harm, as well as pregnant women with specific risk factors for child maltreatment. At the same time, many PFF supports and capacity-building activities are offered to all families within participating communities.

The initiative has achieved documented success. Since its launch in 2006, outcome evaluations have carefully measured the functioning of participating families and diligently recorded the development of PFF. These evaluations confirm that high-risk families who choose to participate in PFF are less likely to be reported for suspected child abuse or neglect. Their children are safer as a result of their participation.

PFF demonstrates that complex efforts are required to keep all children safe and families strong. This case study aims to add depth and richness to the existing body of PFF research by digging deeply into the intricate safety nets built by burgeoning community partnerships. The study focuses on what it takes to build strong community partnerships and to engage families as full partners in achieving results. It probes the strategies that help families build on their strengths to reduce their vulnerabilities. It examines the changes that have occurred in both agency and community practice. And it brings forward the voices of myriad individuals and organizations that share a stake in strong families and communities where young Angelenos can flourish.

By telling the story of PFF, this report aims to illuminate lessons that partners have learned and to help stakeholders use the initiative as a springboard for continued learning and accomplishments.

I. BACKGROUND: FIRST 5 LA AND PARTNERSHIPS FOR FAMILIES

In 1998, California citizens took an unprecedented step to improve the lives of children and their families. By approving Proposition 10, voters authorized a tax on tobacco products to promote, support, and improve the early development of children from birth through age 5. The State distributes the tax funds through First 5 Commissions in each county.

First 5 LA is dedicated to ensuring that all young children throughout Los Angeles County are raised in nurturing environments where they are healthy, eager to learn, and able to reach their full potential. To accomplish these outcomes, First 5 LA has invested more than $699 million in a range of grants, programs, and initiatives.1

A. Desired Outcomes of PFF: Safe Children Thriving in Strong Families and Communities

In 2005, the First 5 LA Commission approved an investment of $50 million to develop a new child abuse prevention initiative called Partnerships For Families (PFF). This five-year enterprise was created to provide voluntary prevention services to pregnant women and families with young children who are at high or very high risk of child abuse or neglect. The initiative operates in partnership with the Department of Children and Family Services (DCFS), which serves as the primary referral source of families to PFF.

1 First 5 LA. About Us. Retrieved May 1, 2010 from http://www.first5la.org/About-Us
To prevent abuse and neglect of young children at high risk, PFF aims to create a community network of services and supports that builds on the inherent strengths of individual families and community partnerships. Recognizing the complex factors that contribute to child abuse and neglect and the robust protections that are needed, PFF focuses on inter-connected outcomes at multiple levels.

Table 1. Desired Outcomes of PFF

<table>
<thead>
<tr>
<th>Family Level Outcomes</th>
<th>Agency Level Outcomes</th>
<th>Community Level Outcomes</th>
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<tbody>
<tr>
<td>&gt; Decreased Family Stressors</td>
<td>&gt; Improved Quality of Services and Supports</td>
<td>&gt; Increased Access to Community-Based Supports and Services for Families</td>
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<td>&gt; Decreased Social Isolation</td>
<td>&gt; Increased Capacity of Community Partners to Coordinate, Collaborate and Mobilize</td>
<td>&gt; Increased Participation in Community-Based Prevention Partnerships (including Engagement of Community Residents)</td>
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<tr>
<td>&gt; Increased Family Functioning</td>
<td>&gt; Increased Availability and Accessibility of Formal and Informal Services and Supports</td>
<td>&gt; Increased Information about Prevention of Child Abuse and Neglect</td>
</tr>
<tr>
<td>&gt; Increased Child Functioning</td>
<td>&gt; Increased Capacity of Community Partners to Identify, Engage, and Serve At-Risk Families</td>
<td>&gt; Increased Reliance on Evidence-Based Practices Among Service Providers</td>
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<td>&gt; Decreased Child Abuse and Neglect Re-Referrals</td>
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<tr>
<td>&gt; Increased Utilization by Families of Formal and Informal Services and Supports</td>
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According to extensive studies, the risks that contribute to child abuse and neglect and the protective factors that alleviate those risks can occur on multiple levels:

> Individual parent and child attributes, including physical and mental health,
> Parent-child relationships,
> Family environment, and
> The extra-familial environment, including the availability and quality of supports.

Risks increase when parents experience social isolation, socio-economic disadvantage, and/or high levels of environmental stress. Studies show that harmful stress escalates when families experience lack of resources for adequate housing, employment, child care, transportation, and health care, as well as increased exposure to public safety risks within communities.

Both PFF’s program design and implementation approach target the five protective factors at multiple levels. Additional research and national experience support the direct services selected by First 5 LA as core components of PFF.

B. Supporting Evidence: What Works to Prevent Child Abuse and Neglect

When designing PFF, First 5 LA drew on national research about the factors that contribute to child abuse and neglect and the strategies that help prevent maltreatment. Rigorous research identifies five protective factors that reduce child abuse and neglect: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children’s social and emotional development.3

According to extensive studies, the risks that contribute to child abuse and neglect and the protective factors that alleviate those risks can occur on multiple levels:

> Individual parent and child attributes, including physical and mental health,
> Parent-child relationships,
> Family environment, and
> The extra-familial environment, including the availability and quality of supports.4

Risks increase when parents experience social isolation, socio-economic disadvantage, and/or high levels of environmental stress. Studies show that harmful stress escalates when families experience lack of resources for adequate housing, employment, child care, transportation, and health care, as well as increased exposure to public safety risks within communities.5

Both PFF’s program design and implementation approach target the five protective factors at multiple levels. Additional research and national experience support the direct services selected by First 5 LA as core components of PFF.

II. THE PFF MODEL

First 5 LA initiated PFF by issuing a Request for Proposals (RFP) that encouraged communities to weave a safety net of supports and services to help parents raise children in safe and nurturing environments. In this way, PFF aimed to help both families and communities build resilience and the capacity to manage stress before it escalates.
A. Community Partnerships
First 5 LA funded a community-based PFF Collaborative in each of the eight Service Planning Areas (SPAs) that span Los Angeles County (See Map in Appendix C). Within each SPA, PFF targeted a geographic region defined by zip codes. A ninth SPA Collaborative was established under PFF in 2009 to serve local, urban, Native American families throughout the County. Due to its delayed formation, the ninth Collaborative is not included in this case study.

In each SPA, First 5 LA funds a lead agency to facilitate delivery of PFF services through a new or existing collaboration of agencies and providers. Instead of funding agencies to provide specific services, programs, and other core components, First 5 LA provides funding to the community partnership in each SPA through lead agencies. Each lead agency sub-contracts with partner organizations, and together they form local Collaboratives to implement the initiative’s core components. According to First 5 LA staff, “It didn’t matter if the Collaborative was brand new or had been working together. What we wanted were agencies that really had their finger on the pulse of the community.” Another staff person added, “The important piece was that they had the capacity to provide all the services that we thought families would need, were open and willing to build their Collaborative, and reflected the community.”

This grant-making approach to Collaboratives is a clear departure from many fee-for-services contracting practices. The Collaboratives are responsible for providing PFF-sponsored supports, services, and activities and for linking with other community partners and resources to strengthen families and protect children. First 5 LA staff explain, “We hoped that nonprofit leaders would be willing to say ‘This isn’t just my territory’. We were looking for that willingness to be flexible, and to see beyond their own agency, to see what can be done to build a better community.”

B. Access to an Array of Supports, Services and Opportunities
The initiative’s core components include a broad range of voluntary services and supports to help targeted families safely care for their children. Just as there is no one factor or set of factors that “always” results in abuse or neglect, there is no single strategy that mitigates risks and provides protection. PFF aims to provide access to a comprehensive array of supports, services and opportunities from which families can choose the options that best fit their unique circumstances, needs, and strengths.

While the PFF framework upholds the provision of “formal” services and supports to prevent child abuse, the initiative recognizes that agency services alone are not sufficient to create a safe, nurturing environment for children and their families. PFF’s safety net protects children and supports families through intensive direct services, concrete services to address families’ urgent needs (food, clothing, transportation, etc.) as well as informal social supports and networks. Informal supports offered by relatives and friends, churches, community groups, and other neighborhood social networks are important sources of information and assistance. In many cases, these local networks are the “first responders” when families face unfamiliar or unanticipated stresses.

III. BUILDING A COMPREHENSIVE NETWORK OF COMMUNITY SERVICES AND SUPPORTS: CORE COMPONENTS AND REQUIREMENTS OF PFF
The multi-faceted expectations of Collaboratives’ lead agencies and partners illustrate the complexity of a community network that can prevent child abuse and neglect. The program model includes six months of voluntary services and supports for families. The First 5 LA RFP specified the framework illustrated in Figure 1 and the core components and requirements presented in Table 2 below.

Figure 1. PFF Initiative Framework
### Table 2. Core Components and Requirements of PFF

#### 1. DIRECT PREVENTION SERVICES

<table>
<thead>
<tr>
<th>Core Components</th>
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<tr>
<td><strong>Case Management</strong></td>
<td>The lead agency must:</td>
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<td>&gt; Contact family within two days of referral</td>
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<td>&gt; Conduct at least two in-home visits per month over a six month period</td>
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<td>&gt; Provide in-home support and educational services</td>
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<td>&gt; Assess family strengths and needs</td>
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<td>&gt; Assist with service access and system navigation</td>
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<td>&gt; Conduct family team decision-making conferences</td>
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<td><strong>Concrete Services</strong></td>
<td>The lead agency must galvanize public and private organizations’ resources</td>
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<td>to help families meet emergency basic needs including:</td>
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<td>&gt; Emergency housing</td>
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<td>&gt; Emergency food</td>
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<td>&gt; Emergency financial assistance and ongoing income support</td>
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<td>&gt; Medical care</td>
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<td>&gt; Transportation</td>
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<td><strong>Specialized Intensive Services</strong></td>
<td>Lead agencies must collaborate with specialized providers to identify special</td>
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<td>family needs and facilitate access to services, including:</td>
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<td></td>
<td>&gt; Alcohol and substance abuse assessment and treatment</td>
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<td></td>
<td>&gt; Mental health treatment</td>
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<td></td>
<td>&gt; Domestic violence services and shelters</td>
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<td></td>
<td>&gt; Child and family therapy</td>
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<tr>
<td><strong>Early Care and Education</strong></td>
<td>Collaborative agencies must provide access to safe, affordable high-quality</td>
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<td>care and education programs that include:</td>
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<td></td>
<td>&gt; Family support services</td>
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<td></td>
<td>&gt; Curricula and activities that promote children’s healthy social and emo-</td>
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<td></td>
<td>tional development</td>
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<td></td>
<td>&gt; Staff with leadership skills and cultural and linguistic diversity</td>
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<td></td>
<td>&gt; Mental health consultation</td>
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<td></td>
<td>&gt; Engagement of men</td>
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<td><strong>Informal Family Supports</strong></td>
<td>Collaboratives must provide access to a range of informal supports.</td>
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<tr>
<td><strong>Linkages to Supplemental Community Supports</strong></td>
<td>Collaboratives must provide linkages to other First 5 or DCFS contractors</td>
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<td>that provide:</td>
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<td>&gt; Resources and services for siblings over age six</td>
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<td>&gt; Job training and employment services</td>
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<td></td>
<td>&gt; Educational assistance</td>
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<td></td>
<td>&gt; Safe and affordable housing</td>
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<td>&gt; Regional center services</td>
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### 2. CAPACITY BUILDING

<table>
<thead>
<tr>
<th>Core Components</th>
<th>Requirements</th>
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<tbody>
<tr>
<td><strong>Within the Collaborative</strong></td>
<td>Collaborative organizations must increase the capacity to recruit and retain at-risk families, to implement PFF, and to achieve positive child and family outcomes through:</td>
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<td>&gt; Ongoing staff development</td>
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<td>&gt; Information sharing and cross training</td>
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<td>&gt; Improved administrative systems</td>
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<td>&gt; Increased knowledge of evidence-based practice</td>
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<td>&gt; Improved data collection and utilization</td>
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<td><strong>Within the Community</strong></td>
<td>PFF agencies are required to participate in community capacity-building, policy, and advocacy through:</td>
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<td>&gt; Settings with positive parent-child interaction and learning</td>
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<td>&gt; Ongoing opportunities for positive connections between families, service providers, and communities</td>
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<td>&gt; Positive messaging and outreach</td>
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<td></td>
<td>&gt; Strategies that build supportive leadership and shared commitment to prevention</td>
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<td>&gt; Family engagement in community-based problem solving</td>
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### 3. PERFORMANCE MONITORING AND ACCOUNTABILITY

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<thead>
<tr>
<th>Core Components</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Outcome and Performance Accountability</td>
<td>&gt; In collaboration with First 5 LA and the PFF Initiative Evaluation Team, Collaboratives must:</td>
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<td>&gt; Identify and track progress toward targeted family, agency, and community outcomes</td>
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<td></td>
<td>&gt; Monitor performance measures related to service capacity and delivery, collaboration, family engagement, adherence to research-based family support principles, and capacity building</td>
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IV. THE ANCHOR CONCEPTS OF PFF

A unique set of inter-connected concepts and principles has steered the development and implementation of PFF. These concepts are embedded throughout PFF design and promoted at all levels of the initiative — among families, between service providers and families, and among community organizations, public agencies, and First 5 LA staff. Rather than freestanding principles that can be implemented separately, these foundational values are intertwined and inseparable.

A. Commitment to Learning

From the outset, PFF has been envisioned as a learning initiative. Its design acknowledges that preventing child abuse and neglect demands intentional and ongoing learning for all partners. PFF builds on First 5 LA's experience working with communities and on lessons from nationwide initiatives. For service providers, community organizations and Collaboratives, helping families build strong networks of support requires learning new skills, new practices, and new approaches for working together.

The commitment to mutual learning assumes added importance due to the voluntary nature of PFF's preventive services. In contrast with prevention and child protection programs that mandate parental participation, PFF hinges entirely on the willingness of families to engage with Collaborative partners to address highly personal and sensitive issues.

1. A process of continuous development. Learning is a developmental process for PFF agencies, practitioners, and Collaboratives, just as it is for families. The initiative starts with participants where they are in their own development and promotes continuous learning and growth.

PFF is designed to help parents build on their existing strengths, assets, and skills to learn new strategies for protecting their children. Practitioners are encouraged to stretch beyond their previous disciplines to help families develop and accomplish plans for keeping their children safe. The initiative also urges partner agencies to learn new ways of working together that leverage each other's strengths. Within each SPA, stakeholders and Collaborative partners work to strengthen their communities' existing resources and build new networks that support families.

While the goal is continuous learning and improvement, learning is not always a steady progression and often takes place in ways that are unexpected. A First 5 LA staff member stated, "This is supposed to be a learning initiative. It is not always about the numbers but about the learning and what the partners are doing to improve."

2. Opportunities for mutual learning. PFF is committed to promoting learning at all levels and among all partners. First 5 LA launched PFF with the clear intention of providing ongoing opportunities to cull and incorporate lessons learned about the initiative's prevention model. Throughout implementation, PFF participants have shared emerging information about critical program components and best practices related to the interactions of families, service providers, and communities at large.

3. Fidelity and flexibility. A key part of the PFF model is the combination of maintaining fidelity to those components for which there is evidence and knowledge, while allowing flexibility to tailor strategies as learning occurs. Core service components that are backed by research, such as home visiting, availability of concrete services for at-risk families, and in-home parenting education and support, are non-negotiable requirements for Collaboratives. At the same time, parents have a right to choose how they will be involved, and Collaboratives need flexibility to develop options that will engage families and respond to their unique situations.

PFF's also encourages Collaboratives to develop strategies that are tailored to their communities' unique demographic, economic, historic, and cultural contexts. This flexibility provides Collaboratives the ability to test strategies, to build community networks that are meaningful and supportive to residents, and to develop innovative prevention strategies. A PFF leader explained, "Grantees were very concerned that we would make them change what they were already..."
doing, but they were free to work in their community in the way that best fit the community and still achieve the goals and expectations of the initiative, which are to reduce child abuse and neglect.

4. Ongoing response to emerging lessons. As a result of the initiative's commitment to ongoing learning, PFF's theory of change has evolved. (See Appendix D for the PFF Theory of Change.) First 5 LA's PFF Initiative Evaluation Team has revisited the theory of change as the initiative has moved from conceptual design to practice. PFF encourages ongoing reflection and analysis of the alignment between its defined model and the actual experience of its implementation. In turn, this learning informs continuing improvement of the model.

5. Lessons for the field. PFF presents a valuable opportunity to inform the field regarding targeted prevention, family strengthening, and community-building — including how these terms are defined, how the strategies are used, and how they may relate to and complement one another. Los Angeles County's scale, complexity, and cultural diversity make it an ideal laboratory for learning that can inform both local and state jurisdictions nationwide.

B. Collaboration

“Strengthening families to prevent child maltreatment is a complex undertaking and necessitates the involvement and collaboration of numerous organizations and entities.”

No single service, program, agency, or service system acting alone can prevent child abuse and neglect. Collaboration is both a core value of PFF and an anchor strategy that further distinguishes the initiative from many other prevention efforts.

Commitment to working together is embedded throughout PFF design. First 5 LA developed and implemented PFF in partnership with DCFS. Collaboration among lead agencies and their partner organizations is the vehicle for building community service and support networks. PFF promotes collaboration among public and private agencies and initiatives to leverage — rather than replace — existing services and supports. While PFF encourages collaboration with families as the approach for formal service delivery, teamwork among parents, neighborhood groups, and community organizations provides informal support for protecting children.

PFF provides an opportunity to gain greater clarity about the ways in which families, Collaboratives, and communities are interrelated and can be mobilized to address the needs of children early and well. The initiative recognizes the potential for Collaboratives to become the nexus between families and their communities. At the same time, Collaboratives and community are not synonymous, and stakeholders have refrained from using the words interchangeably when describing the initiative's aims and expected results.

C. Parent Engagement

Rather than engaging parents solely as recipients of assistance, PFF aims to join with them as full partners in preventing child abuse and neglect. The initiative provides support for parents to assume a leadership role in defining and achieving their goals within their own families. In addition, parent consultation in the initiative and local Collaboratives is a core component. According to PFF staff, “From the very beginning, we knew that in order to have the impact and the results that we wanted to have with this initiative, parents needed to be engaged in the design of the program and the delivery of services. All of the networks were required to develop parent advisory councils with specific functions and roles for parents including the ability to advocate for themselves and to provide feedback to the agencies on how services were delivered.”

1. Focus on family strengths. At the heart of PFF is the understanding and conviction that all families have strengths. For families with a child at risk, the strengths are often unacknowledged or underdeveloped. Helping vulnerable families recognize, use, and enhance their strengths boosts their ability to protect their children. For example, families may have relatives who can provide temporary relief from child-caring responsibilities during stressful times, or parents may have underdeveloped job skills that could increase the family's financial resources and help meet children's basic needs.

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The priority is to respect families and what makes each family unique — the culture, experiences, and perspectives of its members. The array of PFF voluntary services and supports demonstrates this respect for families and their strengths by allowing parents to choose the strategies that work best for them.

2. Engagement in services and supports. Parents are not required to participate in PFF. Their participation hinges on their voluntary engagement in relationships and activities that they find meaningful and helpful in accomplishing their own goals. PFF service components were designed to engage parents by interacting with respect, meeting with them in their own homes and communities, and providing concrete and other assistance that families themselves identify as priorities.

PFF grantees are mandated to engage parents and their children in a manner that is non-threatening, non-stigmatizing, and culturally and linguistically appropriate. A welcoming, family-friendly approach to the delivery of services and supports is emphasized. In addition to services for families referred by DCFS and other sources due to the risk of child abuse or neglect, many PFF-sponsored activities are available for all families in the community.

3. Engagement in community-building. Along with engagement in services and supports, PFF seeks to engage parents in building community networks of support and in making their neighborhoods safe, healthy environments where their children can thrive. First 5 LA and community Collaboratives encourage parents to provide peer support to each other, to become involved in local PFF advisory councils and other parent networks, and to become active advocates for effective services, assistance, and policies. PFF requires that local Collaboratives help parents become a strong voice — both individually and collectively — for their children, their families, and their communities.

D. Institutional Supports

First 5 LA made an intentional commitment to help Collaboratives, agencies, and communities build the capacity required to implement PFF. For many practitioners and agencies, PFF strategies mean a new way of operating — focusing on family strengths, engaging families as partners, offering concrete assistance to meet basic family needs, and working as part of a Collaborative. The initiative includes technical assistance and training opportunities to support partners’ ongoing learning and improvement.

MODELING SUPPORT. For First 5 LA, providing institutional supports is one way that PFF can “walk the talk.” The funder strives to model the approach for providing assistance by building relationships with stakeholders, focusing on partners’ strengths, and offering a variety of supports and opportunities for learning. First 5 LA avoids focusing on Collaboratives’ compliance with PFF requirements and performance measures in a vacuum. Instead the funder recognizes and practices a developmental approach to PFF. As a mutual learning initiative, PFF offers opportunities for everyone to gain knowledge.

First 5 LA staff described the relationships they wanted to establish with grantees. “We don’t have to have all the answers. It’s really more about working with them and being a guide than it is telling them, ‘Oh, you should have this here and this here because that’s what makes a good community.’ It’s really about partnership, because what we feel is important may be entirely different than what the community thinks is important.”

A colleague added, “That’s a very different type of role than to be simply a compliance oversight officer who goes in twice a year and says, ‘Let me see your reports.’ We really sit down with them and say, ‘Have you thought about this? If not, what are you thinking about doing to change direction on this or have it work better for you?’ I think it was asking those questions instead of saying, ‘Something’s not working here.’”

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"For many practitioners and agencies, PFF strategies mean a new way of operating."
CONCLUSION
All of the elements of the PFF model — its core components and requirements, embedded values and principles, and strategic “anchors” — are intended to work in tandem to build a safety net for families with a child at risk of maltreatment. While the initiative builds on previous First 5 LA experiences and learning, it is a unique and ambitious effort. It attempts to leverage the strengths and resources of Los Angeles County parents, residents, and communities to keep children safe. This is the story of their effort.
Chapter II. Case Study Purpose and Design

I. OVERVIEW OF PFF EVALUATIONS: WHAT THE DATA SHOW

Now in its fourth year, PFF has undergone a series of program evaluations led by a joint team of principal investigators from the University of Southern California, the University of California at Los Angeles, Claremont Graduate University, and the Juvenile Protection Association. These researchers collect and analyze data from PFF agencies each month.

The data show that the initiative reduces the number of at-risk families who are re-referred to DCFS for potential child abuse. Consequently, it also is likely to reduce the number of children entering the Los Angeles County child welfare system.

Between the initiative’s launch in 2006 and June 2008, DCFS regional offices referred 2,075 families to the eight PFF Collaboratives. An additional 500 high-risk pregnant women were referred by community agencies. Among participating families:

> An average of 78 percent of the families referred to PFF voluntarily participated in services.
> Families who were enrolled in PFF were significantly less likely than non-enrollees to be re-referred to DCFS (13 percent versus 29 percent).
> Sixty-five percent of participating parents reported that overall their family situation had improved.7

Parent feedback gathered by the PFF Initiative Evaluation Team through family focus groups, surveys, and interviews indicated that parents felt more self-confident and better able to regulate their stress after participating in PFF. Parents reported that they used new parenting skills, such as strategies for fostering positive, open communication. Participating parents attested that the positive, supportive relationships they developed with agency staff and other families were critical to their successful engagement in PFF. Parents reported finding support within community Collaboratives and said that the social connections established with workers and other parents were what they valued most about their experiences.8

II. CASE STUDY OBJECTIVES

In light of the growing evidence of PFF’s success, in December 2008, First 5 LA commissioned a qualitative case study by the Center for the Study of Social Policy. Instead of an evaluative effort, the case study aims to better understand PFF components and implementation strategies that have contributed to the initiative’s success. The case study objectives are to:

> Identify the strategies employed by PFF Collaboratives to achieve and sustain improvements among at-risk families, including the key conditions and actions that serve as catalysts for positive change;
> Document emerging best practices, benchmarks, and lessons learned regarding the effective development and maintenance of community-based PFF Collaboratives;
> Define both the common and unique factors across PFF Collaborative networks that impact program implementation within and across SPAs; and
> Identify “readiness factors” that speed and strengthen the collaborative process.

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12 PARTNERSHIPS FOR FAMILIES: STORIES AND LESSONS FROM LOS ANGELES COMMUNITIES
II. Case Study Objectives

A. Rationale: Why Conduct a Case Study?

Evaluating collaborative, community-based initiatives is an inherently complicated, multi-faceted undertaking. PFF research challenges include variations in community context and implementation approaches across Collaboratives, as well as the constantly changing nature of relationships among service providers faced with an unpredictable resource landscape.

PFF evaluative efforts have focused on measuring improvements in family functioning and chronicling the early development of Collaboratives. The PFF Initiative Evaluation Team’s ongoing outcome evaluation and performance monitoring are essential to determine the effectiveness of services and supports provided under PFF.

This case study examines PFF in a way that is both different and complementary. It does not duplicate or replace PFF evaluations. Instead, it focuses on a separate set of goals.

1. Qualitative documentation and analysis

The case study supplements and complements the Evaluation Team’s results-oriented evaluation. By documenting PFF stakeholder experiences and lessons learned, the case study aims to deepen First 5 LA’s understanding of the initiative’s implementation strategies, challenges, accomplishments, and implications for future, place-based efforts. Qualitative documentation and analysis add depth, detail and richness to the existing research. The case study gives voice to participants by describing their experiences and views and allowing them to “tell their stories.” These reflections help shed light on the link between specific PFF strategies and documented successes.

2. Telling each Collaborative’s story

By examining the unique characteristics, dynamics, and experiences of each PFF Collaborative, the case study increases understanding of the local context and variation within the initiative. It explores the processes and strategies that each Collaborative developed within the historical, cultural, economic, and social context of their communities. The differences and nuances of each SPA add to the richness of the PFF story and give depth and credence to its lessons. Examining each SPA’s experiences from the perspective of a range of local stakeholders helps to ensure that the influence of community roots and participants are acknowledged.

3. Lessons for the future

From PFF experiences and analysis, the case study extracts lessons about what building a strong community-based, prevention-oriented collaborative entails. The case study aims to articulate the conditions, strategic decisions, and resources that enhance or hinder families’ progress and Collaboratives’ effectiveness. At the same time, this study is intended to highlight improvements and innovations in agency and community practice that may be replicable within other Los Angeles initiatives or transferable to other family-strengthening efforts across the country.

B. Key Questions

The case study investigates numerous factors and dynamics of PFF, including the following:

1. What are the key levers, conditions, and capacities that communities need in order to build the social networks that strengthen families?

2. What strategies have PFF Collaboratives developed to engage families in preventing child abuse and neglect? Which strategies work to increase and sustain voluntary participation and action by families?

3. How and why are positive changes in family well-being occurring? What components of the PFF model are most critical for improving child and family outcomes?

4. What are the commonalities and differences among PFF Collaboratives? What factors contribute to variations across SPAs?

5. What practice, program, policy, and system innovations have been developed? How were they achieved and sustained? How have they contributed to the success of PFF Collaboratives?
III. The Role of the Center for the Study of Social Policy

A. Background

Founded in 1979, the Center for the Study of Social Policy (CSSP) is a policy, research, and technical assistance organization. Headquartered in Washington, D.C., CSSP works with states, communities, and many partner organizations across the nation. CSSP relies on data and extensive community experience to promote smart policies that improve the lives of children and their families and reduce the inequities that leave far too many children behind.

The Strengthening Families initiative is a major CSSP enterprise focused on young children and their families. Strengthening Families is an approach for working with children and families in early education centers, child welfare departments, and other settings. It promotes optimal child development and supports families in building the Protective Factors that reduce child abuse and neglect. The Center has developed and published a wide array of resource guides and assessment tools to promote the provision of high-quality services for children and families, including the Strengthening Families Guidebook for Early Care and Education Centers and an online self-assessment tool for programs serving young children and/or their families.

Another CSSP initiative, the Community Partnership for Protecting Children (CPPC), also provides a foundation for the study of PFF. From 1996 to 2006, CPPC worked with 50 local partnerships across the country to change fundamental thinking about how society protects children and to reform child welfare systems. Each site implemented four interwoven strategies: individualized practice; neighborhood networks; child protective services policy, practice and culture change; and shared decision-making. The work of CPPC yielded extensive information about improving child welfare support systems and services.

A third body of work that contributes to CSSP's expertise is the Community Decision-Making (CDM) Project. CDM is a decision-making process that allows a community to take responsibility for developing and implementing strategies to achieve better results for children, families, and communities. Community decision-making is usually conducted through a partnership that mobilizes and capitalizes on local strengths, formal resources, and informal supports to improve the quality of residents' lives.

B. Scope of Work

In January 2008, First 5 LA engaged the Center for the Study of Social Policy to provide technical assistance to PFF. The initial scope of work focused on:

> Promoting the adoption of Strengthening Families Protective Factors by PFF grantees and local partners as a common platform for program and policy development, frontline practice, and parent partnership;
IV. Case Study Purpose and Design

Increasing linkages between early care and education programs, PFF grantees, local partners, and families referred to PFF by DCFS;

Integrating the Strengthening Families framework into DCFS and the Department of Mental Health (DMH) prevention and early intervention programs vital to families served through PFF.

A team of CSSP staff and consultants began this work. At the same time, ongoing discussion among the CSSP team, PFF program officers, First 5 LA research and evaluation staff, and grantees led to idea of a case study as an opportunity for mid-course documentation of PFF developments and impacts outside of the scope of the existing evaluation. Planning and co-design initiated in January 2009 with completion targeted for the first quarter of 2010.

IV. CASE STUDY METHODOLOGY

The methods used to conduct the PFF case study were designed to help those closest to the work — including staff from Collaborative partner agencies and participating parents — to accurately describe their experiences, observations, and recommendations. Data collection and analysis, while rigorous and far-reaching, were not performed as an evaluative effort. Rather, the aim was to add greater richness and depth to an articulation of PFF implementation strategies that have contributed to the initiative’s success.

A. A Commitment to Co-Design and Transparency

Incorporating principles and strategies of participatory research, the CSSP case study team used an extensive co-design process to develop the case study research methodology and data collection tools. PFF grantees and stakeholders (agency administrators, frontline staff, parents, grassroots service providers, and community representatives, along with PFF evaluators and capacity building consultants) were engaged as co-design partners. Through ongoing outreach, the CSSP case study team solicited these partners’ guidance to inform the development of key questions and protocols, to create SPA-specific implementation strategies, and to identify key informants.

Benefits derived from engaging PFF leadership and Collaboratives as co-design partners include:

Providing those who have direct responsibility for achieving established goals with an opportunity to reflect on their progress and to generate knowledge they can directly apply as they work to continually improve;

Promoting a sense of ownership among stakeholders of the case study process and its results — a strategy that also increased participant receptivity and buy in;

Creating opportunities to assist stakeholders in strengthening evaluation and leadership skills they can adapt and use to strengthen programming.

B. Engagement of PFF Collaboratives

The CSSP case study team engaged PFF stakeholders within each SPA and at the county level in the case study co-design. Representatives of the CSSP case study team attended monthly PFF Evaluation Work Group meetings to provide briefings on the case study planning and data collection process and to obtain feedback. Work group members include program managers and evaluation staff for each PFF Collaborative, First 5 LA Program Officers, and the university-led PFF Evaluation Team.

In addition, Case Study Teams were formed in each PFF Collaborative to:

Provide ongoing input to help shape and refine case study plans;

Assist with data collection logistics and coordination;

Review the data collection process and case study findings, and offer recommendations for strategy improvements and mid-course corrections, as needed;
Case Study Purpose and Design >> IV. Case Study Methodology

> Regularly share information about the case study with SPA colleagues and partners to help others understand project goals and objectives;
> Help identify and engage case study participants, including program staff, partners, and parents whose input accurately reflects the Collaborative’s experience, strengths, and lessons;
> Participate in cross-SPA case study sessions to share lessons learned and offer peer support to colleagues.

Each Collaborative’s PFF Case Study Team included:
> Program Administrators and Managers who oversee PFF implementation and are well-versed in program delivery goals, activities, and outcomes among Collaborative partners;
> SPA staff and/or consultants who oversee ongoing PFF evaluation efforts and understand how program data are gathered, analyzed, and used; and
> Family advocates and parent leaders who helped the team develop effective methods for documenting families’ experiences and engaged other parents as case study participants.

C. Development of Interview and Focus Group Questionnaires
With extensive review by the PFF Evaluation Work Group and SPA-based Case Study Teams, questionnaires were developed to collect data through interviews and focus groups. Given the volume of existing, descriptive reports regarding PFF and ongoing data collection efforts by First 5 LA’s Evaluation Team, the process for reviewing questionnaires aimed to minimize duplication. The review also reduced demands placed on Collaboratives to gather background information and develop case study questionnaires. Finally, the document review helped the CSSP case study team identify critical questions and information gaps to be addressed.

Stakeholder input and the document review were integral to the identification of six case study domains as key areas of inquiry:

1. Community context
2. Program design and partner roles
3. Developing and maintaining a collaborative network
4. Family engagement
5. Practice, policy, and systems change
6. Institutional supports.

The case study domains provided a foundation for developing interview and focus group questionnaires for a broad range of stakeholders: PFF administrators and coordinators; family engagement/direct services staff; community partners, parents, and institutional leaders; and supporters affiliated with First 5 LA and DCFS (See Appendix E for the interview and focus group questionnaires). A joint interview with the PFF lead agency evaluators from the SPA Collaboratives used a combination of questions adapted from the PFF Administrators and Coordinators and Family Engagement interview protocols.

D. Completion of Interviews and Focus Groups
Each member of the CSSP case study team was assigned to serve as the primary liaison for individual PFF Collaboratives and their Case Study Teams. Their charge was the joint development of a plan and timeline for gathering relevant documents, identifying and engaging respondents, and conducting subsequent interviews and focus groups.

From August 2009 to January 2010, the CSSP team conducted a combination of one-on-one interviews and focus groups to collect data from stakeholders. The team hired a part-time Bilingual Consultant to help conduct focus groups for monolingual Spanish-speaking parents (See Appendix F for interview protocols, including the Case Study Interview Format, Interview Request Form Letter, Informed Consent Form, and notice of Participant Rights).

To ensure the accuracy of data and with the permission of participants, the team digitally recorded both interviews and focus groups. Following initial data analysis, CSSP team members addressed remaining and emerging questions by conducting additional interviews with existing or newly identified respondents.

Appendix G provides a summary of the interview and focus group data collected.
E. Analysis of Case Study Findings

The CSSP team used a combination of transcribed interviews and audio recordings to systematically identify and categorize best practices, innovations, and emergent themes related to the six case study domains. Compiled in an outline format, the data analysis was reviewed by PFF Program Officers and a representative of First 5 LA’s Research and Evaluation Department to verify the preliminary findings, obtain alternative interpretations, and/or identify additional themes. Next, their feedback was incorporated into a first draft of the case study along with information from transcribed interviews and audio files.

The CSSP team systematically compiled supporting evidence and examples related to emergent themes and lessons for each SPA in a spreadsheet database. Co-designers, including the PFF Case Study Teams, First 5 LA liaisons, and the Evaluation Work Group, then reviewed the summary narrative to ensure the accuracy of the data and findings. Finalized observations and conclusions were captured in the completed case study report.
Chapter III. Successful Community Collaboration: Relevant National Research

INTRODUCTION

Community collaboration is a linchpin of Partnerships For Families (PFF). To prevent child abuse and neglect, the initiative encourages community partnerships to build and strengthen local networks of services and supports for young children and their families.

This section presents an overview of national research that examines a complex range of collaborative experiences, the factors that contribute to success, and lessons learned. The research along with frontline community experiences helps readers understand and appreciate the work of PFF and to explore the potential for community collaboration as a path for improving the lives of children and families. At the same time, much remains to be learned about community collaboration, what it takes, and what it can achieve. Analysis of PFF Collaboratives and their experiences will make a valuable contribution to this understanding.

Building on a National Movement

Collaboration is developing nationwide across many communities and causes, and, with it, potential for improving local quality of life and civic engagement. Proponents view collaboration as an alternative to “top-down power structures” and as part of a movement toward a more inclusive and meaningful way to coordinate activities and make decisions. Its appeal is especially potent as a way to engage and empower diverse populations to improve community well-being.

Grassroots, community collaboration takes many shapes and sizes. Collaborative efforts vary enormously from one community to another and even within the same community. In some sites, efforts have evolved into comprehensive community-building initiatives that mobilize residents and other stakeholders to dramatically rebuild the economic and social fabric of entire communities. At the same time, collaboration flourishes in more limited applications by defined teams that work together to provide services more effectively, to improve outcomes for under-served residents, or to target community problems such as lack of playgrounds or poor school achievement.

Groups that work collaboratively take the names of community coalitions, teams, task forces, interagency coordinating councils, collaboratives, community decision-making entities, local management boards, and other formal and informal titles.

State of the Research

In spite of its popularity, rigorous research on collaboration is limited. The lack of research is not surprising given the challenges of analyzing such a complex and diverse body of community-embedded work. The processes, goals, and outcomes of community collaboration are complicated and many. Stakeholders and funders often are more interested in focusing resources and attention on outcomes for residents than on evaluating collaborative processes. As a result, existing studies are largely descriptive rather than evaluative, and tools for local work are more common than analysis.

This overview draws from existing literature reviews, evaluations, case studies, and analysis by local innovators, researchers, and funders. Profiles of several collaborative initiatives — past and present — illustrate the range and complexity of community collaboration, lessons from the field, and evolving directions.

Among the main resources for this overview is a meta-analysis of existing research that was conducted in 1992 and expanded in 2001 to examine more than 400 published studies of collaboration. The analysis identified 21 factors

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Successful Community Collaboration: Relevant National Research >> I. What is Collaboration?

I. WHAT IS COLLABORATION?

Researchers define collaboration as “a mutually beneficial relationship between two or more parties who work toward common goals by sharing responsibility, authority, and accountability for achieving results.” The term “collaborative” is used here to describe any group that uses collaboration as a tool for identifying and achieving shared goals. Although the labels, components, and structures of community collaboratives vary enormously, all are composed of two or more legally separate units — such as individual residents, local groups, or formal organizations — in a nonhierarchical relationship.

This broad definition encompasses loosely organized coalitions, community partnerships, and highly-structured community development corporations.

Collaboration versus other relationships. To help groups define their relationships and goals, many researchers describe collaboration within a continuum of relationships that differ in purpose, structure, requirements, and process. While groups’ relationships sometimes develop along this continuum, researchers agree that it is a mistake to think of the approaches hierarchically — with one type of relationship more worthy than another. Instead, each relationship and associated elements can be appropriate in particular circumstances, and the same groups within a single community often relate in multiple ways for various purposes.

For example, coordination may be the most practical and effective way for organizations to share information or accomplish a joint project. Collaboration, on the other hand, is notoriously time-consuming and unsuited for problems that require quick and decisive action. Instead, collaboration may be most fitting when it is important to not only share and collect information, but also to share decisions, ownership, leadership, vision, and responsibility.


Pollard, D. Will that be coordination, cooperation, or collaboration? Act for Youth. Collaboration: A definition. Handout 6.5c. Ithaca, N.Y.: Cornell University, Family Life Development Center;


For information about the National Network for Collaboration, see http://www1.cyfernet.org/about.html

19 Peterson, P.R.C. Coming together, building community collaboration and consensus. Retrieved October 12, 2009 from http://www.communitycollaboration.net/presentation/old001.html

For more information, see http://tamarackcommunity.ca/
TABLE 3. CONTINUUM OF RELATIONSHIPS

<table>
<thead>
<tr>
<th>Networking</th>
<th>Coordinating</th>
<th>Cooperating</th>
<th>Collaborating</th>
<th>Integrating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>lower intensity</strong></td>
<td>Exchanging information only</td>
<td>Exchanging information and altering some program activities</td>
<td>Some planning and division of roles</td>
<td>New structure with commitment to common goals and to enhancing each other’s capacity for mutual benefit</td>
</tr>
<tr>
<td>The following diagram, adapted from Act for Youth, illustrates characteristics and common barriers along this continuum, including:</td>
<td>Shorter-term, informal relationships</td>
<td>Longer-term effort around a project or task</td>
<td>More durable and pervasive relationships</td>
<td>All partners contribute resources and share rewards and leadership</td>
</tr>
<tr>
<td>&gt; The trust that must be developed among participants;</td>
<td>Separate goals, resources, and structures</td>
<td>Some shared resources, rewards, and risks</td>
<td></td>
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<tr>
<td>&gt; Turf issues that often exist, such as one group viewing another as reaping more benefit, accepting less responsibility, or having more decision-making power; and</td>
<td></td>
<td></td>
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<tr>
<td>&gt; The time that is required for building relationships. 20</td>
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</table>

DIAGRAM 1. COLLABORATION CONTINUUM

[Diagram of the Continuum of Collaboration, showing trust, turf, networking, coordinating, cooperating, collaborating, integrating, and time]

20 www.actforyouth.net/documents/Collaboration%20Continuum2.ppt
II. SUCCESSFUL COLLABORATION: CONTRIBUTING FACTORS AND LESSONS LEARNED

Research yields strong agreement regarding the factors and characteristics that contribute to the success of collaborative efforts. The Wilder Collaboration Framework, which is based on a comprehensive research review, provides a useful synthesis.

TABLE 4. WILDER COLLABORATION FRAMEWORK: FACTORS INFLUENCING SUCCESSFUL COLLABORATION

| A. Social and Political Environment | 1. History of collaboration or cooperation in the community  
| | 2. Collaborative group seen as a legitimate leader in the community  
| | 3. Favorable political and social climate  
| B. Purpose | 4. Concrete, attainable goals and objectives  
| | 5. Shared vision  
| | 6. Unique purpose  
| | 7. Outcomes assessment  
| C. Membership Characteristics | 8. Mutual respect, understanding, and trust  
| | 9. Appropriate cross section of members  
| | 10. Members see collaboration as in their self-interest  
| | 11. Ability to compromise  
| D. Communication | 12. Open and frequent communication  
| | 13. Established informal relationships and communication links  
| E. Process and Structure | 14. Members share a stake in both process and outcome  
| | 15. Multiple layers of participation  
| | 16. Flexibility  
| | 17. Development of clear roles and policy guidelines  
| | 18. Adaptability  
| | 19. Appropriate pace of development  
| F. Resources | 20. Sufficient funds, staff, materials, and time  
| | 21. Skilled leadership  

In addition to factors that contribute to success, researchers note common issues and underlying tensions experienced by many collaboratives. Tensions can grow into misunderstanding and conflict as stakeholders — including funders, staff, evaluators, and community partners — try to assert their particular views. When negotiated and balanced, these same tensions can strengthen and enrich community collaboration as partners draw on each other’s backgrounds, diverse perspectives, and capabilities.21


Successful Community Collaboration: Relevant National Research >> II. Successful Collaboration: Contributing Factors and Lessons Learned

A. Social and Political Environment: Conducive to Collaboration

Although collaboratives may be able to influence or affect the environment in which they develop and operate, they do not have control over the political and social climate. The environment can provide both fertile conditions and challenges for collaboration.

“The collaborative’s goals must be aligned with and contribute to member’s missions.”

Past experiences and relationships. Many communities successfully build on previous collaboration. However, when particular neighborhoods, organizations, or issues have been involved in past conflict or competition, stakeholders report that special effort is required to build common vision, trust and communication.

B. Purpose: Focus on Desired Outcomes

Collaboration occurs when parents, other residents, and members of community groups, agencies, and organizations come together to achieve results that cannot be accomplished alone.23

1. Mutual interests and goals. Successful groups clearly articulate desired outcomes in ways that help members and the entire community see what they have to gain. Partners must believe that the benefits of collaboration will offset the risks and the costs.

2. Unique purpose that is aligned with members’ missions.24 Community experiences indicate that mobilization is difficult when member organizations do not see a greater purpose in collaboration — a purpose that they cannot achieve on their own. On the other hand, the collaborative’s goals must be aligned with and contribute to members’ missions.

3. Measurable outcomes. A clear focus on outcomes that can be systematically monitored reflects the trend in community collaboration — a direction that private foundations as well as federal, state, and local funders have encouraged. At the same time, some collaboratives warn that when funders’ expectations and evaluations focus exclusively on changes in broad indicators, they do so at the expense of other, less tangible improvements.25

C. Membership Characteristics: Inclusive and Respectful

Successful collaboration hinges on the inclusive participation of everyone with a stake in the desired outcomes and on the quality of their relationships.

1. Appropriate cross section of partners. Successful collaboratives engage all sectors of the community — whether or not participants fit traditional definitions of leaders.26 Strong resident participation is critical to achieving results and to collaboratives’ impact on service systems. Collaboratives with cross-sector government partners, including multiple public agencies and appointed or elected officials, have increased legitimacy, resources, infrastructure support, and sustainability. Other partners in successful community collaboratives for children and families include private service-providing agencies, schools, business leaders, faith-based groups, and neighborhood development organizations.27

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24 Mattessich and Monsey, Collaboration: What makes it work.
25 Kubish, A. Comprehensive community initiatives.
26 Theobald. The rapids of change.
27 Center for the Study of Social Policy. Working together to improve results.
Emshoff, J.G., Darnell, A.J., Darnell, D.A., Erickson, S.W., Schneider, S. and Hudgins, R. “Systems change as an outcome and a process in the work of community collaboratives for health.” American Journal of Community Psychology. vol. 39, no.3-4, June 2007;
II. Successful Collaboration: Contributing Factors and Lessons Learned

2. Parent and family engagement. Authentic collaboration gives a voice to everyone in the community with a stake in the outcomes. For collaboratives working to improve outcomes for children and families, this means sustained and meaningful participation of parents and other family members in planning and other decisions, implementation of plans, and evaluation.28 Although research has not adequately examined parent and family engagement as a component of community collaboration, a wealth of local experience supports the enormous contribution of parents and families and the challenges associated with developing and sustaining their involvement. Parent participation encompasses a range of possibilities. For many collaboratives, parent participation includes a variety of roles, including some that are highly structured and others that are more informal. In some collaborative endeavors, parent participation is limited to decisions about actions and services that directly impact their own children. This level of engagement is especially likely for parents facing crises or struggling to care for their children, for whom the first priority is their family’s immediate welfare. In other collaboratives, parents have an advisory role and share their views and suggestions with community decision makers. At the other end of the continuum, some collaboratives include parents as full participants in community decision making. In these communities, parents often serve as voting members of collaborative structures or even form the majority on community governance bodies.

