

Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes

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This paper describes an innovative service delivery model to reduce the number of children entering the child welfare system. Point of Engagement (POE) is a collaborative family- and community-centered approach initiated in Compton, a regional office in Los Angeles County that serves south Los Angeles, a predominantly African American and Hispanic/Latino area. Over the past two years, the POE has been implemented in the Compton area by providing more thorough investigations, engaging families, and delivering needed services to children and families within their homes and communities. POE has demonstrated a reduction in the number of children removed from their families, an increase in the number of children returned to their families within one year, and an increase in the number of children finding legal permanency.

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Although a pressing issue for many years, there is currently a growing national attention to the disproportionate number of children of color in the nation's child welfare system. While there is no difference between races in the likelihood that a parent will abuse or neglect a child, recent empirical findings demonstrate that children of color enter the system at disproportionately high rates, compared to Caucasian children (Annie E. Casey Foundation, 2003; Hill, 2006; U.S. Government Accountability Office [USGAO], 2007). *Disproportionality* refers to a situation in which a particular racial/ethnic group of children is represented in foster care at a higher percentage than other racial/ethnic groups are. In 2005 African American children composed only 15% of the U.S. child population, yet 32% of the 513,000 children in the child welfare population were African American (Administration for Children and Families, U.S. Department of Health and Human Services, 2005).

In addition to disproportionate representation in the foster care system, African American children and families often receive disparate or unequal treatment (have less access to services) when compared to other racial groups (McRoy, 2004; USGAO, 2007). Furthermore, African American children experience differences in the quality of services, fewer contacts by caseworkers, and less access to drug treatment services, mental health services, and family preservation services (Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996; Denby, Curtis, & Alford, 1998; Garland, Hough, Landsverk, McCabe, Yeh, Ganger, & Reynolds, 2000). For those who are not adopted or reunified, many remain in the system while experiencing multiple moves and often emotional, mental, educational, and behavioral problems (Hill, 2006; USGAO, 2007). Once youths "age out" of the system by becoming legal adults, many have difficult transitions and are more vulnerable to homelessness, substance abuse, and involvement in the criminal justice system. This paper describes an innovative service delivery model that is reduc-

ing the number of children entering the child welfare system as an effort to address this disproportionality.

Racial Disproportionality Within the Child Welfare System in Southern California

Although only 7.3% of the California child population is African American, 13.9% of the 491,202 referrals and 31.1% of the 81,603 children in care are African American (Needell, 2006). African American children are referred for maltreatment more than any other group. Despite the disparate referral rate, there are no racial differences in substantiation rates. Even after controlling for reasons for maltreatment, neighborhood poverty, and age of child, Needell, Brookhart, and Lee (2003) found that African American children in California were more likely than white children were to be placed in foster care. Also African American families and children are least likely to receive family maintenance services, are least likely to be reunified with their families, and stay in care longer compared to children in other groups (USGAO, 2007). In this state, the greatest disproportionality occurs among African American children in care between the ages of 11 and 15 as they have entered at young ages and have remained in care for extended periods (USGAO, 2007).

According to the Los Angeles County Children's Planning Council (CPC) in 2004, 9.8% of the county's youth were African American, yet they accounted for 20.7% of referrals to the Department of Children and Family Services (DCFS) emergency response services, and 22.7% of substantiated child abuse and neglect referrals. Almost 60% of youth were Latino, yet they accounted for a slightly lower percentage of referrals to emergency response (54.3%) and substantiated child abuse and neglect referrals (54.6%; Los Angeles County CPC, 2006). Based on previous analyses, the CPC has also shown that African American and American Indian children are most likely to face disproportionate risks of being placed in foster care. CPC analyses have also raised questions about disproportionate attention to some subgroups among the county's growing Asian Pacific Islander population (10.4% in 2004),

including Hmong, Cambodian, and Vietnamese families (Los Angeles County CPC, 2006).