3. Representation of community diversity. Collaboratives that truly represent the community ensure that all ethnic, racial, cultural, language, age, and economic groups are fully engaged. In addition, membership reflects the specific diversity, needs, and issues relevant to their purpose, such as homeless families, the unemployed, or people experiencing specific disabilities.29

4. Mutual respect, understanding, and trust. Collaborative members value the way they work together, as well as the outcomes they achieve. Collaboratives that devote the necessary time and effort to understand partners’ views, cultural influences, and operational differences can avoid the damage caused by lack of mutual respect and trust.30

5. Power-sharing. Attempts to control decision making, participation, or operations can be a deal-breaker for collaboration — a process that is intended to be

Diagram 2. Parent Participation in Community Collaboration: Roles and Activities

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II. Successful Collaboration: Contributing Factors and Lessons Learned

Successful management, decision-making and operational systems are democratic and inclusive, as well as skilled and effective. The literature is littered with case studies of failed collaborative efforts that were unable to overcome competition for resources, recognition, or credit. While tensions among members related to power and influence may be most obvious when funding is involved, they are at the root of many community collaboratives’ conflicts. Like other aspects of collaboration, power-sharing must be negotiated in a process that is respectful and inclusive.

6. Inside-outside tension. In many initiatives, tension exists between community staff, local participants, and residents on one hand and funders, technical assistance providers, and evaluators on the other hand. Tension can grow out of any “us” and “them” distinction, such as experienced partners and newcomers, racial and ethnic groups, and professionals and non-professionals. Continually re-visiting the vision and shared goals of collaboration may help partners focus on the benefits and outcomes they all hope to achieve by working together.

“Successful management, decision-making and operational systems are democratic and inclusive, as well as skilled and effective.”

D. Communication: Foundation for Relationship-Building

Relationships are core to collaboration, and open, frequent communication is fundamental to those relationships. Effective communication helps build understanding and trust, resolve inevitable conflicts, and implement strategies to achieve results.

1. Strong partnerships among collaborative members. Much of the work of collaboration revolves around communication among members — articulating shared goals, keeping each other informed, and conveying opinions that influence decisions and actions. Members need to discuss their roles, responsibilities, and rights; reach agreement regarding these dynamics; and clearly communicate the agreements to all partners.31

2. Social networks within and outside the community. Clear and purposeful communication is essential to create networks with the community at large, build support for collaborative goals, and forge productive relationships with funders, policymakers and others who can influence community outcomes.32

E. Process and Structure

Successful management, decision-making, and operational systems are democratic and inclusive, as well as skilled and effective. Clear roles and policies minimize friction and help residents and other stakeholders understand how to participate.30 When conflicts arise, they need to be resolved quickly. Effective, established processes and structures can help.

1. Form follows function. Communities use a range of structures, and although the source of much debate, there is no clear advantage of one over another.34 For sustained collaboration, partners usually choose to work through an existing organization that serves as the lead for a new way of operating, or through a new decision-making structure of some form.35

31 Mattessich and Monsey, Collaboration: What makes it work.
33 Mattessich and Monsey, Collaboration: What makes it work;
London, Collaboration and community.
34 London, Collaboration and community.
35 Kubisch, A. Comprehensive community initiatives.
2. Linkages. Collaborative governing bodies, workgroups, and advisory boards provide structure for the participation of a broad range of stakeholders. CSSP's research found that strong linkages with government, civic leaders, and public officials — along with positive community relationships — were more important to success than large amounts of money. Community-building initiatives often note that relationships with banks, community development corporations, and economic power brokers are critical.

3. Multi-level collaboration. Successful collaboration at the neighborhood level does not hinge on corresponding collaboratives at the county, regional or state level. At the same time, many community groups report that capacity-building assistance from regional, state, or national intermediaries and collaborative partners is essential to their development and capacity building. One-third of CSSP research participants reported that multi-level bodies established a useful infrastructure for technical assistance, start-up, and standards. Two-thirds noted concerns about increased bureaucracy and regulation, cumbersome roles, or problematic relationships.

4. Conflict resolution. Unless careful attention is devoted to the process of managing differences, well-intentioned efforts can become exercises in frustration and even exacerbate, rather than improve the community situation. A skilled and trusted mediator and processes that are acceptable to members can be used to resolve inevitable conflicts.

5. Process-product tension. Many collaboratives weigh the push for early signs of progress (often in the form of concrete products or measurable improvements in services or outcomes) against the importance of the process of working together openly, inclusively, and respectfully. Highly visible products can provide legitimacy and demonstrate the collaborative's capacity, while the cumbersome process of collaborating can become all-consuming. At the same time, attention to the process of collaborating is necessary to strengthen the sense of community, to build partners’ capacity to work together, and to accomplish the community’s desired outcomes over time. Ultimately, commitment to both process and product, and a balanced approach to both, is necessary.

F. Resources: Human Capital

Of the various resources required for successful collaboration, human capital is the most important asset. Developing and sustaining effective leadership — both through connection with key leaders within the community and through the collaborative's own leadership — is critical to success.

1. Skilled leadership. Whether filled by one or many, the leadership role within the collaborative is to convene, energize, facilitate, and sustain the collaborative process. Leaders of successful collaboratives are respected and viewed as “legitimate” players. They demonstrate...
organizational and interpersonal skills, along with passion for the role.41

2. Collaborative leadership style. Effective collaborative leaders are committed to fairness, participatory rather than directive, and able to “check their egos at the door.”42 In addition, they put aside whatever authority, expertise, position, and influence they may have in the outside world in order to foster discussion and deliberation among the members of the group.43

3. Stable leadership. Groups with chairs or staff leaders of lengthy tenure are more likely to accomplish goals such as collaborative and accessible service delivery.44

III. READINESS AND CAPACITY-BUILDING

A. The Tipping Point for Collaboration

Researchers insist that there is no single factor or specific combination of conditions that signals a group or community’s readiness for successful collaboration. Instead, communities reach a tipping point when a critical mass of multiple factors that contribute to effective collaboration are present. In addition, a combination of significant events, people, and resources often create opportunity for change.45

The community must be able to recognize and seize such opportunities. Outside influences, catalytic leaders, and even resource materials can help people recognize the potential for working together or see conditions differently. For example, availability of funding to address a widely recognized community problem combined with a few strong communicators may provide the necessary spark. Ultimately, each collaborative must “get started without all the answers, and let solutions evolve.”46

B. Developmental Stages

A number of researchers have described the following developmental stages of community collaborative groups: formation, capacity building, implementation, sustainability, reflection, and outcomes. Capacity requirements and best practices have been identified for each stage.47 In addition, some analysis suggests that collaboratives should pace their development to match the goals and capacity of the partners.48

Although the majority of collaborative leaders participating in CSSP’s research agreed that community decision-making entities have developmental stages, they also noted that maturation is non-linear and highly variable. No single, uniform pattern of developmental stages is evident. Instead, progress takes many twists and turns, and it is often a matter of taking “two steps forward and one step back.” Many events such as leadership changes and staff turnover, while normal to the developmental process, force partners to regroup and adjust.49 If collaborative groups and their funders anticipate and prepare for a rocky and uneven path of progress, they may be better able to achieve long-term success.
C. Types of Capacity Needed

A team of researchers who conducted a 2001 literature review suggests that collaborative groups need four critical levels of capacity: within their members, within their relationships, within their organizational structure, and within the programs they sponsor.

“Community collaboration is as distinct as the communities and partners at its core, and it is shaped by an ever-renewing cadre of neighborhood pioneers.”

Dynamics and characteristics of the community greatly influence capacity. In addition, all four levels are highly interdependent, with shifts in one affecting the others. Therefore, the type of capacity that a particular group needs to develop is likely to shift as its goals, membership, partners, activities, and community context change. Researchers recommend that groups conduct an initial assessment of their strengths and needs and continually reassess their capacity to identify areas that require attention.50

IV. EXPERIENCES AND LESSONS FROM THE FIELD

Community collaboration is as distinct as the communities and partners at its core, and it is shaped by an ever-renewing cadre of neighborhood pioneers. The following profiles provide a few examples of the richness and diversity of this movement and illustrate some of the promises and challenges of collaboration.

A. Service Delivery Collaboration: Starting Early Starting Smart

Service-providing agencies, organizations and practitioners often join together to help children and families obtain the services they need to succeed. Partners work formally and informally to remove barriers caused by categorical programs and funding, to provide comprehensive assistance, and to use local resources more effectively and efficiently.

Starting Early Starting Smart (SESS) was a national initiative that helped 12 sites across the country bring behavioral health services to young children and their families or caregivers within early childhood or primary health care settings. From 1997 to 2003, the projects targeted families with children from birth to age seven who were at risk for delayed social-emotional, cognitive, and physical development due to risk factors such as caregiver substance abuse, immigrant status, or poverty.51

A multi-site evaluation study documented multiple achievements:

> Improved access to and use of needed services by participating families,
> Stronger family guidance and support for the development of their young children,
> Reduced drug use among caregivers who needed substance abuse treatment,
> Increased positive interactions between participating caregivers and infants, and
> Improved development of young children in ways that are crucial for future school success.52

A key feature was collaboration among providers of mental health services, substance abuse prevention and treatment services, family/parenting services, and early childhood or health care services. Multiple organizations and practitioners worked together to provide holistic, strength-based services to help families achieve their goals. Multi-disciplinary teams were a mainstay of the approach. Other strategies implemented to varying degrees

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50 Foster-Fishman et al. “Building collaborative capacity.”
across the sites included co-location of staff, regular management team meetings, cross-training, joint funding streams, and written memoranda of understanding. Participating agencies came to the project with different levels of collaboration experience and capacity, and they achieved varying degrees of success.

**Locally integrated services in a diverse community.** One of the participating projects was implemented by collaborating organizations in Montgomery County, Maryland, a suburban area with high concentrations of families recently immigrated from Latin America and Africa. SESS services were co-located at half-day Head Start programs. Bilingual and bicultural paraprofessionals from the community provided family support services, including case management and assistance meeting needs such as transportation, food, housing, and English language skills. Other services included multi-faceted parenting education, home visits, assistance from a behavioral health clinical coordinator, classroom curricula to promote social-emotional and behavioral development of children, and social skill-building groups for children.

The collaborating organizations were service delivery agencies: the county family services department, adult addiction services, adult mental health services, child welfare, a program for infants and toddlers, Head Start, and a nonprofit organization that provided classroom consultation. The partners worked together at multiple levels through a classroom workgroup, a staff workgroup, a multidisciplinary team that made service delivery decisions and referrals, and an administrative team.

**CHALLENGES.** Despite these collaborative service delivery strategies and strong interest in collaboration, partners were often unable to overcome barriers that families experienced or to obtain services that families needed. The underlying system for meeting families’ basic needs was fragmented and subject to frequent change. Due to resource limitations and established service emphases, Head Start did not respond to some of the families’ primary needs, access to child mental health treatment was limited, and Spanish-language services were in short supply. Barriers to family participation included lack of convenient, accessible, and affordable transportation; language differences; social isolation; and fear of engaging with government institutions due to immigrant status.

**Lessons learned.** SESS demonstrated that collaboration among service providers can increase access to more comprehensive services for children and families, strengthen the capacity of families, and contribute to better outcomes for young children. Successful collaboration requires time, resources, commitment, and skill at multiple levels — from frontline staff to organizational leaders. Service delivery collaboration on its own cannot address underlying systemic barriers or broader local and societal issues. However, communities may be able to use it as a building block for expanded partnerships, for broader service integration, and to influence policy, resource allocation, and other reforms that are needed.

“Successful collaboration requires time, resources, commitment, and skill at multiple levels — from frontline staff to organizational leaders.”

**B. Building Community Capacity and Engaging Parents: Connecticut Discovery Communities**

Across Connecticut, communities and other partners are working to improve early school success for young children from birth through age eight. In 2002, 49 communities joined the Discovery Initiative sponsored by the William Caspar Graustein Memorial Fund. The Memorial Fund made modest grants to the communities ranging from $10,000 to $50,000 annually and committed a total

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54 Ibid.
of $16 million between 2002 and 2007 to the initiative as a whole.

The initiative’s key elements at both the community and the state levels are:

> Using technical assistance and other tools to build capacity and leadership,
> Encouraging parent engagement and leadership,
> Supporting collaboration, and
> Building public support for early childhood education.55

**Collaborative capacity-building.** After a two-year planning phase, implementation began in 2004 and was extended through 2009. A few communities were able to build on previously-existing collaborative infrastructure and experience. However, at the onset of the Discovery implementation phase, more than half the communities had little or no collaborative activity or structure.

The Memorial Fund has struggled to find strategies for providing technical assistance that communities are able to apply to their unique situations. In an evaluation of the initiative from 2004 to 2007, communities reported that the assistance they find most useful is support from “liaisons.” These individuals are staff and consultants of the Memorial Fund who provide hands-on guidance, facilitate sharing about lessons learned across communities, and help community partners make effective use of other technical assistance resources and materials. With the liaisons’ help, community collaboratives are better able to take advantage of a range of capacity-building activities, including multi-session institutes that engage community teams, peer exchange among communities, web-based tools, and a listserv.56 Since the evaluation, the Memorial Fund has further strengthened the role of community liaisons.

**Parent engagement, involvement, and leadership.**

The Discovery Initiative is based on the assumption that parents are the best advocates for their children and that parent input into the design and implementation of programs and services is critical to ensuring that these investments will meet actual needs in ways that are accessible and acceptable. To encourage parent engagement, the Memorial Fund has supported the development of a parent trust fund, parent leadership training institutes, and Connecticut Parent Power — a statewide parent mobilization and advocacy organization. In communities where there has been greater support for parent leadership training, improvements have occurred in the quality of early care and education services, the connection between early education and schools, and children’s social-emotional development and early school success.

While direct parent participation in community collaborative groups is highly encouraged, the Initiative urges communities to provide multiple ways for parents to be involved. Collaboratives are required to include a parent signatory on grant applications and to address parent engagement as part of their annual self-assessments. Collaborative groups are encouraged to help parents obtain information about services and supports, participate in parent leadership training, gain skills to support positive development of their own children or a group of children, participate in community events, advocate for issues they and other parents care about, and work to sustain and replenish a cadre of parent leaders.

Although community use of parent engagement strategies has been limited, there are exceptions, and some strategies have demonstrated more success than others. Increasingly, communities recognize the critical role of parents, and sites with a longer history of working to engage parents are more successful overall. Larger communities have offered more parent leadership training and other skill-building opportunities, while smaller communities tend to engage more parents in leadership roles within the collaborative group.

**Lessons learned.** The Discovery Initiative provides evidence that experience with collaboration contributes to more and better collaboration. Communities are able to build on previous efforts and on existing collaborative infrastructure, skills, and local strategies. Therefore, as local partners learn to work together, they are building
capacity for the future. At the same time, hands-on technical assistance helps communities apply their experiences and build new capacity.

Connecticut communities, like those elsewhere, have discovered the challenges of recruiting and retaining parents. Competing demands, language barriers, professional culture and jargon, and insufficient support present barriers to participation. Parents often prefer to spend their limited time on projects that will immediately improve the lives of their own children, such as renovating a playground or volunteering with their child’s programs. Sustained encouragement of parent engagement strategies is a key component of capacity-building efforts.

C. The Next Generation of Community Collaboration: Social Networks Linking Child, Family, and Economic Development

In the past, community collaboratives that promote healthy child development and family support have rarely connected with local efforts to promote the economic success of families or the community. Likewise, initiatives that promote community building and target local economic issues seldom explicitly address the developmental and family support needs of young children and their families. But this disconnect may be changing as communities weave rich social networks that benefit residents, neighborhoods, and their futures.

Since 1999, the Annie E. Casey Foundation has directed a multi-site, place-based initiative aimed at concurrently improving three core results in tough neighborhoods: increasing family earnings and income, increasing family assets, and ensuring that young children are healthy and prepared to succeed in school. As the Foundation transforms its role in the Making Connections initiative, community collaborative organizations and partnerships are taking the lead.57

Making Connections in Louisville, Kentucky. The Louisville Making Connections Network describes itself as a “community movement, powered by people making change” in four neighborhoods. After struggling for years to find their voice as a collaborative, residents are developing a social networking approach inspired by Lawrence CommunityWorks of Lawrence, Massachusetts,58 and La Unión del Pueblo Entero (LUPE, the community organizing arm of the United Farm Workers).

Along with its 2,200 resident members, the Network has an extensive list of partner organizations that includes some of Louisville’s largest employers. Together, they have created a jobs pipeline — a pathway of programs and social connections to recruit, assess, and prepare residents for sustainable careers. Family asset-building strategies help residents learn and practice money-management skills and access the tax, housing, and other public benefits to which they are entitled. The Network has created a “stored value card” and other affordable financial products to help residents avoid predatory lenders, reduce debt, and increase savings. All these strategies represent dollars that stay in or return to the community and its families.

The Network has shifted its focus from programs to “value propositions” — what residents give and get. Relationships and connections within and outside the neighborhoods allow residents to make win-win value propositions that help them get jobs, own homes, nurture their children, and ultimately transform their community. Instead of service recipients, residents are members of a vital social network where everyone has something to contribute and is empowered to help each other.59 A by-product of the shift is a sense of enthusiasm, personal accomplishment, and community belonging that is palpable.

“...community movement, powered by people making change...”

58 For information about Lawrence CommunityWorks, see http://www.lcworks.org/
Resident Organizing Coordinators and School Resident Ambassadors are the official “connectors and weavers” — residents who help others find their places in the Network and often assist people with immediate needs such as jobs and housing. For example, a Resident Organizing Coordinator might help a parent participating in a family support program connect with other parts of the Network to reduce credit card debt. At the same time, the goal is always to help residents take action on their own behalf.

**Lessons learned.** Despite its rich and evolving resident network, Louisville neighborhood leaders are continually working to facilitate greater member participation and ownership and to develop new resident leaders. Honoring the importance of the network-building process in a results-focused and data-driven environment is challenging. As the Network grows, the community must find ways to keep its interactions personal and its bearings true.

Residents and community leaders believe that their approach is reinventing the community and the way people work and live together. At the same time, they note the challenges of transformation in the midst of institutions and systems that strive to maintain business as usual. One of the Foundation consultants to the Network notes, “There is a hunger for this, but it operates in this environment that is layer upon layer upon layer of pressure not to change. Still, the hunger is so great that these kinds of principles and ideals and opportunities resonate in a way that nothing else has ever resonated. And that’s when you know you’re right.”

**CONCLUSION: IMPLICATIONS FOR PFF**

Those involved in collaboration often describe it as being “on a journey.” As a field, community collaborative efforts continue to evolve in scope, participation, and intended impact. The journeys of PFF Collaboratives echo many national experiences and findings.

**Diverse collaborative approaches.** Instead of a single way of working together, PFF collaboration is a constellation of approaches, and each Collaborative is as distinct as the neighborhoods and partners at its core. Although all the PFF Collaboratives focus on preventing abuse and neglect of young children and incorporate the core components required by First 5 LA, their strategies for working together and their stages of development vary. Each group builds on prior experiences, existing partnerships, and local expertise and responds to unique community characteristics and history.

For some Collaboratives, relationships are primarily networks for sharing information and referring families to the services they need. Other Collaboratives co-locate services and work to create strong networks of informal support for resident families. As community-building partners intent on making their neighborhoods safe and healthy places to raise families, some PFF Collaboratives see family financial well-being and local economic development as part of their mission. While direct participation in most SPA Collaboratives is limited to the lead agency and its agency partners, others include parent participation in advisory councils.
Learning from others’ experiences. PFF Collaboratives are well-positioned to leverage the hard-learned lessons of other communities and to profit from the research. Nationally, collaboration has proven to be more time-consuming and challenging than many funders and communities anticipated. Service providers seeking to collaborate must overcome turf issues resulting from categorical programs, funding, and practice. Often, they persist despite lack of resources and support.

Few stakeholders have been prepared for the long-term commitment required for residents to find an authentic voice in their communities or to learn new strategies for making decisions more democratically. The path is both demanding and full of promise.

Building on strong foundations. Compared to community partnerships nationwide, PFF Collaboratives are young. Their development has been rapid and focused. They have been relatively well-resourced and fortunate to receive support and encouragement from First 5 staff and consultants. As they build on the foundations of PFF, these groups will face challenges along with unlimited opportunities to learn.

National research indicates that collaboration helps to build further collaboration. Los Angeles communities’ experiences as they have built on previous partnerships support this finding. The lessons learned by each PFF Collaborative provide a strong foundation for taking community collaboration even further.

Potential to inform the field. At the same time that PFF Collaboratives can learn from their own development and from a growing movement across communities, these groups are pioneers in their own right with much to offer the field.

As a whole, child abuse prevention efforts have focused largely on individual families and on program and practice strategies. In many jurisdictions, they operate in isolation from efforts to address the root causes of family stress that research shows contributes to child maltreatment, including lack of financial resources and concrete assistance to meet family needs, mental health problems, substance abuse, and domestic violence. Child abuse prevention efforts rarely connect with grassroots, resident-driven activities to improve community safety and prosperity. As they work to bridge often-disparate endeavors, PFF Collaboratives offer great promise for building community networks of support for children and families and ultimately for developing strong neighborhoods where families and their children thrive.

Chapters 5, 6 and 7 of this report describe the experiences of each PFF Collaborative and the lessons and implications of the initiative as a whole. The lessons learned about the potential of community collaboration to prevent child abuse and neglect are among the significant contributions of PFF.
Parent engagement is an overarching principle and approach for involving families in decisions about themselves, their children, services, and their communities. Parent engagement also is a cornerstone concept, goal, and strategy of Partnerships For Families (PFF). This chapter summarizes national experiences and a limited body of research, which together can provide a context for parent engagement in PFF. As parent engagement is an evolving field of endeavor, families’ perspectives and community experiences continually inform new developments and understanding. PFF is couched in this national context.

Multiple service systems — including education, health care, social services, early childhood care and education, family support, and others — embrace parents as the primary means for improving child outcomes. More and more service providers are affirming their commitment to parent engagement. Federal, state and local policies call for programs and agencies to provide opportunities for parents to be heard and engaged when discussions and decisions are about them and their families. For community-based organizations and community-building efforts, parent and family engagement helps ensure buy-in for shared goals and strategies. In addition, community networks of support and services are built by and around engaged parents and other residents.

This section briefly summarizes experiences and lessons across service systems, disciplines, and communities. It describes lessons that service providers and communities nationwide have learned about what parent engagement is, what it takes to authentically engage parents, and where parent engagement can — and often does — lead.

I. WHAT IS PARENT ENGAGEMENT AND WHY IS IT IMPORTANT?

Parents and families are a critical part of the equation whenever a community organization, school, private provider, or public agency representative enters a child’s life. Parent engagement takes many forms and occurs in a range of arenas. Any number of strategies and methods aim to authentically involve parents in decisions and actions that affect them, their children, or their community. The following outlines several types of parent engagement and provides examples and reported benefits.

Values underlying parent engagement. Underpinning parent and resident engagement efforts are the beliefs that everyone has assets and strengths, everyone needs help at some time, and with that support everyone has the capacity to change her life and environment. Old notions that services and communities “fix” those who need help and support failed to produce the expected results for children and families. Alternatively, valuing families for their unique strengths and respecting their dreams and goals leads service practitioners to engage parents as partners. Parents are viewed as capable of accomplishing their goals, learning new behaviors, and identifying the help they need to do so.

Likewise, parents and residents acting together are viewed as powerful forces capable of changing entire neighborhoods. Community-level engagement is based on the best democratic principles of self-determination, citizen voice, and participatory decision-making. At the same time, both service and community engagement approaches recognize and respect the organic and complex process of change.
A. Parent Engagement in Services and Supports

1. A two generation approach
Of all types of parent engagement, the most common form across fields is direct participation in services and supports to improve outcomes for children. And nowhere is parent participation a greater focus than in services and supports for young children from birth until school age. During children’s early development, service providers are most likely to conduct outreach to parents and work to directly involve them in services and programs. Examples of federally-sponsored programs that use a two-generation approach to serve both children and parents include the Even Start family literacy program, Head Start, and Early Head Start.

2. Involvement, participation, partnership
Research that supports family-centered nursing describes a hierarchy of parent engagement that includes involvement, participation, and partnership in treatment.1 Parent engagement in education includes participation in classroom and community educational activities, as well as a key role for parents in their child’s learning at home. Research demonstrates that students with involved parents, regardless of background or income, are more likely to succeed in school.2

3. Engagement in networks of services and supports
Numerous community-based initiatives and support networks likewise engage parents to improve outcomes for children. In the family support field, community-based “parent support and engagement systems” recognize that strong parents and families are critical to child development, safety, and well-being. Networks of community services and supports help parents strengthen their knowledge of child development, hone their parenting skills, and develop family resources for achieving goals for their children.3 When network building moves beyond linking people with services to promoting broader community relationships and social networks of mutual support for all parents and residents, it has the potential to impact entire communities.4

B. Parent Engagement in Decisions About Their Children

1. Parents as experts
Involving parents in decisions about the services, support, treatment, or response to their children is best practice, and even a legal requirement in some fields. This approach acknowledges that parents are the experts regarding their children. They are the best source of information about their children and the strategies that will contribute to child safety, health, and well-being.

2. Parents teaming with professionals
In the health care field, practitioners routinely rely on parents for information to assess a child’s condition and determine a course of action. However, professionals usually are the ones who apply the information parents provide to make diagnoses and develop treatment plans. In contrast, the approach used by the special education field often is presented as a standard for parent involvement in formal service decisions.5 The federal Individuals with Disabilities Education Act (IDEA) requires that all children who receive special education services have an Individualized Education Program (IEP) plan. Parents are members of the IEP team that develops the plan, monitors progress,

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5 Hutchfield.
and makes adjustments. Decades of experience with IEPs have contributed many lessons regarding both the challenges and benefits of parental participation in service planning that is otherwise often restricted to professionals.6

In the child welfare field, team decision making that includes parents, youth, and members of the extended family — including family team decision-making, family team meetings, and family team conferences — is considered best practice. Research demonstrates that these models for making decisions about family goals and service plans result in more detailed and individualized plans, bring more informal resources to bear on the family’s behalf, and provide families with a greater voice in decision making.7 Practitioners observe that family meetings improve the child welfare agency’s decision-making process by giving caseworkers access to more information and giving families the opportunity to “buy into” service plans.8

Practitioners also report that the participatory approach provides an opportunity for family members to add their own cultural identity and strengths to plans for children.9

C. Parents as Mentors, Guides, and Staff

Parents Engaging Other Parents in a variety of human service arenas, parents provide peer support, share their own experiences and skills, and help other parents and relatives navigate service systems. In addition to building personal relationships that impact children and families, these and other activities help weave community networks of mutual support. Strategies range from the informal support of friends and neighbors to more organized self-help groups, support groups, and formal programs operated by public or private agencies. Parent mentors and staff are a keystone of some family support programs. In addition, schools, early childhood programs, child abuse and neglect prevention initiatives, and other social services providers sometimes employ parents as mentors and staff.

The Parent Partner program in Contra Costa County, is an example of peer support within the child welfare field. The program, which is being replicated in other jurisdictions, enlists mothers and fathers who have experienced child removal and reunification to serve as program staff. With training and support, these child welfare “alumni” help families navigate the complicated child welfare court and service system, help parents gain awareness of their rights and responsibilities, and participate in training for child welfare workers, foster parents, attorneys, and court staff. Their unique experiences as former clients of the child welfare system position Parent Partners to offer an alternative perspective to that of social workers and allied professionals. In addition, they bring the parent voice to child welfare working groups and planning committees.10

“...parents provide peer support, share their own experiences and skills, and help other parents and relatives navigate service systems.”

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Wrightslaw, Individualized Educational Programs (IEPs) http://wrightslaw.com/info/iep.index.htm


D. Parent Engagement in Building Strong Communities

Research proves that community conditions have a profound effect on both individual and population-level outcomes for children, including safety, health, and school success. Civic engagement of parents and other residents is one of the essential building blocks for strong communities.11

1. Mobilizing all residents

Instead of focusing exclusively on parents, most neighborhood revitalization efforts aim to engage all residents and stakeholders with an interest in improving community outcomes. By joining together, parents, residents, and local organizations strengthen the mutual support networks that boost protective factors for children. They also can work together to advocate for community economic development, safe playgrounds and recreation, access to nutritious food and health care, effective schools and other community institutions, and the range of public and private assistance needed to ensure that their children have a positive, nourishing environment.

2. Skill building and support for activist residents

In community-building efforts, parents along with other residents engage in a broad range of activities, such as assessment of community assets and needs, advocacy for community supports and services, and participation in local planning and network-building. Community organizations and service agencies encourage parents and other residents by offering leadership training and opportunities, space and in-kind support, and networking opportunities.

3. Advocating for quality and outcomes

Increasing numbers of parents are involved in school and community organizations that empower them to demand accountability for their children’s schools and to participate in civic decisions that impact education. As parents become informed about quality education and see the influence they can have in school improvement and outcomes for their children, the impact of their advocacy grows. In some communities, these efforts have spread beyond schools to broader, community improvement efforts. Studies show that incorporating parents and families in school and community decision making contributes to upgraded school facilities, improved school leadership and staffing, higher-quality learning programs for students, new resources and programs to improve teaching and curriculum, and new funding for after-school programs and family supports.12

E. Parent Engagement in Program and Policy Development

Parents and other family members, with their firsthand knowledge of how programs and policies work or do not work, give credibility and grounding to policy decisions and program planning. To promote constituent voice, public and private agencies and initiatives engage parents in advisory or direct decision-making roles.

When parents participate in program and policy decisions, they become better-informed consumers. As they spread the word to broader constituencies of parents and residents, their influence expands. Program administrators and policymakers, with the benefit of consumers’ views, experiences, and oversight, become better-informed and more accountable decision makers.

1. Parents making governance and policy decisions

Scattered states and local jurisdictions are working to engage parents as authentic partners in policy and governance decisions. State-level initiatives that count parents among the members of their governing boards include the North Carolina Partnership for Children, Inc., which provides oversight of the statewide Smart Start initiative, and the Oklahoma Partnership for School Readiness (now known as Smart Start Oklahoma). Community-based organizations and initiatives are more likely to

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actively engage parents in decision-making roles. Local Iowa Community Empowerment Boards, which make decisions about the distribution and use of public funding to improve outcomes for young children in each of Iowa’s 99 counties, include parents as well as other citizens and professionals. As parents gain seats at the decision-making table, programs and policies are more likely to reflect families’ concerns.

2. Skilled advocates for reform
The Child Welfare Organizing Project (CWOP), a parent-professional partnership dedicated to public child welfare reform in New York City, takes a more advocacy-focused approach to parent engagement. The staff and Board, which consist largely of parents involved in the child welfare system, contribute to a wide range of evolving, constituent-driven activities and strategies. Examples include parent education and organizing, facilitation of parent dialogue with child welfare policymakers, parent participation in professional education of child welfare workers, production of parent-authored publications and work with the media, ongoing development of a peer-led parent leadership curriculum, and preparation of parents to serve as uniquely qualified policy analysts.\(^{13}\)

II. BARRIERS TO PARENT ENGAGEMENT
Both parents and organizations cite a range of barriers to parent involvement, participation, and partnership.

Professional bias and mutual misconceptions. A literature review of parent engagement in schools concludes that discomfort and mistrust arise from misconceptions that staff and families hold about each other’s motivation, practices, and beliefs. Across systems, parents report that they often feel unwelcome by service providers and that professionals’ attitudes toward them can be paternalistic or demeaning. For parents of ethnic or cultural minorities, barriers range from biased communication to overt prejudice and “system-wide, deep-seated institutional racism and an unconscious belief that select groups cannot be successful.”\(^{14}\)

“Across fields, competing demands on parents’ time hinder their participation.”

Parents feeling unwelcome. Across systems and initiatives, other factors that contribute to parents feeling unwelcome include differences in language, lack of support that aligns with the family’s culture, and difficulty navigating systems.\(^{15}\) Some advocates report the token use of parents as an interest group, and the exclusion of certain parents or groups of parents, including those who are marginalized and who have unusual contacts or ideas.

Parents’ family and work demands. Across fields, competing demands on parents’ time hinder their participation. In a large Pittsburgh study, inflexible work schedules and inadequate child care were the barrier to community engagement that residents reported most frequently.\(^{16}\)

Safety concerns. In the Pittsburgh study of community civic engagement, residents from low-income households or with educational disadvantage reported that safety concerns within their neighborhoods were the number one issue that prevented their participation in community activities.\(^{17}\)

Resource constraints. Residents with limited income cite resource barriers to community engagement, including inadequate transportation and lack of child care.\(^{18}\)

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\(^{14}\) Ibid.

\(^{15}\) Ibid.


\(^{17}\) Ibid.

\(^{18}\) Ibid.
Social isolation and motivational issues. Isolation from recruitment networks, not knowing how to get involved, and lack of information about opportunities are other challenges reported by residents. Individuals with income and education disadvantage also are more likely than other residents to disclose motivational challenges, such as feeling that they cannot make a difference in their communities.  

**III. CHARACTERISTICS OF SUCCESSFUL PARENT ENGAGEMENT APPROACHES**

While strategies for engaging parents in specific types of activities and roles differ, common principles and characteristics can be identified across fields and purposes. A synthesis of research and experiences reveals the following core characteristics of successful approaches.

**Focus on clear, shared outcomes.** Clear, achievable goals and outcomes for their children motivate many parents to participate in services, community activities, and advocacy. Parents must have a personal stake in the outcomes and a sense of ownership in the process for achieving goals. Direct involvement in setting the agenda, assessing challenges, and brainstorming solutions helps to sustain parental involvement. Parents value the recognition of progress as well as challenges.

**Respect for individual experiences, views, and culture.** Value and respect for each parent is infused throughout successful parent engagement efforts. Professionals, activities, and entire organizations are sensitive to parents’ culture and language, acknowledge and value cultural diversity, accept and value the personal beliefs and desires of families, and protect the family and its members from harmful intrusion. Intentional efforts are made to solicit and listen with respect to parents’ views about their children, their communities, and their goals. Training, dialogue, and other learning opportunities help dispel misconceptions about both parents and professionals.

**Welcoming environment.** A warm environment, which includes positive interaction and relationships, makes parents feel supported, respected, and acknowledged for their time and efforts. Family-friendly supports that facilitate participation in community activities and services include food, child care, transportation, and spaces where families feel safe, comfortable, and valued.

**Partnerships with parents.** Professionals, community stakeholders and other residents work to authentically engage parents by treating them as full partners in all aspects of service and community planning. Practitioners and policymakers collaborate with parents individually and as a group.

**Focus on strengths and empowerment.** Successful engagement efforts promote and enhance the capabilities of the family unit and individual family members. They build on family strengths to promote and enhance family outcomes, the effectiveness of supports and services, and the conditions of neighborhoods.

**A learning approach.** Hands-on training, guidance, tools, and leadership opportunities highlight individual strengths and help build skills clearly tied to accomplishing outcomes. Contact with peers, professionals, and civic leaders promote mutual learning. Parents have much to offer, and everyone has much to learn. In addition, engagement efforts with individual parents intentionally inform practices and policies. Consumer-driven learning promotes more effective approaches to services, innovative community-building strategies, and better outcomes for children and other residents.

**Network-building.** Strong social networks encourage and support parent engagement, and vice versa. Peer networks of support help generate ideas and provide a foundation for broader, enduring communities of parent leaders.

“Value and respect for each parent is infused throughout successful parent engagement efforts.”

19 Ibid.
Successful engagement efforts encourage productive interactions among the family, other community members, service professionals, and civic leaders.

By promoting a sense of belonging, engagement activities help establish social ties that bring people together based upon their commonalities. They enhance interdependencies and mutually beneficial interaction of the family and community members.

**Sustaining engagement.** Rather than one-time support, effective engagement approaches focus on sustaining parent involvement and work intentionally to overcome the tendency toward episodic participation. Mutual recognition, trust, and reciprocity are more likely to develop between parents, staff, and other community leaders. Sustained participation in community-building efforts is more likely to strengthen the voices of parents and other residents in their community’s civic and political institutions.

**Flexibility to adapt strategies.** Flexibility and continuous improvement translate innovative ideas into strategies that can improve families’ lives and communities. Family-engaging organizations are responsive to the experiences and feedback of parents and other residents.

**CONCLUSION**

The principles and characteristics of successful parent engagement are aligned closely with PFF’s principles, concepts, and strategies. Viewed as an evolving field of endeavor that is shaped by learning across many communities and service systems, parent engagement theory and research presents a developmental framework. Engaged parents are important sources of information about how to involve and partner with other parents. There is authentic demand for parent engagement in all decisions that concern them and their children.

Parent engagement clearly leads to more — both broader and deeper — engagement. It provides a foundation for building broader networks of community residents. The trend is toward engagement of all residents to build strong communities where children and families can thrive. Many researchers and advocates of civic engagement are working to leverage involved parents into entire neighborhoods of residents who are motivated and committed to community well-being.
Chapter V. Profiles of PFF: Documenting Each Service Planning Area’s Unique Story

INTRODUCTION
Each PFF Collaborative is a unique partnership with its own story. Each contributes to the richness of PFF learning. This chapter presents a profile of PFF development, strategies, and impact in each of the county’s eight community-based Service Planning Areas (SPAs).

The profiles provide a voice for each Collaborative by drawing from numerous local interviews, focus groups, and materials. Collaborative representatives had a prime role in crafting and reviewing the profiles. While the profiles tell each SPA’s story, they are short stories rather than complete chronicles. They cannot capture adequately the voices of all stakeholders, the complex environment of each SPA, or the deep learning that has taken place.

Individually and as a whole, the profiles adopt PFF’s learning approach: They focus on the strengths and development of each Collaborative within its unique context. The profiles are not comparisons or judgments. Instead, they are intended to provide insight into each SPA’s particular efforts to build community networks of services and supports that protect children and strengthen families.

Each profile contains four sections:
A. BACKGROUND provides an overview of each SPA’s demographics and the cornerstones of its approach to PFF.
B. COLLABORATION describes the PFF Collaborative including its organization, development, roles, and relationships.
C. PARENT ENGAGEMENT provides a broad-brush picture of local strategies and learning as Collaboratives and their partners work to engage parents and help families achieve their goals.
D. POLICY AND SYSTEM IMPACT outlines the effects of PFF or its potential to influence lasting change.

Appendix A contains a glossary of key terms, and Appendix B provides a list of acronyms. Appendix I presents a list of the partners of each SPA’s Collaborative, as reported by representatives of the Collaborative.

Local Context and the Implications for Learning
Demographically, geographically, and culturally, there is enormous variation across and within SPAs. With an estimated 9.7 million residents, Los Angeles is the most populous county in the United States, and its scale has implications for all aspects of PFF. The population of the SPAs ranges from 475,000 in SPA 1 (Antelope Valley) to an estimated 2 million in SPA 3 along the eastern side of the county. (See Appendix C for a county map of the SPAs.) The population distribution varies from densely populated downtown and other urban neighborhoods to large expanses of suburbia, such as the San Fernando Valley, and to rural spaces of Antelope Valley. Each SPA contains many communities, incorporated towns and even cities.

Overall, the demographic composition of the county is highly diverse and rapidly changing. The economic, ethnic, cultural, and language diversity of Los Angeles figures largely in the characteristics of all SPAs. As immigration trends shift among different countries of origin, the customs, practices, and beliefs of Angelenos become more varied.

All of these factors highlight the importance and complexity of community context for families, service providers, community-based organizations, and public agencies. It is more than a backdrop for daily life. The richly intricate demographics and cultures of Los Angeles shape the lives of residents. PFF takes this context to heart. The anchor concepts, values, and strategies of PFF were developed with this diverse and complex environment at the center, and they are shaped by it.
I. BACKGROUND
Located in Los Angeles County’s northernmost region, SPA 1 spans approximately 2,500 square miles in an area known as the Antelope Valley. It includes the cities of Palmdale and Lancaster, approximately 35 unincorporated communities such as Lake Los Angeles, Little Rock, and Quartz Hill as well as large portions of the Angeles National Forest and western Mojave Desert. Although, geographically speaking, it is the largest SPA, the region is also the most sparsely populated, with an estimated 475,000 residents. Whites make up approximately 48% of the population, representing the majority in most cities and towns. Latinos (32%) are the next largest group, followed by African Americans (13%) and Asian Americans (3%). A large segment of the population is foreign-born and comprised of relatively recent immigrants.

Most jobs are concentrated in the local agricultural and aerospace industries, but the SPA is also home to an Air Force base, a vibrant arts scene, several trade schools, and institutions for higher education, including the University of Antelope Valley and a satellite campus for California State University at Bakersfield. A large number of residents regularly commute at least 60 miles per day to destinations throughout metropolitan Los Angeles for work.

Despite its comparatively small population, the region has experienced very rapid growth over the last two decades — a trend spurred by a housing boom that attracted many first-time home buyers in search of affordable property and lower-income families seeking less crowded schools. However, the area was hit especially hard by the 2008 economic downturn and ensuing housing foreclosure crisis. For the 50% of residents who already fell below the federal poverty line, their financial struggles have worsened. With so many people losing their homes and lacking basic necessities, crime such as theft, gang involvement, and drug trafficking, has been on the rise. Tensions between the growing Latino community and African American residents who are grappling with shifting demographics that place them in an increasingly smaller ethnic minority are also a concern. In addition, several people attributed heightened fear and mistrust to local law enforcement’s intensified efforts to curb illegal immigration, which often involve conducting ‘sweeps’ at neighborhood malls and schools.

Further complicating matters is a lack of adequate public transportation that keeps many people isolated and stymies families’ efforts to access available community resources. For residents using a bus to shop in Lancaster or Palmdale, their outings typically entail a full day of travel. Given SPA 1’s geographic and cultural divides, the Antelope Valley Partnership For Families (AVPFF) has sought to “strengthen connections among families, institutions, and service providers that are based on genuine relationships, with the aim of building an authentic sense of community” as an overarching goal.

Cornerstones: SPA 1’s Approach

> Investment of AVPFF funds in building the capacity of community-based organizations to support Collaborative efforts, including funding the local Child Abuse Prevention Council to coordinate parent peer networks and public awareness campaigns.

> Implementation of Parent Cafés across several community- and school-based sites, which have been adapted for various settings and expanded to support an increased demand for sessions. The SPA also served as a peer trainer and mentor to other PFF Collaboratives that launched cafés.
> Engagement of Antelope Valley Hospital as a co-sponsor of the Welcome Baby Program, which offers outreach, information and support pertaining to infant care for mothers and fathers of newborn children.

> Creation of a ‘bridge fund’ that provides transitional assistance with child care costs for parents who are seeking employment or job training but not yet eligible for public subsidies.

> Inclusion of male staff in case management and group facilitation roles to create a welcoming environment for fathers.

> Year-round sponsorship of an annual calendar of community events designed to raise public awareness about child abuse prevention and recruit new AVPFF supporters.

“There were eight organizations in contention to receive the PFF grant and we all agreed to support whichever one was chosen as the lead agency. For us, the focus is what we can do together to support our families.”

II. COLLABORATION

A. Role of Lead and Partner Agencies

Children’s Bureau is the lead AVPFF agency and is a nonprofit organization that has provided services including foster care and adoption, comprehensive mental health, parent education, and support groups for Antelope Valley families since 1985. It has a long track record of involvement and leadership in local organizations committed to improving child well-being, including the Children’s Planning Council and the Antelope Valley Child Abuse Prevention Council (known as Yes2Kids). It was through these affiliations that strong cooperative relationships were formed over several years with its eventual Collaborative partners. A partner explained, “There were eight organizations in contention to receive the PFF grant and we all agreed to support whichever one was chosen as the lead agency. For us, the focus is what we can do together to support our families. It’s about all of us striving for the same purpose.”

Decisions regarding AVPFF’s implementation are managed by a Steering Committee made up of lead agency and funded partner representatives who meet monthly. In turn, the Director of Community Services for Children’s Bureau oversees Committee proceedings and day-to-day Collaborative activities. As described by partners, much of this role entails continual outreach — both within and beyond their network — aimed at two goals: 1) reinforcing AVPFF’s shared mission and vision; and 2) ensuring that services and supports are offered in a manner that assists families in achieving the results they want. One staff member specified, “A lot of time and attention is paid to greasing the wheels of the Collaborative — clarifying goals and strategies, keeping everyone up to speed about decisions, problem solving, planning meetings, finding referral resources, and sharing helpful information. If you’re not rubbing elbows together and making person-to-person connections, you don’t really have a working partnership.” This is indicative of AVPFF’s guiding philosophy, which emphasizes that the quality of institutional relationships depends on the personal relationships people in institutions form.

The Collaborative’s approach to family engagement also illustrates its commitment to fostering strong partnerships. While the Children’s Bureau houses the AVPFF case management team of In-Home Family Counselors, Yes2Kids staff and members coordinate AVPFF-sponsored community outreach and parent groups. The Antelope Valley Hospital Healthy Homes Program also plays a central role in recruiting new parents to participate in the Collaborative’s Welcome Baby Program. Remaining funded and unpaid partners offer a variety specialized services for participating families as needed, including counseling, job training, concrete emergency assistance, and child care.

B. AVPFF Capacity-Building Efforts

Several respondents cited the inclusion of Palmdale zip codes in the initiative’s second year as a major turning point for AVPFF. First 5 LA’s initial SPA 1 funding strategy focused solely on Lancaster, but the Collaborative was able to
present compelling data showing that Palmdale’s exclusion would result in services being underutilized as well as leave out a sizable area that also had been documented as having higher incidences of child abuse reports.

Persistent outreach was just as instrumental in the Collaborative’s efforts to establish referral relationships with SPA 1’s DCFS offices. For some time, DCFS’s Emergency Response (ER) Workers were reluctant to refer families who were deemed high or very high risk for enrollment with AVPFF because of what one partner described as a “misconception that DCFS and AVPFF contacts couldn’t communicate about referrals once they were made.” This contributed to ER workers’ concerns about not being able to confirm family enrollment or ensure child safety. However, these issues have been largely resolved in the wake of Children’s Bureau’s staff meeting with DCFS liaisons to clarify expectations regarding the management of the referral process. When asked what has made the difference in fostering shared clarity and improved communication, one AVPFF leader stressed how critical it is for “both parties to have an opportunity to raise and hash out concerns together — the earlier, the better.”

Other key actions taken to strengthen the AVPFF Collaborative include:

> Funding the expansion of Yes2Kids staff to support growing community- and school-based parent networks along with targeted outreach to families with newborn children. What was originally a two-person, part-time team of group leaders is now led by two full-time program managers who are supported by nine field staff.

> Sustained investment in improving efforts to assess family outcomes, track participation across the initiative, and measure service quality. Efforts are led by a full-time evaluator and data entry specialist located at Children’s Bureau.

> Hiring a new Children’s Bureau Community Liaison to assist the AVPFF Director with supporting the Collaborative and promoting child abuse prevention efforts throughout the region. A team member explained, “Because there are so many meetings to attend, we needed the extra help to honor our commitment to people being and doing together. It’s all about relationships.”

C. Engagement of Local Networks

AVPFF devotes significant time to engaging other local networks with common goals in an effort to raise the Collaborative’s profile and expand its reach. Key affiliations include the Best Babies Collaborative, the SPA 1 Children’s Council, the Homeless Coalition, the Building Community Partnerships Collaborative spearheaded by DCFS, and the Annie E. Casey Foundation’s Family to Family Initiative. AVPFF has also established a unique relationship with the Antelope Valley Network for Healthy Families, which serves as AVPFF’s community advisory council. Comprised of service providers and local residents, the Network plays a key role in raising local family issues and challenges for broader input and action. For example, members were instrumental in supporting the Welcome Baby Program as a key strategy in the fight to reduce Antelope Valley infant mortality rates.

III. PARENT ENGAGEMENT

A. Strength-Based Services and Supports

As described by respondents, AVPFF’s approach to service provision is “all about empowering parents to take authority rather than be victims of circumstance,” coupled with the recognition that there has to be new information coming in if a family system is going to shift. Working closely with Children’s Bureau In Home Family Counselors, families are actively engaged in developing services plans based on the results they want. By supporting parents to be the leaders of that planning process, staff strive to help families recognize and use their strengths to resolve problems. Several team members cited the Family Assessment Form developed by Children’s Bureau as a helpful way to ensure that strengths and opportunities for improvement are identified in a consistent manner.

When asked about the benefits of strength-based service delivery, a Family Counselor said, “It provides a really solid foundation for families to begin addressing areas where they may not feel so confident. Starting from a place where they
feel strong helps them to gradually risk dealing with other difficulties and unknowns.” A colleague went on to say, “When a crisis occurs, it provides a platform to deal with major challenges without losing sight of what is working well and the overall goal plan.”

The opportunity to work with families in their homes over the course of several months also enhanced the staff-family relationships that undergird effective service planning. A Family Counselor shared, “It’s given me greater perspective as a professional and individual about not judging people or jumping to conclusions.” Another said, “I’ve gotten better at understanding that it takes time to really know families and the struggles they face on a daily basis.”

1. Specialized family supports. Beyond home visiting and case management, the Collaborative has implemented the following programs to provide additional supports for parents:

> The Welcome Baby Program is offered in partnership with the Antelope Valley Hospital’s Healthy Homes Initiative. Designed to guide parents through a curriculum that encourages healthy bonding with their newborns, it includes an in-hospital component, in which on-site outreach staff engage new parents immediately following childbirth and conduct an initial needs assessment. Interested parents are then referred to Yes2Kids staff who provide support via a combination of home visits and phone calls for three months. Special emphasis is also placed on including fathers as integral, supportive partners in infant care. After completion, an Ages and Stages Questionnaire is administered to screen infants for developmental delays, and parents are linked with community resources as needed. They also have the option of participating in ongoing AVPFF groups and activities.

> Play and Learn classes are designed to help parents of children ages birth to 5 better understand developmentally appropriate play and interaction. They feature age-specific sessions that focus on one year of a child’s development at a time. The program recently expanded to a second community site.

> A fund in partnership with the region’s Child Care Resource & Referral Agency provides temporary child care bridge assistance for parents who either are seeking employment and job training or need short-term respite. After exhausting all other options and consulting with an In Home Family Counselor, AVPFF families can apply for funds to cover the cost of part-time child care. The funds are available until parents transition into a job or class and therefore become eligible for other subsidies, or until they obtain sufficient respite. Assistance is awarded on a case-by-case basis, and partial care has been provided for 13 children to date.

2. Teen pregnancy prevention. Significant risk factors are associated with early parenthood, and Antelope Valley teen pregnancy rates are among the highest in the County. To help reduce these rates and assists adolescents with making healthy life choices, AVPFF partners with the Youth Support Association, El Nido Family Centers, and the local Boys and Girls Club to sponsor quarterly workshops where teen parents speak to middle school youth about their experiences.

B. Keys to Successful Engagement

1. Funds for concrete assistance and flexible hours. Several factors were cited as instrumental to the team’s ability to successfully engage parents in achieving positive outcomes for their families. An item mentioned repeatedly is the availability of funds to provide concrete assistance directly through AVPFF in order to meet basic family needs, such as taxi vouchers for transportation and payment for baby supplies and household goods. After the economy slowed, access to resources and flexible emergency funds for families without a lot of red tape took on particular importance.

Just as importantly, many services and programs are offered during late evening and weekend hours to cater to residents who often spend three or four hours daily commuting to work. Because parents often do not have the luxury of spending time with their children during the week, activities that allow for quality family time are critical.
II. Parent Engagement

2. Diverse, multi-disciplinary teams. Another strength described as key is AVPFF’s diverse, multidisciplinary team of Family Counselors and field staff. Theirs is a balanced team comprised of men and women of different ethnic backgrounds and complementary skills. Team members regularly assist with families outside their assigned case-loads as needed. Their areas of expertise include marriage and family therapy, teaching and special education, mental health, public health, and working with homeless populations. Several staffers also are bilingual English and Spanish speakers — skills critical to outreach with SPA 1’s monolingual Spanish-speaking immigrants.

According to respondents, having a team that is reflective of the diverse community is pivotal to effectively serving Antelope Valley families. At the same time, staff do not assume that being of similar ethnicity or speaking the same language is sufficient for understanding family culture and dynamics. Instead, staff get to know families through a process of discovery that begins with asking questions about their experiences. AVPFF staff and partners are encouraged to recognize that everyone has biases based on his or her family history and background. This awareness helps the team to be accepting and candid in their dealings with families.

In addition, fathers seem more willing to engage when encouraged by a male staff member. Regardless of gender, Family Counselors and group leaders intentionally reach out to fathers because they understand that everyone in the family has a major influence on a child’s development. For example, male and female facilitators are intentionally paired to lead parent workshops. Other resources that are helpful to dads include the MenFolk group, an AVPFF community partner that promotes healthy fathering and male role modeling skills, and the Fatherhood Initiative developed by Children’s Institute.

3. Targeted training. Family Counselors and partners stress the importance of participating in trainings that address domestic violence, substance abuse, or trauma stemming from a past experience with physical, emotional, or sexual abuse. One team member said, “The trainings provide a lot of helpful information about issues that are particularly sensitive and complex, which can then be shared with families.” Another added, “Because substance abuse is a big challenge in the area, focusing on its impact has been critical to helping parents understand how it relates to other forms of abuse.”

C. Implementing Parent Cafés

One of AVPFF’s flagship projects is the implementation of community- and school-based Parent Cafés, which are gatherings that serve as a vehicle for parents to have their own conversations about keeping families strong. After taking part in Parent Café trainings in Spring 2008, AVPFF partners decided to scuttle plans to establish a parent mentorship program and instead enlisted Yes2Kids staff to lead the implementation of cafés. Early on, it was a struggle to recruit parents to attend stand-alone sessions, but participation steadily increased as Yes2Kids began targeting outreach to existing groups of parents affiliated with local community-based organizations (CBOs) and schools. As parents experienced cafés for themselves, word of mouth became a very effective tool for promotion.

Yes2Kids also took the important step of adapting the original Parent Café format, which was created for groups of 12 to 30 parents, to accommodate smaller and larger group settings. Facilitators developed their own discussion guides and trained new staff to support ongoing weekly cafés. As one member put it, “No group was too small to start the process with. We didn’t fret too much in the early days when we only had two parents show up. We just wanted to get things going forward and not worry too much about numbers. We trusted that we could build on parents having a great experience and, sure enough, it’s grown by leaps and bounds. Those who come to cafés want more for themselves and also their family and friends.”

The following are just a few brief examples of how AVPFF parents responded when asked what they have gained from their café experiences:

> “I now take time to communicate with my family. I listen better and want to know more. I also think about what I’m going to do before I act on it.”
> "I used to be timid and shy, but now I’m able to speak in groups and express myself openly."
> "Being here gives me strength to speak up and have confidence. Before this program, I used to stay home all day. Now, I know people in my community and attend lots of events."
> "I realize that I’m not alone, that there are people going through what I’m going through and that we can help each other."

After beginning with three weekly community-based groups hosted in English and Spanish, Parent Cafés are now underway in seven schools throughout Lancaster and Palmdale. Families in Action, a Palmdale organization that offers several parenting classes, recently partnered with AVPFF to host cafés for parents on its waiting list, as well as alumni who want to stay connected to the program. AVPFF’s success with Parent Cafés has spread well beyond SPA 1’s boundaries as the Yes2Kids team travels throughout the county to provide consultation and training for other Collaboratives that want to launch groups.

D. Promoting Public Awareness

Each year, the Collaborative sponsors an annual calendar of public activities that promote child abuse prevention and increase awareness of available family supports. Many activities take place in April, which is National Child Abuse Prevention Month. Highlights include a writing contest and teacher recognition award involving all of the Antelope Valley schools and culminating with a celebratory community dinner. During the month-long campaign, AVPFF also sponsors a Child Abuse Prevention Walk and mandated reporter training on recognizing signs of abuse. The remainder of the year features events such as Battle of the Bands, a Pancake Breakfast, and a Dad’s Celebration hosted by MenFolk at the local baseball stadium.

Through its parent groups and public outreach, AVPFF hopes to eventually identify a strong cadre of parent leaders to play a continuing role strengthening the Antelope Valley community. A leader explained, “It’s important for us to offer activities that families can participate in that are warm and welcoming, but also provide the motivation to stay involved in supporting AVPFF while encouraging others to participate.”

Looking ahead, AVPFF is committed to helping parents feel more comfortable and confident in their role as leaders and fellow decision makers. One strategy currently being explored is linking interested Parent Café participants to community organizing efforts, such as the relationship-based approach utilized by Children’s Council of Los Angeles County in SPA 1 and elsewhere in the county. This approach provides advocacy and planning training for resident-led neighborhood action councils.

IV. POLICY AND SYSTEM IMPACT

When describing how AVPFF has changed the way Collaborative partners do business, a staff member summed up its impact as follows: “Usually program models tend to be service-driven, where funding is directly tied to total numbers served. In contrast, PFF enables and supports innovation and creativity in a constructive way that places families at the center of everything. It also allows agency partners and families the time and resources needed to forge authentic relationships that lead to deeper, more sustainable change.”

The following are examples of AVPFF strategies that will likely have a lasting influence on the region and offer important lessons for similar initiatives:

> Broad-based use of Parent Cafés. The successful community-wide implementation of Parent Cafés illustrates the importance of supporting parent-led mutual learning and social networking as a complement to traditional family services. It also uplifts opportunities to effectively engage schools as loci of discussions about parenting and protective factors.
> **Cultivating male staff to engage fathers and other male participants.** The intentional promotion of gender diversity among case management and parent workshop staff highlights how the participation of fathers often hinges on the presence of other males who can relate to their unique perspective — a critical issue for direct services positions predominantly staffed by females.

> **Developing partnerships with health care providers and systems.** The partnership AVPFF established with Antelope Valley Hospital to offer the Welcome Baby Program illustrates the effective and direct role that health care providers can play in prevention-oriented initiatives, particularly since they often serve as a first point of contact for families who show signs of stress.

> **Strengthening local service capacity.** AVPFF’s investment in the expansion and training of staff within community-based partner organizations demonstrates the value of leveraging of PFF funds to promote greater capacity among embedded neighborhood service providers to offer strength-based supports to families.

> **Creating a child care fund to support parents’ access to jobs.** AVPFF’s creation of a child care bridge fund can serve as a model for other organizations grappling with ways to assist employment-seeking parents who fall between eligibility guidelines for child care subsidies. It also brings to light areas of needed improvement in subsidy policy, including the need to further examine existing and unintended barriers to child care access.
I. BACKGROUND

SPA 2 encompasses the region known as the San Fernando Valley, which is located in northwest Los Angeles County. Many of the area’s communities are part of the City of Los Angeles, including Van Nuys, Canoga Park, North Hollywood, Pacoima, and Reseda. Incorporated cities such as Burbank and Hidden Hills also are found within its boundaries. Home to approximately 2 million residents, the Valley is known for its sprawling, low-density development and has reputation for being largely middle-class. Whites (46%) and Hispanics (38%) are the largest ethnic groups, though the Hispanic community is very diverse with respect to country of origin. Asian Americans represent 10% of the population and African-Americans account for just over 3%. More than one-third of residents were not born in the United States and over half are bilingual. While Spanish is widely spoken, Farsi, Korean, and Armenian are also common languages.

Despite the Valley’s middle-class image, 12% of its residents live below the federal poverty line and almost one-fifth of local children are considered to be poor. In recent years, the area has also experienced an increase in crime and gang violence. There is significant diversity among families, both culturally and economically, and local challenges are becoming more visible.

Due to its varied demographics, no single community identity is consistent throughout the San Fernando Valley. Instead, the SPA is made up of what is often described as “a lot of little communities.” This characteristic is viewed as both a strength and challenge because there are pockets of identifiable neighborhoods and local activity, which makes for a rich cultural experience and gives people a sense of being part of a defined group.

However, these neighborhoods are fairly disconnected because residents rarely venture out from them or outside the Valley itself. Several factors contribute to persistent isolation, including the region’s expansive landscape and geographic divide from other parts of Los Angeles. Many residents are not native English-speakers and, therefore, hesitant to explore beyond their familiar surroundings. For families who are dependent on public transportation, traveling from one area to another with one or more young children is also quite difficult. The end result is that people are spread out, as are community resources. Moreover, a lack of affordable housing has contributed to frequent relocation and displacement among lower-income residents.

Cornerstones: SPA 2’s Approach

> Lead agency subcontracts with another large, multi-service organization to increase case management staffing and provide leadership support for Collaborative efforts.

> Teaming of In Home Family Counselors and Resource Coordinators to conduct initial home visits with referred families.

> Formation of a Professional Training Committee to plan skill-building opportunities for Project SAFE partners and staff, including a series of workshops on basic knowledge of children ages 0 to 5.

> Implementation of Parent Cafés across multiple partner sites and adoption of the process as a long-term ‘leave behind’ strategy.

> Early, intentional, and sustained problem solving with DCFS, bolstered by shared clarity about their complementary missions.

> Strong partnership with two school-based family resource centers that provide classes, support groups, and social networking opportunities for parents and also refer residents for Project SAFE enrollment.
II. COLLABORATION

A. Lead and Partner Agency Roles

Project SAFE was launched as part of First 5 LA’s Partnerships For Families (PFF) initiative in order to help at risk San Fernando Valley families strengthen the skills needed to provide their children with safe and nurturing homes. The Help Group serves as the lead agency and works closely with the San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC), which has been engaged as a subcontractor to assist in supporting the Collaborative’s development and provide satellite case management services. Both organizations offer a wide array of family support, mental health, and education services in multiple locations. Yet they agreed to partner with each other for the first time to better meet the challenge of implementing a comprehensive, multi-year initiative across a sprawling region.

Project SAFE’s management is shared by a team consisting of a full-time Director employed by The Help Group and a part-time Program Manager based at SFVCMHC. Both are responsible for supervising a team of In-Home Family Counselors (IHOCs) and a Resource Coordinator located within each organization. Other core personnel include an Evaluator and Program Assistant that are housed at The Help Group but support both agencies.

As a complement to case management services provided by IHOCs, Project SAFE families can access the various in-house services offered by The Help Group and SFVCMH as needed. However, other Collaborative partners provide additional supports that help to fill service gaps and extend access to resources. Their varied areas of expertise include education, domestic violence, developmental disabilities, physical therapy, mental health, and family support. Several also offer programs that are tailored to meet the unique needs of specific populations, including fathers and teen mothers.

B. Cultivating Partner Relationships

Much of Project SAFE’s focus to date has been on developing strong relationships across partner agencies as well as establishing a common vision to serve as a basis for collective action. The Collaborative worked closely with First 5 LA’s capacity-building consultants to formulate shared goals and a long-term implementation strategy. As one leader observed, “They really helped us to set clear goals and focus on what we could accomplish together.”

With at least 45 other service provider networks active within the San Fernando Valley, articulating how and why Project SAFE efforts are distinct was especially important for the Collaborative. As one partner noted when commenting on overlapping participation in the Valley’s numerous initiatives, “It’s not unusual for people to see each other ten times a month at different gatherings. In the Valley, that’s how we all stay abreast of what’s available for families, who is funding what, and what opportunities exist to work together.”

Groups that are regularly engaged by Project SAFE partners include the Best Babies Collaborative, the SPA 2 Children’s Planning Council, and the Los Angeles Unified School District (LAUSD) Resource Council, as well as the local child abuse prevention councils and domestic violence task force.

In addition to convening monthly Collaborative meetings, separate subcommittees were established to help coordinate activities in three major areas: Professional Training, Parent Leadership and Skill-Building, and Strengthening the Collaborative. Partners also organized jointly-sponsored resource fairs, community events, and holiday gatherings, which helped them build personal connections and learn more about each other’s organizations.

Sponsorship of free Project SAFE trainings has also strengthened partner relationships and cohesion among agencies. Because the initiative is so comprehensive, staff were very welcoming of new information and educational opportunities regarding best practices and resources. Based on feedback gathered through an initial training needs assessment, The Help Group and SFVCMHC hosted an introductory series of workshops on basic knowledge of children ages 0 to 5, including brain development, trauma, and the Ages and Stages Questionnaire. Encouraged by the
positive reception, a Training Committee was formed to organize regular professional development opportunities, and the Collaborative frequently sponsors partner participation in relevant external workshops.

Another key aspect of strengthening services has been The Help Group’s internal efforts to build new systems of communications and administration that were needed to effectively support Project SAFE’s management structure. Establishing common service-delivery policies and joint coordination of meetings with SFVCMHC required considerable attention and staff support.

C. Establishing a Referral Relationship with DCFS

In their prior roles, both the Project SAFE Director and Program Manager established good working relationships with SPA 2’s DCFS office liaisons. As a result, their requests for referrals were met with great receptivity from the initiative’s start. The Collaborative has also maintained a stance of treating DCFS referrals as a top priority. One leader shared, “It’s helped because we’re viewed as easy to work with and willing to try working with families who are dealing with very difficult circumstances, although we don’t hesitate to re-refer if it’s determined that families need a higher level of care.” Others noted that it took some time to achieve a consistent understanding with DCFS about what constitutes high and very high risk families that are appropriate to refer, particularly when families were dealing with violence, drugs, and other very serious issues.

Good relations are reinforced by continuing outreach to make sure DCFS liaisons and Emergency Response (ER) Workers are familiar with Project SAFE staff. Team members also talked about the importance of not painting DCFS as the villain, explaining how they recognize and respect that ER Workers have a different style because they have a different level of responsibility for ensuring child safety. “We try to understand where DCFS is coming from and help families do the same. Instead of fanning the flames when parents express anger about being investigated, we talk about the fact that ER Workers have to err on the side of safety. Our message is: ‘I know it’s hard, but now you have this new opportunity that came from it. So let’s make the best of it.’”

Despite the best efforts of both the Collaborative and DCFS, an estimated 20% of families assume that they must participate to retain their children. Project SAFE staff make ongoing efforts to clarify and reiterate the voluntary nature of enrollment.

D. Investing in Evaluation

Simultaneous to strengthening Project SAFE partner relations and skills, The Help Group has dedicated significant resources to measure the impact of its efforts and ensure the delivery of high quality services. In addition to the computer-based Family Assessment Form used by all PFF grantees, the Collaborative has instituted several other pre and post data collection methods to ensure comprehensive tracking of Project SAFE goals.

Supplemental tools include the Parenting Relationship Questionnaire (PRQ), an instrument designed for those with preschool-age children that reports on traditional parent-child dimensions such as attachment, communication, and involvement. It also presents information on parenting style, parenting confidence, stress, and satisfaction with the child’s school. Additionally, all Project SAFE parents are asked to complete a Family Resources Survey at service initiation and closing. A Referral Tracking Form is used to document what services were recommended, if they were accessed, and how partners responded in detail. In instances when concerns arise about child development, the Ages and Stages Questionnaire is used. Finally, a Family Efficacy Survey is conducted three months after case closing to determine how families viewed their Project SAFE experience, including the impact on their current status, the quality of services, what they valued most, and issues that were problematic. Aggregate data from all of the surveys are analyzed and reported twice each year by the Evaluator, who also regularly attends staff meetings to solicit feedback regarding the tools and provide assistance as needed.
III. PARENT ENGAGEMENT

A. Family-Driven Service Provision

Project SAFE staff lead with the understanding that every family is different, which means there is no “one-size-fits-all” approach to providing services. “We may have our view of how things should be, but this work is really about identifying what the family’s vision is and helping them to get there with their strengths,” an IHOC explained. When service plans are developed, families are part of the process every step of the way. Parents are the ones coming up with goals that are based on which they want to work on. Others cited the importance of recognizing “the human aspect of families instead of treating them like cases, which involves acknowledging that they are doing the best they know how to do under very difficult circumstances.”

At the same time, In-Home Family Counselors (IHOCs) strive to enhance the early childhood experience while reducing family stressors. In order to ensure that service plans are genuinely family-driven, their solution is to be opportunistic by looking for natural avenues to share helpful guidance and model appropriate communication. Rather than prescribing things that parents must do, the Project SAFE team provides them with a chance to use their own knowledge while they acquire and practice applying new information. A team member shared, “There’s no specific formula for it, but it involves validating what the family is doing well as motivation for working on things that they find challenging.” Another added, “It’s about looking step by step at what’s moving in a positive direction as families progress. Using positive reinforcement such as praise and acknowledgments to motivate parents and children is a great help.” Special care is also taken to constructively reframe concerns and lower family functioning scores identified via the Family Assessment Form (FAF) used at intake.

To carry out this work, the Collaborative has assembled two teams of IHOCs based at The Help Group and SFVCMHC that are each supported by their own Resource Coordinator. Apart from a shared commitment to furthering Project SAFE goals, the staff’s strong belief that every family has strengths serves as both unifying common ground and a foundation for their work. “Before [Project SAFE], I used to think of what I could do for families. Now, my respect for what they can do for themselves with a boost in confidence and good information in hand has grown tremendously,” said an IHOC about the importance of lifting up strengths. Because families are enrolled for a relatively short period of time, staff feel a sense of urgency about helping them to become stronger and to know more about where they can find support in the community.

In addition, targeted outreach to fathers has become a focal point for staff. From the first home visit, IHOCs are very intentional about asking dads to complete a Family Resource Survey to identify their needs as parents. Staff are proactive in acknowledging and sharing information about how children benefit from interacting with their mothers and fathers in different ways. Educating moms about the importance of a father’s participation as their partner and support has been helpful as well, but it is done in a way that is respectful of a family’s cultural values and norms.

The Project SAFE team is supported by an internship program for Master’s of Social Work students from California State University at Northridge and candidates from The Help Group’s Psychology Training Program, which recruits participants nationally. Students often assist with the development and facilitation of parent groups and, in the process, provide an opportunity for permanent staff to sharpen their mentoring and teaching skills.

B. Complementary Family Supports

Project SAFE participants can choose from several educational classes (offered in English and Spanish) to further their progress. Workshops such as Powerful Families (financial literacy and advocacy) and Incredible Years (for parents and toddlers) have been great successes. Frequently parents are referred to The Village and Broadous Ready for School
Programs, two school-based family resources centers that sponsor educational workshops, support groups, and social activities. In turn, the centers often refer parents from the schools for enrollment in Project SAFE. As one partner stated, "It's been a great mutual benefit because we all strive to serve parents with young children and complement each other's strengths."

In addition, The Help Group and SFVCMH maintain an extensive library of family-friendly brochures, resource books, and pamphlets that staff and parents can use as references. Focus areas include stress management through self-care, child development, healthy communication, and supporting children with special needs. The Collaborative has engaged in dispute resolution training to better support families that are dealing with conflicts related to divorce and separation, domestic violence, and older kids who are acting out. Many children have been referred to recreational youth programs offered through the community parks. At the same time, staff emphasize the importance of respecting a family's sense of how much they can take on. An IHOC cautioned, "It can't be forced, especially because many parents come from service arena where they are used to being told what to do."

Just a few examples of how parents described what they have learned from their Project SAFE experience follow:

> "I learned to be more open, honest, and direct with my kids. I also learned to be more mindful of their feelings."
> "I'm learning to be more willing to listen and more respectful of my children so they will listen to me."
> "I'm doing activities for and with my children. We're doing things more things as a family."
> "I'm more positive and have more self control. Now, we don't yell as much. Everybody takes time to talk."

However, several Project SAFE staff also spoke at length about challenges that arise when needed supports are not readily available. In describing the obstacles faced by undocumented families, a respondent explained, "It's a huge challenge. Doors are simply closed to them because they aren't eligible for public assistance or health insurance."

Further complicating matters is the lack of affordable housing and child care, particularly for infants — a need that negatively impacts all families. For parents and children who are without the basic stability that comes with having a permanent place to live, it makes achieving lasting progress especially difficult. Child care also can be tricky for parents who are transitioning off public aid because working either too little or too many hours can impact their eligibility for subsidies. "If they don't work enough, they can't pay their rent. Too much, and they can't afford child care. It's an impossible Catch-22," a staff member observed.

C. Implementing Parent Cafés

Project SAFE partners spoke candidly about how early attempts to form a parent advisory committee lacked cohesion and consistency. A respondent recalled, "There was a different rotating cast of parents present at every meeting and discussions tended to be more about what the agencies needed. So we halted that pretty quickly and decided to explore other strategies." One includes supporting the Broduous Ready For School Program’s Parent CADRE group, which is comprised of members who have assumed an increasingly active role in organizing the Collaborative’s annual resource fair.

Another is the implementation of Parent Cafés, which began with sponsorship of an orientation for Project SAFE partners in 2008. A 2-day facilitator session attended by agency staff and parents followed in 2009. Not only did Collaborative partners agree that Parent Cafés would serve as an excellent complement to existing education parent groups and classes; they also saw the process as an ideal starting point for establishing consistent connections with parents who could eventually grow into other advisory and leadership roles. As such, three community-based partner agencies are sponsoring cafés and one group is now co-facilitated by a parent leader. Currently, the Parent Leadership and Skill Building Committee is developing a plan to support the use of cafés as a long-term engagement strategy that will continue beyond the PFF grant period.
D. Critical Staff Supports

Project SAFE staff were asked to identify the supports that helped them do their best work with families. Given the intensive nature of their work, several cited the importance of having a supportive team and agency setting. Specifically, the fostering of a learning environment that encourages their growth through continued investment in training opportunities, ample individual and group supervision that allows for teaming with peers around difficult issues, and management’s positive approach to motivating staff were all viewed as critical to their effectiveness. As one IHOC observed, “You can’t give what you don’t have.”

Several trainings were cited as very beneficial. Reflective supervision, which is characterized by self-awareness, careful and continuous observation, and respectful, flexible responses, was said to be key. IHOCs stressed the importance of needing to be aware of their own skills and strengths in order to help families do the same. They described the motivational interviewing and engagement workshop as a great tool for working through the pros and cons of continuing on an unhealthy path.

With respect to staffing, Project SAFE’s Resource Coordinators play a pivotal role in easing the demands placed on the case management team. They assist both IHOCs and families with identifying community resources throughout the SPA, thereby allowing the case management team to focus their time on the building strong relationships with families and service planning. Moreover, the Coordinators typically accompany IHOCs on their first home visits in order to show families that there is a person ready and available to assist them with resource needs. The use of an engagement process form and checklist was critical to ensuring that interactions families were consistent and thorough.

IV. POLICY AND SYSTEM IMPACT

Speaking about Project SAFE’s unique approach, a partner shared: “Being able to come in a step earlier to kids entering the DCFS system, where you can see and help families address the barriers they face — many of which aren’t under their control — has been a real education. Instead of pre-judging parents for their difficulties, you really begin to understand how lack of education and low self-esteem are obstacles to accessing services. I now understand how challenging and intimidating it can be for families just to pick up a phone and call someone to ask for help.” A colleague added, “Having gone through this program, parents are finding more strength within themselves and discovering that they are capable of handling more than they realized.”

Project SAFE’s efforts have led to important shifts in the way partner agencies do business and offer important lessons for those undertaking prevention initiatives:

> Use of strategic partnerships to maximize benefits for families. The successful establishment of a subcontract agreement between The Help Group and SFVCMHC highlights the importance of providing incentives for large, multi-service agencies to work collaboratively toward shared goals rather than independently.

> Implementing Parent Cafés. The introduction of Parent Cafés demonstrates the potential for building mutually supportive social networks among parents as a complement to traditional service provision and parenting classes as well as a pathway to authentic parent leadership.

> Prioritizing professional development. The formation of a committee to oversee professional development for Collaborative partners and sponsorship of an internship program for graduate students illustrates the importance of offering skill building opportunities that incorporate emergent best practices in the child abuse prevention field.

> Comprehensive evaluation. The use of multiple data collection methods for measuring family well-being and service quality illustrates the value of gathering both quantitative and qualitative data to accurately assess family outcomes, determine which resources had the greatest impact, and why.
SPA 3: CARIÑO Partnership For Families (Child Abuse Risk Intervention and Neighborhood Outreach)

Ensuring the Safety and Healthy Development of Children and Families in the San Gabriel/ Pomona Valley

I. BACKGROUND

Located in the eastern region of Los Angeles County, SPA 3 encompasses 17 cities and unincorporated neighborhoods throughout the San Gabriel and Pomona Valleys. Once a predominantly agricultural area, today it is almost entirely developed land comprised of suburban communities. Recent estimates place its population at nearly 2 million, which represents approximately one-fifth of County residents. Although many middle-class and affluent communities dot the landscape, predominantly working class neighborhoods such as Azusa, El Monte, and La Puente also exist within its boundaries.

Generally known as one of the most diverse areas in the country, Latinos, mainly of Mexican origin, and Asians are the largest local ethnic groups — with both communities having historical ties to the region that date back to the 1800s. Along with a sizable White population, the Valleys have smaller but well-established African-American and Native American communities. Many residents (17%) are also relatively recent newcomers to the United States, which adds to the demographic variety that makes its difficult to define broad community characteristics for the SPA as a whole.

Given the region’s suburban locale, it is not widely known that poverty affects a significant number of local families. Recent statistics indicate that approximately 35% of the area’s children are considered poor, with African-American and Hispanic having the highest concentrations of low-income families. In an effort to combat these trends, CARIÑO Partnership For Families provides services that highlight and support family strengths while offering opportunities for parents to be a part of a community network that assists them in obtaining needed resources. The desired outcome is safer homes for children, including healthier births and improved family functioning, that will reduce out of home placements.

Cornerstones: SPA 3’s Approach

> Team-based approach to CARIÑO PFF oversight, led by a full-time Program Manager who works in tandem with the lead agency’s Director of Clinical Services, PFF Program Coordinator, and Evaluator/Collaborative Coordinator to coordinate service provision and strengthen partner relationships.

> Engagement of active and alumni parents in multiple leadership roles such as peer mentorship, advocacy, group facilitation, fundraising, and sponsorship of community events.

> Hiring of a CARIÑO PFF graduate to serve as a Family Advocate who coordinates parent leadership groups, serves as a staff-parent liaison, and provides case management support.

> Integration of Continuous Quality Improvement (CQI) and results-based evaluation in all facets of CARIÑO PFF’s provision of services and supports.

> A multi-faceted partnership with the Department of Children and Families Services (DCFS), including the agency’s participation on the CARIÑO PFF Leadership Team and receipt of referrals from four regional offices.

> Establishment of a satellite case management team to expand PFF services to the City of Pomona.

II. COLLABORATION

A. Early Development of CARIÑO PFF

Lead agency SPIRIT Family Services has been working to help strengthen families since 1972, with special care given to meeting the needs of a multicultural community. Its operations include five Los Angeles centers that specialize in
promoting mental health and well being through prevention and education programs. CARIÑO PFF is based in SPIRITT’s South El Monte site, a multi-service facility that serves as a local hub for the Collaborative’s staff and activities.

Although SPIRITT has several decades of experience developing prevention programs, CARIÑO PFF’s launch was the agency’s first foray into leading a large-scale collaborative effort. Faced with creating a management structure from the ground up, SPIRITT had two major priorities in Years 1 and 2 of the initiative: First, make a concerted effort to increase CARIÑO PFF’s visibility in the community among other service providers in order to attract committed partners. Second, make sure that staff and partners were sufficiently trained and prepared to create a seamless network of PFF service delivery.

At the outset of CARIÑO PFF, SPIRITT issued an open invitation to local providers to meet monthly. With meetings that fluctuated between 25 and 40 participants, it soon became apparent that the group was too large and unwieldy to oversee decision-making. As a solution, SPIRITT formed a Leadership Team in Year 2 to act as a steering body for CARIÑO PFF. Members include staff of the lead agency and community partner agency as well as representatives from the Department of Children and Family Services (DCFS), 211 of LA County, and the Department of Mental Health (DMH). Meetings that are open to all partners continue to be held on a quarterly basis as a valued opportunity for information sharing. In describing this change in policy, a team member noted, “We moved past the assumption that bigger is better and have since become much more skilled and intentional about strengthening [Collaborative] leadership.” Another added, “We’ve become increasingly strategic about selecting appropriate partners. Nowadays, assessing goal alignment is standard practice.”

**B. Role of Partners**

CARIÑO PFF’s core case management team of In-Home Family Counselors (IHOCs) is housed within SPIRITT, but families often are referred to partner agencies that provide services for mental health, substance abuse, child care, physical fitness, nutrition, and domestic violence. Others have provided professional development training and help with organizing community events. These include several funded agencies SPIRITT has subcontracted with as well as unpaid organizations.

As the Collaborative developed, the use of needs assessments was pivotal to identifying resource gaps and bringing on new partners to address them. A prime example is eventual inclusion of five additional Pomona zip codes as part of CARIÑO PFF in response to compelling community statistics, which then led to the creation of a second satellite team of IHOCs within the Center for Integrated Family and Health Services (CIFHS) in 2009.

“This work is extremely demanding and time-intensive. No one person can do everything.”

**C. Key Capacity-Building Strategies**

1. **Sharing management duties.** Given the scale and comprehensiveness of CARIÑO PFF, the full-time Program Manager has worked closely with SPIRITT’s Director of Clinical Services to support Collaborative activities. Early on, the Program Manager concentrated more on developing the requisite infrastructure for service provision while the Director, who oversees all of the El Monte site’s family programs, focused on cultivating partner relationships across the Collaborative. As one staff member observed, “This work is extremely demanding and time-intensive. No one person can do everything. So you really need the support of colleagues when it comes to delegating responsibilities.”

Once the initiative was well underway, an Evaluator/Collaborative Coordinator was hired to assist with ongoing partner outreach, meeting coordination, and evaluation. SPIRITT also expanded its Program Coordinator post to help supervise and support In-Home Family Counselors. Together, these four staff positions form the nucleus of the agency’s PFF management team. In describing the benefits, a member explained that having sufficient management support allowed them to dedicate much more time to enhancing service quality, cultivating parent leaders, and engaging in long-range sustainability planning.
II. Collaboration

2. Investing in training. As new partners were engaged in the Collaborative, many expressed a desire for more training as preparation for taking on a new child abuse prevention initiative that specifically targets families with young children. In response, SPIRITT sponsored several professional development workshops. Because the trainings were free and open to the community, they were both a huge draw and an effective incentive to keep people involved in CARINÓ PFF. A staff member explained, “We work with a lot of small agencies that have tight budgets. So to be able to offer free trainings was very, very valuable. Over the course of two years, more than forty agencies took part in our trainings and that really helped us grow the Collaborative.”

3. Improving evaluation. SPIRITT has sought to improve the Collaborative’s evaluative capacity with special focus on embedding Continuous Quality Improvement (CQI) Principles as a standard way of doing business. With the combined help of First 5 LA’s CQI consultant and newly hired evaluation staff (both internal and external), the management team has worked diligently to promote both the use of result-based evaluation and the gathering of family feedback to gauge customer satisfaction. When asked about progress achieved in this area, a team member reflected, “We’ve come a long way from the early days of asking people if they felt comfortable or had a good experience. Even though the response was always 90-100% positive, we learned that it wasn’t helping us get any better. Now, we evaluate the results of everything. So families and partners get to tell us what they did or didn’t get out of an activity. If goals aren’t met, we problem solve together. We also roll out a customer satisfaction survey every few months that helps keep us on track.”

D. Cultivating a Relationship with DCFS

In contrast to other SPAs that serve as referral recipients for one or two DCFS offices, CARINÓ PFF partners have engaged four local DCFS offices that are active throughout the San Gabriel and Pomona Valleys — each with its own designated community liaison. Their experiences cultivating a relationship with each have been both gradual and varied. At the start of the initiative, it was difficult for SPIRITT’s staff to establish consistent relationships with DCFS referral contacts because the Department was in the midst of restructuring personnel and expanding to new locations. However, persistence and continued outreach to DCFS has led to increased referrals over time. SPIRITT staff noted that Terri Gilliams, DCFS’s Liaison to PFF, conducted site visits to two offices that were very helpful in reassuring Emergency Response Workers that any issues or concerns related to negotiating PFF protocols would be addressed. Improved communications were further reinforced when CARINÓ PFF managers began meeting with the DCFS Assistant Regional Administrator on a quarterly basis. This paved the way for the Department to appoint a representative to serve on the Collaborative’s Leadership Team. The relationship has continued to flourish, and the Collaborative eventually was asked to serve as DCFS’ designated community advisory committee for the region.

E. Keys to CARINÓ PFF’s Progress

When asked to reflect on the progress CARINÓ PFF has made since its launch, Collaborative leaders summarized their growth as follows, “We’ve moved from operating like a network where decision making and resources stay with the lead agency toward functioning more as a genuine collaborative, marked by shared leadership.” Factors they described as critical to their success include:

> Setting reasonable goals and not rushing the Collaborative’s development. SPA 3 started out small by focusing on specific events such as resource fairs and trainings on which they could build. Since then, CARINÓ PFF routinely revisits the question of whether they have the right mix of partners at the table to meet existing and anticipated needs.

> A commitment to regularly collect program feedback from families, staff, and partners in order to identify areas for improvement and unmet resource needs.

> Recognizing that lead agencies cannot be all things to all people. With 12 different service provider networks operating in the area, SPIRITT staff must continually prioritize external engagements based on established Collaborative goals.
Having sufficient and skilled staff support to oversee the time-consuming responsibilities of meetings coordination, information sharing, and relationship building. As an example, SPIRITT’s Program Coordinator post was revamped to provide increased support for In-Home Family Counselors (IHOCs).

Having a committed body of leaders to guide action planning while ensuring that the Collaborative as a whole maintains a clear, shared vision for the work.

### III. PARENT ENGAGEMENT

#### A. A Welcoming, Strength-Based Approach

In the early days of building the Collaborative, SPIRITT’s Program Managers and In-Home Family Counselors (IHOCs) had a brainstorming session to define what they wanted the culture of CARIÑO PFF to be. Knowing that families referred by DCFS may be wary and uncertain about enrolling, they agreed that everyone would ‘bend over backwards’ to create a welcoming environment. For their team, this means warmly greeting all who enter, making sure the décor is friendly and fun, and treating each other with respect. Full staff participation in events is encouraged as a way to model the importance of commitment, mutual support, and continued learning for families. Just as importantly, CARIÑO PFF activities are offered in English and Spanish as needed. A majority of events take place during the evening hours that are convenient for parents, and a family meal and child care is provided for free.

It follows that service planning is very supportive, intentional, and purposeful. Staff and parents walk through the PFF process together from engagement to graduation. Because there is often a great sense of isolation among families, coupled with a belief that they are somehow different or worse off than others, SPIRITT and its partners strive to convey a simple message: “Families are not alone. They are part of the community and we are invested in each other.”

Through regular home visits, IHOCs take the necessary time to learn what is going on within the family environment. “We have the opportunity to build an understanding and rapport over time,” is how one respondent described their approach. During initial home visits, IHOCs provide welcome bags that contain giveaways, educational material about child safety, and information about partner resources. From the first point of contact, staff endeavor to make it clear that they are there to help.

Even so, CARIÑO PFF service provision is not about doing things for families. The ultimate goal is to help parents develop a plan based on their goals and aspirations, which is important because the success they achieve comes from their own vision and effort. The process starts with IHOCs focusing on strengths that bring to light what families are already doing well — a step that helps parents recognize their own resiliency and resourcefulness. Collaborative partners are identified early in the process so that families have a sense of connection and continuity when they are referred to other agencies.

Below are a few examples of how parents described their experiences working with CARIÑO PFF staff:

> “I felt respected and that I was being listened to, so I kept coming.”

> “I feel the difference in the way I get treated here compared to other places. I like that they make me feel like a part of the program and not just another person they have to help.”

> “When the staff came to my house, they made me feel like an equal and not any less of a person.”

#### Engaging fathers.

CARIÑO PFF team has made the inclusion of fathers in all activities a top priority. Because staff strongly believe that the whole family benefits and progresses more when dads are involved, they conduct targeted action planning aimed at increasing father engagement. In all facets of service planning and provision, IHOCs...
invite fathers, husbands and boyfriends to participate fully, while letting them know in various ways that their presence is just as valued as a mother’s. Because fathers are more willing to engage when they see other men involved, SPIRITT’s all-female staff also recruited active and alumni fathers to serve as peer mentors.

B. A Wide Array of Services and Supports

From Monday through Thursday every week, there are a multitude of opportunities from which families can choose to learn more about parenting and achieving their goals. They have the option of taking part in classes such as Incredible Years (for parents and toddlers) and Powerful Families (combining advocacy and financial literacy) as well as groups for men, women, and couples. The Collaborative was among the first to implement Parent Cafés, a group process that allows parents to have their own conversations about what it takes to keep their families strong. SPIRITT expanded the original format to develop new discussion questions for a weekly women’s café, which was created as a counterpart to the men’s group. In addition to obtaining helpful information, group participants benefit greatly from the genuine bonds they form with each other. Parents make new friends and discover that they share a lot in common with other families. “They go, ‘Oh my God, That’s exactly what I felt!’,” said a team member who was struck by how much parents desired validation from their peers.

Emergency flex funds. Several respondents cited the availability of flex funds as a critical resource for families struggling with the cost of rent, utilities, groceries and other basic necessities. Monies are distributed via a protocol that guides families through a process of working with an IHOC to develop both a budget and plan to resolve their financial crisis. “With the economy down, we realized our emergency funds were being used up quickly. So we decided to maximize resources by establishing common guidelines for accepting requests. We also wanted to help families hold themselves accountable for improving their financial situations,” a staff member offered. This was said to be especially important because a large number of enrolled parents are ages 15 through 25, do not have a high school diploma, and earn less than $15,000 per year.

As a complement to CARIÑO PFF classes and workshops, the Collaborative sponsors a full schedule of recreational and social activities such as holiday gatherings and family dinner nights that are open to the community. All sponsored activities include an educational or social networking component related to promoting the healthy development of children as a first priority.

C. Keys to Success

CARIÑO PFF staff spoke at length about what helped to make them a strong team and contributed to their high rates of family engagement. One of the keys to their success has been low staff turnover and a long history of working together, which helped them learn how best to complement each other’s strengths. In addition, several commented on the trickle-down effect of Program Managers modeling a strength-based approach to team leadership. Because they work in a supportive environment that emphasizes collaboration, it allows them to mirror those practices in their own interactions with families. Another valued aspect of their work is the clear articulation of expectations and guidelines for engagement, referrals, and reporting. As one leader stated, “There is a recipe for everything we do.”

Other helpful supports and practices that were cited as keys to their success include:

> The involvement of every SPIRITT PFF staff member in facilitating a parent class or support group, which promotes ongoing skill building and helps families view the entire team as a wide circle of support.

> Diversity trainings that stress the value of promoting tolerance and respect for differences and have equipped staff to build a positive rapport with a diverse array of families. CARIÑO PFF’s goal is to provide services without imposing personal beliefs or judgments regarding a person’s race, ethnicity, gender, sexual preference, or background.

> Trainings in effective communications (that were developed in-house) and motivational strategies, which have enhanced staff interactions with families and each other.
In describing the benefits of PFF, an IHOC explained, “It makes us better professionals. We are empowered with the range of support we can offer and we get to work with families in a way that allows us to see the progress they accomplish over time. It’s not a drop-in approach or one-time encounter.” Another added, “There’s not a lot of red tape with PFF. You have the flexibility to be creative when reaching out to families and responding to their needs.”

“...that allows us to see the progress they accomplish over time.”

**D. Nurturing Parent Leaders**

In conjunction with providing educational and leadership skill-building opportunities for participants, CARIÑO PFF has developed several avenues for parents to put their knowledge and talents to meaningful use. These efforts arose out of a guiding values system that embraces parents as capable and necessary partners in all efforts to strengthen families and communities. Two groups that have recently merged, Parents as Leaders (PALS) and the Parent Advisory Committee (PAC), exemplify the growing role of active and alumni parents as fellow contributors to the Collaborative’s continued success. Members meet weekly to discuss and coordinate activities such as attending CARIÑO PFF Leadership Team meetings, planning community events, and conducting fundraisers (e.g. car washes, bake sales) to support their efforts. Their recent successes include organizing an Outward Bound camping trip for families and sponsorship of a parent conference featuring workshops on employment and Individualized Education Plan (IEP) advocacy for children.

CARIÑO PFF parents play a direct role in the provision of services and supports. IHOCs regularly team up with participants to obtain their guidance on the development of workshop curricula. Moreover, six parent mentors who are members of the PALS/PAC group completed a 12-week training program and are now group facilitators and peer advocates.