Los Angeles, the largest county in the state by far, is home to about 10 million people who live in 88 cities and many unincorporated areas. Population size, diversity, and the sheer geographic spread of the county create many challenges for public services, not the least of which is coordination among jurisdictions when county government provides basic health and social services, yet cities, school districts, and nonprofit agencies also provide many essential community-based services. In 1993, the county adopted a recommendation of the CPC to create eight geographically based Service Planning Areas (SPAs) to better support regional planning, information sharing, and local coordination. At the same time, the CPC created a network of eight SPA councils and the American Indian Children's Council to develop community engagement and capacity building strategies and to help coordinate cross-jurisdictional planning. The 19 DCFS offices that serve families throughout the county are aligned with SPA boundaries and DCFS staff is beginning to work closely with the SPA and American Indian Children's Councils to plan for and coordinate services.

SPA 6, or the south region, includes a large portion of South Central Los Angeles, Watts, Lynwood, Paramount, and the city of Compton. In SPA 6, there are a total of 361,236 children, accounting for 13% of all children in Los Angeles County (Los Angeles County CPC, 2006). Seventy percent are Latino and 27% are African American, which represents the largest African American child population of any SPA in the county. Additionally, 73% of Latino children and 68% of African American children in SPA 6 live in poverty. According to Becerra and Brooks (2004) in 2002 to 2003, 5,811 children in SPA 6 were in out-of-home placements, and of this number 77% (4,478) were African American and 18.5% were Latino. By 2007, DCFS and community efforts to improve safety and reduce out of home placement were showing results in all regions of the county, but SPA 6 continued to account for the largest number of children in out-of-home care. Almost 23% ($n = 4664$) of

the DCFS total of 20,302 children in out-of-home care as of June 30, 2007, lived in SPA 6. This article provides an overview of a project located in the Compton office, one of four DCFS regional offices serving SPA 6, which is beginning to address these disproportionately high numbers of African American children who are involved with DCFS.

Background and Development of Point of Engagement

The Los Angeles County Department of Children and Family Services has had more than its share of difficulties since 1984 when it was established as a separate county department. Not only is it one of the largest child welfare jurisdictions in the nation serving a very large, sprawling, multicultural, urban area, but it works within a complex state-led, county-operated context as one of almost 40 county government departments reporting to a five-member elected Board of Supervisors. Through many leadership changes, DCFS has tried to work collaboratively with the many other county departments and not-for-profit agencies that provide essential services for families and their children. In addition, county government departments struggle to negotiate the complex array of services offered by 88 cities and 81 school districts that also serve the county's 10 million residents. This maze of jurisdictions, institutions, and services means that the "safety net" for families and children is highly developed in some places and very thin to nonexistent in others, leading to recurrent crises and calls for reform.

In response to yet another series of crises, in 1999, the independent firm PricewaterhouseCoopers was commissioned by the county Board of Supervisors to evaluate DCFS operations and make recommendations for improving the whole network of services. The audit report revealed a fragmented emergency response system resulting from a lack of teamwork between DCFS child abuse investigators and other social workers who provide services to families. This gap in services further disadvantaged vulnerable children and their families, where there was no point person to work with the entire family in reducing the risk of removal. DCFS

was taking far too long to facilitate permanency for these children with adoptive families and legal guardianship services. The system that was designed to protect and serve abused children became a nightmare for those who came into its care.

Consequently, the Los Angeles County Auditor Controllers Office recommended that DCFS streamline and revise case flow processes to provide a faster service response, and that DCFS develop a team approach by emphasizing more thorough case evaluations and investigations. Assistant Director Eric Marts was asked to establish a more expedient early response system to serve families at the point of referral and to develop a new service delivery model for addressing the needs of families who were new to the system. The program was titled as Point of Engagement (POE) and was to be anchored in the community and engage families when they first come to the attention of the child welfare system. Ultimately, it was designed to reduce the number of children entering foster care and to help increase reunification and permanency efforts.