**Family Advocate role.** The addition of a Family Advocate has been integral to CARIÑO PFF’s successful engagement of parents. Staffed by a PFF graduate who displayed a considerable talent and enthusiasm for supporting her peers, what began as a makeshift volunteer post has evolved into a full-time, paid position within the case management team. The Family Advocate fulfills several key roles, including group facilitation, coordination of PALS/PAC activities, parent outreach — particularly for families who are especially wary about enrolling or dealing with a difficult crisis, and advising staff and the Collaborative’s Leadership Team about parent issues. In describing how the role adds value, a respondent said, “You’d think we’d know what’s best given our training, but it’s really good to have the Family Advocate here to check us on our thinking. Instead of assuming what parents need, we have someone who can relate to their point of view and continually reaches out to get their input. So it keeps us honest… and this all came about from her initiative. As a parent and then volunteer, she took it upon herself to attend every available training and offer her assistance to others. Now, three years later, she’s a paid member of our staff.”

**PARENT VOICES**

> “I have noticed a big change because I’ve learned how to deal with stress and my child’s difficulties better.”

> “I was shy when I came here, but I have since made friends and connections with other participants being in the groups.”

> “My confidence has grown. I’m able to speak up for myself and ask for services that I may need without being embarrassed about it.”
IV. POLICY AND SYSTEM IMPACT

The creation of the CARIÑO PFF Collaborative has had a significant impact on how partner agencies view their work. One leader shared, “The Collaborative has become a real network of professional growth and support. The trainings, sharing of information and best practices, and the relationship building that has occurred where agencies were once isolated is quite unique. Our mutual validation of each other’s efforts has also been essential. Without this level of support, it would be difficult to meet families where they are and partner with them as well. It also helps reduce the sense that agencies are in competition with each other for resources.”

Below are a few examples of CARIÑO PFF strategies that offer valuable lessons for continuing prevention efforts in SPA 3 and elsewhere:

> Commitment to continuous improvement and customer satisfaction. CARIÑO PFF’s comprehensive integration of results-based evaluation in program planning and implementation provides a roadmap for other community-based organizations and collaboratives that are striving to improve family outcomes and service quality. The development of new methods to assess family learning, social connections and customer satisfaction allows for more accurate, in-depth tracking of changes in attitude, behavior, and perceived supports.

> Cultivating parent leaders as skilled partners. CARIÑO PFF’s cultivation of a trained group of parent leaders who are now working alongside Collaborative staff and partners in various roles provides a model for genuine partnership as well as a pathway to ensuring that prevention efforts are grounded in what residents truly want.

> Maintaining a supportive, respectful stance. The clear articulation and consistent reinforcement of CARIÑO PFF’s values and principles demonstrate how values related to creating a respectful, welcoming environment for families and strength-based engagement can be operationalized effectively.

> Establishing collaboration between DCFS and PFF at multiple levels. The engagement of DCFS offices and regional administrators through varied outreach illustrates the importance of establishing clear, consistent communications at multiple levels of decision making when forging partnerships with large service systems.
I. BACKGROUND

Centrally located within the county, Service Planning Area (SPA) 4 is an ethnically and economically diverse region encompassing neighborhoods such as Downtown Los Angeles, Mid-City Wilshire, Silver Lake and Echo Park as well as immigrant enclaves including Koreatown, Little Armenia, and Chinatown. Though Latinos are the largest ethnic group and account for 54% of the area’s population, Whites, African-Americans, and Asian-Americans are also well-represented among community residents — over half of whom were born outside of the United States. Even within the Latino community, there is increasing diversity as newer immigrants from Central and South American countries are changing the landscape of neighborhoods historically occupied by families of Mexican origin.

The economic landscape is equally varied. Adjacent to the city government and corporate presence of a reinvigorated downtown are a mix of gentrifying neighborhoods and those that remain challenged by persistent poverty. Despite the presence of a visible middle-class, successful small businesses, and pockets of affluent residents, thirty-five percent (35%) of children in SPA 4 are considered to be poor and the highest concentrations are found among Latino families. In addition, nearly one-third of adult residents do not speak English well or at all, and a large portion of local immigrants are undocumented.

Yet, resulting feelings of family isolation, stress, and fearfulness are countered by a strong desire among low-income parents to build a better future for their children. One PFF partner clarified, “There’s a misconception that apathy is prevalent among local families faced with high poverty, but many of the parents we serve are eager to engage and learn about classes being offered because they’re genuinely interested in matters that relate to family well-being.” It is with this spirit and understanding that Para Los Niños (PLN) and its community partners have come together to offer Partnerships For Families (PFF), an initiative consistent with their shared aim of providing comprehensive supports that families need to thrive and create a healthy environment for their children.

Cornerstones: SPA 4’s Approach

> Case management teams are located throughout the SPA in multiple partner agencies — a strategy that provides families with greater access to prevention services and supports.

> The Parent Advisory Council provides a formal pathway for parents to impact Collaborative decision making and recommend improvements in service delivery.

> Creation of specialized family support staff positions, including a Child Development Specialist and Family and Youth Advocate that work in collaboration with In Home Family Counselors (IHOCs), enable the Collaborative to more effectively assist parents, young children, and older siblings, both individually and as a family unit.

> Promotion of positive recreational and socialization experiences for families help alleviate stress, support parent-child bonding, and encourage family-to-family relationship building.

> Joint development of common protocols for training, service delivery, and decision making across core partner agencies help ensure consistent delivery of high quality PFF services.
II. COLLABORATION

Lead SPA 4 agency Para Los Niños (PLN) is a nonprofit family service organization that has been a fixture in Los Angeles for many years, with multiple locations throughout the county. Because of its long history and visibility as a provider of community-based family support and early childhood services, strong relationships already existed among the organizations that became funded PFF partners. PLN selected five agencies based on a shared commitment to the initiative’s goals and complementary areas of expertise, which include but are not limited to community organizing, domestic violence, workforce development, youth engagement, mental health, outreach to Asian communities, and substance abuse. Most of the core partners also had established successful agreements to support other initiatives, such as Family Preservation, which made the process of devising a plan for distributing PFF funds much easier.

“One partner observed, ‘In other programs, services are isolated and you may have 10 different providers working with one family…whereas with PFF, we can offer a united front of coordinated services.’”

From the outset, PFF was embraced enthusiastically as an opportunity to leverage resources across agencies in order to offer families a comprehensive package of services and supports. One partner observed, “In other programs, services are isolated and you may have 10 different providers working with one family…whereas with PFF, we can offer a united front of coordinated services.” Another spoke about the opportunity it offered to “increase awareness of what’s available across the community and reach new audiences through additional outreach that would’ve been hard to support without PFF funds.”

A. Creating a Satellite Partnership Structure

Early on, it was agreed that core partners would receive funds to establish their own internal case management team (with the exception of ACORN, which was charged with leading SPA-wide community organizing efforts). Although In-Home Family Counselors (IHOCs) and on-site supervisors are housed at five separate locations, their collective efforts are guided by a full-time PFF management team based at PLN. They also participate in weekly group supervision meetings hosted by PLN’s Senior Clinical Supervisor, where they are joined by other members of the PFF family support staff.

SPA 4’s decentralized staffing structure, which is uncommon among PFF Collaboratives, was deemed the best approach for engaging a broad spectrum of very diverse local residents over a large geographic area. It is intended to allow greater flexibility and reach within the community, well beyond what any single agency could offer on its own. As such, it was apparent to Collaborative partners that PFF services and supports should not be housed solely within PLN’s walls. Added benefits included greater ease of information sharing and follow up regarding cross-agency referrals. Because PFF families are welcome to access all services and activities offered by each partner agency, regardless of their point of entry, the satellite structure has greatly expanded community resource options. One partner shared, “We’ve all been called upon to step up and use our resources to further the Collaborative, whether it’s KYCC offering a youth component or Plaza’s domestic violence specialist leading groups at PLN.”

However, the Collaborative has sought to both promote more broad-based family engagement and ensure that each partner is able to offer consistently high-quality services that are in keeping with PFF’s comprehensive, strengths-based services. Toward that end, PLN and its partners have invested a great deal in creating a strong organizational infrastructure to support PFF. Over a series of three full-day planning sessions, the Collaborative carefully reviewed each partner agency’s existing service policies and protocols. Participants then agreed on common PFF guidelines, which included updating procedures to ensure they were consistent with DCFS requirements. The result was a written PFF policies and procedures manual that all partners adhere to.
II. Collaboration

As one manager summed up the rationale, “How can you hold partners and staff accountable to standards if they aren’t clearly articulated?” Another said, “We have a responsibility to make sure people have the information they need to do their jobs well. Creating a procedures manual is also necessary to minimize the loss of knowledge that comes with staff turnover.”

Aside from the contributions of funded partners, the Collaborative has established informal cooperative relationships with other community organizations that offer helpful resources to families. Although these organizations do not regularly participate in biweekly Collaborative meetings, they are routinely invited to present information about their activities and resources as well as explore for greater collaboration around shared goals.

B. Building Collaborative Capacity

SPA 4’s approach to PFF is characterized by a strong commitment to shared decision-making and a strong respect for parent input, both of which have been a focal point of capacity building. Key actions undertaken include:

> Organizing mandated twice-monthly Collaborative meetings for core partners to maintain strong cross-agency communication and provide a forum for ongoing relationship building. Meeting-hosting duties are rotated among partners, and the approach was described as instrumental to encouraging shared ownership and increased understanding of each agency’s way of work. “Meeting every two weeks may seem like a lot, but it keeps us focused and allows everyone to play an active role in the planning process. We’re all on board to share resources and ideas,” is how one partner explained why it works well.

> Working closely with PFF’s capacity-building consultant to develop effective processes for Collaborative meetings, decision-making, and sharing of staff. A community partner shared, “We spent a lot of time discussing what shared leadership and ownership look like, which wasn’t always easy or neat, but it was well worth it, airing out those questions early on to make sure everyone is on the same page.”

> Establishing a Parent Advisory Council, which meets regularly to discuss and develop recommendations regarding the alignment of PFF with family interests and needs that are incorporated into Collaborative decision making.

Core partners also took several steps to promote greater consistency in training and evaluation across their agencies, such as:

> Developing a single, unified training template, managed by PLN’s Senior Clinical Supervisor, that uplifts and strengthens core PFF staff competencies. The template incorporates internal and external workshops that cover topics related to child development and parenting concepts, family engagement and conflict resolution techniques, and working with Latino immigrants. PLN and partner agency staff also have input into trainings, such as suggestions regarding content, speakers, and workshops they would find useful.

> Strengthening program evaluation by instituting an internal server system to which each core Collaborative partner can access and upload data. The system has greatly improved the quality and consistency of data collection, sharing, and analysis.

> PLN’s development of a monthly reporting process for all IHOCs and core partners to better track family participation in parent classes, success stories, major issues, or challenges — a strategy that facilitates data aggregation and trend analysis across partner agencies.

C. Establishing a Referral Relationship with DCFS

The SPA 4 Collaborative has consistently sought to strengthen partner relations with the local Department of Children and Families Services (DCFS) office that refers families for enrollment in PFF. Intent on conveying a message of cooperation and receptivity, the Collaborative accepted nearly all DCFS referrals in the early days of the initiative. Over time, partners employed outreach strategies such as going to speak with and present to DCFS’ Emergency Response Workers about PFF in order to increase their understanding about initiative goals as well as the types of family cases that are appropriate to refer. The result has been improved communications between PFF
III. Parent Engagement

A. Promoting Sustainable Family Progress

Within SPA 4, the engagement of parents and their families as part of PFF is rooted in the goal of making a sustainable positive impact in their lives. As such, Collaborative efforts are framed as moving beyond family stabilization and safety to encompass an approach that emphasizes promotion of children's optimal development. PFF partners strive to: 1) support improved parent-child relationships, and 2) assist parents in learning how to be their own best advocates as they seek to access various community resources. The central aim behind all of the case management services, educational workshops, and support groups is that participating families will be able to utilize and build on what they learn at home long after enrollment in PFF ceases.

Regular home visitation is a core component of PFF, but the twice monthly visits conducted by IHOCs are designed to feel less like oversight and more like supportive outreach. The goal is to allow for enough presence to cultivate relationships and observe how families are doing without visits feeling like an additional pressure on the family. An IHOC described the benefits as follows, "Going out to the homes regularly to meet with families gives you a different perspective. Compared to meeting in an office, you gain a deeper understanding of family dynamic and daily circumstances. There's also a comfort families feel that comes from demonstrating that you're willing to meet them where they live."

Just as importantly, all PFF staff lead with an assumption of family strengths — the idea that all families have positive aspects of their lives that they can build on, no matter their circumstances. As one IHOC stated, "Before we develop a service plan, we develop a goal plan with families." Beyond working together with families to address basic needs and model healthy, nurturing ways of relating to children, staff regularly acknowledge parents in a manner that helps them to better recognize what they are doing well. The resulting boost to parent self-esteem then opens the door to deeper engagement and parents feeling greater comfort in taking the lead in defining how they would like to strengthen their families.

In turn, PFF managers and supervisors are very intentional about creating a work environment that fosters open communication and constructive exchange among staff, supervisors, and administrators. "There's a customer service component to case management and team leadership. We're asking staff what they need and would like to see while helping them best utilize their strengths to work well in partnership with families. That gets passed on from IHOC to parents and, hopefully, from parents to children."

PARENT VOICES

> "I learned about resources here and how to get them. I can speak up now when I need something."

> "I'm more tolerant with my children. Coming here helped me to learn to control my nerves."

> "I learned how to understand and talk to my kids, how to play with my kids."
B. Specialized Family Support

SPA 4 has developed specialized staff roles to further enhance PFF supports and educational opportunities for the whole family. From the outset, a Resource Coordinator was hired to identify and link families with assistance to address both concrete and emergency needs. Because IHOCs carry a full load of case management and group facilitation responsibilities, they spoke very appreciatively about the value of having a full-time staff member devoted to finding, vetting, and maintaining a directory of helpful community contacts. The team was equally enthusiastic about PLN’s recent addition of a Child Development Specialist who will work closely with IHOCs on developing new strategies and workshops to promote appropriate parent-child interactions. In addition, the Child Development Specialist has been charged with creating a respite care curriculum so children can take part in stimulating, educational experiences while their parents attend on-site classes, groups, or meetings.

The Collaborative’s Youth and Family Advocate also plays a unique and pivotal role in facilitating more positive communication among family members. While PFF’s primary focus is children ages 0 to 5, SPA 4 partners have sought to address the negative impact contentious relationships between parents and older siblings were having on younger children. Thus, the Youth and Family Advocate position was created to help parents, teens, and adolescents resolve conflicts in a healthier way. PFF activities led by the Advocate include The Parent Project class, which provides information about how to set appropriate boundaries with older children who are acting out, and a youth support group for teens and adolescents who are exhibiting out-of-control behavior (i.e. involved in gangs or the legal system, exhibiting threatening or dangerous behaviors, or have a history of running away).

C. Use of Data

Service delivery is further bolstered by SPA 4’s commitment to continually identify areas for improvement. First and foremost, PFF partners are guided by and responsive to input from families. Beyond reviewing PFF outcomes that are tracked via the Family Assessment Form developed by Children’s Bureau, the Collaborative conducts its own family needs assessments twice each year. IHOCs also administer customer satisfaction surveys to PFF participants on a monthly basis that are analyzed by PLN’s Data and Evaluation Specialist. In addition, Parent Advisory Council members regularly offer recommendations, and staff are encouraged to share feedback about service delivery during staff meetings.

D. Serving Immigrant Families

Given SPA 4’s sizable and varied immigrant population, several respondents also spoke about the critical importance of cultural sensitivity and awareness in their work with local families. Because many of the foreign-born, non-English speaking residents who are referred to PFF have been intimidated and treated badly by institutions, maintaining a patient, respectful stance and the availability of advocacy and financial literacy training for parents (Powerful Families) are especially significant. For instance, Los Niños Buen Educados is a class based on the observation that many new immigrants have culturally-based parenting norms that may differ greatly from mainstream American approaches. Rather than espousing parenting “best practices” that participants are expected to adopt unequivocally, the class is meant to encourage constructive exchange about how new information regarding local norms of nurturing children could be useful and integrated into family life.

The challenges are even more complicated for undocumented parents due to their ineligibility for public financial assistance and health services. The PFF Resource Coordinator has assumed an active role in identifying community-based supports to help address service gaps, but demand continues to far outstrip availability. For example, PLN’s Senior Clinical Supervisor has provided counseling services for immigrant families who are unable to access them elsewhere yet can only serve a limited number while fulfilling other daily team duties.
E. Engagement in Broader Community

The SPA 4 PFF Collaborative has sought to develop multiple avenues to engage parents more deeply in community building and networking among local families, as well as in decision-making roles alongside agency partners. With respect to family-to-family relationship building, all sponsored PFF classes and groups are open to the community at large — a strategy that allows parents to connect to and build a rapport with other adults from the neighborhood. The Collaborative also regularly sponsors recreational family outings to the theater, local beaches, and museums, providing fun socialization activities that further reduce family isolation and stress. Additionally, families routinely gather for special events and holiday celebrations hosted by different Collaborative partners, which helps to increase their familiarity and comfort with new community venues that may provide more exposure to diverse resident groups. “This is a particularly huge step for newly-immigrated families who have been fearful about traveling beyond a 5-block radius,” said one partner.

Together, PLN and ACORN have partnered as leads in supporting the continued development of the Collaborative’s Parent Advisory Council. Members, including parents engaged in PFF and other interested local residents, meet every other week to talk about the things they would like to see in their community, including neighborhood events and resources to address their concerns. Their input is documented and disseminated by a staff liaison for consideration during agency and Collaborative meetings. On a quarterly basis, Council representatives attend Collaborative meetings to present recommendations in person. Thus, its members play a pivotal role in ongoing planning and decision making. Programs such as Family Art Night and the support group for older youth are two examples of Council requests that were implemented. However, PFF staff also acknowledged the difficulty in maintaining consistent participation of Council members in light of the unpredictable circumstances many families face. There is a delicate balance to be struck between cultivating parent leaders and overloading those who are willing to take on leadership roles. This balance is an area of ongoing learning for the Collaborative.

Beyond reaching parents who are enrolled in PFF and other agency initiatives, the Collaborative has invested in creating marketing campaign materials to increase local community awareness about its goals and efforts to support families. The hope is that raising the visibility of PFF and its benefits among more residents will help to lift up the importance of family well-being and safety while simultaneously building public support that can be leveraged to attain funds needed to continue the Collaborative’s work.

**IV. POLICY AND SYSTEMS IMPACT**

SPA 4’s decentralized approach to implementing PFF has led to several important changes in the way partner agencies engage families and define success. The following is a brief summary of helpful lessons:

> **Expanding beyond short-term services.** Promotion of optimal child well-being can lead to a shift away from short-term interventions focused on family stability toward a broader concept of offering parents opportunities to build sustainable knowledge and skills they can use to keep their families strong. This includes offering a full range of educational workshops and networking opportunities for parents as well as training for building financial management and advocacy skills.

> **Supporting the entire family.** Service provision that encompasses supports for the entire family increases positive outcomes for young children. Therefore, prevention programs must include resources that allow providers...
to adequately address each family member’s influence on child well being.

> **Cultivating a supportive work environment.** The promotion of open communication along use of a “customer satisfaction” approach to supervision and problem solving highlights the necessity of creating a work environment that parallels the desired quality of interaction between staff and families engaged in cooperative, strength-based service planning.

> **Sharing staff, training and evaluation resources.** Cross training, sharing of staff, and adoption of common data systems was an integral part of building strong partnerships across multiple agencies.

> **Inclusion of parent voice.** Use of family needs assessments, customer satisfaction surveys, and Parent Advisory Council recommendations demonstrates the value derived from integrating parent voice as the primary guide for agency decision making as well as gauging the relevance, effectiveness, and quality of available resources.

> **Use of PFF as aftercare.** The successful enrollment of Family Preservation graduates in PFF is an example of how intervention and prevention programs can be linked to provide a step-down process for service recipients who might otherwise lack the necessary long-term support.

PFF evaluation data gathered by SPA 4 illustrates that these innovations have helped families achieve significant progress. As stated by a PFF Manager, “Parents are saying they feel more financially stable, they appreciate their children more, and they feel better as parents, which is especially remarkable given the current economic climate and increased pressures families are under. Even for families whose circumstances have not changed dramatically, they report feeling more in control and empowered — all of which goes to the heart of self-efficacy and healthy parent-child relationships.”

“Parents are saying they feel more financially stable, they appreciate their children more, and they feel better as parents, which is especially remarkable given the current economic climate and increased pressures families are under.”

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67 PARTNERSHIPS FOR FAMILIES: STORIES AND LESSONS FROM LOS ANGELES COMMUNITIES
SPA 5: Partnerships For Families Collaborative

Empowering Families through Resources and Support

I. BACKGROUND

Within the entire County, SPA 5 has the smallest population, the fewest residents living in poverty, and the lowest percentage of households with children under age 18. SPA 5 is also the only service area with a Western European white majority (55%).

Although SPA 5 is considered the most affluent SPA, the communities that lie on the south and east borders of the region — such as Mar Vista, Palms, and pockets of Culver City and Venice — experience drastically different socioeconomic conditions. Predominantly communities of color, they are challenged by lower educational attainment, lower income levels, and higher unemployment rates. Latinos represent the largest ethnic minority population (12%), and they include substantial numbers of both immigrant and Indigenous residents. Significant Asian (10%) and African-American (7%) populations, along with smaller enclaves of Middle Easterners, Russians, and other cultural and ethnic groups contribute to the diverse landscape.

Social service programs in SPA 5 are often funded at a lower scale than other SPAs because the aggregate number of children and families in need is lower than in other areas in the County. It is within this context that the Partnerships For Families (PFF) initiative was introduced. Although multiple agencies welcomed the opportunity afforded by PFF, they viewed the limited funds earmarked for SPA 5 as inadequate and hesitant to apply. Saint John’s Child and Family Development Center determined that it would apply as the lead agency because PFF was a “good fit” with the agency’s mission and history of work in the field of child abuse and population of birth to age 5.

Cornerstones: SPA 5’s Approach

Early decisions formed these strategies that guide the SPA’s unique implementation of PFF:

> Investment in a sophisticated array of mental health services. Grounded in Saint John’s experience as a community mental health agency for children and families, this priority forms the basis for the Collaborative’s structure.

> Willingness to adapt a traditional mental health intervention approach to include new family and community-based strategies. As a lead agency that provides mental health services, Saint John’s has expanded beyond its usual approach to provide a new model of in-home services to families and community-based work, including use of a Community Resource Coordinator to connect families with local supports.

> Enhancement of a strength-based approach and “warm hand-off” referral system. Again moving beyond a traditional mental health perspective that focuses on diagnosis and treatment, Saint John’s PFF Program has adopted a strength-based approach to its work with families and its management practices. To help families develop their strengths and achieve their goals, the Collaborative led by Saint John’s created a referral and linkage system that promotes prompt access to responsive services by identifying key contacts in partner agencies.

> Staffing the program entirely with Master’s level mental health clinicians as in-home counselors/therapists. Both parents and partner agencies report that they value and rely on the advanced skills of PFF staff.
Slow but steady growth of the Collaborative. The Collaborative’s development reflects its commitment to deepening levels of collaboration and to continuous learning, especially as traditional mental health agencies engage in new community services and capacity building.

II. COLLABORATION

A. Development of the Collaborative

Saint John’s Child and Family Development Center had the challenging task of forming a “new” collaborative in an environment with an intermittent history of social service agencies working together. One PFF partner stated that although there are “many services in the Westside, it is hard to get them (agencies) to work together.”

During its formative stages, the Collaborative focused on building relationships, establishing trust, and sharing information with one another. In only three years, it developed a shared vision, mission, and goals, and coordinated and leveraged local resources. Many partners now see the Collaborative as integral to meeting their respective agency missions. One partner shared, “With limited resources we all have, the Collaborative meets the need to have partners in one place [and] establish relationships with agencies, and it aligns with our mission to share and link families with resources.”

1. Funding requirements for collaboration. In the first year of PFF, Saint John’s received a significantly lower level of funding than the other PFF grantees. As a result, Saint John’s was the only funded agency within the SPA 5 Collaborative. Although the agency maintained 24 unfunded partners, Saint John’s and First 5 LA realized that to implement key PFF strategies, the Collaborative needed a threshold amount of funding that had not been met. In the second year of the initiative, SPA 5 received an adjusted allocation, which provided the resources needed to support growth, including sub-contracts with partner agencies to create an array of supportive services and supports.

2. Learning and institutional support. Having provided mental health services for children, adolescents, and their families in a clinical setting in West Los Angeles for more than 40 years, Saint John’s found itself in a new role at the helm of an initiative that features new family-strengthening strategies and community capacity building. Additionally, Saint John’s found that building a Collaborative required collective learning and problem solving. Skilled technical assistance providers played a central role in the development of the Collaborative structure by facilitating leadership roles, committee structures, and quarterly planning meetings. This structure in turn helped partners collectively grow the Collaborative, including celebrating successes and making mid-course corrections when challenges developed.

B. Collaboration with the Mental Health System

As a longtime provider of mental health services, Saint John’s has well-established relationships with other mental health agencies, including the County Department of Mental Health (DMH). This relationship with DMH has contributed to integration of local efforts. Instead of creating a separate entity for its own collaborative initiative that focuses on children from birth to age 5, DMH coordinated with PFF. Saint John’s serves as a content expert on issues related to young children for DMH in SPA 5.

C. The Referral Relationship with DCFS

Relations between the Collaborative and DCFS have been inconsistent. At the outset, DCFS participated in Collaborative meetings. However, in the spring of 2008, West Los Angeles DCFS began a separate prevention program with another agency. As a result, the relationship with DCFS weakened, and DCFS referrals were fewer than expected. With strong linkages to prenatal clinics, SPA 5 has a 50/50 split between DCFS-referred families and at-risk pregnant women.

Saint John’s staff continues to seek to develop stronger relationships with DCFS line staff and to get DCFS leadership “on board” through participation in a monthly DCFS community provider meeting. Despite challenges, there are a number of DCFS Case Workers who understand and actively promote PFF services and supports.
D. Seamless Referral: The “Warm Hand-Off”
Mid-way through its second year, the Collaborative created an innovative strategy to facilitate families’ access to services and supports provided by multiple partners. Building on their relationships with one another, the Collaborative led by Saint John’s developed a referral process it describes as a “warm hand-off.” A one-page confidential contact sheet allows agencies to contact staff directly and quickly, therefore expediting referrals and minimizing the time families must wait for services. Contract agreements between Saint John’s and partner agencies include expectations regarding referral timeliness and responsiveness. According to a partner, “Saint John’s ensures that service linkages are indeed seamless by revisiting wait times between referral and service provision and making adjustments to the process as needed.”

“...you have a greater sense of responsibility in delivering good service as quickly as possible.”

Partners cite several strategies as critical to the success of the “warm hand-off.” Collaborative meetings provide a forum and a physical space where agencies can network regarding services, resources, and supports. Personal interactions strengthen relationships and form the foundation for true partnership. The concept is simple, they explained, “...you have a greater sense of responsibility in delivering good service as quickly as possible.”

III. PARENT ENGAGEMENT
Working from its strength as a traditional mental health service provider, Saint John’s has built the SPA 5 Collaborative with the comprehensive provision of mental health services for parents and families in mind. In alignment with its overall approach and philosophy, the Collaborative’s primary definition of parent engagement centers on the timely and comprehensive provision of direct services to families. Agencies also are committed to providing culturally sensitive services to families. A Spanish-speaking In-Home Outreach Counselor/Therapist provides services for monolingual Spanish-speaking parents.

Highly skilled service providers. Saint John’s In-Home Counselors/Therapists are often the primary points of contact for families, and SPA 5 holds the distinction as the only PFF site with all Master’s level, mental health trained In-Home Counselors/Therapists. These practitioners use their Master’s level education and ample post-graduate field training to work with families. Their skills and experience contribute to their confidence in handling complex issues such as maternal depression, domestic violence, and substance abuse as well as crisis intervention. Partners and parents agree that In-Home Counselors/Therapists are well prepared for their work with families.

A. Building on a Mental Health Model
1. Shifting the practice approach. Saint John’s rich experience in the mental health field greatly influences how services and supports within the Collaborative are offered to families. At the same time, PFF is a departure from Saint John’s standard approach, which focuses on mental health diagnoses — defining problem behavior in order to “treat the problem” in a clinical setting. In contrast, PFF offers a more holistic approach by working with families in the context of their own home environment and providing access to an array of supports in addition to mental health therapy. As one staff member said, “PFF for Saint John’s is very different. We do not diagnose through PFF, but rather look at many factors of well being. It is a very different approach than our other programs.”

2. Expanding the array of services and supports. As the Collaborative has learned and developed, it has enriched the array of formal services and informal supports. Services available to families participating in PFF include free or low cost adult mental health services, including substance abuse and domestic violence services, free or low cost adult psychiatric care, child care referral and assistance, and in-home based services provided by a team of Saint John’s In-Home Counselors/Therapists. Staff
connect families with concrete assistance and programs to improve their financial well-being, such as affordable housing opportunities, job training, and financial education classes. Connecting families with legal assistance also has been important. With experience working with young children, staff have helped identify needed developmental and mental health services for children. Available supports include breastfeeding support for new mothers provided by a lactation consultant and low- or no-cost social activities for families. Community capacity-building efforts focus on promoting positive child and family interactions and supporting positive outreach techniques.

B. Engaging All Members of the Family

In-Home Counselors/Therapists work with families by building relationships with every member of the household, including fathers, grandparents, siblings, and others — a departure from traditional mental health treatment. In preparation for their first visit, staff assemble a welcome basket that has a gift for each family member. In-Home Counselors/Therapists describe the gift basket as an effective tool to quickly set the right tone for their interactions as helpers, and as a strong entry point to build relationships with the diversity of family structures present in each home. After initial contact is made, workers continue to nurture relationships with families by focusing with a non-judgmental attitude on individual circumstances, strengths, and needs; being responsive and timely in communications with family; and meeting the family’s need for support through home visits.

C. In-Home Services

Home visitation has shifted workers’ perceptions of how to best deliver services and supports to families. While they previously offered counseling in a clinical setting, staff now express appreciation for home visits, which allow true understanding of families’ daily reality and help workers join with families whatever the circumstances. For example, staff visit families in shelters, temporary housing, or in other challenging environments where supports are offered differently than if those same families received services at a mental health center.

Staff view the flexibility of the PFF program design as an invaluable asset in their work. They particularly value their ability to determine the frequency of their visits with families and the amount of time devoted to each visit. Workers are able to listen to families’ stories, communicate authentic interest in the family’s experience, and establish the trusting relationship that allows the worker to be an effective helper.

D. Strength-Based Engagement

In-Home Counselors/Therapists are trained to initiate interactions with families by concentrating on what families are doing well — another variation from the mental health field’s traditional focus on diagnosis. In-Home Counselors/Therapists use praise as an entry point and let parents know that they are there to help keep families together — not to take children away. Although providing basic needs such as food, clothing, and shelter are helpful at the outset, from the parents’ perspectives, these are an added bonus and not the most important element of the program. Parents cite the emotional support and relationship with the In-Home Counselors/Therapists and other parents as most beneficial to their success and health.

“Parents cite the emotional support and relationship with the In-Home Counselors/Therapists and other parents as most beneficial to their success and health.”

According to In-Home Counselors/Therapists, they valued a strength-based approach for working with families prior to their current positions, and they were chosen because they articulated these values during the hiring process. At the same time, staff affirm that the supportive, values-based management style and “culture” of Saint John’s and the Collaborative help them continue to sharpen their skills. They also describe a familial camaraderie between peers and managers that makes all the difference in their job satisfaction, and in turn, the quality of their interaction with families.
IV. Policy and System Impact

E. Impact on Families

Case study interviews with parents were limited to three Spanish-speaking women — all fairly recent immigrants with little or no familial support in their communities. Each of these parents cited their worker’s attitude and “positive” way of looking at situations as most critical to her recovery from depression, including post-partum depression. Their workers have helped these parents shift their outlook about the hardships in their lives. Planning for the future has helped alleviate their stress and concern about their families’ future livelihood and stability. Also, their small parent support group has served as a surrogate extended family in an otherwise isolating environment.

F. Developing Capacity to Engage Parents in Community Building

The SPA 5 Collaborative’s community-building efforts have been minimal compared to its highly-developed direct service component. As the Collaborative has attempted to engage parents beyond participation as service recipients, it has encountered numerous challenges. For example, Saint John’s originally created and supported a parent advisory group to help plan and coordinate family events. However, parent participation was difficult to sustain, and the group was discontinued.

Although staff express support for parent engagement in community-building activities and in leadership positions within the Collaborative, some workers do not see themselves as the “right” people to support parents in these roles. From their perspective as mental health providers, this type of parent engagement does not allow them to maintain healthy boundaries, and it interferes with relationship and trust building in their provision of dyadic therapy. As a result, Saint John’s contracted with a community organization to serve as the lead for engaging parents in community building by facilitating the Parent Café model in SPA 5.

Despite challenges, as it matures, the partnership is renewing its commitment to engaging parents as partners in building strong community networks of services and supports. Saint John’s recently worked with its contract community partner to host the first Parent Café. The organization also hosts a Spanish-speaking support group, although participation is extremely limited. As the Collaborative moves into the next year of goal setting and development, partners plan to renew their commitment to the development of a strategy for engaging parents in community building that works with their unique approach to PFF.

IV. POLICY AND SYSTEM IMPACT

SPA 5 is unique among its counterparts in its use of a mental health model and its collaborative development process. Its experiences and lessons offer potential for policy and systems change.

> Making baseline investments necessary for new collaboratives. Collaboratives need a minimum amount of resources, including adequate funding to implement a multi-faceted initiative, time to build trust and relationships, and training and coaching to support skilled staff.

> Promoting the potential role of mental health agencies in preventing child abuse and neglect and strengthening families. The SPA 5 Collaborative demonstrates that highly skilled mental health professionals and organizations are well positioned to serve as effective partners in the prevention of child maltreatment.

> Adapting traditional mental health approaches. To effectively serve families with a child at risk of harm requires critical shifts from traditional mental health practices, such as providing in-home services, focusing on strengths, and engaging the entire family.

> Building a strength-focused, organizational culture. In parallel to practitioners’ use of a strength-based approach in family services, supervisors and administrators set the stage for continuous learning and improvement by focusing on staff strengths. Creating a strength-focused organizational culture also may contribute to staff camaraderie and retention.
Developing and supporting referral processes that increase timely access to responsive services. Opportunities to develop relationships among workers and agencies can help facilitate effective and prompt referrals to services and supports. Contract provisions can provide clear expectations and accountability for timely responses and help to reduce families’ waiting time for services.

Looking towards the future, partners, staff, and parents affirm the value that they derive from the PFF Program and Collaborative. They are highly motivated to sustain the new ways of working and the expanded resources for children and families. Stakeholders also pointed to a rejuvenating and heartfelt quality that they have come to associate with PFF.

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**SPA 5 VOICES**

> “I have some clients whose kids call me Auntie, because that’s the way they do it when they have someone coming to their house and playing with them. They don’t see me as a therapist. Of course we do therapeutic work. But in particular, in their culture, once they get close to an adult, it’s like you’re part of their family, so they call me auntie.”

— IN-HOME COUNSELOR/ THERAPIST WORKING WITH SPANISH-SPEAKING PARENTS

> “PFF has brought a lot of good agencies together, and reminds me of why we’re doing the work. Getting together and focusing on a common goal revitalizes us. Feels like we’re working together on something [that we all care about].”

— COMMUNITY PARTNER
I. BACKGROUND
Compact and bounded by freeways, the communities of South Los Angeles that comprise SPA 6 are among the poorest in the county. Latino and African-American residents (now, two-thirds and one-third of the population respectively) live side-by-side in communities which only a decade ago had the opposite population distribution. In that decade, little has changed economically for residents. Today, 63% are low income, 40% receive public assistance, and two in every five children are considered poor. Residents of this tightly packed, historically impoverished community of long-time residents and newly-immigrated groups lack mobility and access to countywide resources and struggle to uplift and support inherent personal, agency, and community assets.

Grim statistics, and even weariness about getting through everyday struggles, are countered by the rich and long history of working together among agencies, faith communities, and informal support networks, some of which have decades-long histories in South Los Angeles. They strive to address endemic poverty while uplifting the resilience and social connections among families and residents. Partnerships For Families (PFF) was a welcome initiative for the multiple agencies in long collaboration. Says a Collaborative leader, “It took us about 90 minutes at one of our regular meetings to decide to apply for PFF...we were committed to the idea of focusing on families with young children.” Achieving Change Together (ACT) was the name given the initiative—symbolizing ownership by the community and mobilization of local resources, both personal and organizational.

Cornerstones: SPA 6’s Approach
Early decisions formed these strategies that guide the SPA’s unique implementation of PFF:

- **Authentic partnership** across 5 community-based agencies — SHIELDS for Families, Inc., Para Los Niños (PLN), Institute for Maximum Human Potential (IMHP), Community Coalition, and Drew Child Development Corporation — led each to offer staff who are co-located at IMHP and supervised by SHIELDS.

- **Linking family supports with child development services** meant that every child was developmentally assessed and caregivers were given information and coaching that was previously unavailable.

- **Engaging parents and families in both formal services and informal support activities** built a sustaining foundation for families so that their immediate needs were addressed while lasting social connections and networks were established close to home.

- **Sharing the belief that parents and families have inherent worth and effectiveness**, recognized or unrealized, led to relationships between agencies and families aimed at both solving their problems and creating conditions of safety and well-being.

- **Forging a partnership with a local university** increased the number of trained professionals from the local community while simultaneously introducing the university to new ways of meeting the increasing needs for multi-cultural, community-based service workers.
II. COLLABORATION

With long history and varied experiences working together, the partners forging ACT started this collaboration based on a strong and tested foundation of trust and mutual understanding. Partners had moved through networking, cooperating, and coordinating to more seasoned relationships characterized by collaborating and integrating their work efforts. Early on, in part because of the extraordinary needs of SPA 6 residents coupled with geographic insularity, agencies learned that working together created more responsive and non-duplicative services. Said one collaborative leader, “it made much more sense for us to join together than to fight with each other over resources.”

Over the years, as networking and cooperation evolved to more intensive collaboration efforts, partners created an environment where competition was lessened, permitting an individual agency’s strengths and skills to be both targeted to a specific population or geographic area and linked to complementary services and supports. Agencies banded together to seek resources with agreements in place for distribution of both human and fiscal resources according to deliverables. Small and large agencies, agencies with different capacities, and those with different geographical catchment areas each had a unique role, and no single agency had to see itself as “doing all things equally well.” For example, the Institute for Maximum Human Potential (IMHP) had honed economic development skills very useful to both SHIELDS and Para Los Niños, whose interests included economic self-sufficiency for families but whose well-developed expertise was in community-based social/health services and supports.

A. Impact on Families

Importantly, from the beginning, ACT was seen as both a direct service model built around collaboration and an opportunity to further nascent economic development efforts of the multiple agencies forming the Collaborative. Intrinsic commitment to offering both service and support, with supports broadly defined to include economic development, would lead, partners believed, to creating a stronger community fabric for all residents. Concretely, the partners’ approach led to purchasing the building now housing many SHIELDS programs and to anticipated purchase and development of the adjacent shopping center as a job training and employment site. A PFF supervisor speaks for all partners: “Collaboration is at the heart of our philosophy at all levels—with families, among staff, among agencies, and family to family. This collaboration requires respect and a mutual goal for constant improvement and self-efficacy.”

A key Collaborative partner, the Department of Children and Family Services (DCFS) is both referral agency and partner — the former role being more straightforward than the latter. While ACT partners were well-known to DCFS, the prospect of referring high-and moderate-risk families with children age 5 and under was a leap in confidence. And, for ACT, this new partnership meant close association with the “child abuse agency” viewed in the community as taking children away from families. Strong relationships with select leadership and line staff paved the way for staff to become comfortable with the standardized referral protocol. Later, joint problem solving around specific family situations created peer learning opportunities for both private and public sector professionals.

Ironically, DCFS has a mixed reputation in South Los Angeles. On one hand, families or mandated reporters may use it like a hospital emergency room when faced with crises for which they feel ill equipped. Alternatively, many
believe the agency takes children from their families without offering needed supports and services. One of the key goals of ACT is to help families and the community-at-large see DCFS not as a “go-to” agency for everyday issues or complaints, but as a place that helps families navigate the array of community systems and supports in more appropriate ways, allowing this array to serve as an alternate go-to resource for routine issues and needs.

B. Merging Multiple Initiatives
SHIELDS is the lead agency for both PFF and the Prevention Initiative and Demonstration Project (PIDP) sponsored by DCFS. The two initiatives have similar expectations for results, though they are focused on different populations and utilize diverse strategies. After a year of managing these initiatives in parallel, ACT partners realized they could minimize administrative overhead, mitigate confusion in the community about multiple initiatives, and maximize utilization of staff resources by integrating the initiatives.

The PFF and PIDP collaboratives, with such parallel membership that they held their monthly meetings on the same day following one another, combined. Partners assessed how the two initiatives could be integrated so that resources reached families through one doorway rather than having to navigate multiple intake processes. While seemingly simple, this effort required the permission of both funders and still entails completing separate documentation to satisfy funding stipulations and outcome tracking requirements.

Efforts are now underway in DCFS to look at other places in the county where these initiatives and others might be brought together to more effectively serve families. Focus on results — the outcomes sought for families — was a valuable tool in SPA 6 to link similar interventions with families and simplify the service process for families.

C. Learning From and Acting On Data
With constant improvement as a key value for the collaborative, ACT partners rely heavily on in-house evaluation personnel to assist with data collection and analysis and to convey findings to supervisors, staff, and partners. Among early findings: Pregnant women, though a part of PFF service populations, were not coming to ACT for support and service. Partners adjusted their outreach and intake policies and pregnant women now make up 20% of ACT families. Similarly, feedback from families that they wanted to continue interacting with one another and staff, even as their six month service period ended, resulted in ACT partners supporting a few parent leaders to establish the After Care program. This self-governing and expanding program offers informal help and mutual guidance for families once they have completed their formal PFF service program and helps them sustain gains and reduce isolation. ACT partners are continuously looking for ways to improve the quality of the program.

Additionally, after an internal continuous quality improvement (CQI) review determined that the engagement rate was lower than desired, the collaborative decided to modify the engagement plan. In-Home Outreach Counselors (IHOCs) are now required to contact their participant families by phone within eight hours of receiving a referral and to meet them in person within 48 hours. Also, a welcome bag is taken to every family to encourage their participation in services and demonstrate support. Since implementation, the engagement rate has increased by 35% and has remained at 90% and higher for the past year.

SHIELDS also operates an Institutional Review Board (housed within the agency and responsive to the entire collaborative), which promotes protections for community
residents given the many research studies that occur in communities with deep poverty and poor outcomes. Strict adherence to subjects’ “bill of rights” and confidentiality stipulations model for families their right to be treated with dignity, respect, and professionalism.

III. PARENT ENGAGEMENT

United philosophically, lead agency SHIELDS in collaboration with all partners developed joint personnel and supervision policies at the start. Staff contributed from three agencies (SHIELDS, PLN, IMHP) formed a six member team of In-Home Outreach Counselors (IHOCs), housed at IMHP and supervised by a SHIELDS employee. That service unit of diverse, multi-lingual IHOCs is co-located and works closely with the four child development specialists from SHIELDS and four Family Educators from Drew and IMHP. Supervisors of each unit integrate their supervisory and case review activities and link with other ACT partners to offer and secure resources for families. As one staff member shared, “Both families and staff feel like there are a whole group of folks to help.” This support builds families’ confidence that they deserve help and models reliance on a team approach that brings together multiple assets and gifts.

A. Recognizing Assets, Uplifting Strengths

ACT embraces a strengths-based practice model — rather than a needs-based approach — rooted in the premise that self-efficacy (inherent self worth and value) is the overarching goal of their work. The process is: first, identify strengths and experiences that build resilience and knowledge; then, examine those areas that the family identifies for support and assistance. All too often, as one IHOC shared, “No one has encouraged families to believe that they can get help,” and people who ask for help too seldom receive the respect, attention, and compassion they deserve. In fact, families who are a part of ACT are not referred to as clients but as program participants.

Experiences that families have as a part of ACT range from informal connections with other parents to special events outside the community to targeted services aimed at improving family functioning and child safety to intensive help for domestic violence, substance abuse, and mental health issues. While urgency may guide the sequencing of supports and services, the entire range of interaction opportunities (like parenting groups, anger management classes, nutrition guidance, trips to local libraries, and excursions to distant museums and theme parks) is available to all participants.

Families in South Los Angeles communities are very diverse. Some families have long-standing African-American and Latino roots, and others are recent arrivals from countries in Central and South America, Mexico, and Africa. Language, culture, ethnic, and racial differences require that staffing and programming also be diverse, though there is no way a small staff can mirror the diverse richness of the community. The Person in Environment approach (PIE) to practice is employed at ACT. It involves equally honoring the perspectives of all parties including all members of a family. The approach leads staff and families to value differences and to acknowledge that relationship building includes acknowledging different life experiences and points of view.

PIE assumes that relationships (among family members, in neighborhoods, and among agencies and program participants) are built on equity and continuous learning about each person in the environment. Modeling this approach in all ACT activities also promotes attitudes of greater understanding in everyday life where racial and ethnic tensions are likely to be experienced.

Even with a broad array of services and supports, families' top priorities for greater access and assistance include: housing (affordable, safe), employment (job readiness, training, and placement), transportation (accessible buses and trains which run frequently, early, and late), and quality and affordable child care (both center and home-based, opening early and closing late, with sufficient space for infants and toddlers). Families and staff alike point to the importance of domestic violence and anger management services for men, women, and couples (ACT currently offers domestic violence classes in English and Spanish). Parents spoke with great emotion about the stresses of their lives and the tendency to lash out in frustration with anger towards those closest to them, including their partners and children.
Both male and female parents spoke with sadness about the absence of men from the lives of their children—a result, they believe, of decades of racial and ethnic bias that stripped men of their capacity to support their families (emotionally and physically) through lack of education, unemployment, and incarceration. Said one staff person, “If fathers believed that they have the capacity to lead their families, many of the problems would end. I’ve heard too many fathers say that they don’t have a purpose anymore.” ACT responded to this important issue by using PFF funds to hire a young, male outreach counselor to start a Men’s Group and to more aggressively solicit the participation of men/fathers in the full range of ACT parent support activities as well as activities uniquely crafted to appeal to young males.

B. Creating Professional Training with Parent Engagement at its Core

Unique to ACT, and a prototype for other communities to examine, is an agreement with California State University at Dominguez Hills to outstation a Master in Social Work program at SHIELDS so that aspiring local professionals can continue their employment while taking the necessary course work and practicum sessions to earn advanced degrees. This program draws upon the sizeable and multi-faceted pool of service workers in South Central and offers them an opportunity to advance their skills and still work in their community. At the same time, the program enriches the Dominguez Hills MSW program by bringing a diverse group of experienced staff into the classes.

C. Parent Engagement and Community Change

Engaging parents in services and supports to strengthen their families and improve outcomes for all family members can open the door to benefiting from family perspectives, guidance, and leadership in program assessment, service development, and advocacy for community resources. Within ACT, alumni from service programs and support groups have formed the Aftercare Group, a self-governing association of PFF graduate family members committed to sustaining and improving their well-being while giving valuable insight and wisdom to program employees and administrators. An important question ahead for ACT will be consideration of other ways to support families to take on governance and decision-making roles as they have time and interest.

IV. POLICY AND SYSTEM IMPACT

PFF is a learning initiative, first and foremost. What happens each and every day ACT staff work with families, learn from one another, and share lessons with partner agencies has become the basis for system and policy impacts that will sustain the learning long after PFF ends. In SPA 6, these sustainable changes result from ACT lessons learned and innovations:

> Economic development strategies develop in tandem with service programs and agencies themselves are acquiring the business and community development skills enabling them to support family economic success.

> Master of Social Work professionals are greater in number and attuned to the unique community they serve, and a university master’s level program is stronger because of the skills and experiences of its more diverse student body.

> Prototypical, joint personnel policies and supervision protocols permit partners to integrate their staffs in programmatic efforts across agency boundaries, mixing and matching skills to needs and minimizing administrative/supervisory overhead.

> A continuum of supports (informal and formal) and services is the operating framework for engaging parents and families, with the understanding of the importance of informal connections among parents, and between families and their community, as critical to mitigating isolation and building self-efficacy.
> **Attention to merging initiatives of similar purpose and scope**, in this case PFF and PIDP, serves as a model to those who design and fund initiatives and to communities trying to implement the initiatives, of the need for greater collaboration among public and private sector funders and grantees so that efforts maximize results and minimize duplication.

> **Internal evaluation for the purpose of continuous quality improvement**, including skill development among staff to analyze program data, generate necessary feedback loops to make course corrections when needed, identify surprises, and affirm what’s works.

These innovations, leading to sustained policy and system impacts, rest on a foundation of adherence to the values and program components of PFF. Fidelity to the PFF model was critical, including evidence-based home visiting, strength-based parent engagement, collaboration among partners to focus on families with young children and pregnant women, and attention to performance monitoring and accountability. In the end, how did the SPA 6 approach to implementing the PFF model impact families? Evaluative data point to strong results; parents agree:

> “I’m supported, not pressured.”

> “I feel this [parenting] group is family. I have rights and I am not judged by my mistakes.”

> “I learned how important it is for me to be involved in my kids’ education and all activities. I have something to contribute and what I say can make a difference.”

> “I deserve to be respected and valued. I know I don’t have to be perfect.”
I. BACKGROUND

SPA 7, sometimes considered the heart of the Latino community, is the area of Los Angeles east of Los Angeles River and Los Angeles City limits. Communities within the southeastern area of the SPA border Orange County. Because of the large number of Spanish speaking residents, outsiders might see the region as having a very homogeneous population. However, the opposite is true. People of Mexican descent represent the large majority of residents, and with them a history that stretches back to the time when the area was a Mexican territory.20 Newer residents — multigenerational and first generation immigrants — have arrived from Central and South America.

Residents reside in 19 cities and neighborhoods that encompass 164 square miles and 10 zip codes east of the downtown city center. According to the latest population estimates, 1,405,922 people live within the SPA with Latinos representing 68%, followed by Whites at 19%, African Americans 2.7% Asians 0.3% and Pacific Islanders 0.2%. There are 387,327 households averaging 3.6 persons per household and 310,964 families. Children below the age of 5 represent 10.5% of the population.21

Even though 92% of the adult population is employed, a significant number of families and children are living below the poverty level.22 Most employment available is minimum wage. Fourteen percent of families with children earn less than $15,000 a year. Latinos have the highest labor force participation rate but one of the highest poverty rates in the county. This area has the second highest percentage of public high school drop outs in the county.

SPA 7 has a long-standing history of grassroots-inspired and initiated change. However, this experience varies across the multiple communities within the SPA. The challenges that continue to be addressed are literacy; safe, stable communities with affordable housing; and health care access that can overcome the severe shortage of physicians who speak Spanish and are culturally competent.23 The area is served by a number of community-based programs.

Cornerstones: SPA 7’s Approach

> Team approach to case management interaction with families involving the expertise of a family specialist, case manager, and parent educator.

> Commitment to inclusion of many organizations and people, such as small businesses, that see themselves as having a role in child abuse and neglect prevention.

> Incorporation of cultural practices into program activities in a respectful and authentic manner.

> Commitment to continuous quality improvement demonstrated by the Collaborative's willingness to adjust strategies and start over when evidence from these processes indicated recalibration was necessary.

II. COLLABORATION

The Collaborative story in SPA 7 is a testament to the power of commitment to a set of goals coupled with willingness to make changes when evidence points to the need for adjustments. The Collaborative's actions demonstrate patience, perseverance, and resilience.

23 Ibid.
There is a history within the SPA of community activism and grassroots organizing by individuals, community-based organizations, agencies, and institutions. Several public/private partnerships are associated with health, homelessness, housing, and violence initiatives. Due to the SPA’s size and agency service boundaries, a limited number of partnerships between agencies and organizations exist in the far southeastern part of the SPA and what some consider to be east Los Angeles.

With this context as a backdrop, Bienvenidos took the lead in applying for the PFF grant in partnership with Human Services Association, a subcontractor located in southeast LA. Bienvenidos is a nonprofit community-based organization dedicated to keeping families together by strengthening their ability to make life changes and break down barriers to achieving growth, self-development, and empowerment. Since its inception in 1986, the organization has developed deep roots within the community by serving on a number of collaborative entities, engaging community residents to develop services and other resources in response to their needs, and bringing new funding to the service area. Human Services Association (HSA), which was established in 1940 as an outreach service of the Presbyterian Church in response to flood disaster, is the core partner. Over the years, this agency has evolved to provide a wide range of human services to residents of southeastern LA.

A. Overcoming Challenges to Development

As PFF got underway, turnover occurred among the lead agency’s program leaders — the project director and program coordinator. These changes had a ripple effect throughout the Collaborative at every level of operations and had a significant impact on members, staff, and parents. The work of the Collaborative started to stall, and Collaborative membership waned. Service and programmatic targets also started slipping. However, the core partners’ commitment to the ideals embodied in PFF increased. As a result, a renewed commitment was made to the implementation of PFF, and the lead agency hired staff to refocus the Initiative. The first order of business was to stabilize direct-service staff operations and to support Collaborative development.

LA program officer assisted the leadership to assess their operations, clarify the principles and core strategies of PFF, and develop a regrouping plan utilizing existing resources.

“...willingness to delay judgment and create a sanction-free environment proved invaluable...”

As stated during an interview, the willingness to delay judgment and create a sanction-free environment proved invaluable during this time.

The lead agency hired a program coordinator, internal evaluation coordinator, and community development coordinator. These three people, along with the existing program coordinator at HSA, were charged with getting things back on track. The priority of the group was to focus first on the needs of the families, and then to build out other program elements based on the formal and informal resources and supports that families need. Subsequently, the program manager position within the lead agency was eliminated. Project director responsibilities for PFF implementation reside with a newly hired Director of Community Services.

B. Collaborative Structure and Leadership

After restructuring the Collaborative, it is known now as Project Corazon Partnership For Families. It is supported by Bienvenidos as lead agency, HSA, and the Community Advisory Collaborative (CAC). Seven member agencies of the CAC have stepped up their leadership through participation on the Collaborative steering committee. This group consists of Mexican American Opportunity Foundation, Volunteers of East LA (VELA), Volunteers of America LA, Harriett Buhai Center for Family Law, and DCFS, along with the two core partners, HSA and Bienvenidos. All share responsibility for framing and managing the work of the CAC. With this support structure in place, the Collaborative is rejuvenating.

The CAC is the collaborative body called for in the PFF Request for Proposals that is responsible for promoting awareness and understanding of child abuse and neglect within the SPA. As part of the restart efforts, this group has spent time reaffirming its role in and commitment to PFF.
and reestablishing the Collaborative’s mission, purpose and goals. At this juncture, the primary purpose of the group is to build on the communities’ capacity to coordinate, mobilize and sustain child abuse prevention efforts in SPA 7.

The growing membership of the Collaborative is reflective of traditional partners, including DCFS, Department of Mental Health, Department of Public Health, and Mexican American Opportunity Foundation, as well as non-traditional partners, such as small business, the Community College, Beauty Trade School, and a legal firm. The community development coordinator, along with the two program coordinators, now staff the continuing development of this group. Additional partners are being sought based on identified parent needs.

A newsletter to improve communications and a training plan for the CAC to increase knowledge and understanding has been developed. Hosting of monthly meetings is now rotated among partners, and each partner is creating an “elevator speech” about PFF and its role in the initiative.

Leadership for day-to-day programmatic operations is provided by a project director and two program coordinators located at the lead and core partner agencies.

A lesson learned by this Collaborative is that, when leadership is concentrated in a few organizations, changes in leadership can create fragility in all aspects of Initiative. Rebuilding the collaborative has resulted in a stronger management oversight of the two core partners and the Collaborative.

C. Strategic Voices

1. Department of Children and Family Services.

There are two DCFS regional offices in SPA 7. The Belvedere Regional office is the partner with PFF. A key voice at the table from onset of PFF, DCFS provided input into the initiative’s implementation design and serves as a referral resource of and for families. To facilitate communication with the family service staff, DCFS provides as much transparency as possible in its decision making. This facet of DCFS involvement is explained in more detail in the parent engagement section below. The assistant regional administrator (ARA) represents DCFS on the Collaborative and serves as the community liaison. This allows a greater level of effectiveness in the referral process and oversight within DCFS, interaction with core partners on real-time course corrections, and advocacy for PFF with agency staff. The ARA worked within DCFS to help emergency response and alternative response workers see the benefit of PFF as a preventive approach. Also, DCFS played a key role in conjunction with First 5 LA, the lead agency, and core partner in acknowledging the need for resetting implementation of PFF.

2. Parent voice. In recent times the collaborative has seen the birth of a parent advisory group. It is hoped that this group will begin to play a broader role within the Initiative.

D. Community Capacity Building

The Collaborative has struggled with this aspect of the initiative. The primary focus has been on provision of direct services and supports to families. Recent efforts have focused on linking families with informal supports within the community and engaging the broader community in the issue of child abuse prevention.

Partners are encouraged that current happenings will present a breakthrough. Most recently, a community fair was held which had the largest participation ever of such an event. The community college was a key partner donating the space for the fair. The fair has sparked the return of previous members and addition of new members.

It is hoped that these returning voices along with the new parent participation will ignite community capacity-building efforts. This work will need to be heavily supported by the community/collaborative development coordinator.
Mexican descent to first generation Spanish-speakers from countries in Central and South America. In recognition of these shifts, implementation strategies were adjusted to incorporate cultural norms and practices. In addition, staff composition reflects the dynamics of the population, and this has lent credibility to the program.

The philosophy of engaging people where they are is also reflected in adjustments to the program enrollment process and to the creation of the parent advisory committee, which is discussed in more detail below.

A. Team Approach

In mid-stream, the initiative experienced leadership changes in administrative oversight and direct service staff that had a significant impact on progress. The steps necessary to correct issues and stabilize operations were taken quickly. However, referrals from Collaborative partners and program participants were lost due to lack of responsiveness. The saving grace for the initiative was the staffing pattern and the expertise of the people fulfilling these staff roles. A three-person team made up of a Masters-level family specialist serving as the team lead, a Bachelors-level case manager, and a Bachelors-level parent educator provided leadership to direct service delivery operations. This staffing allowed for multiple points of access for parents and responsiveness to problems that were critical to initial and ongoing engagement. This approach to staffing requires constant communication between the individual team members and families, and among team members.

B. Strength-Based Approach with Families

Workers believe that two particular attitudes make a difference in their ability to engage and maintain families’ involvement with PFF. First, they treat in-home interaction as a sacred encounter and demonstrate this attitude by respectfully honoring all family members and asking them to tell their story in their words and with their examples. The second attitude can best be described in the words of a parent participant, “They start from the perspective of ‘I believe you want the best for your children.’ I was willing to hear them because I believe they are here for good reasons and care about my children, but no more than I do, and that I want to be a good parent.”

Families and workers alike said that the following were critical to establishing a meaningful relationship: attentive listening, ability to connect, patience, ability to express genuine knowledge of DCFS and other systems, ability to see beyond what is heard, and creating safe space for people to engage. Another positive characteristic identified was the ability of workers during this transition period to prevent their frustrations from interfering with family interactions.

Parents described the experience of strength-based interaction in the following ways:

> “My worker was professional and serious, respectful; and helped me not to fear judgment. Got my whole family involved, not just focused on me. Helped me to see I was a critical part of the team.”

> “[My worker] gives me hope that I can be successful as a parent. She starts by telling me that parenting is difficult and that I am not the only one that may be having trouble. Then, she demonstrates varying things I can do and allows me to practice. She is not critical of my mistakes.”

> “Helped me to see my strengths and where sometimes my strength can get in the way — that is, being so self-reliant to the point that I will not admit when I need help and that I am not a failure when I ask or depend on others.”

The things that made the biggest difference for families were: the ability to obtain information and services in their homes, particularly when transportation was an issue; team members who work with them on self-empowerment; connecting family members through fun activities; and, not least, concrete supports in times of crisis. According to one family member, “First it felt like a ‘have to’, now it is a ‘want to’ participate in the program.”
C. Cultural Sensitivity and Responsiveness

A strengths-based approach also involves speaking up and accepting responsibility. As one parent said, “My worker helped me to get comfortable asking for what I need and being persistent until my needs were addressed in a manner that is consistent with me, my family, and my culture.” Examples occurred in creation of the Fatherhood Program and incorporation of healing practices as a mental health intervention. Because some fathers spoke up, and a receptive male was present who could hear and advocate for their perspective, a fatherhood program was reestablished that utilized indigenous ceremonies as part of the program design.

Again, staff recognized that sometimes a service is needed, but the traditional service, such as mental health treatment, may not be the appropriate intervention. This is exemplified in the story of a family that was suffering the loss of a child. An intervention was needed that would support individual family members and the family unit to deal with the guilt and grief in a healthy manner. Rather than utilize clinical, mental health intervention, a ceremonial healing ritual from the family’s culture was conducted. Through a combination of respect for the family, staff knowledge of the culture, and resources within the community, a practitioner was identified who could conduct the ceremony in an authentic fashion.

A challenge that had to be dealt with was the impact of gender when interacting with a large multi-generational Spanish-speaking population of Mexican descent and a growing number of first generation Spanish-speakers from other Latin and South American countries. The initiative managers must ensure a well-equipped staff that includes both males and females and reflects the gender roles within cultures they are serving.

In some instances, it has been necessary for staff to do significant information development to help parents understand a condition that their child has that is not known in their country of origin or culture. In addition, staff have had to develop creative ways to present the reality of a situation without posing it as a threat and to help families see how their cultural beliefs might be in conflict with U.S. laws.

D. Supporting Parents in Developing their Collective Voice

Even though crisis management and stabilization have been the dominant activities, progress is beginning to be made connecting families with other families. There is increased interest in being present for social networking through family fun nights and outings that do not always involve children. Most recently, some parents took the opportunity to express their unsolicited appreciation of the program to political leaders visiting the lead agency. This was a signal to program leaders that maybe parents were ready to participate beyond immediate services. In fact, the recent birth of a parent advisory group is evidence of this readiness. With the agency partners, the advisory group has sponsored events for PFF families.

E. Continuous Quality improvement: Identifying and Responding to Challenges

One challenge identified through the CQI process was the lack of access to adult mental health services due to eligibility requirements. In response to this issue, flex funds were used to contract for an in-house mental health practitioner, making timely access to these services possible. This practitioner uses the existing PFF service plan as a guide for customizing her interactions with families.

A second challenge has been the Family Assessment Form (FAF). Staff voiced initial excitement about the potential of FAF and how it could be used jointly with parents. However, their excitement waned quickly. They voiced frustration about its ability to capture all of the issues a family is experiencing and to provide true and comprehensive assessment. Challenges are particularly acute for families who are DCFS referrals because these parents fear that a poor rating will lead to child removal. Although relationship development is a key component of family engagement, FAF does not capture this activity or the amount of time it takes to engage families. To address this issue, staff started using a number of other tools and forms resulting in duplication of information gathering and data entry, loss of family service time to paper work, fragmented processes, and lack of common terminology. The support of in-house evaluation expertise was critical in developing solutions to these issues. This expertise helped to eliminate unnecessary paper work and
data collection tools, clarify terminology, and create common understanding. As one worker expressed, “Time was given back to staff to use with families rather than paperwork.”

Final challenges have been creating and maintaining a meaningful referral process, two-way communications, data collection, and information sharing among partner agencies. Families and agency staff alike wanted a contact at the other end of the referral hand-off that would follow through with families and follow up with the referring agency. Multiple solutions were developed to address these issues. First, feedback gathered from families, staff, and other stakeholders was used to create clear referral procedures; a process for following up with parents, tracking them, and determining their level of satisfaction; and a process for providing feedback to the referring agency. These changes are slowly taking root within the Collaborative partners. As one partner said “Never underestimate the impact of being able to put a face with a program in referring families; we can call a name.”

Also as a result of increased understanding among DCFS and PFF of mutual roles and processes, PFF staff now serve as participants in family team decision making meetings. They engage in the discussions from a prevention perspective that incorporates the protective factors. These team meetings occur at DCFS with families prior to case disposition. In addition, based on feedback from DCFS, PFF adjusted the referral and intake process to allow for service-specific referrals, such as parenting classes, fatherhood program enrollment or housing support, as well as comprehensive program enrollment where warranted.

**IV. POLICY AND SYSTEM IMPACT**

- A multi-faceted team approach to staffing and supervision encourages multiple perspectives on issues and broadens understanding and possibilities in problem solving.

- Transparency and communication are important to creating an environment supportive of honest assessment and feedback and to making improvements in direction, structure, and strategy. For this SPA, the importance was demonstrated when the community-based liaison recognized that referrals from DCFS were low and that this might have something to do with misinformation or lack of information about what happens to families once referred. In an effort to lessen fear of liability and increase understanding, she invited PFF staff to make presentations about the initiative’s successes with families and give feedback about the results of their referrals, including the number of families referred back to the agency hotline. This interaction helped relieve the anxiety of DCFS workers and increased understanding of what the family specialist and case manager do with the families referred to the program.

- Increasing internal evaluation capacity to support performance monitoring and continuous improvement. In-house evaluation expertise has been a tremendous help in program operations, while at the same time maintaining a healthy separation in order to keep the integrity of the evaluation. Through this in-house position, the capacity exists to generate real-time reports that can be customized for specified purposes.

- Taking time to recreate a shared vision supported by a common lexicon improves communication and understanding and, most importantly, the shared leadership that is critical to weathering leadership changes.
I. BACKGROUND

More than 1.5 million residents live within 22 cities and neighborhoods in the southernmost section of Los Angeles County that comprises SPA 8. This area includes the Los Angeles and Long Beach harbors, beach cities along the Pacific coastline, and the corridor that links the city of Los Angeles to all major ports of entry for international trade. Even though the area is known for high wage jobs within the energy industry and related companies that support this industry, there still exist pockets of residents living in isolation, unsafe neighborhoods with poor housing, and families with low to no income. Some would say it is the tale of two areas disparate in employment levels, educational attainment, and household size. More than 22% of children live in families with incomes below the poverty level, and 43% live in low-income families. More than half of the housing within the area is renter-occupied.

Residents of SPA 8 reflect a rich racial and ethnic diversity comprised of Latinos (34.9%), Whites (32%), African Americans (15.9%), Asians (12.6%) and other or multi racial persons (2.9%).

Due to the geographic size of the SPA, access to services within a reasonable travel distance is a challenge to overcome. The children of the SPA are served by 26 school districts and a number of formal and informal early childhood care providers.

Cornerstones of SPA 8’s Approach

> Relationship-based community organizing is the core strategy for creating community capacity for resident-led and owned change and for engaging community agencies and institutions.

> Financing parent and resident leadership through creation of the Community-Building Projects Mini Grants Program complements parent leadership development training.

> Commitment to a holistic, comprehensive, and integrated approach to working with and serving families increases family access to and utilization of family-desired services, activities, resources, and support through elimination of barriers to multi-program participation.

> Building pathways out of poverty and stabilizing neighborhoods support access to employment and career development and capitalize on community assets of the energy industry and higher education and small business development.

> Valuing and respecting all partners through consensus decision-making; utilizing partner knowledge and expertise in training and development; and sharing acquired financial and material resources among all partners broaden and deepen capacity to take on new and greater responsibilities to families, to other partners, and to the community.

> Commitment to removal of access barriers, such as location of services provision, eligibility criteria, and lack of knowledge, supports and strengthens families.

II. COLLABORATION

The agencies and residents within SPA 8 have more than a 10-year history of working together to formulate strategies and pursue implementation funding focused on building their assets and minimizing the negative impact of their needs. This history is built on two foundational beliefs: (1) Relationships founded on respect and trust provide the energy that fuels change; and (2) every person and community has assets that may be unrecognized and under-utilized that, when tapped, can be a powerful force for change. These core beliefs have been documented in a set of family support principles and through the development of a community-level change model, Relationship Based Community Unity, Empowerment, and Respect: Through Relationships, Responsibility, Reciprocity, and Re-Distribution.
Organizing (RBCO). Both the principles and elements of RBCO permeate the strategies employed within PFF.

A. Collaborative Leadership, Structure and Strategic Relationships

The Family Support Collaboration, the Collaborative that oversees implementation of PFF in SPA 8, was created to provide a comprehensive approach to family strengthening and community building. There are 13 service partners with Memoranda of Agreement (MOA) for direct service provision and/or community capacity building activities. Six of these provide in-home case management. The lead agency, 13 service partners, and 18 informal partners meet monthly to discuss the progress of the programs, share information, promote opportunities for leveraging resources, and establish sustainability strategies. These partners represent multiple sectors from the community — city government service departments, private agencies, multi-faith community organizations — reflecting a full spectrum of religious beliefs and practices and residents who are part of Neighborhood Action Councils (NACs), adults and youth. The concept of NACs and their basis for development are discussed in more detail below.

Initially, National Council on Alcohol and Drug Dependence (NCADD) and South Bay Center for Counseling (SBCC) were co-leaders of the Collaborative, and NCADD served as fiscal agent. However, changes in leadership at NCADD necessitated a switch in roles, and SBCC assumed the role of single lead agency. With planning by the partners and efforts to build capacity of SBCC for its role, this transition in leadership did not affect the operations of the Collaborative. Currently, SBCC convenes and provides facilitative leadership of the Collaborative through its Director of Community Building. A project coordinator also housed at SBCC oversees day-to-day program operations.

SBCC was established in 1973 as a nonprofit mental health agency and has evolved over the years into a provider of multidisciplinary services. SBCC has been the recipient of multiple grants focused on family support and family preservation. In addition to serving as the lead partner for Partnership For Families (PFF), SBCC provides leadership for implementation of DCFS's Prevention Initiative Demonstration Project (PIDP) and School Readiness Initiative. SBCC also leads community economic development and other family economic stability programs, including Energy Pathways Program, which is recognized by United Way as a best practice and is endorsed as a preferred “Sector-Based Training Initiative” by the California Employment Development Department.

An executive directors group made up of the heads of partner organizations has recently formed. This group meets quarterly to ensure accountability for results and alignment with core principles. The Collaborative serves as a vehicle to incubate new programs as community needs dictate. Decision making is guided by the hallmarks of consensus.

B. Department of Children and Family Services (DCFS)

The Collaborative relies on the DCFS Torrance and Lakewood regional offices as sources for parental referrals related to prevention of child abuse and neglect. Communication has been sporadic since PFF inception due to lack of consistent staffing for the role of community-based liaison (CBL) in the DCFS regional office. However, in 2009 significant improvement was made. In an effort to improve the referral process, PFF staff conducted information sessions with DCFS emergency response workers and administrators. Family Support Collaboration now provides weekly referral status reports to the CBL and monthly notification of available slots for program participation. In addition, changes were made to the referral process, and communication has become consistent. When PFF is not the right fit for families referred by DCFS, PFF staff have flexibility to direct families to programs within the Collaborative network that can be more responsive to their specific needs. The CBL also attends monthly case managers’ case staffing meetings. All believe that with consistent leadership from the CBL position, improvements will continue to occur.
C. Parent Voice

Neighborhood residents and parents are another strategic partner with a much-needed, critical voice on the Collaborative. These voices are representatives from Neighborhood Action Councils (NACs) — self-identified groups of residents where community members can build relationships around shared values and then design and implement projects, programs, and events to improve their lives and the community.

Creation of NACs is based on a RBCO model developed by SBCC and discussed in more detail below. According to one member of the Collaborative, “The beauty of RBCO is that it uses all the assets of a neighborhood: the gifts and talents of local residents, the power of neighborhood associations, partnerships with local institutions, and the physical and economic resources of the neighborhood to partner with residents to improve the quality of their life. Unlike most community organizing, which focuses on issues first, this model starts with relationships and builds out from there.”

D. Youth Voice

Youth also are represented as a part of NAC Network, and several youth-specific groups exist throughout the SPA. The youth are responsible for planning, organizing, and leading an annual youth conference. In addition, these youth can apply for mini grant funding through the PFF Community Building Mini Grant Project.

E. Collaborative Network Development

From the beginning, an integrated approach has been used for development and implementation of what could easily be discrete, program silos. During the evolution of the PFF work, the decision was made to combine PFF with efforts occurring in family support, school readiness, job readiness and career development all under the umbrella of the Family Support Collaboration. This was possible due to members’ growing commitment to family support principles and core beliefs and, over time, a minimizing of territorialism that had existed in a very significant way. The decision to subcontract with partners for the delivery of in-home case management services exemplifies these principles and core beliefs. The decision was based on a desire to lessen the burden of travel distance and transportation for families, to avoid creating unnecessary anxiety for families by requiring them to be in unfamiliar places (agencies and geography), and to respect the relationships that partners have developed with the people in the communities they serve.

Collaborative partners agreed to a set of goals that would focus them on results they want to achieve and serve as a lens to view integration of existing and future initiative strategies. Those goals are:

> To promote the safety of children and families
> To promote opportunities for families to achieve self-sufficiency
> To support parents’ confidence and competence in their parenting abilities to enhance child development
> To strengthen parental relationships and promote healthy relationships in the community
> To promote system transformation

…”this model starts with relationships and builds out from there.”
According to results from a survey conducted by a technical assistance provider, collaborative partners were satisfied with referral sharing, had increased knowledge of local resources, and felt they benefitted from participation in the Collaborative. Community partners affirmed their satisfaction in case study interviews. According to one partner, “It was in our agency’s interest to be a part. Plus the initiative and the way it was being implemented was consistent with our mission and objectives.” Another stated, “All of these things could not have been achieved without the able leadership of our lead agency, South Bay Center for Counseling (SBCC).” And another offered, “The way SBCC facilitated our development and shared information and leadership made the difference. They helped with our breakthrough and coming together in more meaningful ways.”

III. Parent Engagement

SBCC and its collaborative partners believe very strongly that improving conditions at the individual and community level involves improving social and economic conditions, the physical environment (housing, safety, access to health care), and psycho-social conditions (positive self-concept, resourcefulness and hopefulness). Therefore, the Collaborative has approached its work with parents as full partners in addressing the challenges within their families and communities. The strategies employed are grounded in the following set of Family Support Principles developed early in the life of the Collaborative and reaffirmed in the development of PFF services and activities.

A. Family Support Principles

> Staff and families work together in relationships based on equality and respect.
> Staff enhances families’ capacity to support the growth and development of all family members, adults, youth, and children.
> Families are resources to their own members, to other families, to programs, and to communities.

24 South Bay Center for Counseling Annual Report, 07-08.
25 Community Level Change Model. Development facilitated by Patricia Bowie and Cheryl Wold in partnership with SBCC, The Children’s Council, the Magnolia Place Network, and First 5 LA.
I. Parent Engagement

Programs affirm and strengthen families’ cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.

Programs are embedded in their communities and contribute to the community-building process.

Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

Staff works with families to mobilize formal and informal resources to support family development.

Programs are flexible and continually-responsive to emerging family and community issues.

Principles of family support are modeled in all program activities, including planning, governance, and administration.

B. Recognizing and Building on Assets

In-Home Outreach Coordinators (IHOCs) are the linchpins between collaborative partners and families referred and subsequently engaged in PFF. To them the ideas and values expressed in RBCO are synonymous with the family support principles that exemplify their work with families. Family members and staff alike shared that workers’ ability to be advocates, their empathy, their willingness to share something of themselves, and their focus on the positive have been critical for creating relationships and parents’ willingness to be engaged in PFF. Families expressed that staff were able to create a safe space for them to share what is happening in their lives.

Workers also felt that their ability to meet families where they are, to guide and not lead, to allow family members to direct the actions to be taken, and to bring to the forefront issues impacting families in a non-judgmental or condemning manner increased parents’ willingness to stay involved in the program. One worker described it as a two-step dance: demonstrate/practice, demonstrate/practice. A family member described it this way, “She wants me to learn. I can do it. She sees that I can do it and I can learn. She’ll do it for me one time so I can learn what to do. She goes with me sometimes. Then the next time I go alone.”

The IHOCs are staff of partner agencies, but they see themselves as a team. The team is comprised of African-American, White, Latina, and Native American members. Even though each IHOC receives clinical supervision by a clinician at her own agency, overall program coordination is provided by the PFF lead agency through weekly meetings for program problem solving, case staffing, or training purposes. The program coordinator also holds regular meetings with the clinical supervisors. It is believed that this structure allows for varying perspectives to be brought to the table — someone with whom to share observations and from whom to gain insight — to ensure that there is nothing missed either in assessing family challenges and strengths or in application of resources and supports for the family. There are varying levels of professional training, experience and backgrounds represented on the team. However, the members see their team diversity as a major strength in understanding issues that might have cultural undertones and regularly use each other as sources of information, messaging development, and problem solving.

Male involvement is also an important part of working with families. One male PFF participant said, “This is for me, not just for my partner. They are offering something that I can use.” He was referring to the assistance he received regarding child support issues and his engagement in the Fatherhood Program. PFF staff recognized that there was a need to increase fathers’ participation in family activities and their need for a set of activities designed specifically for men. Rather than recreate the wheel, fathers within PFF were invited to participate in the Daddies Day activities that are part of the School Readiness Initiative. Participation allowed them to be a part of a program that was non-stigmatizing, to voice views and concerns that were easily understood and not judged, and to seek and give support. As follow-up to these activities, PFF sponsors Saturday Sports Fun, which consists of three consecutive sessions. Each session encourages relationship building between
fathers and children by having them participate in physical activity, followed by a learning activity such as journaling or storytelling, and a rap session for the fathers without children present.

To break the cycle of child abuse and neglect, it is particularly important to engage pregnant and parenting teens early in development of parenting skills. The local school district is a key partner in the engagement of teens. Through their willingness to provide space at high schools, onsite service delivery by partners is occurring. By providing as many services as possible onsite, barriers to participation have been minimized and in some instances eliminated. In addition to schools, referrals are received from Gardena Healthy Start Clinic, Gardena Memorial Medical Center, St. Mary’s Medical Center and Long Beach Memorial.

C. Strengthening Family Economic Success as a Child Abuse and Neglect Prevention Strategy

This Collaborative recognized from the start that provision of services is an incomplete response to prevention of child abuse and neglect when a significant portion of the issue is related to lack of financial resources. To deal with this issue, the Collaborative adopted a holistic, comprehensive, integrated approach to services delivery. There has been a concerted effort to connect PFF participants to other programs that focus on creating or increasing family income, such as:

> Energy Pathway Program (EPP) provides an opportunity to link training with access to high-wage careers within the energy industry. EPP provides energy-related, career-focused training to men and women to help them become part of the energy-related industries located in SPA 8 oil refineries.

> Urban Teacher Fellowship designed to prepare disadvantaged youth and adults for employment in the after-school workforce and to create career pathways leading to teaching careers in Los Angeles County.

> Career Pathways Program provides training and job placement for high growth industries.

> Family economic stability and community economic development. SBCC in partnership with Los Angeles County Children’s Council, the Los Angeles County SPA Council, and Quantum Community Development Corporation agreed to operate the Greater Los Angeles Economic Alliance in order to provide access to tax centers, Earned Income Tax Credits, resident banking, and other asset-building opportunities such as small business development. Wells Fargo is a key partner providing funding and being onsite at many of the locations to open free bank accounts for the un-banked. Small business development assistance is provided by the South-Bay Entrepreneurial Lending Fund (SELF) in the form of financial assistance, mentoring, procurement assistance, business counseling, training, and other technical assistance.

D. Parents as Co-Designers of Service and Activities

As described in the collaboration section, RBCO is the primary approach to strengthening communities through relationships and collective action. Forty-eight NACs have been formed in SPA 8 based on this approach. PFF families are encouraged to become members of the NACs within their neighborhoods. Through participation in NACs parents can begin to build meaningful social connections and find their leadership voices. Some of the NACs have chosen child abuse prevention as their cause to herald, educating the broader community about the issue, advocating for themselves and other families, and designing program activities. Two PFF-specific NACs are being formed to serve as social networking opportunities for PFF families.

In partnership with the Family Support School Readiness Centers, PFF families are being included in opportunities to participate in learning experiences that assist them in preparing their children for school. All of these parents have an opportunity to be part of the phenomenally successful school readiness conference held twice a year. Large numbers of parents in attendance raise their voices on a number of issues. More importantly, they have been a key element in the conference planning and implementation.
As conference hosts, they handle registration, arrangements and logistics and they serve as plenary and workshop presenters.

Community-building projects are another example of parents together with neighborhood residents taking a lead role in the development of activities that are most relevant and responsive to their concerns. Parents and neighborhood residents have an opportunity to use their talents to design, implement, and evaluate community projects. Projects are supported with volunteer and financial resources that respond to one of three categories: community safety, capacity building, and child abuse prevention.

**IV. POLICY AND SYSTEM IMPACT**

> **Elimination of barriers** embedded in policy, such as eligibility criteria and service target areas that serve as disincentives to the linking of programmatic activity and parent participation.

> **Citizen-led change** for sustaining momentum for long-term change and gain. This approach to broad-based community change requires policymakers, agency leaders, and funders to be prepared as servant leaders with a willingness to allow resident-led action to occur and mature.

> **A comprehensive integrated approach to service delivery** for achieving maximum results with families, which requires modifications in backend systems, such as data collection to monitor and track performance and outcomes, reporting requirements and schedules, and financing strategies.
Chapter VI: Lessons Learned

INTRODUCTION
PFF Collaboratives have grown by working on complicated issues within complex, diverse, and changing environments. Their experiences are rich, and their lessons are nuanced. This case study is a snapshot in an ongoing process of learning that attempts to reflect the major rivers, but cannot explore all the tributaries.

Across local Service Planning Areas (SPAs), many lessons have emerged — challenges, as well as conditions, strategies, and levers for achieving success. The challenges reflect the developing capacity of these very young Collaboratives and of the PFF initiative as a new, community-focused approach for increasing the safety and well-being of small children and their families. The strategies developed and lessons learned reflect stakeholders’ commitment to this mission, to continuous learning, and to progress toward their goals.

HOW THIS CHAPTER IS ORGANIZED
This chapter synthesizes and analyzes critical experiences and lessons from the SPAs within the framework of the four objectives identified at the outset of the case study:

I. Readiness factors. Identify readiness factors that speed and strengthen the collaborative process.

II. Development and maintenance of PFF Collaboratives. Document emerging best practices, benchmarks, and lessons learned regarding the effective development and maintenance of community-based PFF Collaboratives.

III. Achieving and sustaining improvements among at-risk families. Identify the strategies employed by PFF Collaboratives to achieve and sustain improvements among at-risk families, including the key conditions and actions that serve as catalysts for positive change.

IV. Common and unique factors that impact PFF implementation across SPAs. Define both the common and unique factors across PFF Collaborative networks that impact program implementation within and across SPAs.

For each objective, the chapter describes key lessons and provides examples from the SPAs. Considerations for future learning also are provided.

This analysis does not judge or compare efforts across SPAs. Instead, it presents local examples to illustrate the range and depth of experiences, strategies, and lessons learned. The examples reflect the community context of PFF development in each SPA, differences among the Collaboratives themselves, and the flexibility allowed by First 5 LA to tailor strategies in response to families and communities.

The analysis also strives to accurately represent stakeholders’ reflections, experiences, and lessons. However, the conclusions are ultimately those of the report authors, the Center for the Study of Social Policy case study team. We explore PFF experiences within the local landscape and in the context of national developments. Chapters III and IV provide background regarding national developments.
related to community collaboration and parent engagement respectively. Chapter II provides information about the Center for the Study of Social Policy.

I. READINESS FACTORS THAT SPEED AND STRENGTHEN THE COLLABORATIVE PROCESS

Definition of readiness. Conditions and characteristics rooted in each community and SPA seed the development of collaboration. Catalytic people, events, or assets combine with existing capacity to compel local stakeholders to work together to achieve common goals.

Research and national experience tell us that no single factor determines a community’s readiness to collaborate. Instead, a critical mass of characteristics, capacity, and catalysts converge to reach a tipping point of readiness. Not only do compelling forces help Collaboratives get off to a strong start, they provide a solid foundation for building the capacity and will to sustain collaboration.

A. Clear, Compelling, and Shared Outcomes

A clear, compelling sense of purpose that is shared by all partners is both a necessary precondition for collaboration and a mobilizing force that brings stakeholders together.

The priority for PFF Collaboratives is to improve the lives of vulnerable, young children and their families. PFF collaboration is intended to do more than provide services. It is intended to create a strong, inter-connected network with a rich, varied array of both informal and formal supports and services for families.

> According to a survey and other feedback from the SPA 8 Family Support Collaboration, partners recognize and appreciate the benefits of collaboration. As one partner stated, “It was in our agency’s interest to be a part of the initiative, and the way it was being implemented was consistent with our mission and objectives.”

Combining efforts to multiply results. Not only does collaboration require a clear, shared vision; to rally support and commitment, the purpose must be unique. Los Angeles communities participate in many initiatives sponsored by public agencies and private funders to improve outcomes for children and families. Initiatives and projects that developed in a piecemeal way or with highly categorical funding and uncoordinated purposes can provide challenges for collaborative work. The sheer number of co-existing initiatives and programs also can present challenges that local stakeholders must address.

Some existing endeavors provided a foundation on which PFF Collaboratives have built. Existing local partnerships joined with the PFF Collaborative to combine efforts. Galvanizing goals that reflect the interests of a wide range of stakeholders facilitate this mobilization.

> In addition to the SPA 2 PFF Collaborative, at least 45 other service provider networks are active within the San Fernando Valley. The Collaborative has worked to articulate the distinct vision of PFF and to clearly define how and why its efforts are unique. Partners are intentional in their efforts to avoid duplication, to develop personal and organizational connections that help them understand each other’s perspectives, and to build common ground by co-sponsoring community events and cross-staff training.
B. Local History and Experience Working Together

All Collaboratives start where they are and build from there. PFF experiences are consistent with national lessons: Community collaboration leads to more collaboration.

SPAs were able to build on existing experiences and relationships among residents, community-based organizations, local nonprofits, and public agencies. Across SPAs, a variety of previous efforts contributed to the capacity to form strong PFF Collaboratives, including experiences working together to provide services to targeted groups of residents, community-based advocacy to solve locally-defined problems, and public-private initiatives to achieve specific goals or countywide outcomes.

PFF Collaboratives were able to leverage existing relationships into more durable and extensive partnerships. At the same time, many Collaboratives discovered that the past needs to be understood and honored before new efforts can advance.

> SPA 4's PFF Collaborative builds on a rich history of community-based services and strong relationships among organizations that have worked together in other initiatives for children and families. From the outset, these groups enthusiastically seized the opportunity to create a formal PFF Collaborative and to leverage their resources to strengthen the local network of services and supports.

> Likewise, in SPA 6 multiple agencies built on their long-standing relationships and collaborative experiences to expedite development of the PFF Collaborative. Community agencies learned long ago that working together was the best way to avoid duplication, to leverage their efforts and resources, and to respond to the significant challenges that residents experience.

> In contrast, SPA 5 created a new PFF Collaborative in an environment that did not include a well-established history of collaboration across the many nonprofit organizations in the area. The lead agency devoted the formative period of PFF to building relationships, establishing trust, and sharing information with other organizations. In addition, First 5 LA provided flexibility in some elements of the lead agency’s PFF contract to provide more time to ramp up its community-building and capacity-building efforts and to allow some families to receive services beyond the usual six-month timeframe.

C. Skilled Leadership: A Catalyst and Support

Leadership was a catalyzing force for PFF collaboration at both the initiative and local level. Although leadership is critical within any successful organization or complex initiative, collaborative efforts require specific leadership skills and qualities. PFF Collaborative leaders strengthened and broadened existing partnerships by focusing on common outcomes and helping others see what they had to gain by working together. They communicated a sense of urgency and priority that boosted local readiness, and they modeled collaboration for all stakeholders.

The readiness and leadership within the lead agency is critical in shaping the local Collaborative’s initial approach. Its local credibility helps build trust among service providers and the broader community. The attitudes of its leaders toward sharing decisions, expertise, and other resources is a key factor in its ability to mobilize partners and work together.

> Partners of the SPA 8 Family Support Collaboration attribute the reduction in turf-guarding within the SPA to the skilled leadership of the lead agency, South Bay Center for Counseling (SBCC). One partner stated, “The way SBCC facilitated our development and shared information and leadership made the difference. It helped with our breakthrough and coming together in more meaningful ways.”

> In SPA 6, the lead agency, SHIELDS, views collaboration and partnership as part of its organizational mission and values and a key to the agency’s ability to attract resources and supports to the South Los Angeles community.
> Children’s Bureau, the lead agency of the Antelope Valley PFF Collaborative has a long history of involvement and leadership in working to improve outcomes for children. Eight Antelope Valley organizations applied for the PFF grant and all agreed to support whichever agency was selected as the lead.

D. Availability of Institutional Supports from the Beginning

PFF stakeholders reported that First 5 LA's support was a key factor in spurring collaboration and that the organization’s incentives and investment extended far beyond financial resources. First 5 LA staff and consultants helped to articulate the PFF vision, clarify the purpose and core components, and build local buy-in. Early and sustained investment in cross-SPA trainings and capacity building promoted consistent understanding of the PFF framework. The assistance was provided on-the-ground through direct relationships. Hands-on training, coaching and consultation helped Collaboratives develop the skills and infrastructure they needed to undertake the complex initiative.

> As a new partnership, the SPA 3 Collaborative, CARINO Partnership For Families, has worked closely with First 5 LA consultants. Capacity-building and Continuous Quality Improvement experts assisted with strategic planning, strengthening partnerships, and promoting quality service delivery.

At the same time, a minimum amount of financial investment also was required. PFF partners reported that funding was necessary to support Collaborative infrastructure as well as to implement PFF core services.

> In the first year of PFF, the SPA 5 grantee received significantly less funding than other SPAs’ lead agencies. Consequently, only one agency was funded. Although two dozen agencies joined the effort as unfunded partners, the level of funding simply was inadequate to implement core PFF strategies. In the second year, increased funding allowed a full Collaborative and essential services to develop.

II. DEVELOPMENT AND MAINTENANCE OF COMMUNITY-BASED PFF COLLABORATIVES

PFF STRATEGIES

A. Reaching out to a wide range of partners
B. Developing effective roles and collaborative processes
C. Commitment to mutual and continuous learning

Research and experience demonstrate that collaboration that is both broad and deep is not built easily or quickly. PFF partners report that developmental activities require a significant investment of time and other resources, including:

> Developing the person-to-person and organizational relationships on which collaboration hinges,

> Navigating opportunities and challenges and resolving inevitable concerns or conflicts, and

> Developing operational infrastructure for managing joint initiatives.

At the same time, both national and PFF experiences show that committed people and organizations can learn to work together in new ways and achieve outcomes in which they have a large stake.
II. Development and Maintenance of Community-Based PFF Collaboratives

A. Reaching Out to a Wide Range of Partners

Like similar groups nationwide, PFF Collaboratives indicate that broad participation contributes to an expansive sense of community ownership and to widespread contributions to the desired outcomes. By reaching out to a wide range of stakeholders, Collaboratives ensure that a full range of expertise and local perspectives are at the decision-making table and that families have access to a comprehensive array of services and supports to meet their needs.

For PFF Collaboratives as a whole, the majority of members are agencies that provide services to children and families. However, Collaboratives are expanding participation to become broader, more sophisticated networks.

1. Expanding public and private agency participation

Collaborative membership is concentrated among nonprofit agencies that serve children and families. In many SPAs, these members span multiple professional disciplines. Public agencies, primarily the child welfare agency (DCFS), have key roles, though they are not likely to be formal Collaborative partners.

> The SPA 6 Collaborative, Achieving Change Together, recognized the importance of economic opportunities for families in their communities and reached out to an economic development partner to provide expertise that other partners could not.

> In SPA 8, broad membership existed from the start. Among the broad range of Collaborative partners are community economic development agencies in the form of job development and job training programs, and community development corporations (CDCs).