Because this assignment would help the department respond to negative audit findings and assure the Board of Supervisors and many local critics that DCFS was taking positive steps, Marts also accessed some of the resources that are often most rare in busy urban public child welfare offices. This included a staff team that dedicated time to meet with community stakeholders to ensure their active involvement in a plan of action. They focused on the Compton area both because it had enormous unmet needs and because there was potential to open a new DCFS office in the area and begin an innovative philosophy and approach. In addition to building on existing relationships with community-based organizations (CBOs) that had been providing family support and preservation services in the Compton area, Marts and the team went much further by going almost door-to-door talking with small and large stakeholder groups. They invited participation in developing this new office and getting it off to a positive start.

POE is a multidisciplinary, family-centered approach that enlists the support of community from both providers and citizens to

prevent and address child abuse issues. Whereas these ideas were supported by research and certainly not new to Los Angeles, many DCFS staff saw “community partnerships” as code for referrals to community-based contract agencies, not as part and parcel of the DCFS job from the first moment that a family became involved with the system. Although Los Angeles’s version of family preservation created local CBO networks, DCFS staff in some regional offices were reluctant to make referrals even to CBOs with DCFS contracts until after the family had been known to the agency for some time. Some of the DCFS staff were very guarded initially in allowing even the most trusted contract agency staff or other community players to play a role in the decision-making process. It should also be noted that there is a great deal of turnover and interoffice mobility among children’s social workers (CSWs) and the majority do not have graduate degrees in social work. Most CSWs had on-the-job training and were college-educated, but not necessarily in social work or the social sciences. Until this point, there had been little countywide leadership to insist that old practices had to change.

Challenges from turnover in DCFS directors, competition among funded CBOs, and a host of other political and economic issues, made it seem almost impossible to turn the course of this ship. However, Marts and his team took the opportunity to turn talk into action in the new Compton regional office. Under the leadership of Director David Sanders, the Compton office received final approval to implement the POE service delivery model as a pilot project in 2003. Since 2004 when the Compton office first opened, the staff worked with community partners to demonstrate the benefits of this new philosophy. The collaborative organizational arrangements and relationships led to a 50% reduction in the number of children being removed from their families, with significant increases in reunifications and the number of children being placed in permanent families. The major financial support for the POE was provided by Los Angeles County Family Preservation Fund. Ongoing partnerships with Shields for Families helped to utilize existing mental health and Cal Works (California’s Welfare

to Work program) dollars. However, securing funding for assessment continues to be an ongoing challenge.

POE Service Delivery Model

POE is characterized by a collaborative approach to partnerships that supports seamless and timely transfer of responsibility from initial investigations to actual service delivery. This partnership philosophy guides organization within the Compton office so that everyone in the building, from receptionists to social workers, sees themselves as members of a team. This approach promotes more effective cooperation for all involved to engage families, provides comprehensive assessments and individualized treatment planning, and assures that families receive the services they need.

Perhaps most importantly, the team reaches outside the child welfare office to include CBOs, faith-based groups, local businesses, and community leaders who care about children. Although a few CBOs receive contracts for their intensive involvement in assessment and treatment, literally hundreds of groups in Compton count themselves as part of the essential community safety net that works with DCFS to support these children and their families.

POE designers were trained to be sensitive to the disproportionate number of African American children in the child welfare system. Additionally, they emphasized the protective role that churches and other faith-based groups might play in supporting these families, along with the strengths from community organizing efforts that would be needed to assure expedient and direct assessment for domestic violence, substance abuse and mental health problems. POE utilizes a multidisciplinary team decision-making approach that includes the family in the process of selecting and planning for the delivery of needed services. POE actively engages resources within DCFS and other county services such as the Departments of Mental Health, the Department of Health, the Department of Probation, and the Department of Public Social Services along with the Sheriff's Office. The team has identified

key local resources such as churches, food banks, Women Infant and Children (WIC) food programs, child care, and other programs that provide essential resources for families—all of which are involved in the extended POE network. These community resources also have special relationships with Compton city offices and the local schools that serve this population.