2. Expanding community participation

As Collaboratives look beyond a formal service response to vulnerable families, they are reaching out to partners outside their communities’ usual system of service providers. The scope of Collaborative participation has expanded as partners tap a fuller array of local expertise and cultivate a broader range of grassroots networking opportunities.
Some Collaboratives have developed new staff positions that focus on community outreach and capacity building. Others have created formal structures that provide multiple options for participation, such as advisory groups, steering committees, and workgroups. Increasingly, Collaboratives are taking advantage of existing community networks, or they are creating new networking opportunities for parents, residents, and other community stakeholders.

> SPA 7’s Project Corazon Partnership For Families reports 20 organizational partners and two parent members. In addition to nonprofits and public health and mental health agencies, partners include a community college, beauty school, the Mexican American Opportunity Foundation, a law firm, and small business. Partners all believe that they have a stake in improving their communities, and they see young children and their families as an important focal point.

> SPA 8 has a well-developed process for engaging residents in leading community change. Residents come together and develop their own agendas and plans for community building through Neighborhood Action Councils (NACs). In the past, resident NAC representatives regularly attended PFF Collaborative meetings and made presentations. Recently, the NACs became an “official member” of the PFF Collaborative, and two NACs of PFF parents have been created.

3. Expanding parent participation

PFF required Collaborative agencies to engage parents in community problem-solving as one way to strengthen community capacity-building, policy, and advocacy. Although Collaboratives successfully engaged parents in services and service-related decisions, parent participation in community building and in the Collaboratives themselves proved to be a greater challenge. This is in spite of Collaborative partners’ profound respect for parents and their efforts to encourage parental voice.

CHALLENGES. The PFF model calls for Collaboratives to create parent advisory councils, but local partnerships report mixed results. Collaboratives experience challenges helping parents transition from successful engagement in case management, educational classes, or other services and supports to formal advisory and leadership roles. Collaboratives recognize the time commitment required of parents, and workers do not want to overload parents in the middle of case management with additional demands and requests. The priority for parents participating in PFF is improving the safety and well-being of their children, and many face significant daily demands as they work to support their families, care for their children, and participate in PFF services.

ONGOING, SAFE OPPORTUNITIES FOR PARENT FEEDBACK AND VOICE. Parents themselves know what the barriers to participation are and what can help them overcome those barriers. They can determine how they want to be involved and what strategies would work to engage other parents. Commonly-named obstacles include language differences; other demands on parents’ time; and feeling shy in new settings, unwelcome, or intimidated by the presence of professionals.

> Many PFF Collaboratives use routine customer satisfaction surveys to monitor parents’ views of services and support activities.

> Instead of assuming that they know best, staff of the SPA 3 Collaborative (CARIÑO PFF) maintain that it is always better to seek input from parents. CARIÑO uses quarterly customer satisfaction surveys to collect family feedback, and hired a former PFF parent as a Family Advocate — a staff position that continually solicits family input about sponsored programs.

> After Project SAFE’s attempts to develop a Collaborative parent advisory group were unsuccessful due to inconsistent participation, the SPA 2 Collaborative opened new
Lessons Learned >> II. Development and Maintenance of Community-Based PFF Collaboratives

doors for parents to find their connections. Now, Parent Cafés are being implemented as a first step to build parents’ comfort, explore barriers to participation, and identify committed parent leaders.

DEDICATED STAFF POSITIONS AND CONTRACTS THAT PROMOTE PARENT AND COMMUNITY PARTICIPATION. Several Collaboratives have created specialized staff positions and developed contracts with community agencies for outreach to parents and community building.

> SPA 7’s Project Corazon PFF has a full-time Community Development Coordinator whose role is to oversee partner development strategies, parent engagement beyond direct services, and building the local network of supports and resources.

> The SPA 3 CARIÑO Family Advocate is a staff position that serves as a primary liaison to parents and advisory groups. Staff report that, with adequate support and training, parents are more than capable of fulfilling multiple leadership and advisory roles.

> In SPA 1, the Collaborative partner Antelope Valley Child Abuse Prevention Council (Yes2Kids) has valuable experience leading parent outreach and workshops. Its role in the Collaborative focuses on outreach activities that strengthen the sense of community among residents and parent knowledge of child development.

> The lead agency in SPA 4 engaged ACORN as a partner to help parents develop formal leadership and community advocacy skills, including the formation of a Parent Advisory Council.

> The SPA 8 lead agency and some of its partners utilize the expertise of community organizers to develop Neighborhood Action Councils comprised of PFF families, youth and other SPA residents.

B. Developing Effective Collaborative Roles and Processes

ISSUES FOR CONSIDERATION
Ensuring that Parents and Other Residents Have a Voice in All Decisions That Affect Them

PFF efforts may provide a baseline for community building that strengthens families and protects children. Areas for further learning and consideration include:

> How the strong voice of parents can be ensured in all decisions that affect them — including decisions about their children, neighborhoods, and communities.

> How communities can engage residents, informal community groups, and other stakeholders in efforts to prevent child abuse and neglect and to support strong families.

> How to help all residents recognize their shared stake in a strong community where children are safe and families are strong, and where residents hold a collective belief about strengthening families to prevent child abuse and neglect.

EFFECTIVE COLLABORATIVE ROLES AND PROCESSES

Benchmarks include:

1. Aligning roles and collaborative processes with shared principles and desired results
2. Sharing responsibility and authority
3. Sharing resources
members often function as referral partners that connect participating families with services and supports. Beyond this function, partners have a variety of roles in service delivery to individual families, staff supervision and management, Collaborative planning and decision making, and community building. Clarifying the varied roles of partners helps Collaboratives implement PFF effectively and maximize use of available resources and local assets.

1. Aligning roles and collaborative processes with shared principles and desired results

“Collaboration is a dynamic, learning process that requires ongoing alignment of partner, network, and initiative principles and goals.”

Collaboration is a dynamic, learning process that requires ongoing alignment of partner, network, and initiative principles and goals. PFF Collaboratives recognize that shared values, common goals, and aligned practices lead to positive results for children and families. Attention to this alignment from the beginning helps to ensure that the missions of the lead agency and its partners are consistent with the initiative’s goals. Ongoing focus on the shared goals and principles helps to keep the Collaborative’s progress on track.

> SPA 3’s CARIÑO PFF is vigilant about pursuing a specific strategy only after first clearly specifying the intended results, identifying how the strategy contributes to PFF goals, and defining success measures. All proposals are subjected to these strategic considerations before they are implemented.

For most Collaboratives, the process as well as the outcomes of working together are critical. They strive to work together in ways that mirror their approach with families — focusing and building on partners’ strengths, treating each other with respect, and learning from each other.

> For the SPA 8 Family Support Collaboration, the expressed method of decision-making is consensus.

According to one of the core partners, “We don’t make a decision until everyone has had a say.” The Collaborative started with co-lead agencies, but now a single lead agency subcontracts with ten core partners that serve different communities within the large SPA territory.

2. Sharing responsibility and authority

Lead agencies and partners have developed a variety of configurations for conducting Collaborative operations. The roles, structures and processes that are developed determine how authority, responsibility, and accountability are shared among members.

> In SPA 6, five community-based agencies share staffing and supervision. They all house staff within one of the agencies, and the lead agency provides supervision. Together, all partners wrote and approved the Collaborative’s policies and procedures.

> In SPA 7, a combination of entities provides Collaborative leadership and management: (1) Both the lead agency and one core partner house a program coordinator and one or more IHOC teams. (2) The project director and the Collaborative Coordinating Committee (which includes two program coordinators, the community development coordinator, and the internal evaluator) oversee day-to-day Collaborative operations. (3) The Community Advisory Council (CAC) promotes awareness and understanding of child abuse and neglect and encourages integration and progress of agency and community efforts. Its members include the lead agency, core partner, and other community partners that provide services and support.

> In SPA 4, full-time In-Home Outreach Counselors are based at Para Los Ninos (PLN) and four of its core partner agencies. They regularly make cross-agency referrals and also share support provided by PLN’s Resource Coordinator, Family and Youth Advocate, and Child Development Specialist.

3. Sharing resources

In addition to or instead of sharing funds, Collaborative partners offer each other meeting and office space, staffing for workshops and other events, information, cross-agency training, and more. The entire SPA community is likely to participate together in workshops and family events.
RARELY ARE INVESTMENTS SHARED EQUALLY AMONG PARTNERS. This is true regardless of the type of resources that are shared — including funding. In some SPAs, the lead agency or core partners retain most of the funds. In others, funding and other resources are distributed broadly among many partners through subcontracts and in-kind resources. Some Collaboratives work to share resources as equally as possible to achieve local outcomes and ensure that services and supports meet families’ needs. At the same time, partners must be willing to accept lack of complete parity as part of collaborative give-and-take.

Many agencies in SPA 6 are small and under-resourced. However, the larger agencies are committed to spreading funds and sharing in-kind resources. SHIELDS, the lead agency, paid for space for In-Home Outreach Counselors (IHOCs) to be housed within its partner agency, the Institute for Maximum Human Potential.

C. Commitment to Mutual and Continuous Learning

FLYING THE AIRPLANE AS IT’S BUILT. A learning agenda is essential to develop and maintain effective Collaboratives. In turn, Collaboratives work to build and sustain the mutual learning that ensures ongoing progress.

MUTUAL AND CONTINUOUS LEARNING

Benchmarks include:

1. Bridging existing silos with mutual understanding and commitment
2. Continuous improvement loops and mid-course corrections

Continuous learning is a developmental process among local partners. Although a learning approach has been an anchor of the PFF model from the beginning, and commitment to learning has been consistent, partners initially focused on gaining knowledge of the initiative and each other. As Collaboratives have developed, their focus has sharpened to encompass:

> Continuous learning in response to real-time experiences and to data that are monitored and routinely analyzed, and

> The ability to make mid-course corrections in response to the learning that is taking place.

FIDELITY AND FLEXIBILITY. In PFF’s learning framework, fidelity to core components of the PFF model is balanced with flexibility for Collaboratives to implement those components within the context of their communities. This flexibility allows and even encourages Collaboratives to learn and
adapt as they grow. Much of the rich variation among Collaboratives — ranging from how they provide services to how they work to build community capacity — can be attributed to the flexibility and commitment to learning that is inherent in the PFF model.

1. Bridging silos with mutual understanding and commitment

PFF agency partners come from a variety of disciplines with wide-ranging perspectives, techniques, and skills for assisting families. To ensure that families can obtain the specific and often wide-ranging support they need, partners must understand what each brings to the table.

Although the challenges are significant for professionals trained in different disciplines, opportunities for mutual learning can help service providers grow and can improve their individual and combined effectiveness. Team approaches to service delivery, collaborative administration, information sharing, and joint planning among Collaborative partners are all strategies that broaden professionals’ perspectives and expertise. PFF demonstrates that multiple perspectives can yield more complete information about families and the resources that will help them achieve their goals.

> In SPA 7, an internal evaluator was instrumental in creating a common lexicon — a tool that boosted mutual understanding among staff coordinators and leaders, direct service staff, and other Collaborative partners.

> In SPA 6, staff meetings of the Achieving Change Together Collaborative include round-robin meetings, where partners share experiences and views. Staff and stakeholders from all levels and roles participate — including local evaluators.

> In SPA 4, bi-weekly Collaborative meetings and weekly group supervision provide routine learning opportunities, including discussion of issues and concerns, feedback, dissemination of important information, and joint planning. Core partner agencies also jointly developed a PFF Policy and Procedures Manual to which they adhere.

As Collaboratives expand to include non-traditional partners — community stakeholders such as churches, businesses, neighborhood networks, parents, and other residents — intentional efforts are critical to understand the perspectives of each.

2. Creating continuous improvement loops and making mid-course corrections

Ongoing data collection helps Collaboratives monitor progress toward shared results. Ongoing feedback loops help ensure that community networks of services and supports are shaped by and accountable to families and other residents.

Teams of evaluators collect data about family participation in PFF services and supports and the impact on family functioning. PFF Collaboratives also use SPA-based evaluation of implementation, customer satisfaction surveys, and other learning to obtain feedback and suggestions and to monitor their own progress.

Feedback and other data are woven into continuous improvement loops that enable Collaboratives to identify and make mid-course corrections. Collaboratives integrate findings about family outcomes and service quality into their planning. They routinely use data to determine if and how they are getting off course, and they design mid-course corrections to steer the initiative back on track.

> In SPA 6, the Achieving Change Together Collaborative made several course corrections, including responding to under-representation of fathers and pregnant women, by adding outreach activities for both.

> The Antelope Valley PFF in SPA 1 made a mid-course correction when its Parent Mentors initiative was not producing satisfactory results. The Collaborative adopted Parent Cafés as an alternative strategy for parent peer support and learning.

> In SPA 7, Project Corazon PFF made repeated adjustments to improve communication at multiple levels, including organizing regular meetings of the co-lead program coordinators, community development coordinator, and internal evaluator.
III. ACHIEVING AND SUSTAINING IMPROVEMENTS AMONG AT-RISK FAMILIES

PFF STRATEGIES

A. Engaging parents and other family members as partners
B. Focusing on strengths
C. Access to a comprehensive array of services and supports
D. Culturally respectful and appropriate practices

The design and implementation of PFF focus on one primary outcome: improving the safety and stability of families with young children. PFF strategies for achieving this outcome incorporate research findings about the factors that contribute to child abuse and neglect and the strategies that help prevent maltreatment. Services and supports aim to increase protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children’s social and emotional competence.26

All PFF Collaboratives provide certain core services and supports for families. To build strong community networks of support, local partners have developed an array of additional strategies. Among these, the following conditions and actions are key catalysts for achieving and sustaining positive change.

A. Engaging Parents and Other Family Members as Partners

PFF Collaboratives strive to join with parents as partners to keep their children safe and their families strong. Although the families referred to PFF have children at high risk of abuse or neglect, their participation is entirely voluntary. To engage parents as PFF participants, workers and agencies must:

> Secure parents’ interest and trust,
> Motivate and encourage them by maintaining a positive, constructive stance,

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Lessons Learned >> III. Achieving and Sustaining Improvements Among At-Risk Families

> Assist parents to identify goals for their families and develop a plan for accomplishing them,
> Provide or help parents obtain the services and supports to keep their children safe, and
> Help parents develop tools and skills to navigate their environment and continuously improve their families’ well-being.

PFF Collaboratives use a range of strategies to accomplish these purposes. The high participation and retention rates of parents referred to PFF speaks to the effectiveness of partners’ efforts.

1. Developing staff-parent learning partnerships

One way that PFF service providers engage parents is by joining with them as partners in learning. Across the SPAs, parents report that frontline workers genuinely listen to parents’ knowledge and points of view about their children, their families, and their goals. Case managers and other service providers ask parents what they think will work best to ensure the safety and well-being of their children. Workers learn without judgment about families’ challenges, and they help families learn to recognize and build on their strengths.

Parents report that workers’ nonjudgmental attitudes and authentic openness to mutual learning help them overcome fears of authority and failure. Although they may not know where or how to start, most parents participating in PFF are eager to learn new, more effective ways to care for their children. As their understanding of child development, parenting, and options for achieving their goals increase, parents are eager to practice new approaches.

Parents’ comments reflect on their new skills and learning:
> “I now take time to communicate with my family. I listen better and want to know more. I also think about what I’m going to do before I act on it.”
> “I learned to be more open, honest and direct with my kids. I also learned to be more mindful of their feelings.”
> “I’m more positive and have more self control. Now, we don’t yell as much. Everybody takes time to talk.”

2. Engaging entire families: Multi-generational participation

A multi-generational, holistic approach maximizes PFF impact. When all family members are engaged, benefits to young children and parents often increase and last.

SPECIALIZED STRATEGIES FOR ENGAGING FATHERS AND OTHER MALES. The participation of fathers, other male family members, and mothers’ partners is especially crucial to child well-being. Engagement of fathers and other men requires a multi-pronged, targeted approach that fits their unique needs and perspectives.

> The SPA 1 Antelope Valley PFF uses several strategies to engage fathers. Male-female teams co-facilitate Parent Cafés to create a welcoming environment for men and promote balanced discussion of parenting goals. The Collaborative has developed a strong partnership with MenFolk, a community-based group that promotes healthy fathering and male role-modeling skills. The two groups co-sponsor an annual Dad’s Celebration at the local baseball stadium. PFF participants also attend Fatherhood Initiative workshops developed by Children’s Institute.

> In SPA 3, IHOCs invite fathers, husbands, and mothers’ partners to participate in all facets of service planning, and they let the men know their participation is valued. Because fathers often are more willing to engage when they see other men involved, the all-female staff of SPIRITT (the lead agency) recruited active and alumni fathers to serve as peer mentors.
III. Achieving and Sustaining Improvements Among At-Risk Families

> The SPA 7 Collaborative, Project Corazon PFF, used a culturally appropriate approach to include PFF fathers in an existing fatherhood program. Participating in their own program led the men to recognize that their female partners also needed support. They requested start-up of a women’s group.

ENGAGING KIN. Many PFF families live in multi-generational households. Factors that contribute to extended-family households include cultural traditions and customs, lack of affordable housing, family economic challenges, and kin raising or caring for children. Members of extended family networks also are likely to live in close proximity and to have frequent contact with PFF parents and their children.

Relatives and others with whom the family has close emotional connections are a huge influence in the lives of children and families. Kin are often the first people to whom families turn when they need help, and they are present long after PFF workers and other service providers leave. Engaging the extended family in PFF helps parents recognize the impact of kin on children’s lives and learn to take advantage of the supports and assistance kin can offer. It also can help kin learn positive child-rearing strategies, engage them in helping parents achieve their goals, and ensure that kinship relationships are positive supports for parents.

> The SPA 2 Collaborative has engaged the local chapter of Grandparents as Parents to better meet the needs of families in which grandparents have assumed the role of primary caregiver to young children.

> SPA 5 practitioners describe working with families by focusing first on building relationships with every member of the household, including fathers, grandparents, siblings, and others. In preparation for their first visit, in-home therapists assemble a welcome basket that has a gift for each family member. Workers say that the gift basket quickly sets the right tone for their interactions as helpers and establishes a strong entry point for building relationships in whatever family structure is present.

> SPA 4 workers focus on involving the whole family, making sure everyone has a voice and a role in improving outcomes. Family events, parent training, and workshops acknowledge the Latino and Asian cultures by involving multiple generations and extended family members. The Collaborative created a Youth and Family Advocate position to help parents and adolescents resolve conflicts, which have a negative impact on younger children and other members of the family. Other strategies include parenting classes that focus on setting appropriate boundaries with older children and a youth support group.

B. Focusing on Strengths

All families — even those facing serious challenges — have strengths and courage, though they may not recognize their assets. Frontline staff and parents report that focusing on family strengths helps PFF parents increase their confidence and sense of worth. This resilient and positive attitude is central to achieving the goals that parents set for themselves and their families. In contrast, when systems, agencies or practitioners focus solely on family problems and problem solving, parents’ strengths and resilience can be diminished.

Across the SPAs, PFF staff, managers, and administrators at all levels value strength-based service delivery and reinforce this “value system.” They work to convey respect for and responsiveness to the goals and needs that families articulate — a critical element for building a strong relationship with PFF families. IHOCs are trained to start a relationship with families by focusing on what they are doing well. IHOCs use praise as an entry point in that relationship, and let families know they are there to help them care for their children — not to remove children from the home. Parents confirm that the emotional support and relationship with the IHOCs and with other parents are strong contributors to their success.
What Engagement Strategies Work? Feedback from PFF Parents

The best way to learn what strategies successfully engage families is to ask parents themselves. Parents across the SPAs are eager to describe activities that help engage them in services and supports and keep them involved. Most of the activities they cite promote family interaction with peers — both other PFF parents and families within the community at-large. In these situations, families do not feel stigmatized, they overcome feelings of isolation, they are able to experience healthy social interaction, and they are able to give back in reciprocal, supportive relationships. In other words, they enjoy opportunities that all families value.

At a luncheon celebrating parent engagement in PFF, parents recommended the following strategies:

> **Parents supporting other parents.** Parent mentoring, grandparent and parent support groups, and other activities allow parents to help each other with their mutual needs. Parent advocacy groups and parent networks allow family parents to contact peers directly, share burdens, and offer support that often leads to deeper friendship. Parents want to establish local parent support networks in partnership with community agencies and programs. One PFF parent noted, “It may have started with an individual focus, but it expanded to other people and to the community.”

> **Safe spaces and opportunities for families to gather, socialize and learn.** Parents greatly value opportunities for informal networking with other families, such as family nights, father nights, back-to-school events, and holiday meals. These activities provide non-stigmatizing means for parents to get to know each other and build natural, supportive relationships. Initiatives like Project Heart and “family fun night” share helpful information on parenting, parent supports, and community resources while families have fun.

The simple act of providing a consistent day of the week and convenient space for parents to share their concerns and problem solve together can go far toward helping families build informal support networks. For example, SPA 1 implemented Parent Cafés at multiple community-based sites, in partnership with several schools, churches, and family services agencies.

> **Accessible programs and activities for all families.** Effective parenting programs work because parents find the information helpful, and they believe their relatives, neighbors and friends find it helpful, too. Other PFF activities that resonate with parents include community orientation, resource fairs, and events organized in the first languages of parents that allow elders, children, and youth to socialize and learn together.

> **Asking parents for feedback and ideas.** Parents want opportunities to provide their ideas and views. They value Collaboratives’ efforts to find out what they want, instead of depending on what others think parents want. Routine customer satisfaction surveys are an important step, but a full range of activities and strategies are necessary to demonstrate a genuine desire to hear from and respond to parents.

> **Respecting the culture, heritage, and customs of parents.** Treating all families with dignity means incorporating an awareness of their culture and diversity in the services and supports that are offered to them.

See Appendix H for a Report of the Parent Engagement Celebration Luncheon.
Spanish-speaking parents in SPA 5 who are recent immigrants with little or no familial support in their communities described their feelings of isolation and their struggles with depression, including post-partum depression. They credited their worker’s attitude and “positive” way of looking at situations with helping them overcome feelings of hopelessness. Focusing on their strengths has given these parents a different outlook on the hardships they face. Planning for the future has alleviated stress about their families’ financial security and stability.

Staff of SPA 2’s Project SAFE help families identify their goals and use their strengths to achieve positive outcomes. Staff take care to acknowledge and reinforce that families are doing the best they know how to do under very difficult circumstances. IHOCs motivate families to work on challenging issues by continually validating what the family is doing well.

SPA 6 PFF partners cite self-worth as a key principle of their practice, along with a person-in-environment perspective. To know the family, workers learn about the environment in which the family lives and the factors that reinforce or diminish resilience.

EMBEDDING THE STRENGTH FOCUS IN PFF CULTURE. PFF partners also strive to model a strength-based approach in their work with each other. This parallel focus on strengths extends to agencies’ relationship to staff, Collaboratives’ relationship to partners, and First 5 LA’s relationship with Collaboratives. Frontline workers report that they have support and feel valued.

C. Access to a Comprehensive Array of Services and Supports

By providing access to a full range of services and supports, Collaboratives offer families options for obtaining assistance. PFF Collaboratives confirm that families are more likely to participate when they have flexibility and choices, and they are more likely to gain access to services and supports that are a good fit for their needs and circumstances.

A sample of the range of services and supports available through PFF includes case management, resource and referral, parenting workshops and training, a variety of support groups, Parent Cafés, welcome baby services, child care assistance, family support centers, resource fairs, family dinner nights, family trips, anger management training, concrete supports such as food pantries and clothes closets, and emergency funds to help with housing, transportation, or other financial crises.

1. Customized and respectful in-home services

PFF’s model includes regular in-home visits that are conducted at least twice monthly over a six month period. Visits focus on mutual learning and respect. They are customized to fit parents’ schedules and to respond to their priorities.

Staff cite PFF’s home-based approach as more effective for understanding families in the context of their daily lives and environments than traditional, office-based services or the less frequent visits that are the public sector standard.

Parents report that they are more likely to participate in services when they feel comfortable, safe and welcome. By going to the family’s home, staff demonstrate their respect for the family and their desire and willingness to get to know family members in their own environment. And they do this in a non-judgmental, respectful way.

> SPA 1 IHOCs typically convey their intent to help families by taking diapers or other needed household items on their first home visit.

> SPA 6 IHOCs try to visit families weekly and more frequently if families are experiencing a crisis. Workers conduct child developmental assessments in the home instead of the office.

2. Concrete services: Meeting families’ most urgent needs

Families and PFF workers alike report that stabilizing family crises and meeting basic needs is the first order of business. Only then can parents attend to other issues and goals. Connecting families with urgently-needed, material assistance — such as food, emergency housing or help with rent, essential furniture and other household items, job transportation, or medical care — helps both to engage
families in PFF and to rapidly boost child safety and family well-being. Ignoring basic needs or feeling immobilized to address them weakens the potential for honesty and trust in the "service relationship."

> By conducting the first home visit with a Resource Coordinator, SPA 2 Project SAFE IHOCs are able to help families address pressing issues immediately. The Resource Coordinator helps to identify services and supports available through Collaborative partners and in the broader community that can help families achieve their goals. The Collaborative created a home visit checklist to ensure that all issues are addressed consistently.

3. Helping families deal with financial crises
Often PFF provides or obtains concrete services to help families who are experiencing an immediate financial crisis or the cumulative effect of poverty. Financial crises occur when a parent loses a job or faces a reduction in income, when family savings are depleted due to illness, or when other personal emergencies strike.

The impact of financial stress on family stability and child well-being and the urgent need for economic assistance are among the most dramatic findings of PFF across all SPAs. These findings are supported by national research, which shows that economic hardship is one of the key factors associated with child maltreatment — particularly with neglect. While poverty does not cause parents to neglect their children, the stressors associated with poverty increase the risk of neglect. Financial hardship impacts parents’ abilities to provide basic resources such as food, clothing and shelter; adequate child care, supervision and medical care; and safe schools and neighborhoods. A 2005 national survey found that more than half of families investigated for maltreatment had incomes below the federal poverty level.27 Even before the current recession, an estimated 70% to 90% of U.S. families who receive child welfare services without removal of a child qualified for and received cash assistance.28

a. MAINTAINING A STRENGTH-BASED APPROACH.
Despite financial hardship, many low-income adults are nurturing, skilled parents. Many children raised in financially-strapped families are happy, healthy, and successful in school and life. And many families living in poor neighborhoods are strong, resilient, and stable. PFF demonstrates that while families can improve their well-being despite financial hardship, providing emergency assistance and opportunities for economic success facilitates and enhances their progress.

CREATIVE STRATEGIES TO HELP FAMILIES EXPERIENCING FINANCIAL HARDSHIP. The current recession exacerbates families’ financial problems and the need for economic assistance. It also means that more families are facing financial crises. PFF partners urgently express the need for assistance to families experiencing financial hardship — assistance that Collaboratives too often are unable to provide. There is greater demand for concrete services, and, at the same time, community resources are stretched thin. PFF Collaboratives are working creatively to help families in this difficult time.

> The SPA 6 Collaborative uses “flex funds” — small sums for workers to purchase goods or services that help a family meet immediate needs. For example, flex funds allow staff to help families pay rent and avoid eviction, obtain diapers and other needed household supplies, or purchase bus passes so parents can attend job training or work.

> SPA 3 CARIÑO PFF established a protocol for distributing emergency flex funds that includes guidelines for accepting requests. To resolve their financial crises, families work with an IHOC to develop family budgets and financial plans.

In partnership with the local Child Care Resource and Referral Agency, Antelope Valley PFF established a "child care bridge fund" to assist parents who are seeking employment and job training or in need of short-term respite. Families can apply for funds to temporarily cover the cost of part-time child care until they transition into a job or class — thus becoming eligible for available subsidies — or they receive sufficient respite. Assistance is awarded on a case-by-case basis.

> In SPA 8, the PFF Collaborative connects parents with job pipelines. The lead agency links participating parents to programs that provide job training and access to high-wage careers in local oil refineries and other high growth industries. The Collaborative also connects PFF participants with the Urban Teacher Fellowship, which prepares them for jobs in after-school programs and builds pathways to teaching careers.

> A SPA 4 Collaborative partner actively scouts local businesses that may offer job opportunities for PFF participants.

> Powerful Families is a program developed by Casey Family Programs that includes workshops, which are widely used in several SPAs. The workshops are designed to help families develop leadership skills, manage family finances, and act as their own advocates.

Some PFF workers help families complete applications for public financial assistance, such as SSI, TANF, and Medi-Cal that they might not obtain otherwise.

"...communities must focus attention on economic opportunities that contribute to improved child and family outcomes."

BUILDING LONGER-TERM COMMUNITY ECONOMIC CAPACITY. Beyond the immediate financial crises that can threaten family stability, communities need the capacity to build opportunities, infrastructure, and supports that can help families achieve long-term financial security. While it is not the purpose of every initiative to address family economic success, communities must focus attention on economic opportunities that contribute to improved child and family outcomes.

Issues to Consider

**Capacity to Prevent and Respond to Financial Crises that Threaten Family Stability**

PFF highlights the need for a clearer understanding of the safety risks that result for children when their families experience financial crises or lingering poverty. Other questions surround the range of responses that are required to prevent these crises. Building a prevention and emergency response system requires consideration of the following issues:

> What the impact of financial hardship is for children and families, including how it affects child abuse and neglect risks and protective factors.

> What relationships and networks can link families to the assistance they need to avoid or solve financial crises.

> How these potential connections can be facilitated, negotiated and improved.

> How emerging community networks of services and supports can link with job creation and economic development efforts.

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Some PFF Collaboratives view community economic development as part of their core mission.

> In addition to connecting parents with existing jobs pipelines, the SPA 8 lead agency (South Beach Center for Counseling) works in partnership with a consortium of countywide organizations to operate the Greater Los Angeles Economic Alliance. The Alliance provides access to tax centers, Earned Income Tax Credits, resident banking, and other asset-building opportunities such as small business development. As a key partner, Wells Fargo Bank provides funding and offers free bank accounts for the un-banked at some community locations. The South-Bay Entrepreneurial Lending Fund offers financial assistance, mentoring, procurement assistance, business counseling, training, and other technical assistance.

> In SPA 6, the PFF partners bought the building that houses many lead agency programs, and they plan to purchase and develop the adjacent shopping center as a job training and employment site. The development will contribute to the economic vitality of the entire community as well as provide opportunities for individual residents.

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THE CURRENT RECESSION AND PFF: IMPACT AND IMPLICATIONS

The impact of the recession on vulnerable children and families. The implications of the current economic downturn for families with a child at high risk of maltreatment are not known. However, PFF partners join first-responders and community service providers nationwide who are concerned that the lingering recession is compounding the stress and hardship of vulnerable families. Plus, the impact of the recession is likely to have a lasting impact on their children. Milder and less prolonged recessions of the past have driven millions of children into poverty and pushed millions of children in low-income families even deeper below the poverty line. Studies also show that income levels are slow to recover after recessions end.30

Impact on service providers and communities. The current economy also is taking a toll on the ability of public agencies and communities to maintain a safety net for vulnerable families. Service providers, including many PFF partners, are caught in what has been dubbed “a perfect storm” — trying to respond to greater need with fewer resources.

In addition to challenges helping more families deal with serious financial stress and its consequences, many community organizations and service agencies are struggling to stay afloat. Some smaller, community-based organizations are consolidating or merging with larger agencies, often creating mega-agencies that may be more bureaucratic, difficult for residents to navigate, and less knowledgeable of and connected to local communities.

Potential for Collaboratives like PFF to contribute to learning. The current economic climate increases the impetus and urgency for broader and deeper collaboration — new partners and new ways of working together. New and stronger linkages among multiple public agencies and programs are critical — including public housing authorities, TANF and other financial assistance programs, workforce development, and job training programs.

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110 PARTNERSHIPS FOR FAMILIES: STORIES AND LESSONS FROM LOS ANGELES COMMUNITIES
4. Informal social supports

In addition to providing formal services, PFF design and local Collaboratives also focus on the informal supports critical for developing and sustaining family strengths. In addition to kin, potential sources of informal support for families include neighbors, churches and other faith communities, cultural groups, and other social networks. Everyday interactions reduce family isolation and provide social connections that research demonstrates are critical to preventing child abuse and neglect.

Parents participating in PFF attest to the motivation, skills, and confidence they gain from connections with peers as well as skilled practitioners. Overcoming their sense of social isolation has been a transforming experience — whether families live in densely populated neighborhoods or widely dispersed areas.

PARENT CAFÉS. Most PFF Collaboratives have used Parent Cafés to provide opportunities for parents to learn with and support each other as they engage in earnest dialogue about their families’ needs and how to address them. To continue learning and to support others, many parents continue to take part in Parent Cafés after their participation in PFF ends. By opening Parent Cafés to all members of the community, Collaboratives help expand family networks of mutual learning and support.

In SPA 1, Project SAFE partners with two school-based family resource centers, which sponsor support groups and other social networking opportunities for parents.

In SPA 3, CARÍNO PFF engages active and alumni parents as mentors.

COMMUNITY EVENTS AND OPPORTUNITIES TO SOCIALIZE. Collaborative-sponsored community events and celebrations provide opportunities for families to get to know each other, form supportive bonds, and overcome feelings of isolation. They also help families expand their informal networks.

The SPA 4 Collaborative sponsors fun socialization activities that reduce family stress and isolation, such as recreational family outings to the theater, local beaches, and museums. Families routinely gather for special events and holiday celebrations. According to one partner, “This is a particularly huge step for newly immigrated families who have been fearful about traveling beyond a 5-block radius.”

SPA 8’s Neighborhood Action Councils (NACs) provide opportunities for residents to expand their personal support networks while they work on community issues. Most NACs are open to all residents, and two NACs of PFF parents have been created.

C. Culturally Respectful and Appropriate Practices

In Los Angeles County, as in other jurisdictions nationwide, children of color come to the attention of child welfare systems and enter foster care in disproportionate rates. The experiences of PFF families and service providers highlight the fundamental importance of prevention strategies that embody respect for each family’s culture, race, ethnicity, language, and gender composition. In addition, the initiative contributes to a growing body of learning about what it takes to eliminate the disparity in treatment and outcomes that children and families of color face — including disproportionate entrance into the child welfare system.

When comparing unequal treatment among racial or ethnic groups, disparity here can be observed in many forms, including in services, treatment, resources, or decision
points such as child abuse reporting or foster care placement. Research shows that children of color are treated differently in child welfare systems than white children and families of European ancestry.\(^{31}\)

Disproportionality here refers to the differences in the percentage of children of a certain racial or ethnic group in a specific geographic area as compared to the percentage of the same group in the child welfare or other service system. For example, in 2000, African American children made up 15.1 percent of the children in this country but 36.6 percent of the children in the child welfare system.\(^{32}\)

RACIAL DISPROPORTIONALITY IN LOS ANGELES COUNTY CHILD WELFARE\(^{33}\)

> In 2007, more than 27,000 Los Angeles county children were found to be victims of abuse and neglect. Fifty-three percent (53%) of these children were Latino. In comparison, 45% of the general county population was Latino.

> Among children who are placed in foster care due to child abuse and neglect, African American children are significantly over-represented. Although just 9% of the county general population is African American, they make up 31% of children in foster care.

> Two percent of children in foster care are American Indians/Alaska Natives — more than twice the percentage of the general county population (.93%).

> In contrast, Caucasians make up 13% of children in foster care, but are 33% of the general population.

COMPLEX AND SHIFTING DEMOGRAPHICS. Issues of race, culture and language within Los Angeles communities are complicated, and they have an enormous impact on the lives of children, families, and entire communities. The racial and ethnic composition of many communities has shifted dramatically in the past decade, and the rate of change shows little sign of abating. These rapid shifts present profound challenges for communities, service organizations, and practitioners.

Cultural competency training and staffing strategies that are simplistic, lack nuance, or fail to address the complexity of communities and society are far removed from the skills that workers need and that effective activities incorporate. PFF and its Collaboratives have developed strategies and gained insights that can make a difference.

1. Valuing diversity in services

The mutual learning approach embedded in PFF promotes understanding of diverse customs and beliefs. As workers learn about the culture, heritage, and customs of families, they are better able to eliminate misconceptions and bias and to help reduce disparities that children and families of color experience. From mutual learning, respect grows. PFF families consistently report that workers treat them with dignity.

SERVICES AND SUPPORTS THAT RESPECT CULTURAL AND RACIAL DIVERSITY. Some PFF partner agencies incorporate awareness of culture and diversity in the services and supports they offer. Culturally-respectful service approaches help families leverage their customs and assets to improve outcomes for their children.

> SPA 7’s Project Corazon recently assisted a family in its healing after the tragic loss of a young child. Instead of providing a mental health-based, clinical intervention, the staff arranged a culturally-based healing ceremony. Staff participated along with members of the immediate and extended family. Encouraging the family to draw from its roots facilitated the healing process.

LEARNING FROM MULTIPLE CULTURES. Traditional service relationships often fail to appreciate, learn from, or take advantage of multi-cultural strengths. For example, many cultures value family above all else, feature strong extended family and tribal networks of support, and emphasize a


\(^{32}\) Ibid.
shared sense of responsibility for child rearing. Skilled PFF workers learn from others about their beliefs and customs, and they identify, appreciate, and draw on the strengths of varied cultures.

- Los Niños Buen Educados is a SPA 4 parenting class developed with the understanding that many new immigrants have culturally-based parenting norms that may differ greatly from mainstream American approaches. Instead of espousing parenting “best practices” that participants are expected to adopt unequivocally, the class encourages constructive dialogue about new parenting information and how local norms could be useful and integrated into family life.

- In SPA 8, Family Support Collaboration workers use their team’s diversity as an ongoing opportunity to explore cultural practices. Workers can ask sensitive questions of their colleagues that they would not ask in other settings. They role-play conversations they need to have with families in ways that incorporate cultural norms and language. Diverse teams also help to identify resources within the broader community that incorporate families’ cultural practices.

### 2. Valuing diversity in professional advancement

To bring the voices and skills of all cultural and ethnic groups into the child and family services workforce and into leadership positions requires opportunities for community members to build careers. For example, education and training opportunities can help multilingual, multi-cultural residents become service providers and can boost the language skills and cultural knowledge of other practitioners.

- In SPA 6, a Master of Social Work (MSW) degree program located within South Los Angeles allows community professionals to advance their skills and their progress on the career ladder. At the same time, these professionals’ knowledge and skills working within a diverse community enhance the MSW program.

### 3. Providing undocumented families with access to the help they need

PFF partners expressed serious concern about the safety and well-being of undocumented, immigrant families and the ability to ensure that they have access to the supports and services they need. Public policies deny them access to numerous services. Many refugees and other immigrants have had harmful experiences with authorities in their countries of origin, resulting in fear of public agencies and even private service providers. Fear of raids by immigration authorities and the threat to family stability and safety that comes with deportation contribute to the social isolation of families with undocumented members.

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**Issues to Consider**

**Reducing Disparities for Children of Color**

PFF demonstrates that established approaches to cultural competency in service delivery, training, and staffing are not adequate. The theory inspiring these approaches often assumes that assimilation and adaptation of children and families to the dominant culture is an adequate outcome. Too often, cultural competency neglects the disparities in outcomes that children, families, and entire communities of color experience and the power issues that underlie these disparities.

PFF raises a number of issues for consideration:

- How communities, agencies, and collaboratives can work to identify and eliminate disparities in outcomes for children and families due to race, culture, and language.
- How prevention initiatives can work intentionally to prevent disparity as they strengthen families.
- How to create an organizational, service, and community culture that works to eliminate personal and institutional bias and disparities in outcomes.
- What it will take to ensure that service providers have the commitment, knowledge, and skills to work with families in ways that actively demonstrate respect and learning.
Lessons Learned >> IV. Common and Unique Factors that Impact PFF Implementation Across SPAs

IV. COMMON AND UNIQUE FACTORS THAT IMPACT PFF IMPLEMENTATION ACROSS SPAS

<table>
<thead>
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<th>PFF STRATEGIES</th>
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<td>A. A learning approach</td>
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<td>B. Collaboration</td>
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<td>C. Parent engagement</td>
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<td>D. Institutional supports</td>
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Many PFF experiences and lessons are common across all SPAs, while others are shaped by the unique historic, demographic, social, and service contexts of its communities. All Collaboratives focus on achieving measurable improvements in family safety and well-being. However, there is great leeway in how Collaboratives use PFF resources to achieve these outcomes. Beyond requirements specified for certain core services, PFF allows Collaboratives flexibility to tailor services and supports to fit communities and families. This flexibility also applies to staffing, management, and organizational approaches.

Throughout this chapter, examples of Collaboratives’ strategies and lessons illustrate the range of experiences and the factors that influence implementation. This section builds on the examples already presented to describe additional elements — both universal and unique across SPAs — that are related to the initiative’s anchor concepts and strategies.

A. A Learning Approach

Commitment and openness to mutual learning is infused throughout PFF and is applied to families, staff, communities, and Collaboratives. Stakeholders see each other as holders of important information that can benefit each of them.

As previously described, all PFF Collaboratives demonstrate a commitment to mutual and continuous learning, and many use similar strategies to promote learning among stakeholders. Collaboratives also describe similar challenges as they try to take full advantage of the learning opportunity that is PFF. Flexibility to tailor strategies encourages Collaboratives to innovate. In addition, as Collaboratives build continuous improvement loops, they are able to apply their lessons to make mid-course corrections.

This section summarizes two additional components of the PFF learning approach that impact program implementation within and across SPAs. It describes common strategies that Collaboratives use along with differences.

1. Meaningful and coordinated evaluation

INITIATIVE-LEVEL EVALUATION. First 5 LA requires Collaboratives to measure the functioning of all participating PFF families using an assessment instrument called the Family Assessment Form (FAF). The data collected from the Collaboratives are analyzed across multiple dimensions and are used for evaluation of the entire PFF initiative.

COLLABORATIVE-LEVEL EVALUATION. In addition, all Collaboratives hired or designated their own evaluators to conduct SPA-specific evaluation necessary to meet grant-related reporting requirements. Data collected by these evaluators measure progress toward grant-related goals the Collaboratives are working to achieve, including the rate of participation and retention of families referred to PFF. Evaluation strategies and tools differ across Collaboratives, and some have developed a full complement of methods to examine a broad range of activities.

> The SPA 5 Collaborative’s evaluator conducted an important mini-study of families after they left the program. The results confirmed the importance of in-home visits with families and “less clinical” practices, such as concrete services, referrals, and talking about child rearing.
ACHIEVING CHANGE TOGETHER, the SPA 6 Collaborative, has its own Internal Review Board and exercises great discipline in the collection and dissemination of data.

The SPA 4 Collaborative conducts a family needs assessment twice per year, is developing new psychoeducational evaluation tools to measure the impact of parenting workshops, and invested in a shared server and database to improve the consistency of data collection among core partners.

SPA 2’s Project SAFE tracks multiple aspects of the Collaborative’s work and the progress of participating families, including parenting and family-child relationships, child development, referrals, and the effectiveness of the referral process. A Family Efficacy Survey conducted three months after parents complete services reveals how families view their Project SAFE experiences, its impact on their families, and the quality of services.

INVESTMENT IN FIELD-BASED EVALUATION. The presence of skilled evaluation staff and consultants on the ground are essential to each SPA’s ability to collect, manage, and report large volumes of complex data. On-the-ground reporting and analysis of data in each SPA help evaluators gain a solid understanding of the initiative’s day-to-day operations. This investment in evaluation capacity also allows for accurate assessment of SPA-specific strategies and activities.

The presence of skilled evaluation staff and consultants on the ground are essential...”

ALIGNING EVALUATION METHODS, REPORTING REQUIREMENTS, AND PROGRAM IMPLEMENTATION. A holistic and coordinated approach to evaluation at both the initiative level and the local Collaborative level helps ensure that data can inform a wide range of decisions. Alignment of evaluation efforts minimizes duplication and information gaps, increases availability of user-friendly data collection methods, and ensures that findings are meaningful to stakeholders within and across SPAs.

CHALLENGES in PFF evaluation developed because the initiative-level and the SPA-based evaluation efforts were not always coordinated, and ongoing negotiation was required to best integrate various sources of data with reporting requirements. Because data gathered with the Family Assessment Form (FAF) and First 5 LA surveys do not fully reflect the impact of customized, SPA-specific strategies that were implemented, Collaboratives supplemented standardized PFF evaluation methods with their own tools. Several grantees that had previously relied on written documentation also needed assistance instituting web-based data tracking systems for both the FAF and First 5 LA grantee reports. Additionally, the FAF and First 5 LA databases each had pre-determined data sets that precluded the alignment and merging of information between them. For example, First 5 LA’s grantee reporting system is designed to adhere to regulations established by the State of California and defines targeted age groups differently than the FAF.

To address challenges and to ensure that evaluation supports continuous progress toward desired results requires special efforts. Evaluators, program officers, grantees, and Collaborative agencies must work in concert as co-designers. Opportunities to communicate with each other and to coordinate their work can go far.

> SPA 2 Project Safe’s evaluators regularly participate in program staff meetings to solicit feedback and provide support for data collection. Aggregate internal survey data regarding PFF outcomes are analyzed and reported to the team twice each year.

> SPA 6, the local evaluator of the Achieving Change Together Collaborative circulates data to Collaborative partner organizations in monthly reports.

2. Opportunity to innovate

Latitude to try new approaches has created an environment conducive to innovation. At the beginning and throughout implementation, the initiative has allowed sites to surface new ideas that respond to lessons learned. Flexibility to try new ideas and approaches is evidence of PFF’s commitment to continuous improvement and learning.
The SPA 8 Collaborative created a resident-led, mini-grant program. Small grants allow parents and residents to develop, implement, and evaluate a community project that impacts local issues they identify.

SPA 5 shifted from clinic-based services to home visits and developed the “warm hand-off,” a seamless referral strategy to expedite access to services and supports that families need.

**B. Collaboration**

Community context drives variation in collaborative efforts among SPAs, including demographic, geographic, cultural, historic, and service system differences. Collaboratives build on existing strengths, expertise and relationships to implement PFF.

SPA 8 built on its experience with Relationship-Based Organizing to strengthen and augment local networks of community supports and to enhance community capacity.

The lead agency of the SPA 5 Collaborative is a well-established community mental health agency, and it is the only Collaborative in which professionally licensed therapists provide core services.

The chart below indicates some primary strategies that Collaboratives use for organizing, structuring, and staffing their work.

<table>
<thead>
<tr>
<th>TABLE 5. COLLABORATION: A RANGE OF SPA DEVELOPMENTS</th>
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<tbody>
<tr>
<td><strong>SPAs</strong></td>
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<tr>
<td><strong>Collaborative Organization/Structures</strong></td>
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<tr>
<td>Single lead agency</td>
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<td>Parent advisory council</td>
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<tr>
<td>Other$^{34}$</td>
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<tr>
<td><strong>Staff Positions Created or Used</strong></td>
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<tr>
<td>Use of multi-disciplinary teams</td>
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<tr>
<td>Resource Coordinators</td>
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<td>Family Advocate(s)</td>
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<tr>
<td>Parent Liaison(s)</td>
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<tr>
<td>Child Development Specialists</td>
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<td>Other$^{36}$</td>
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**C. Parent Engagement**

As one of the core principles and strategies of PFF, parent engagement takes many forms across the SPAs. Beyond PFF’s core mission of engaging parents in strengthening their own families, some Collaboratives also work to gain parents’ partnership in the Collaborative itself, in efforts to build strong communities where their children will thrive, and in weaving a network of assistance and services that will support all families.

Parent engagement has different meanings for various agencies and communities. The broad array of strategies across SPAs includes:

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$^{34}$ The PFF Collaboratives in SPAs 2, 3, and 4 use satellite case management teams that are out-stationed in multiple agencies and/or communities.

$^{35}$ In SPA 5, Collaborative workgroups are created for specific goals.

$^{36}$ SPA 7’s Project Corazon uses a multi-member team approach. Team members’ titles are Family Specialist, Parent Educator, and case manager.
IV. Common and Unique Factors that Impact PFF Implementation Across SPAs

> Direct service relationship,
> Trust shared among parents in similar circumstances,
> Advocacy by parents on behalf of their families,
> Roles in agencies and the Collaborative itself,
> Leadership in the community, and
> Formal and informal strategies.

This report describes Collaboratives’ parent engagement strategies in the context of their work to improve outcomes for at-risk families and to develop and maintain effective Collaboratives. Some of the service strategies that SPAs use to engage parents are noted in the table below.

D. Institutional Support

Institutional supports for PFF — from First 5 LA program officers, evaluators, consultants, trainers, and others — are critical to the initiative’s learning approach. Instead of creating an environment focused on compliance and sanctions, the PFF approach nourishes a facilitative, supportive, learning atmosphere. The initiative’s oversight, technical assistance, and training promotes flexibility and innovation, while holding high standards for serving families and protecting children.

**TABLE 6. STRATEGIES THAT ENGAGE PARENTS IN SERVICES: A RANGE OF SPA DEVELOPMENTS**

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<tr>
<th>SPAs</th>
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<td><strong>PFF Practices</strong></td>
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<td>Use of Parent Cafés</td>
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<td>Use of Welcome Baby program</td>
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<td>Use of Powerful Families program</td>
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<td>Use of flex funds</td>
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<td>Family economic well-being formally</td>
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<td>Community economic development</td>
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<tr>
<td>activities conducted by the Collaborative</td>
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³⁷ The SPA 4 Collaborative has participated in Parent Café training and plans implementation over the next seven months.

1. Cross-collaborative support of First 5 LA program officers

The hands-on support of First 5 LA program officers is imperative to support the PFF learning agenda and to maintain accountability. Especially as a new initiative develops, necessary adjustments and lack of clarity about expectations can generate frustration among grantees. However, frequent and consistent contact with First 5 LA program officers helps to minimize frustration and maximize Collaborative learning.

Collaboratives and other partners express appreciation for the officers’ efforts to conduct regular site visits, attend collaborative meetings and events, and make themselves available to help think through challenges and strategies. Direct consultation is available when questions arise and is provided in ways that Collaboratives identify as flexible, responsive and supportive. The strength-focused approach of the First 5 LA staff models relationship-based support for partners throughout the initiative.

2. Training and other learning opportunities

Collaborative partners report that investment in training is critical on several counts. In a new initiative, training is especially important to ensure that practitioners have opportunities to learn the skills they need. Training helps partners overcome previous professional silos in addition
to helping them learn specialized skills for working with families with young children or families experiencing domestic violence, substance abuse, or other crises.

First 5 LA provided a range of training initially and throughout PFF development and encourages Collaboratives to build their own training and learning opportunities. First 5 LA’s frequent training to all SPAs covers topics such as Parent Cafés, reflective supervision, sexual abuse, cultural diversity, use of the Family Assessment Form, and Continuous Quality Improvement.

At the SPA level, Collaboratives have developed or arranged a variety of training and learning opportunities.

> In SPA 2, a Project SAFE committee established to oversee professional development for PFF staff and partners conducted a training needs assessment to guide planning of workshops. The Collaborative regularly sponsors staff and partners’ participation in external workshops and maintains a library of best practice resources. In addition, it created an internship program with a local university.

> In SPA 7, the Project Corazon Collaborative developed specialized training and resources for workers to communicate effectively with first-generation immigrants about autism, developmental delays, and other issues their children experience.

> The SPA 8 Family Support Collaboration created a program to support community-building projects. Volunteer and financial resources are provided to resident projects that focus on one of three categories: community safety, capacity building, or child abuse prevention. Residents view this program as a valuable opportunity to use their talents to design, implement, and evaluate community projects.

3. Flexible and customized support
The urgency for full implementation of a complex, comprehensive initiative must be balanced with the need to allow for differences in context and development of implementation capacity. First 5 LA program officers and the teams that provide consultation, technical assistance, and training for Collaboratives understand this balance.

Collaboratives report that they have benefitted from technical assistance throughout their development. Many partners cite First 5 LA’s institutional support as critical to their success and commend the funder for providing the necessary level of assistance. The flexibility with which assistance is offered makes it especially useful and accessible.

> When the SPA 2 Project SAFE Collaborative struggled to engage parents in community building, partners received training to help them use Parent Cafés and consultation to support community “visioning” processes and action planning.

> The SPA 4 Collaborative obtained training on Parent Cafés, technical assistance to improve meeting facilitation and decision making, and funding for a shared database server.

> In SPA 5, consultants assisted the Collaborative with planning and facilitation of quarterly half-day meetings, helped to focus and guide the Collaborative to reach its goals, and ensured that joint decisions addressed outreach, training, and parent engagement practices.

CONCLUSION
The objectives of this case study lead to the identification of key themes and lessons, which can stand on their own as well as serve as a foundation for further consideration and learning. PFF partners and stakeholders throughout Los Angeles may be able to use the examples, strategies and lessons as they continue to learn and work together. The authors hope that the experiences described here will lead to even deeper learning, will inspire fresh exchange, and will help germinate new practices and further progress.

In addition, the PFF themes and lessons presented here have implications for other endeavors and audiences. The Collaboratives’ learning can serve as springboard for further consideration of what it takes to ensure that all young children thrive within strong families and supportive communities. While the communities of Los Angeles provide diverse laboratories for testing the potential of this approach, PFF offers lessons from which many jurisdictions can learn and build. The next chapter suggests issues and strategies for broader consideration — within Los Angeles and beyond.
Chapter VII. Implications of PFF: Recommendations for Communities, Systems, and Funders

INTRODUCTION

The experiences and lessons of the Partnerships For Families (PFF) initiative open the door to new learning and applications. Especially in the current fiscal environment, PFF presents implications for multiple sectors and stakeholders working to build strong safety nets for vulnerable children and families.

The initiative contributes to existing research and field experience regarding strategies that work to reduce risks to child well-being and strengthen families. As a large-scale, community-based initiative that combines evidence-based programs with local networks of services and supports, it breaks new ground.

This chapter suggests using PFF as a platform for continued learning and development. Combining PFF lessons with national developments and other communities’ experiences, the Center for the Study of Social Policy case study team describes implications for particular audiences and efforts moving forward. We present options to consider for sustaining and increasing progress toward better outcomes for children, families, and their communities.

The chapter focuses on PFF implications for four specific audiences:

I. The prevention field
II. Place-based initiatives
III. Public child welfare systems
IV. Policymakers and funders

For each of these four groups in turn, the chapter first describes the context within which PFF developed and conditions of the current environment that contribute to its potential. Next, we outline key implications of PFF for each audience and suggest lessons, issues, and strategies to consider.

I. IMPLICATIONS FOR THE PREVENTION FIELD: EVIDENCE-BASED APPROACHES IN THE CONTEXT OF COMMUNITY

A. Context: A Problem-Solving Approach to Prevention

Need for coordinated prevention networks and programs. Everyone has a stake in the well-being and positive development of young children. The futures of young children determine the futures of entire communities and society. It is the view of the authors that all members of the “village” that raises a child have both a stake and a role in ensuring positive outcomes for the child. A cohesive prevention network includes neighbors helping neighbors, as well as local businesses, faith-based groups, and neighborhood organizations supporting parents’ efforts to raise healthy, safe children. A broad array of public and private agencies and professionals also contribute to stronger families and safer children.

However, instead of a cohesive network in which multiple partners collaborate at different levels to prevent harm, prevention efforts often are fragmented and under-resourced. Too often, problems are viewed as separate, disconnected issues, and desired results are defined narrowly for specific groups of children and families. For example, substance abuse prevention is viewed as separate from child abuse prevention, which is viewed as separate from prevention of developmental problems. Playground safety is approached separately from improving the health of young children. School readiness is tackled separately from child abuse and neglect prevention.

Within this context of separate and often-uncoordinated prevention efforts, PFF took an important step by mobilizing stakeholders and bridging several sectors and systems.
I. Implications for the Prevention Field:
Evidence-Based Approaches
in the Context of Community

**Protective Factors**

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress.

- **PARENTAL RESILIENCE**: The ability to cope and bounce back from all types of challenges.
- **SOCIAL CONNECTIONS**: Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance.
- **KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT**: Accurate information about raising young children and appropriate expectations for their behavior.
- **CONCRETE SUPPORT IN TIMES OF NEED**: Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks.
- **CHILDREN’S SOCIAL AND EMOTIONAL COMPETENCE**: A child’s ability to interact positively with others and communicate his or her emotions effectively.\(^{38}\)

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**Well-being and problem-solving.** Efforts to prevent child abuse and neglect often focus on ameliorating existing problems, instead of devoting equal attention to promoting optimal growth and development of children and building family strengths. Instead of promoting and focusing on the positive results that achieve for our children, efforts focus on preventing negative outcomes. Initiatives often start with secondary prevention — responding to children or families who already are experiencing problems, and never have the resources or capacity to expand to primary prevention — working to avoid the problems in the first place. At a practice level, these two approaches play out very differently.

PFF started as a secondary prevention initiative and grew in many communities to embrace a more inclusive approach. The direct service components of the model target families with children at high or very high risk of abuse, as well as pregnant women with specific risk factors for child maltreatment. As PFF evolved, gradually and to varying degrees, local efforts expanded into universal supports to all families and primary prevention.

**B. Implications of PFF for the Prevention Field**

PFF represents an important step toward building a more comprehensive, community-based approach to prevention and well-being. The PFF focus on reinforcing family strengths, engaging parents as partners, and building networks of support has potential for enormous impact. At the same time, during its brief development, PFF has only scratched the surface in building a complete approach to prevention and child well-being. The potential contributions and strategic roles of all local entities with a stake in the positive development of young children have yet to be fully articulated. The necessary interaction and collaboration of multiple systems and sectors is still being developed.

PFF has implications and potential for contributing to a comprehensive continuum of prevention, including:

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1. Combine the success of evidence-based prevention services with the power of community and committed parents.
   > Integrating and building on evidence-based strategies, such as home visiting and parenting education, while intentionally developing community networks of support, offer great potential for deepening prevention efforts.
   > Recognizing that place matters in prevention can help build a community-focused approach to supporting parent and child protective factors that are shown by research to help prevent child abuse and neglect.39

2. Contribute to a more proactive approach — “promotion” of optimal well-being rather than focusing exclusively on prevention of problems.
   > Focusing on family strengths, rather than “fixing” deficits can be a powerful lever for shifting to a more proactive approach. Equity between focus on well-being and safety assessment has great promise for sustaining gains over time.
   > The PFF focus on engaging parents as partners and building networks of support has potential for broad use with all families. Providing universal attention to protective factors means all families benefit from available supports.

3. Promote prevention as an umbrella concept.
   > Evidence indicates that working both to reduce risks of harm and to strengthen protective capacities can work across fields. The National Center for Injury Prevention and Control reports that a protective factors framework applies to prevention of domestic violence, substance abuse, bullying, and homicide.
   > Improving well-being in one area often improves outcomes in other areas. For example, improving family economic success is likely to impact child health, safety, and educational achievement. A comprehensive prevention approach has potential to link many fields and practices and for the “spill-over” effect to maximize a range of outcomes.

4. Leverage all sectors — public, private, philanthropic, civic — to work constructively with each other to prevent maltreatment and promote child and family well-being.
   > Holding a single sector, system, or program accountable for overall results will only lead to perceived failure. For example, expecting that the child welfare system will always be able to provide safety for all children ignores the shared societal responsibility and capacity required to prevent harm.
   > Developing discrete prevention programs and initiatives in isolation is a poor use of resources. Working across sectors to build on, connect, and maximize existing community resources is a more efficient and effective approach.

II. IMPlications FOR PLACE-BASED INITIATIVES: ACHIEVING AMBITIOUS OUTCOMES IN TARGETED NEIGHBORHOODS

A. Context: Place-Based Initiatives as a Trend for the Future

Research shows that the places where children live have a strong influence on their development and ability to grow up healthy, safe, and ready to learn. Place-based initiatives are a growing trend within Los Angeles and other jurisdictions across the country. More than a funding approach, place-based initiatives infuse specific neighborhoods with opportunities, services, and supports. They concentrate on engaging children and families to reach a tipping point that can improve results for the community as a whole.

Nationally, the Harlem Children’s Zone, new federal Promise Neighborhoods Initiative, and other local and national initiatives have inspired the expansion of place-based approaches. There is also a long and significant history of public and philanthropic initiatives that focus on place-based change.

As a highly successful initiative that has made college a reality for children within targeted city blocks, Harlem Children’s Zone is founded on the following concepts:

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II. Implications for Place-Based Initiatives: Achieving Ambitious Outcomes in Targeted Neighborhoods

A. “Conveyor belt”: A continuum of services for children from birth to college.

Universality of service: Services and supports are available to all children and families within the geographic area.

A “tipping point” approach: If a certain percentage of families are engaged, the entire paradigm and future for the community will shift.40

National researchers, experts, and advocates recommend that place-based initiatives incorporate the following characteristics and strategies:

> Focus on neighborhoods’ inherent strengths.
> Recognize linkages that exist between the issues that affect families and neighborhoods, and address the issues comprehensively and holistically.
> Actively outreach to most or all community members (rather than rely solely on “clients” and case management) and to multiple generations of residents.
> Co-locate services and provide services in the home to the extent possible.
> Be sufficiently resourced.
> Be sustained over a long enough period of time to achieve cultural and economic transformation — for 10 years, 20 years, or even generations.
> Strengthen and build connections with a broad network of partners that together can address multiple, interrelated issues that families experience.
> Focus on neighborhood-based nonprofit organizations with a proven track record of operating and coordinating multiple programs affecting multiple generations of community residents.41

B. Implications of PFF: Developments and Lessons on Which Place-Based Initiatives Can Build

Although PFF was not created or implemented as a place-based initiative, its principles and lessons are aligned with this growing approach. PFF and other community initiatives are assets for place-based work. Their lessons may help to inform the development of place-based initiatives, and they provide community building blocks from which new initiatives can take root. Some PFF characteristics that place-based initiatives may want to retain and strengthen are outlined here.

1. Develop infrastructure for measuring and achieving results.

> Building the community infrastructure to monitor and achieve results requires upfront and shared investment of time, skill, and other resources.
> Capacity to collect, monitor, and use data in meaningful ways requires co-developing data collection instruments and infrastructure with stakeholders on the ground.
> Utilizing stakeholders, including families/residents, to help analyze data is critical to a more nuanced understanding of findings and subsequent course corrections.

2. Move beyond parent engagement to give all residents a voice.

> Parents and other residents are the center of the work, and they must own the initiative’s outcomes. Their voice in shaping the initiative from the beginning is critical.
> The more community stakeholders that are engaged, the stronger the community’s support and impact.
> At the same time, engaging parents and other residents who experience stress and struggle in their daily lives is especially challenging and requires a specific set of skills and outreach strategies.

Harlem Children’s Zone. The HCZ Project. 100 Blocks, One Bright Future. http://www.hcz.org/about-us/the-hcz-project

3. Consider the community-building lessons of PFF.

> “Community,” “partners,” and “community building” can mean different things to different groups. For example, some “communities” are contained within a zip code area, while racial and cultural “communities” often span geographic boundaries. Clear, collaborative articulation of key definitions can help ensure that stakeholders share the same goals.

> Existing collaboratives and social networks provide building blocks for stronger communities. To develop community commitment, the benefits of collaboration must be clear, and they must outweigh the challenges.

> Fidelity and flexibility are key lessons of PFF. For example, place-based initiatives will need flexibility to adapt to the unique context of Los Angeles’ very transient, rapidly changing communities. At the same time, core values and evidence-based strategies may be required components.

4. Develop cohesive community networks of services and supports.

> Multiple, uncoordinated place-based initiatives in the same neighborhood have potential to operate as fragmented silos. Funders and institutions need to work together as they select communities and propose results and strategies so that the work on the ground is seamless for families.

> Community partners may have varying priorities, practice approaches, and expertise. With consideration for the overall network, individual partners must negotiate their roles, and they often have multiple roles to fill.

5. Maintain a learning agenda with strong institutional supports.

> Deliberate and well-resourced support for ongoing evaluation, continuous improvement, and mid-course corrections maximizes progress.

> When data and evaluation are used solely to enforce compliance, their potential for continuous learning and innovation is compromised.

> Institutional supports — training, consultation, peer support, and technical assistance — are most effective when they are coordinated, hands-on, and aligned with desired results.

6. Leverage fiscal resources and social capital.

> Existing resources and efforts are important assets on which to build and with which to bridge. For example, PFF agencies that provide family services joined with local community organizing groups and non-traditional partners. Community institutions and social networks are powerful resources on which to build new efforts.

> Starting with a focus on young children and their families can help to leverage parent involvement. Parents want to do their best to launch their young children in the right direction.

III. IMPLICATIONS FOR PUBLIC CHILD WELFARE SYSTEMS: PARTNERING WITH FAMILIES AND COMMUNITIES TO PROTECT YOUNG CHILDREN

A. Context: Public Child Welfare Challenges and New Directions

Child welfare agency mandates and capacity. Public child welfare agencies operate under the authority of legal mandates that shape their organization, contractual relationships, and day-to-day practices. Agencies are mandated to respond to child abuse and neglect, not to prevent it. Neither their resources nor missions allow public child welfare agencies to provide the broad array of universal and targeted services and supports necessary to prevent child maltreatment. As PFF and other experiences demonstrate, preventing harm requires efforts beyond the mandate and capacity of a public child welfare agency, community organization, or any single public service system.

The Los Angeles County Department of Children and Family Services has been a primary partner for PFF since its inception. Its leaders at the time were involved in developing the basic design of PFF and the Request for Proposals to SPAs. DCFS and PFF continue to explore potential connections.

123 PARTNERSHIPS FOR FAMILIES: STORIES AND LESSONS FROM LOS ANGELES COMMUNITIES
between the public child welfare agency and community-based organizations and the linkages between prevention and the core child welfare mission.

**Differential response strategies.** Public child welfare agencies nationwide are developing differential response strategies to allow use of more than one approach to handle initial accepted reports of child abuse or neglect. In contrast, the traditional approach is to conduct a formal investigation whenever an allegation is made, ending with a determination of whether child abuse or neglect took place. Differential response allows protective service workers (and in some cases community agencies) to consider factors such as the type and severity of the reported abuse and the age of the child. It also takes into account the willingness of parents to participate in voluntary services to help ameliorate risks. Responses vary depending on the jurisdiction’s approach to investigation and assessment of each child’s situation, and the level of risk that is found.

**Shifts in child welfare practice.** Increased understanding of family strengths and protective factors, the impact of engaged parents on their child’s well-being, and the importance of strong communities is shifting child welfare practice and systems. Child welfare systems are using protective factors to focus on family strengths as well as risks to child safety. Federal legislation, grants, and the Child and Family Services Reviews are promoting the engagement of parents and kin in service planning using family team decision making and other strategies.

**B. Implications of PFF**

1. **Re-think the relationship and roles of public child welfare agencies and community-based organizations.**
   > Community-based organizations can have an important role in helping to assess and reduce risk and are valuable partners in early intervention efforts. Local organizations are likely to be less threatening and stigmatizing, more knowledgeable of community supports, and more likely to engage parents.
   > If they know that prevention services and supports are available, mandated reporters of child abuse and neglect may be more likely to respond to early signs of problems, rather than waiting until a crisis to respond with a DCFS referral.
   > Before expanding the roles of community-based organizations and collaboratives, the complex dynamics of the child welfare system as a whole must be considered, including the roles of the courts, private contract agencies, and tribes.

2. **Build collaborative relationships and accountability among public child welfare agencies and community organizations.**
   > PFF demonstrates that ongoing, routine communication at multiple levels — from frontline staff to agency leaders — helps to build trust and mutual understanding.
   > Formalized collaboration, such as effective referral processes, requires negotiation and ongoing maintenance. Collaboration is built incrementally and takes into consideration such issues as confidentiality and information sharing among agencies.
   > High turnover rates among child welfare staff and leaders create challenges and can contribute to setbacks in collaboration. To maintain continuity and progress toward results during transitions, it is critical to promote mutual understanding, shared priorities, and ongoing efforts.
   > Regardless of the responsibilities or expertise of its partners, the public typically holds the government child welfare agency solely responsible for protecting children. Partners need to step up with the child welfare agency and acknowledge shared responsibilities and accountability.

3. **Leverage the impact of services and supports by strengthening families with young children.**
   > By recognizing and responding to signs of stress in families when children are young, community partners engage parents when they may be more open to help.

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> Helping parents increase knowledge of child development and parenting skills when their children are young can have an impact throughout childhood. Early support improves the likelihood that children will start life on a positive track and that future problems will be avoided.

4. Build on PFF lessons to strengthen differential response.

> Community networks of services and supports can perform a key role in differential response systems. Well-positioned to engage parents in voluntary services and to connect families with ongoing informal supports, PFF Collaboratives have demonstrated their effectiveness in preventing re-referrals.

> When children and families are able to safely avoid public child welfare involvement, caseloads are reduced, and there is potential to reduce racial disproportionality in the child welfare system.

IV. IMPLICATIONS FOR POLICYMAKERS AND FUNDERS: MAXIMIZING OUTCOMES AND INVESTMENTS

A. Context: Current and Longstanding Challenges

Tough fiscal times. The current environment of scarce resources makes collaborative approaches and stronger community focus compelling. As the public safety net is strained, policymakers and funders are looking for ways to leverage assets across all sectors to protect children and strengthen families. As the economic downturn lingers and the toll on families escalates, many leaders are looking increasingly to communities for solutions and strategies. They may be more open to exploring new policy options and encouraging innovation.

Ongoing challenges. At the same time, some struggles are not new. There is a longstanding failure to invest public resources in prevention strategies — even services and programs that are proven to be cost-effective. There is enduring misalignment of public expectations for child welfare systems and resources dedicated to perform their missions. The public’s understanding of child risks and protective factors and commitment to making the necessary investment do not match the public’s demands for child safety. The focus of policymakers continues to move from crisis to crisis without mobilizing the necessary understanding or political will to make lasting changes. Categorical programs and funding continue to drive piecemeal responses, and budgetary barriers limit the ability to make smart investments.

First 5 LA: A hybrid funding entity. First 5 LA invests taxpayers’ money and is directly accountable to voters. At the same time, it has the grant-making capacity of a private funder. As a result, First 5 LA’s experiences and lessons are relevant to both public and private sector funders. Similarly, the PFF initiative has implications for a broad range of policymakers and funders.

B. Implications of PFF

1. Sustainability: A smart investment strategy.

> Both public and private institutions should plan for sustainability — with grantees and constituents — as any body of work is conceived and developed. The time and resources required, as well as what it will take to achieve a lasting return on investment, are part of the planning process.

> Conversely, failing to plan for sustainability produces quantifiable losses — the financial and human capital required to build infrastructure and implement programs that are not sustained.

> Sustainability planning should include consideration of the funder’s role from the beginning, as well as the necessary partnerships, contingencies, and transition preparations. Careful planning helps ensure that gains are sustained, new investors are engaged, and funding strategies are identified.

2. Right-size the investment.

> From the beginning, resource allocation must fit the initiative — the type, amount, and distribution of resources. An initiative’s funding must match the outcomes, expectations, and deliverables. Support and consultation must be adequate to develop and adapt strategies with the capacity to achieve the anticipated outcomes, and evaluation
capacity must be sufficient both for the initiative and each site. A consultative and analytic process is necessary to make these determinations.

> Often, communities and funders alike push to get resources quickly onto the street. However, outpacing the capacity to support thoughtful implementation can have lasting consequences.

> Resources that must be considered include the basic infrastructure and operating costs that grantees need to stay afloat. Unreasonable requirements for matching funds can severely limit the pool of potential partners and restrict their capacity to successfully implement the initiative.

> In the current fiscal environment, capacity to raise matching funds and build infrastructure may be severely restricted. This is especially true for community organizations, which have critical grassroots connections and diverse representation.

3. Structure incentives for collaborative approaches to funding and services.

> Multiple program and initiative silos that target specific issues and services can contribute to the problems they are intended to solve. They can be duplicative and confusing for families and communities, and they are often an inefficient use of scarce resources.

> Working to identify and eliminate program, policy, and funding barriers to collaboration requires commitment to overcome the pressure to solve problems by creating new programs or initiatives.

> Alternatives to fee-for-service financing can encourage collaboration. For example, flexibility and incentives for braiding and pooling resources and for collaboratively providing services and supports can be win-win approaches for funders, communities and families.

4. Focus on improved family and community economic conditions as a key part of prevention.

> Especially in budget-cutting times, return on investment in services and supports should be considered. Concrete assistance is often among the first cuts, but it can have the greatest impact on families. PFF demonstrates that helping families to meet their basic needs and respond to financial crises can be critical for achieving family stability and child safety.

> Flexibility, partnerships and resources that help families address financial emergencies when they first occur can pay big dividends in preventing a host of poor outcomes related to poverty.

> Strategies that promote family economic success and community economic development are long-term investments in child and family well-being.

5. Give parents and residents an authentic voice in decisions.

> One of the best ways to promote the accountability of agencies and community partnerships to stakeholders is to require substantive inclusion of families and residents in all decisions that affect them.

> Likewise, asking families and residents what will work helps ensure that policy and funding decisions will have the intended consequences, that barriers will be identified and addressed, and that residents will be committed to the outcomes.

> Investing in training and supports for family participation in decision making helps to promote effective and informed decisions.

6. Encourage innovation by promoting flexibility and incentives.

> Policymakers and funders have a vital role to encourage new solutions and test new hypotheses. For agencies and staff to try new approaches, they must have confidence that they will not be sanctioned for their well-informed, best efforts.

> Funders and their staff must clearly communicate the outcomes they expect to accomplish and the benchmarks they will use for measuring progress. Otherwise, they are likely to be disappointed, and outcomes are apt to fall short.
7. Develop a balanced approach to oversight and accountability.

> Avoiding unnecessary or overly-restrictive program requirements is a strategy that must be balanced with requisite oversight and accountability.

> Focusing on outcomes and performance drives funders, policymakers, and partners to move beyond good ideas to measurable improvement.

> Funders and other leaders must develop mechanisms to measure their own progress and be accountable to the public and other investors.

> Accountability includes commitment to ensuring that foundational values are implemented, such as monitoring and correcting disparities in outcomes for children and families of color.

> The limits and nuances of data must be considered. For example, looking only at aggregated data can lead to ignoring the outcomes for small groups of stakeholders or failing to recognize potential problems before they become serious.

8. Promote continuous learning and improvement by investing in evaluation and institutional supports.

> Meaningful evaluation is often underfunded and underutilized. As a critical component of a learning agenda, an effective approach to evaluation takes the needs and purposes of multiple stakeholders into consideration.

> Developing effective institutional support requires resources, including adequate funding, skills, and time. Among the requisite resources are skilled staff and consultants to support funders’ and policymakers’ efforts.

> Community capacity building in particular requires a specialized set of skills and technical assistance capacity that may need to be developed.

> Like other stakeholders, funders’ and policymakers’ commitment to continuous learning and improvement and willingness to make mid-course corrections are key to success.

CONCLUSION

PFF is achieving success that communities and jurisdictions nationwide are equally committed to accomplish. The initiative has broken new ground with principles and strategies that have potential to transform the lives of children and families and build strong community networks of support. Although PFF partners have not fully mastered these new directions, their experiences and lessons provide a solid foundation for continued learning and achievement.

Preventing child abuse and neglect hinges on new and stronger partnerships – both with families and communities. Helping families achieve better outcomes requires supporting parents in new ways – helping them build on their strengths, leveraging informal supports available within the community, and ensuring that families have a voice in the decisions that affect them.

The focus on partnerships and community building is a fundamental shift for many funders, agencies, staff, and families. In addition to learning new skills and behaviors, PFF partners often negotiate new roles and share resources and decision making. PFF contributes lessons about both the challenges and the potential of these and other shifts.

At the same time, PFF provides traction for deeper and broader reform. Opportunities like this do not happen frequently. Many factors are aligned to allow PFF to serve as a platform for continued learning: PFF has mobilized engaged and enthusiastic parents countywide. The initiative has emboldened agencies and workers who have experienced a different way of working with families and each other. PFF Collaboratives are weaving community networks of services and supports to help parents safely care for their children.

PFF is a baseline for building strong communities where children and families thrive. The developmental process spurred by PFF may mirror the growth process of families. It takes time and support to learn new ways of working. PFF provides a strong foundation and infrastructure on which to build.
Appendix A: Glossary

Case management: Within Partnerships For Families (PFF), case management refers to a method of providing services in which a in-home practitioner (called an In-Home Outreach Worker, In-Home Family Counselor, or In-Home Counselor/Therapist) works in partnership with participating families to develop a service plan that will assist the family to achieve their identified goals. As a first step, in-home workers assess the strengths and needs of the family as a basis for service planning. Once an acceptable family plan is developed, the worker or a team of workers coordinate, monitor, evaluate, and advocate for a package of multiple services designed to fit each family’s unique circumstances and characteristics. PFF services and supports provided through case management may be located in a single agency or spread across partner agencies and other community organizations. In the Los Angeles Service Planning Areas (SPAs), an individual or a team conducts case management.

Collaborative: Term used to describe any group that uses collaboration as a tool for identifying and achieving shared goals. A PFF Collaborative is a group composed of a lead agency, which is funded by First 5 LA, and its chosen community partners to implement the initiative in a designated Service Planning Area (SPA).

Community capacity building: The definition developed by First 5 LA in 2010: “A community-centered collaborative process which connects, strengthens and leverages existing local assets and resources of families, and the informal and formal systems (e.g. organizations and networks) which serve them. The process aims to facilitate stronger and new community relationships to promote more effective collective action on behalf of children ages P-5 and their families.”

Continuous Quality Improvement (CQI): A management philosophy, which contends that most things can be improved. It defines quality as meeting and/or exceeding the expectations and needs of those one serves. As a method of CQI, PFF staff members at all levels are encouraged to analyze systems and processes, to use information gathered to identify areas for improvement, and to design and implement activities to improve services. When corrective action is taken, staff monitor the results. If the desired outcome is not achieved, staff repeat the cycle and continue to make improvements.

43 First 5 LA. Community capacity building framework, Draft for review and discussion. Strategic Plan Special Planning Meeting, April 15, 2010.
**DCFS community liaison:** Staff person responsible for creating linkages between the Los Angeles County Department of Children and Family Services and community-based organizations, faith institutions, schools, and other agency-sponsored initiatives in the communities served by a regional or sub-regional office.

**Family Assessment Form (FAF):** A software application originally developed by Children’s Bureau and refined by PFF Collaboratives that supports a full range of case management tasks and administrative reporting requirements. It is designed to support strength-based and culturally competent practice. The FAF is also a reliable and valid instrument for measuring family functioning outcomes.

**Incredible Years:** A series of parent training programs focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents’ involvement in children’s school experiences in order to promote children’s academic, social, and emotional competencies and reduce conduct problems. The Parent programs are grouped according to the age of the child, ranging from birth to 12 years.

**Informal supports:** Refers to friends, family, neighbors, community groups, and social networks that provide helpful information and assistance to PFF families. These resources foster a sense of belonging and offer support in times of stress. PFF Collaboratives promote a variety of informal supports, including opportunities for families to connect with peers through a range of group and community activities. Continued development of informal supports, including mutually-supportive relationships among PFF participants, occurs on an informal basis outside of PFF-sponsored activities.45

**Infrastructure:** The basic physical structures, operating systems, and resources that a PFF Collaborative or individual partner organization requires to perform its day-to-day activities.

**Institutional supports:** The provision of information, technical assistance, training, and specialized consultation to PFF Collaboratives and partner agencies under the direction of First 5 LA’s implementation team. These supports are intended to strengthen Collaborative functioning, promote learning, and increase achievement of PFF goals.

**Parent Cafés:** Originally developed as part of Illinois’ Strengthening Families Initiative, Parent Cafés serve as a vehicle for parents to have their own conversations about what it takes to keep families strong. Rotating in small groups, participants talk with each other about the challenges involved with raising children and what they have learned from their experiences. Reflective questions based on Protective Factors known to prevent child abuse serve as discussion prompts. Through this process, parents tap into their own wisdom, gain new insights, and form mutually-supportive bonds with peers.46

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Parent engagement: Any number of strategies and methods that aim to authentically involve parents in decisions and actions that affect them, their children, or their community. Examples include engagement in a direct service relationship such as case management, sharing among parents in similar circumstances, advocacy by parents on behalf of their families, guidance and decision-making roles in agencies, and leadership in the community.

Powerful Families: Developed by Casey Family Programs, Powerful Families is a program that includes a series of educational workshops to help parents develop leadership skills, manage family finances, and act as their own advocates. The workshop curricula include three main components:

Financial Literacy includes information about banking, home ownership, finding a job, avoiding predatory lending, tax benefits, and managing credit.

Advocacy promotes self-reliance by helping families connect with community resources and navigate public systems.

Parent Leadership focuses on community organization, legal rights, neighborhood activism, and community development.47

Strength-based practice and programs: An approach to services in which practitioners regard children, families, and communities not only as in need of support, guidance, and opportunity, but also in possession of previously unrealized resources. These assets must be identified and mobilized to successfully resolve presenting problems and circumstances. Rather than focusing solely on problem behaviors or unmet needs, strength-based practitioners work in partnership with individuals and families to help them identify competencies and resources to support positive change, growth, and development. Strength-based programs incorporate this practice approach into all levels of service – from assessment, through service planning, case management, and discharge – and in the way it views its mission, hires and organizes its staff, and engages as a community partner. Programs view all individuals, including service recipients, as capable and competent, and they provide authentic leadership roles in program operations.48

Appendix B: Acronyms

CBO – Community-based organization

CQI – Continuous Quality Improvement

CSSP – Center for the Study of Social Policy

DCAR - First 5 LA Data Collection and Reporting System

DCFS – Department of Children and Family Services

ER Worker – Emergency Response Worker, position with DCFS

FAF – Family Assessment Form

IHOC – In-Home Outreach Counselor

PFF – Partnerships For Families

PIDP – Prevention Initiative Demonstration Project

SPA – Service Planning Area
Appendix C: Map of Los Angeles County Service Planning Areas

LOS ANGELES COUNTY SERVICE PLANNING AREAS

Note: City names are shown in uppercase. Communities are shown in lowercase.
Appendix D: Partnerships For Families Theory of Change
Appendix E: Case Study Interview and Focus Group Questionnaires

E-1. Administrators and Coordinators Questionnaire
E-2. Community Partner Questionnaire
E-3. Family Engagement Questionnaire
E-4. Institutional Leaders and Supporters Questionnaire
E-5. Parent Interview/Focus Group Questionnaire
Appendix E-1

PFF Case Study - PFF Administrators and Coordinators Questionnaire

I. Community Context

1) How would you describe the local SPA setting? What characteristics help define how the community is viewed by those who live both within and outside its neighborhoods?
   a. Includes variables such as community history, size and density, demographics, civic life and cultures, economic base, resources, leadership, and political dynamics that affect program implementation.

2) What was the initial relationship with DCFS; were relationships already in place or initiated once PFF was implemented?

II. PFF Program Design & Partner Engagement

1) To what extent does the program design implemented by your Collaborative focus on the following PFF strategies and components? What were the primary goals and activities associated with each strategy that was pursued?
   a. Intensive Family Strengthening (case management, parent education, home visitation, integrating early care and education with family support)
   b. Family Strengthening (community advocacy, community resource and referral, provider training and technical assistance, family engagement, PreK services and supports)
   c. Community Capacity Building (organizational capacity building, co-location of services, community collaboration)
   d. Systems Improvement (policy, public education, workforce development, data systems sharing, systems integration)

2) In what ways are the Collaborative’s PFF strategies connected?

3) Was the PFF initiative incorporated into existing agency programming or was it established as a separate, individual program?

4) How is the PFF program staffed and coordinated? How are key staff roles defined across lead and partner organizations?
3) How did each of the following influence program design?
   a. A guiding agency philosophy/theory of change
   b. First 5 LA PFF program and funding guidelines
   c. Identified community priorities/needs
   d. Organizational staffing and culture
   e. Local collaborative history/the existence of other local collaborative efforts
   f. Pre-existing agency relationships
   g. Targeting of available funding and resources
   h. Receipt of referrals from DCFS; offering families voluntary services aimed at child abuse prevention

4) What agencies, institutions or community groups have been engaged as partners? How and why were they chosen?

5) Has the program design changed since PFF was launched? If so, how and why?

6) Has PFF brought about any changes in your organization’s service menu and/or program policies?
   a. If yes, please specify?
   b. What changes have been the most helpful?

7) What major lessons have been learned about the staffing, partners, and amount of time needed to achieve PFF goals—including roles, numbers, qualifications, attributes, and retention?

III. Developing and Maintaining a Collaborative Network

A. Defining Collaboration

1) How do you define collaboration with respect to PFF? Has a shared definition of collaboration been discussed among PFF partners?

2) What decisions and/or steps were key in shaping the direction of the initiative in your SPA?

3) How does your agency work together with community partners to provide services and supports to families?
   a. What are your respective roles and contributions?
   b. What distinctions are made between core/paid partners vs. unpaid partners?

4) Based on direct observation and staff reporting, what has been your Collaborative’s experience in establishing a partner relationship with DCFS?
   a. How were collaborative relationships initially formed or reinforced after PFF’s launch? What steps were taken by the PFF Collaborative and/or DCFS?
b. What were the major challenges and lessons?
c. What would you have done differently if given the opportunity?
d. How would you describe DCFS’ involvement now and has the level of involvement changed since PFF first began?
e. Is there anything more you would suggest be done now or in the future to strengthen the partner relationship with DCFS?

B. Strengthening Collaborative Relationships
1) What role do you play in the building and strengthening of the PFF Collaborative? How much of your time does it require?
2) What strategies and resources have been most effective in supporting the development of PFF partner relationships?
   a. How were PFF funds used to either develop or support the Collaborative?
   b. What key contributions have been made by other program staff and/or partners?
   c. What external supports have helped the Collaborative to function better?
3) Were there issues or requirements external to the PFF that served as roadblocks to building the Collaborative?
4) How do you define community building with respect to PFF?
   a. Has a shared definition of community building been discussed among PFF partners?
   b. What community building goals and priorities have been established in relation to PFF?
   c. What have been the major challenges, successes and/or lessons learned?

C. Goal-Setting
1) What was your Collaborative’s starting point? What developmental priorities and milestones did participants initially set for themselves?
   a. What progress toward those goals has been achieved to date?
   b. What strategies, capacities, and decisions have been integral to the Collaborative’s progress?
2) What priorities and goals have been identified that will guide the Collaborative’s continued development?

D. Decision Making
1) How are communications and decision making regarding programming, use of resources, etc. carried out?
2) How are agency staff and partners held accountable for their commitments to achieving PFF goals?
   a. What has your agency learned about promoting shared accountability among partners in the delivery of PFF services?
   b. What has been challenging? What has worked well?
3) How were referral agreements established with partner agencies?
4) In what ways have family and community voices helped to shape collaborative efforts (beyond the development of service plans)? How does the Collaborative support this?

**IV. Family Engagement**

**A. Early Engagement & Relationship Building**
1) Under PFF, how are families initially engaged as participants in…
a. The development of a family strengthening plan?
b. Community building efforts?
2) To what extent is family participation in PFF service provision and community building connected?
3) What role does DCFS play in supporting family engagement? Do other agencies refer families?
a. When referrals are made, how are PFF services introduced to families as an option? What strategies have worked well? What has been challenging?
4) What supports and resources do PFF staff and partners need from you to…
a. Establish trusting, respectful relationships with families?
b. Develop strength-based service plans with families who are deemed ‘at risk’?
c. Successfully engage families in community building efforts?

**B. Family Engagement Goals & Strategies**
1) How do your define family engagement with respect to PFF?
a. Has a shared definition of family engagement been discussed among PFF partners?
2) To what extent has your agency sought to engage family members other than mothers or other primary caregivers (i.e. fathers, extended family members, and youth) in PFF efforts? How?
3) What specific family engagement goals and success measures has the Collaborative established in relation to direct service provision and/or community building?
4) What strategies has the Collaborative used to achieve their family engagement goals?
5) What have been the major successes, challenges, and lessons?
6) How has the Collaborative sought to promote cultural competency in relation to family engagement? What have been the major challenges, successes and lessons?
7) Under PFF, in what ways can families contribute to service provider practices and policies?
C. Family Experiences (included those observed directly and reported to you by staff or families)
1) What kinds of changes in families have you observed as a result of their participation in PFF?
2) Based on your experience with PFF, what about the initiative has made the biggest difference for families?
   a. Which services or supports have been most beneficial?
3) Which services do families request most frequently? Are these services readily available?
4) What family services were needed but not available? Why?
5) What has been the relationship with families who graduate from the program?
   a. What are the challenges in staying connected? What supports and resources do program alumni need?

V. Practice, Policy & System Changes

1) Under PFF, what new ideas or changes in policy and practice have you observed in relation to…
   a. The types of service and resources that are made available to families
   b. Ways of initiating, delivering and managing service delivery
   c. Staffing, training and supervision
   d. Agency policies that guide program decisions
   e. The ways agencies work with larger service systems (education, mental health, etc.)
   f. Use of resources (includes program funding and in-kind supports)
   g. Tracking and analyzing program results
2) What new ideas and changes have been most well-received? Which have been the most beneficial and impactful?
3) Which ideas or changes have been the most challenging? What helped or hindered changes that were sought?
4) What additional changes are needed to further strengthen policy and/or practice?

VI. Institutional Supports

1) In what ways did the Collaborative use supports offered by First 5 and or Collaborative partners to meet capacity building needs?
   a. What supports were most helpful?
   b. What supports were needed but not available? Why?
2) What supports has DCFS made available to the Collaborative?
   a. What supports were needed but not available and why?
3) What major lessons have been learned about the Institutional Supports PFF Collaboratives need to succeed?
Appendix E-2

PFF Case Study - Community Partner Questionnaire

1. What brought you to the table to serve as a PFF Collaborative partner?
   a. Prior to PFF, what was your relationship with the lead agency?
   b. What did your organization hope to gain? How does the initiative align with and help to further its mission?

2. What keeps your organization engaged as a partner?

3. What role does your organization play in providing PFF services and supports to families?
   a. How does your organization work with the Collaborative’s lead agency and other partners to achieve PFF goals?
   b. Which of your organization’s staff are involved and what are their roles?
   c. What internal or external supports are provided to help staff to perform those roles well?

4. How did your organization promote staff buy-in to build internal support for PFF efforts?
   a. What worked well?
   b. What were the challenges?
   c. Has staff opinion about the PFF model changed since the program was launched?

5. Has your organization’s role or level of involvement in PFF changed since the initiative began? If yes, how and why?

6. In what ways does your organization contribute to decision making about the Collaborative’s PFF goals and implementation?

7. Are resources for PFF shared among Collaborative partners?
   a. If yes, in what ways? How have partners benefitted?
   b. If not, why?
8. Within your organization, how are PFF services presented to families as an option? Have they been incorporated into an existing program or established as a separate initiative?

9. When interviewed by PFF evaluators, many parents said that having a supportive, trusting relationship with staff was one of the keys to their success in the program. What can partner organizations who refer or assist with serving PFF families do to help support a strong worker/family relationship?
   a. What professional skills and personal qualities are most helpful?
   b. What are the challenges?
   c. What kind of training, supervision, and/or support is needed?

10. Has PFF’s emphasis on voluntary, strength-based service delivery and community building, changed the way you or others within your organization think about your work with families?

11. Under PFF, in what ways have racial and/or cultural issues impacted your work with families and other program partners – if at all?
   a. What can partner organizations do to better prepare themselves to deal with these issues when they arise?

12. Based on your experience with PFF, what about the initiative has made the biggest difference for families? What kinds of changes in families have been observed and/or reported to you?

13. Has your involvement with PFF brought about any new ideas or changes related to your organization’s services and/or policies?
   a. If yes, please specify?
   b. What changes have been the most helpful?

14. Has your involvement with PFF changed the way you or your organization works with other agencies to provide resources and supports to families? If yes, in what ways?

15. What key decisions or strategies have been most effective in helping to move the PFF Collaborative’s development forward?
   a. If given the opportunity to start the process over, what would you do differently to form and/or strengthen Collaborative relationships?

16. What resources and supports (staffing, training, funds, etc.) are needed to establish and maintain strong collaborative relationships among PFF partners?
   a. Which of those resources were available? How did partners secure them?
b. Which of those resources were not available? Why?

17. Based on your experience with PFF, do you have any other ideas or suggestions you want to share with others about what works well related to...

   a. Program Staffing/Structure (roles, numbers, qualifications, attributes)
   b. Training/Supervision
   c. Developing a menu of family resources/supports
   d. Working with partners on service planning and delivery
   e. Use of program funds
   f. Tracking and measuring program outcomes

18. Looking toward the future, what steps would you recommend to ensure that the PFF Collaborative remains viable?
Appendix E-3

PFF Case Study - Family Engagement Questionnaire

1. What is your role in assisting families who are enrolled in PFF?
   a. What skills and qualities are most critical to performing your role well?
   b. What resources and supports help you to do your best work?

2. When interviewed by PFF evaluators, parents have said that having a supportive, trusting relationship with staff was one of the keys to their success in the program. What does it take to build a trusting, supportive relationship with families?
   a. What professional skills and personal qualities are most helpful?
   b. Have you attended trainings or other professional development opportunities that were helpful in developing these skills?
   c. What can supervisors and program managers do to help support a strong worker/family relationship?

3. PFF is modeled on a strength-based approach to service delivery and community building. What does that mean to you in your work with families and how you engage them?
   a. How is it different from other approaches to assisting families?
   b. What role do you see families playing in achieving program goals?

4. What has been the biggest benefit of using a strength-based approach? What has been the most challenging?

5. What skill set and qualities do workers need to assist ‘at risk’ families in…
   a. Developing a strength-based service plan? What kind of training, supervision and/or support is needed?
   b. To engage ‘at risk’ families in community building efforts? What kind of training, supervision and/or support is needed?

6. For Direct Service Staff: How has PFF’s use of the Family Assessment Form (FAF) influenced the development of strength-based family service plans?
   a. What have been the major benefits and challenges?

7. Has your experience with PFF changed the way you think about your work with families in any way? What have been the major lessons?
8. Has PFF changed the way staff within your organization work together to provide resources and supports to families?
   a. If yes, in what ways?
   b. What have been the major benefits and challenges?
   c. If given the opportunity, what would you do differently to improve collaboration within your organization?

9. How are family referrals to and from PFF partner organizations carried out?
   a. What have been the major benefits and challenges?
   b. If given the opportunity, what would you do differently to improve referral processes?

10. For Direct Service Staff: Do you work with other agencies when developing a family service plan?
    a. If yes, what roles do referring agencies (such as DCFS) and partner organizations play?

11. Has PFF changed the way your agency works together with community partners to provide resources and supports to families?
    a. If yes, in what ways?
    b. What have been the major benefits and challenges?

12. What does it take to establish and maintain a good working relationship with other agency partners?
    a. If given the opportunity, what would you do differently to improve collaboration outside your agency?

13. In what ways have racial, ethnic, and/or cultural issues played a role in your work with families?
    a. What have been the major challenges, successes, and lessons?
    b. What can workers do to better prepare themselves to deal with these issues when they arise?

14. In your work with families, what strategies and resources have you used to help parents…
    a. Feel more able to deal with stress and challenges?
    b. Learn more about how to help their children grow up healthy and strong?
    c. Make new friends or connections to others?
    d. Obtain emotional support or guidance from others?
    e. Meet their basic needs such as food, shelter, or income?
    f. Feel more confident about their ability to obtain services when needed?
    g. Communicate better with their children?
h. Participate in programs or social activities that they enjoyed?
i. Involve their children in programs or social activities that they enjoyed?
j. See themselves as someone who has valuable ideas and talents to share with others?

15. Based on your experience with PFF, what about the program has made the biggest difference for families?
   a. What supports and resources have been most beneficial to families?
   b. What kinds of changes in families have you observed?

16. What supports and resources did families need that were not readily available? Why?

17. How has input from families influenced how PFF has been implemented?

18. Do you have any ideas or suggestions you want to share with others about what works well regarding PFF related to?
   a. Staffing/Program Structure (roles, numbers, qualifications, attributes)
   b. Training/Supervision
   c. Developing a menu of family resources/supports
   d. Working with partners on service planning and delivery
   e. Use of program funds
   f. Tracking and measuring program outcomes

19. What is your opinion about the PFF model? Has it changed since your first started working on the initiative?
Appendix E-4

PFF Case Study — Institutional Leaders And Supporters Questionnaire

Developing and Managing Partnerships For Families

1. How did PFF come to be? Why was it needed?
   a. In what ways is PFF’s child abuse prevention program design unique?
   b. What role did DCFS play in its development?

2. How did you envision PFF Collaboratives working together at the SPA level?
   a. Role of lead agencies?
   b. Role of community partners—funded and unfunded?
   c. Roles of DCFS and other referring agencies?
   d. Use of program funds?

3. Has your original vision of PFF Collaboratives changed since inception?
   a. As the initiative was implemented, what was consistent or different from what you expected?
   b. Were there specific instances that challenged you to change or expand your vision?

4. How do you define your role in supporting PFF’s implementation? How have you influenced PFF’s direction?
   a. What skills set, qualifications, and attributes does it require?
   b. Has your role changed in any way since PFF’s inception?

5. How is decision making regarding PFF’s county-wide implementation and evaluation carried out?
   a. What have been the major challenges and lessons?

6. How was fidelity to the PFF model maintained while allowing SPAs sufficient flexibility to tailor the initiative to their unique community context?

7. What were the key decisions and/or conditions that greatly influenced PFF’s direction to date?

8. What First 5 LA and external supports have been integral to moving the initiative forward?
   a. What supports has DCFS made available to PFF Collaboratives?
   b. What supports were needed but not available and why?
Family Engagement and Community Capacity Building

9. How do you define family engagement with respect to PFF?
   a. Were specific family engagement goals and success measures established?

10. In what ways did you think family and community voices would help to shape PFF efforts?

11. What have been the major successes and challenges related to engaging families in PFF?

12. Has your experience with PFF changed the way you think about how to successfully engage families in any way? What have been the major lessons?

13. How do you define community capacity building with respect to PFF?
   a. Is there a common definition among PFF Collaboratives? Why or why not?

14. How would you describe the efforts of PFF Collaboratives to expand their focus beyond service delivery to encompass community capacity building?
   a. What have been the major successes and challenges?

PFF Collaboratives: Progress and Achievements to Date

15. How would you describe the progress PFF Collaboratives have achieved to date?
   a. What developmental milestones have they achieved?
   b. What strategies and capacities have been integral to their progress?

16. What kind of support and technical assistance has First 5 made available to PFF Collaboratives to help strengthen their capacity?
   a. What were the desired capacity building results?
   b. What has been the major lessons regarding the use of effective use of consultants or contractors to support PFF?

17. What First 5 and/or external resources were most beneficial/impactful in helping to nurture Collaboratives?
   a. What supports were needed but not available? Why?

18. What major lessons have been learned about the supports PFF Collaboratives need to succeed?
   a. What resources are needed to ensure the continued success and growth of PFF Collaboratives?
   b. What can be done differently to ensure that requisite resources are made available?
Innovations, Lessons Learned and Implications

19. Under PFF, what new ideas, practices or policies have occurred related to…
   a. Offering voluntary child abuse prevention services and supports to families?
   b. Developing and supporting community-based Collaboratives?
   c. Creating a continuum of services and supports for families across the public and private sectors?
   d. Flexible use of program funds?
   e. Tracking and analyzing program results?

20. Which of the new ideas and changes that occurred have been most impactful and/or well-received? What contributed to their success?

21. What new ideas and sought after changes were most challenging? What hindered them?

22. Has your experience in supporting PFF changed your thinking about the initiative’s theory of change and model? If yes, in what ways?

23. How has PFF impacted the way First 5 thinks about prevention services, community capacity building and performance accountability?

24. In what ways are connections being made among practice in the field, agency policy, and/or work with larger systems?

25. Based on PFF’s results, where do you think the initiative fits as a part of a long-term, county-wide strategy to reduce child abuse and neglect?
   a. Where does the initiative fall along the continuum of alternative response?
   b. How can the investment made in PFF and Collaborative efforts be sustained?
Appendix E-5

PFF Case Study - Parent Interview/Focus Group Questionnaire

1. Why did you decide to participate in this program?

2. If you and your family have received services in the past, how has this experience been different?

3. How would you describe your relationship with program staff who have helped you?
   a. Is there anything about the way services were offered that made you feel welcome, respected and supported?
   b. Is there anything about the way services were offered that made you feel less welcome, respected and supported?

4. Parenting is part natural and part learned. It also has its ups and downs. What have you learned through your experience with the program that has helped you to:
   a. Feel more able to deal with stress and challenges?
   b. Learn more about how to help your children grow up healthy and strong?
   c. Make new friends or connections to others?
   d. Obtain emotional support or guidance from others?
   e. Meet your basic needs such as food, shelter, or income?
   f. Feel more confident about your ability to obtain services when needed?
   g. Communicate better with your children?
   h. Participate in programs or social activities that you enjoyed?
   i. Involve your children in programs or social activities that they enjoyed?
   j. See yourself as someone who has valuable ideas and talents to share with others?

5. Has the program helped you obtain any other types of services that we did not include?

6. What about your experience with the program has made the biggest difference…
   a. For your personally?
   b. In the lives of your family?
   c. What changes have been the most important to you?

7. If you had a chance to develop a program like this, what would you add or change about it?
Appendix F: Interview Protocols

F-1. PFF Case Study Interview Format
F-2. Interview Request Form Letter
F-3. Informed Consent Form and Participant Rights
### Appendix F-1

#### PFF CASE STUDY INTERVIEW FORMAT

<table>
<thead>
<tr>
<th>QUESTIONNAIRE</th>
<th>TARGET INTERVIEWEES</th>
<th>SUGGESTED FORMAT</th>
<th>LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrators and Coordinators</td>
<td>Senior managers and/or program directors who have primary responsibility for overseeing Collaborative partnerships and service delivery under PFF.</td>
<td>2-part individual interview (in person or via phone) [can be conducted as 2-person interview for SPAs with co-leads]</td>
<td>60 - 90 minutes per segment</td>
</tr>
<tr>
<td>2. Parents</td>
<td>Includes both active and alumni parents who have been enrolled in PFF.</td>
<td>Focus group with up to 8 participants (Tuesdays, Wednesdays or Thursdays only -- day or evening) * Each participating parent receives a $20 honorarium.</td>
<td>2 hours (with meal) *Spanish translation or facilitation available</td>
</tr>
<tr>
<td>3. Family Engagement</td>
<td>Includes IHOCs, Parent Advocates, Clinicians, Outreach Workers and/or other staff who interact directly with PFF families in support of their service plan or community building efforts.</td>
<td>Focus group with up to 6 participants (groups can be divided for larger service teams)</td>
<td>2 hours</td>
</tr>
<tr>
<td>4. Community Partners</td>
<td>Includes paid and unpaid partners in each Collaborative’s PFF network; DCFS liaisons for each SPA; and community network affiliates.</td>
<td>Focus group with up to 6 participants OR Individual interviews (in person or via phone)</td>
<td>2 hours for focus group; 60 -90 minutes for individual interview</td>
</tr>
<tr>
<td>5. Leaders and Supporters (For First 5 LA and DCFS contacts only)</td>
<td>Includes PFF Program Officers, consultants, and other policy makers who helped to conceptualize, lead and/or support the initiative.</td>
<td>Individual interview (in person or via phone)</td>
<td>60 - 90 minutes</td>
</tr>
</tbody>
</table>
Appendix F-2

INTERVIEW REQUEST FROM CSSP TEAM – FORM LETTER

Dear:

I am a member of the Partnerships For Families (PFF) Case Study Team that has been asked by First 5 LA to gather information about each Collaborative’s approach to implementing the initiative and document the major lessons learned from the experience.

We consulted with the lead agency for each Collaborative and you were recommended as someone who could provide input that would be valuable to the study because of your role in supporting PFF. Therefore, I am writing to ask if you would be willing to take part in an interview [replace with phone interview or focus group, as needed].

The interview should take approximately 1 hour [change to 2 hours for Administrators & Coordinator Questionnaire] and your responses will be kept confidential.

If you agree to participate, I will forward you suggested dates along with interview questions and an Informed Consent Form outlining your rights as a participant for review.

If you are unable to participate, please accept our team’s thanks for your time and consideration of this request.

To respond, I ask that you please email me at [insert address] by [insert Month and Day] -- our interview scheduling deadline.

Thank you in advance for your cooperation and assistance. It is much appreciated and I look forward to hearing from you soon.

Sincerely,

[insert name]
Appendix F-3

Center for the Study of Social Policy
Strengthening Families Initiative

CONSENT TO PARTICIPATE AS A SUBJECT IN A RESEARCH PROJECT

Project Title: Partnerships For Families (PFF) Case Study
Type of Consent: Consent To Be Interviewed

PRINCIPAL INVESTIGATOR:
Name: Jean Mcintosh
Title: Senior Fellow, Center for the Study of Social Policy
Telephone: 206-779-3231

FUNDING AGENCY:
First 5 LA

BACKGROUND and STUDY PURPOSE:
You are being asked to participate in a research study conducted by the Center for the Study of Social Policy led by Jean Mcintosh, Senior Fellow and member of the Center’s national Strengthening Families Team. The study is funded by First 5 LA.

Your participation is voluntary, and you can stop participating in the interview at any time without any consequences to you. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

Launched in 2006 by First 5 LA, Partnerships For Families (PFF) is a five-year child abuse prevention program specifically designed to address the needs of pregnant women and families with children age five years or younger who are at risk for child maltreatment. Its goal is to create a community-based network of resources designed to strengthen families and build community by supporting organizational capacity building within individual service agencies and improved collaboration among resource providers.
You are being asked to take part because the case study team is trying to document what has been learned about building a strong community-based, prevention-focused collaborative and changes that have occurred in service delivery, family engagement, and program policy under PFF. Specifically, the case study team will describe best practices, readiness factors, success measures, and key lessons learned regarding the effective development and maintenance of PFF community collaboratives by collecting data from multiple respondents in eight Service Planning Areas (SPAs) spanning Los Angeles County.

PROCEDURES
You are eligible to participate in this study because you are an employee/consultant of an agency involved in PFF or have received services as a program participant. The case study team will interview approximately 10-20 respondents in each PFF Collaborative.

You must be at least 18 years of age to participate. If you volunteer to participate in this study, you will be asked to provide responses to questions asked during a one-on-one interview or focus group that will take place here.

Questions will center on topics such as your experiences as it related to PFF activities. One-on-one interviews should last approximately 1 ½ hours and focus groups should last no more than 2 hours. If you consent participate, the interview will be recorded via audiotape. If you do not wish to be recorded you can still participate.

COSTS of PARTICIPATION
You will not incur any costs, or have to make any monetary payments, because of participation.

POTENTIAL RISKS AND DISCOMFORTS
The case study team realizes that your discussions about organizations, service providers, and/or program funders are sensitive. The team will be taking measures to ensure the confidentiality of your responses (described below).

Please be reminded that at any time, you may choose not to answer a question or you may choose to discontinue participating.

POTENTIAL BENEFITS TO SUBJECTS and/or TO HUMANITY
After having an opportunity to deeply reflect on your experiences with PFF program, you will likely gain greater understanding of areas for improvement and options for responding differently to various challenges. You may also gain increased insights into how available family and community resources could be better used.
INQUIRIES
If you have any questions or concerns about the research, please feel free to contact Jean Mcintosh at 206-779-3231 or HYPERLINK “mailto:jeanmc@whidbey.net”jeanmc@whidbey.net. Should Ms. Mcintosh be unavailable, you may also contact Kara Coleman at 732-221-3249 or HYPERLINK “mailto:karajcoleman@optonline.net”karajcoleman@optonline.net.

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study. If you have any questions about your rights as a study subject or you would like to speak with someone independent of the research team to obtain answers to questions about the research, please contact First 5 LA, Partnership For Families Program Officers, 750 N. Alameda Street, Suite 300, Los Angeles, CA 90012 or call 213-482-5902.

CONFIDENTIALITY and USE of AUDIO TAPES
To ensure accuracy an audio recorder will be used. Your name will not be recorded. You will be identified with a code, which replaces your name on the audio tape. The recordings of the interview will be turned into notes and then stored.

You do have the right to review the tapes containing your data. Notes and audiotapes will be stored in a private, secure locate accessible only to the case study team. Once the recordings are turned into notes, they will be summarized at a group level before being reported to First 5 LA and PFF Collaboratives. This means that nobody will be able to identify your responses based on the summaries of the interviews.

At the end of three years, both the notes and audio tapes will be destroyed. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

WITHDRAWAL from the STUDY
You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and remain in the study.

CIRCUMSTANCES for ENDING SUBJECT’S PARTICIPATION
If the interviewer determines that the interview is causing you excessive stress, the interview will be terminated.
ALTERNATIVE TREATMENTS
If you do not want to be recorded and you still want to participate please inform the interviewer. If it is a one-on-one interview, the interview will not be recorded. If you are scheduled to be part of a focus group interview, your will be rescheduled to participate in a one-on-one interview at a later date.

PAYMENT
You will not receive any monetary compensation for participating.

*****************************************
CERTIFICATION OF CONSENT
I have read the information provided above and wish to participate in the PFF Case Study. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I understand my role in this research study.

I agree to participate in this study as part of a (check one box below):

☐ One-on-one interview

☐ Focus group

I have been given a copy of this form and a copy of the Subject’s Bill of Rights.

If you do not wish to be recorded you may still participate. Please check one of the boxes below to indicate your preference.

☐ I agree to be recorded via audiotape.

☐ I do not want to be recorded.

_________________________________________    ____________________________
Print Name                                           Signature                             Date

ATTESTATION OF PERSON OBTAINING CONSENT
I certify that I have reviewed the nature and the purpose of this research, including risks and possible benefits, and the contents of this consent form with the person signing above, who in my opinion, understood the explanation.

_________________________________________    ____________________________
Name of Principal Investigator or Authorized Representative  Telephone Number

_________________________________________    ____________________________
Signature                             Date
PARTNERSHIPS FOR FAMILIES (PFF) CASE STUDY

STUDY LOCATION: LOS ANGELES, CALIFORNIA

PRINCIPAL INVESTIGATOR: JEAN MCINTOSH, 206-779-3231

Participant Bill of Rights

This form is being given to you because your participation in the PFF Case Study has been requested. Any person who is requested to consent to participate as a subject in a research study has the right to:

1. Be informed of the nature and purpose of the study

2. Be given an explanation of the procedures to be followed in the study.

3. Be given a description of any attendant discomforts and risks reasonably to be expected from the study.

4. Be given an explanation of any benefits to the subject reasonable, to be expected from the study, if applicable.

5. Be given a disclosure of any appropriate alternative procedures that might be advantageous risks and benefits.

6. Be given an opportunity to ask any questions concerning the study or the procedures involved.

7. Be instructed that consent to participate in the study may be withdrawn at any time and the subject may discontinue participation in the study without prejudice.

8. Be given a copy of any signed and dated written consent form used in relation to the study.

9. Be given the opportunity to decide to consent or not to consent to a study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the your decision.
### Appendix G: Summary of Interview and Focus Group Data Collection

#### Summary of Data Collection

(Completed As of 2/28/2010)

<table>
<thead>
<tr>
<th>SPA</th>
<th>Number of interviews (Number of participants)</th>
<th>Number of focus groups (Number of participants)</th>
<th>Total participants</th>
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<td>1 IHOC group (6) 1 Parent group (6) Evaluator group (1)</td>
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<td>First 5 LA</td>
<td>4 Institutional Leaders &amp; Supporters (4)</td>
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<td><strong>41 individual interviews completed</strong></td>
<td><strong>24 focus groups completed</strong> (*Evaluator group was held once)</td>
<td></td>
<td><strong>217 participants</strong></td>
</tr>
</tbody>
</table>
PARTNERSHIPS FOR FAMILIES (PFF) CASE STUDY

STUDY LOCATION: LOS ANGELES, CALIFORNIA

PRINCIPAL INVESTIGATOR: JEAN MCINTOSH, 206-779-3231

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Appendix H

First Five Los Angeles Partnerships For Families (PFF)

Parent Engagement Celebration Luncheon Report

Celebrate, Share and Plan for the Future

Phyllis R Brunson
Senior Associate

Center for the Study of Social Policy

Final Report
February 9, 2010
First Five Los Angeles  
Partnerships For Families (PFF)  
Parent Engagement Celebration Luncheon  

Celebrate, Share and Plan for the Future  

Final Report

**Background and purpose of this Report**

Partnerships For Families (PFF) is a five year initiative of First 5 LA that was launched to prevent child abuse and neglect. An emphasis was placed on addressing the needs of pregnant women and families with children aged 5 to younger who are determined to be at risk of child maltreatment. Working with the Department of Children and Family Services (DCFS) PFF objectives are to improve quality of services and support for at-risk-families; increase capacity of community partners to coordinate, collaborate, mobilize, engage and serve at risk families; increase information sharing and exchanges about the prevention of child abuse and neglect; and address countywide, a focus on the needs of Native American families.

With this charge, PFF collaboratives were formed in each of the nine Service Planning Areas (SPAs) across Los Angeles County. Lead agencies in each SPA coordinated program implementation in partnership with DCFS, neighborhood service providers, local institutions and families. Working collaboratively, this collection of partners were charged with creating community-based networks of resources designed to provide opportunities for families, neighborhoods, and County systems to meaningfully participate in the prevention of child maltreatment.1

PFF collaboratives sought to build strong communities that were able to support families, weave together networks of support that are able to proactively respond to the needs of families and ultimately prevent child abuse and neglect. Aligned with a growing emphasis to engage constituents in efforts to improve system and service outcomes, authentic parent engagement is a key element of the PFF approach. It follows the work that is underway to build upon the innate strengths of parents in all communities; to involve them as active partners who have so much to share and give to the work even as they may also need help. Parent engagement builds upon the strengths that every parent has and values them and their contributions. More importantly, organizations are realizing that real and closer engagement with the individuals they are trying to help is a critical first step towards making meaningful and lasting improvements.
SPAs were supported to increase parent engagement activities broadly and encouraged agency partners to work together with parents and families in their aims achieve more positive outcomes for children and families. Working with PFF program staff, technical assistance providers, and community partners, each SPA embraced the principle and the strategic promise of parent engagement and sponsored various parent engagement activities and approaches.

As a result, a diverse array of parent engagement activities, programs and approaches emerged within each of the SPAs. The approaches to parent engagement are varied, representing the uniqueness of Service Planning Areas (SPA). And, as such, activities defined as parent engagement spanned a wide array and type of interactions.

The Celebration Luncheon was organized to celebrate the growth and success of the parent engagement strategies implemented through Partnerships For Families and other efforts in the Service Planning Areas. It allowed PFF leaders and partners of the approach to get an assessment of the work underway; to hear from parents and those working closely with them their assessment of the work; and to learn what more and new supports will help to position this work for ongoing and organic growth. With these objectives in mind, the theme, **Celebrate, Share and Plan for the Future** was selected to shape the emphasis and content of the celebration luncheon:

- **Celebrate Growth** — Acknowledge and celebrate the growth and success of parent engagement activities implemented within each of the SPAs and to honor the work and contributions made by the parents, partners and staff;

- **Share Success** — Offer parents, partners and staff the opportunity to share their perspectives about the most successful engagement strategies and identify the characteristics they believe were key to success;

- **Plan for the Future** — Discuss how the success of current parent engagement activities might inform the basic plan for the next year of parent engagement work.

After working separately on respective efforts to engage parents, the celebration luncheon was the first time that representatives from the SPAs came together to share their disparate strategies with their peers from across the County. It also allowed parents, program staff and partners to get a macro view of the scope and range of activities that are occurring and an opportunity to imagine the organization of efforts that are being designed to engage parents. Participants across all the SPAs learned from each other and shared their assessments of growth and progress. Lastly, all participants were given the opportunity to offer their perspectives about the future direction of this work.
Celebrating an Array of Parent Engagement Strategies

Participants were eager to share the array of activities and programs they believed represented successful ‘parent engagement’ strategies and activities. Activities shared ranged from the individual engagement of a parent in a service and/or program modality (home visiting, welcome baby, parenting classes, strengthening families) to activities that engage groups of parents to offer advice, participate collectively as advisers, and as parent leaders (to help build stronger relationships with agencies); creating parent groups to generally communicate experiences from individual skills building activities; and parents organizing themselves to support local schools and operate as local leaders.

Following is a summary of the different approaches to parent engagement that emerged across all SPA’s during the celebration luncheon. Taken together they broadly represent an emerging continuum of parent engagement activities.

- **Parents supporting other parents** through parent mentoring and other in home support activities like welcome baby services. Other examples offered described parent advocacy groups that are providing peer help and direction when needed; and others described the creation of parent networks so that parents may contact each other directly. Grandparent and parent support groups were formed so that they may help each other with mutual needs. Parents reported that these groups allow them to give back, share burdens and offer support that often leads to deeper involvement. As one participant noted, “it may have started with an individual focus, but it expanded to other people and to the community.”

- **Creating safe spaces for families to gather, socialize and engage with each other** through the implementation of family nights, and father nights, back to school events and holiday food events. This approach was mentioned most often as an example of an engagement strategy. In most cases these activities were not directly related to a service outcome. They provided non-stigmatizing events for parents to get to know each other and perhaps foment natural supportive relationships. Initiatives like ‘Project Heart’ and ‘fun night’ are an example of these strategies that are designed to engage parents; while also sharing helpful information on parenting, and parent and community supports aimed at strengthening families and communities overall.

- **Parent education programs and activities** to engage parents in the act of learning about birthing and raising healthy children, improving and building upon their parenting skills. These activities offer parents new learning opportunities and information to help strengthen parents individually and
as a family — like Parent Café’s which focused on the Strengthening Families protective factors. These programs worked because parents found the information helpful and believed their relatives, neighbors and friends would find it helpful too. Other activities included community orientation efforts organized in the first languages of parents, and targets elders, children and youth to learn together.

- **Parents and workers learning together** and finding ways to better understand each other. Parents acquire new parenting skills in environments that are non-threatening and non-judgmental. Workers learned to see parents as individuals with needs rather than flawed people. These efforts help both parties to come together. The examples described can be characterized as professional development for workers and relationship building with parents. Workers and parents learn that they can help each other when they come together around mutual goals.

- **Working with parents as partners and leaders** by demonstrating an appreciation for the contributions that parents can make to this work. Participants described efforts wherein the engagement activities were designed to find out what parents want; and not depend on what others think parents want. Some described activities developed to build family, peer and provider bonds aimed at improving service delivery. Engaging parents to reach other parents and establish local parental supports in partnership with community agencies and programs were also noted.

**Learning from Success**

The exchange of information and ideas heightened Luncheon participants’ enthusiasm as more and more examples of the diverse ways that parents were being engaged in the work of the SPAs was reported upon. When asked to reflect upon the themes that emerged during SPA reports of the most successful parent engagement strategies shared during this time of the luncheon program, some key themes seemed to resonate. These themes are consistent with learning’s across the field when advocating for authentic parent engagement.

- **Empower parents with knowledge and information**, and create opportunities for them to help each other. These activities were designed to help them to learn how to be better parents; and, by so doing, helped to build their capacities and individual growth. These activities help to strengthen parents and families by teaching parenting skills and offering information and education on child development, and positive child rearing practices. Offering these activities extensively in SPAs helps parents who may not otherwise reach out for assistance.
• **Provide a continuum of opportunities** for engagement that will allow parents to advance in their participation with their interest. Many examples given during the luncheon recognized the initial tensions with getting parents engaged, but when they were engaged, and they found the activities to be helpful, parents spoke with pride about increasing their involvement. Parents were most excited when they were able to build new skills and find ways to impart the information they learned to family members and friends. As they grow, they want the opportunities for engagement to grow. By creating pathways of advancement, everyone wins, first the parent and their family; but also their neighbors and friends; and potentially, the community.

• **Respect the culture, heritage and customs of parents**, treat them with dignity and incorporate an awareness of their culture and diversity in the services and supports that are offered to them. Value their time and provide supports that make it easier for them to participate by providing child care, meals, translators and other staff supports like liaisons and coordinators. Any activities that acknowledged the language and culture of parents were praised again and again with great appreciation. Simple activities built around meals that feature cultural cuisine builds pride within families and helps to build a sense of community when families from many cultures live within the same neighborhoods.

• **Listen to parents’ points of view about parent engagement** and make the effort to learn from them what they think will work best to ensure better relationships with other parents; and more importantly, how to increase the number of parents who participate. Parents are the best advocates for parent engagement and some of the most powerful statements of support for parent engagement came from parents reflecting on their own involvement. Here are some of the most powerful statements that parents shared about parent engagement:

  • “Because I’ve been supported to be involved, I can speak here and not get nervous. I can ask questions and get answers."

  • “I am a good parent, but I’m a better parent now.”

  • “Our children are now proud of us and the teachers are proud of us as well.”

  • “Our group grew so that we needed a new office. Our children are very proud of our new office and us.”
• “I never knew I could be like this. You never know who might be looking for a sense of family and by making them feel welcome, you offer emotional support. You realize you are not crazy. You are not a bad parent if you need help.”

• “We learned more about the needs of our communities and I learned to do things that I couldn’t do before.”

• “We learned that working together we can accomplish many more things.”

These themes shape the narrative on PFF parent engagement work underway in the SPAs. More importantly, most are firsthand accounts from parents and bring a level credibility that workers, partners and agencies have to work hard to earn. As one participant noted, “word of mouth works, neighbors do not underestimate the word of mouth message from another neighbor.”

Parents were most excited when they reported strategies that yielded unplanned benefits, or the domino effect. As a result, the engagement strategies surpassed the original intended outcome and help illustrate to parents their own potential and the benefits of being involved. These perceptions establish a fertile foundation upon which future growth and development for parent engagement can grow; and grow as a strategic and tactical component of a longer-term, broader agenda to strengthen families, improve service delivery, and prevent child maltreatment.

**Recommendations and Next Steps**

From history and experience, there are a few things we know for sure that authentic parent engagement can bring. In most cases these benefits appear anecdotal, but they are no less certain. Engaging parents in respectful and meaningful interactions works for all parties and in most cases leads to better results; or at least helps to better define what it will take to achieve the intended result. It opens communication, builds relationships, and demystifies monolithic agencies by replacing that imagery with helpful, caring representatives who want to listen, who want to help. In addition, parents who find success through engagement are far more likely to participate in longer ranged objectives to improve service delivery, define service gaps, and reform systems as trusted advocates for other parents and advisors to decision makers who are willing to listen.

This focus on parent engagement is more than a value proposition. Agency administrators, workers, community agencies and partners who want to fine tune their interventions to produce measurable improvements need to establish consistent avenues for engagement- with parents, neighbors, community partners. Such efforts provide some of the most legitimate forms of system and service accountability because they engage parents to learn what it would take to improve results. Parents, even the most vulnerable families in crisis, are still the best source of information about what it will take to keep children safe and families unified. Firsthand accounts are the most credible forms of evidence gathering. Yes, parent
engagement is more than a value based prerogative; it is smart policy and smarter practice. Initiatives that take the time to develop robust opportunities to engage their constituents are doing so because they really believe these efforts are going to improve agency results; help families to improve their lives; and build stronger communities.

PFF work, thus far, to engage residents has resonated with its constituents. And, what’s emerged is a smorgasbord of efforts that are generally labeled parent engagement. The foundation of this work — the success reported; the excitement of the parents and community partners learning together and bearing witness to the accomplishments they achieved as a result — begs for a strategic and coordinated approach to support, build and grow the work that has already begun.

Following are some recommendations that may be implemented over the next year or two, to solidly establish a culture and standards for authentic and sustainable parent engagement within the SPAs and community that is deliberate and calculable.

To support the work underway:

- **Document the methods, approaches, strategies and their results for broader use across SPAs.** This will provide summaries of the specific parent engagement work that each SPA is engaged in and provides a resource that will allow SPAs to closely examine the various approaches and what’s worked for their peers and county-wide neighbors in other SPAs.

- **Organize a collection technical assistance materials and supports** on the more popular engagement activities and strategies and include self assessment tools that will allow SPAs to rate how well they are doing with a particular strategy and develop plans to improve upon current performance.

- **Promote on-going opportunities for parents to learn from each other and workers to learn from parents.** Begin by organizing cross SPA forums and learning opportunities around the areas of interest that were identified during the luncheon and continue to build the learning agenda based upon parents’ on-going and growing interest.
To build upon the success thus far:

- Convene technical assistance forums around best practice activities for parent engagement that are being implemented nationally and internationally. Provide a series of forums that run the gamut of most intimate levels of engagement—one-to-one and family activities—to the more elaborate groups and networks that are engaging parents to address larger family and community issues through parent advocacy networks and community partnerships.

- Offer capacity building forums for agency staff and workers to learn more about the benefits of parent engagement; help to improve their skills of engagement and reinforce the point that good parent engagement efforts help to improve their performance and system-wide accountability.

- Support and encourage the formation of parent groups to operate independently to engage parents and other community partners around issue areas that are significant to parents (incarcerated spouses, domestic violence, school readiness, and healthy births.) Provide staff support and technical assistance but allow them to build their own leadership agenda.

- Establish a PFF parent leadership and capacity building academy to reward and continue to build the skills of parents who have become trusted advocates and partners. Create new learning opportunities designed to optimize their involvement and help them better understand system and service issues; and eventually engage them to offer advice and their perspectives on new services, programs and initiatives. Provide incentives for their participation and celebrate them as trusted advocates, connectors, or as peer leaders to engage more parents.

To grow this work for long term sustainable benefits:

- Coordinate events that will allow the SPAs to come together and agree on a common language around the work that is now broadly called parent engagement. Cooperatively, define the terms and outline the activities that are labeled parent engagement. Use these forums to discuss why this work is so important and the added and value of parent engagement.

- Apply a results-based accountability approach to the parent engagement work and define baseline markers on parent engagement efforts in each SPA. Define the outcomes and service and system improvements that are the intended targets for this work. Establish ways to assess improvements over agreed upon periods of time.

- Conduct focus groups with parents to ascertain their thoughts about service quality and effectiveness around key PFF objectives. How would parents rate the complement of case management, intensive services, and family support services that are dear to the PFF approach? Engage parents to rate service outputs and to determine what it would take to improve services so that they are more responsive and helpful to families.
Whatever the future of Partnerships For Families, the parent engagement work has already had an indelible impact on those parents who have been involved. The sharing that occurred during the Celebration Luncheon demonstrated that parents, workers and partners are achieving success with their engagement efforts. It is noteworthy that parents often determined an activity as successful when they learned new skills and built new capacities as a result of the engagement efforts; and especially if they realized in the process that they had skills they didn’t know they had before. They spoke with pride about their new found awareness and many mentioned the pride that their children had because their parents were engaged and taking on new roles as leaders in the schools and communities. These are the types of outcomes that communities are struggling to achieve all over this country. And, the emphasis on parent and resident engagement is not waning; it is in fact a growing interest that is burgeoning because of place based strategic objectives that are formulating and being designed to build strong supportive communities in defined geographic areas that are able to support their families.

Opportunities for the Future

PFF’s parent engagement strategies help parents to develop new capacities, skills, and knowledge that parents will be able to use again and again because the strategies are based upon what parents say they need to be stronger and better parents. Their inputs are valued and on-going growth is encouraged. If the parents engaged in the work with PFF are interested and willing, they can work together to create networks of engaged parents to continue to promote and support the principles of PFF long after the initiative has ended. Beyond the recommendations listed above, parents who are willing to invest the time and commitment to organize themselves, might consider a wider angle view of the possibilities for their engagement efforts. For example, the following suggestions might be positioned by parent groups to make a larger more impactful role in the charge to strengthen families and communities and improve results.

- **Expand the focus from parent engagement to resident engagement.** Building upon parent engagement strategies to involve close networks of parents in efforts that are designed to engage residents in broader community building and family strengthening aims around single focused issues of interest to them. This recommendation moves the conversation from a parent recipient of services to resident of the community. While parent engagement efforts to address family outcomes are key, residents of a community can come together to bring their wisdom, insights and recommendations to a community issue.

- The Youth Futures Authority of Savannah formed a collaborative of local providers and residents that came together to focus attention on growing teen problems like teen age pregnancy and high school dropout rates. You can create parent groups around issues that often plague families in care like domestic violence; or create family strengthening networks or partnerships to focus on insuring that the protective factors are commonly used in many activities throughout the community. A key success of Youth Futures was
the community education and awareness that they brought to the issues. Once community members saw the data and realized that they had a problem, they were willing to get involved.

- **Implement a community partnership of parents specifically to address the protection of children.** This approach would engage parents, community partners with child protection agencies to create a community approach to reducing abuse and neglect and keeping children safe by raising neighborhood awareness of child safety issues and empowering neighborhood residents to become more involved with families at risk of abusing or neglecting their children. It also attempts to strengthen families locally through the development of neighborhood networks to focus on child safety and comprehensive community based supports.

  - Drawing from the lessons from former efforts to institute a similar partnership approach, this strategy could be uniquely formulated for LA. Unlike other efforts that start initiatives and then try to engage residents, the PFF work could build on its resident engagement strategies that engaged parents who were once in the system to help prevent child maltreatment; giving parents who have successfully emerged from system involvement to take on leadership responsibilities to keep all children of their community safe.3

- **Establish a cross County partnership, councils or collaborative of parent leaders convened of parents from successful engagement activities across all the SPAs and begin to prepare them to serve as leaders and community representatives for any new placed-based focus.** Broaden their awareness of the issues by exposing them to data that defines the quality of life, family and community well-being. Help them to connect the dots between child, family and community well-being. This type of effort supports on-going work to keep parents in the loop; to sustain their involvement in planning and decisions that impact them and their family. Council, collaborative or partnerships formed from this recommendation could be populated with members from the Parent or Resident Academy (noted above for PFF use) and other parents engaged by other organizations and efforts of the Commission. The charge to partnerships could be to offer advice to improve community wide outcomes that span many agencies and services. It could be organized around a results frame and targets service equity and social justice issues that impact their families and communities. This work could start with smaller parent councils that are charged with coordinating all the parent engagement work that is being supported. It could evolve into a cross county collaborative eventually.

  - The Local Investment Commission is a citizen driven collaborative that monitors county-wide results in Jackson County Missouri. Formed in 1992 by the Department of Social Services, LINC was created to provide citizen oversight of department’s system reform plans. It has since this time evolved into an elaborate
local governance partnership with connections to local neighborhood council that are organized around school districts. Its primary role is a convener and organizer of resident voices. It provides staff support to collect and analyze data about community and neighborhood outcomes and it provides residents with opportunities to offer input on identified formulated by agency leaders, local providers, schools and other organizations serving families. LINC’s focus is broad. It tracks health, education, jobs, financial literacy and child care service outcomes. They also focus on strengthening bonds between families, developing parenting skills; building safe neighborhoods and communities.

- **Implement a Customer Satisfaction framework** which shifts the focus from clients to customers and tests service effectiveness as satisfaction. The primary objective of this work is to change the perspective of community residents about service quality, from being resigned to accepting what providers offer, to knowing, expecting and requesting better quality and more effective services. This work is designed to empower residents as consumers who are entitled to basic quality service standards and it hold agencies and workers accountable for delivering them. It constructs opportunities for clients to provide regular feedback about the services they have received; rate service quality, and use the information to inform an on-going and self-correcting cycle like those that are prevalent in private industry. This bold strategy requires agency and program leaders to embrace a customer focus as an organizational priority to improve service results and views the information that they receive from their customers as helpful to improving overall productivity. It is a way to hold themselves, and their partners accountable for providing quality services that will better help families achieve their desired results.

- Montgomery County Department of Health and Human Services in Maryland implemented a customer satisfaction pilot in one of its 3 emergency service centers in 2007 that was so successful they quickly expanded the innovative approach to all of its centers. The strategies they implemented called for mandatory customer satisfaction training of all workers. A shift occurred in the department’s language, from clients to customer. A new customer service pledge was established and posted publicly. Three customers, who were on temporary assistance, were trained as Customer Satisfaction Team (CST) members to offer peer-to-peer support in the lobby and waiting area. They greeted every customer who entered the Service Center and asked, “how can I help you today?” CST contacted customers to offer friendly reminders about upcoming appointments and alerted them about materials they needed to bring with them. Once in the service center, they worked to ensure that customers were in the correct lines and scheduled for the appropriate appointments. Every customer was asked to complete a survey about
their experience before leaving. Randomly, CST members called customers to get more detailed feedback about their visits. “Did you get what you came for, was it effective and were you treated with respect? Residents began coming to the pilot location from all over the county. The workers who were initial skeptics asked for the pilot to operate full time after only a few months of operation.\(^5\)

**Conclusions**

The Celebration Luncheon illustrated the value and effectiveness of parent engagement as a promising prevention and family strengthening approach. Based upon the presentations offered from each of the SPAs, it also demonstrated how parent engagement can inspire parents to participate beyond their initial involvement, first to help themselves, but also inspired them to want to help their neighbors. This domino effect is one of the most desired outcomes of resident engagement. Although this level of success is hard to predict, these benefits can be enormous and underscore the added value of parent engagement, not just for strengthening families, but the endless potential these efforts offer to improve the effectiveness and responsiveness of systems to families.

\(^{1}\) PFF Background Document October 2009  
\(^{2}\) Strengthening Families Protective Factors: parental resilience; an array of social connections; knowledge of parenting and child development; concrete supports in time of need including access to services; and, healthy social and emotional development.  
\(^{3}\) Community Partnerships for the Protecting Children, Collaboration Demands Respect: Making Decisions in Common  
\(^{4}\) Local Investment Commission of Kansas City, CSSP- Case Study 1995.  
\(^{5}\) Improving Customer Satisfaction in the Public Sector: Lessons Learned from the Piccard Pilot in Montgomery County Maryland 2008.
Appendix I
Collaborative Partners

SPA 1: Antelope Valley Partnership For Families

Children’s Bureau of Antelope Valley – lead agency
Adorable Baby’s Jump Start
Antelope Valley Best Babies Collaborative
Antelope Valley Child Abuse Prevention Council (aka Yes2Kids)
Antelope Valley Hospital Healthy Homes Initiative
Antelope Valley Partners for Health
Black Infant Health
Child Care Resource Center
Children’s Planning Council
El Nido Family Centers
Grace Resources
LA County Department of Children and Family Services (DCFS)
LA County Department of Mental Health (DMH)
Tarzana Treatment Center
Teen Talk
Valley Oasis Antelope Valley Domestic Violence Council

SPA 2: Project SAFE (Support and Advocacy for Family Empowerment)

The Help Group – lead agency
Broadous Ready for School Program – LAUSD
Child Care Resource Center
El Nido Family Centers
El Proyecto Del Barrio
Friends of the Family
Grandparents as Parents
Haven Hills
Jewish Family Services
Mission City Community Network
Pacific Asian Counseling Services
Appendix I: Collaborative Partners

Regional Center
San Fernando Valley Community Mental Health Centers, Inc. (SFVCNHMC)
UCLA Early Head Start
Valley Care Community Consortium
Valley Center for Prevention of Family Violence
The Village Ready For School Program – LAUSD

SPA 3: CARIÑO Partnership For Families (Child Abuse Risk Intervention and Neighborhood Outreach)

SPIRITT Family Services – lead agency
211 LA County
Bienvenidos Family Services
Center for Integrated Family and Health Services (CIFHS) – The Family Center
Covina Development Center
Eastside Child Abuse Prevention Council
Enki Health & Research Systems, Inc.
LA County Department of Children and Family Services (DCFS)
LA County Department of Mental Health (DMH)
LA County Department of Public Health Services
Monrovia Health Center
Options – Child Care and Human Services
YWCA SGV Wings Domestic Violence Services

SPA 4: Partnerships For Families

Para Los Ninos – lead agency
Belmont High School
Berendo Middle School
Coalition to Abolish Slavery and Trafficking
El Centro del Pueblo,
Korean Youth and Community Center
Los Angeles United School District
The Office of Restorative Justice
Plaza Community Center,
Public Counsel
St. Anne’s
SPA 5: Partnerships For Families Collaborative

Saint John’s Child and Family Development Center – lead agency
Campion
Cecelia Saray Hill
CLARE
Connections
Delta Head Start Preschool
Department of Mental Health
Dr. Thomas Ciesla
Miriam’s House
Neighborhood Youth Association
Open Paths/Another Way
St. Joseph Center
Upward Bound House
Venice Family Clinic
Westside Family Health Center

SPA 6: Achieving Change Together

SHIELDS for Families – lead agency
Para Los Niño’s
Institute for Maximum Human Potential
Community Coalition
Drew Child Development

SPA 7: Project Corazon Partnership For Families

Bienvenidos – lead agency
ALMA Family Services
AltaMed Health Services
Behavior Health Service
Be Transformed, Inc.
Breathe California of LA County
Child Development Consortium LA
Department of Children and Family Services
East Los Angeles College CalWORKs
East Los Angeles Library
Appendix I: Collaborative Partners

East Los Angeles Sheriffs Dept.
East Los Angeles Women’s Center
Garfield High School Healthy Start
Harriett Buhai Center for Family Law
Human Services Association
La CAUSA Youthbuild
LA County Department of Mental Health
LA County DA Victim-Witness Assistance Program
LAUSD School Board District 5
MELA Counseling Services
Mexican American Opportunity Foundation (MAOF)
Office of State Senator Ron Calderon
Office of State Senator Gloria Romero
Our House Grief Support Center
Planned Parenthood
Plaza Community Services
Roybal Family Mental Health
So. California Alcohol and Drug Programs, Inc.
SwRL Healthy Start
UC Cooperative Extension
Volunteers of America Los Angeles
Volunteers of East Los Angeles (VELA)
YWCA of Greater Los Angeles
SPA 8: The Family Support Collaboration

South Bay Center for Counseling (SBCC) – lead agency
California Community Foundation
Casey Family Programs
City of Carson Park & Recreation
City of Inglewood Park & Community Services**
Community Helpline
Connections for Children**
Creative Art Solutions
Department of Children and Family Services – Lakewood and Torrance Offices
El Camino Community College District
Energy Pathways Program
Families for Children, Inc.
For the Child
Institute for Black Parenting**
City of Long Beach Department of Health & Human Services**
Long Beach YMCA
Long Beach Youth Opportunity Center
Los Angeles Harbor College
National Council on Alcoholism & Drug Dependence/South Bay**
Pacific Asian Counseling Services**
Park Crest Church
Project Touch
Richstone Family Center**
Rose City Research Consultants
Seaside Community Church
South Bay Children’s Health Center**
Southern California Indian Center**
SPA 8 Neighborhood Action Councils Network
SPA 8 Steering Regional Council
St. Peter & St. Paul Catholic Roman Church
Urban Teacher Fellowship
Wilmington Empowerment Project

** Partners with a PFF Memorandum of Agreement