POE provides a faster response for the provision of services and, using a team approach, actively placing an emphasis on shared decision making and comprehensive case evaluation and investigation. The following components of the POE Model establish a seamless service delivery continuum that integrates departmental programs and initiatives so that children are safe and families receive the necessary services in a timely manner.

- *Informal resources* are provided for families who are “evaluated out” at the hotline, along with follow up with families living in Compton in order to offer referrals and facilitate access to informal resources from CBOs and faith-based organizations. Compton is unique among the DCFS offices in Los Angeles County in offering information on informal resources to all families identified by calls to the child abuse hotline.
- *Differential response* provides a community-based network of formal and informal support services for children and families assessed with an inconclusive child abuse and neglect referral in order to divert families from potentially entering the child protective system.
- *Alternative response* provides a community-based network of formal and informal support and services for children and families with multiple inconclusive child abuse and neglect referrals in order to divert families from further disruptions and entering the child protective system.
- *Voluntary services* provide voluntary family maintenance/reunification and family preservation services to families that have been assessed to be at moderate to high risk and for whom a child protective case is opened.

- *Intensive services workers* conduct child safety conferences shortly after detention to assess for possible return of children and to connect children and families to services immediately following detention.
- *Team decision-making/child safety conferences* provide a forum for the family, relatives, friends, social workers, and community service providers to share information, observations, and concerns. The team identifies strengths and resources to assist in the development of an appropriate service plan for the family.
- *Emergency response investigations* of referrals on open cases provide consistency of emergency response investigations to reduce the likelihood of future abuse.

When child abuse/neglect allegations have been substantiated, the service delivery model involves the following specific strategies and steps:

- Initiate concurrent planning—while disclosing and recognizing the possibility of adoption, family reunification is emphasized.
- Review of any mental health/substance abuse or domestic violence issues.
- Assign Intensive Service Workers (ISW) who link families to services, work on reunification within 30 days, stabilize the immediate risks to the children and family while beginning the process of obtaining basic identifying data such as birth records, the father of the child, and accessing eligible benefits such as social security, along with other case management protocol.
- Identify relative caregivers if needed.
- Provide kinship support which assists in completing the federal eligibility application, eligibility determination for TANF as a nonneedy caregiver, facilitating community resources, referral to kinship training and discussion of adoption and guardianship.
- Identify nonoffending parents, particularly fathers.

- Refer children and families to multidisciplinary assessment teams (MATS) to assess children for mental health, developmental and educational issues within 30 to 45 days after placement. These efforts accomplish the following: determine treatment needs, stabilize the relevant relationships, address the issues for placement assess biological parents for mental health issues, evaluate current caregivers for suitability and for permanency if children need a permanent family, and develop back-up family members who could step up if needed.
- Complete the MAT process with a team decision meeting to update the service plan, link children and family to appropriate services and conduct an adoption disclosure.

How It Works: Results from Qualitative Evaluation

Although the Compton office and the adjacent Wateridge office serving SPA 6 had been already implementing POE, many DCFS staff and external stakeholders wanted more explicit information about the key principles and operational elements that led to success. Several groups raised questions about demographic and resource differences in the communities served by the different offices, especially since local studies have established significant differences in the types of resources available. These include the lack of access to language- and culture-specific services, along with public transportation resources available in different parts of the county.

In 2005 the Children and Families Research Consortium (CFRC) was asked to conduct a preliminary qualitative study of POE implementation in Compton and in Wateridge.¹ DCFS managers realized that they needed to better understand changes in the direct care practices of social work from the staff perspective, and

1 The Children and Families Research Consortium is a partnership between the Los Angeles County Department of Children and Family Services and the five universities with graduate schools of social work in the county. The university partners include the schools and departments of social work at the University of California Los Angeles, the University of Southern California, and California State Universities at Long Beach, Los Angeles, and Northridge.

they needed to know more about the community-based partnerships that are at the heart of POE from the perspective of participating agencies. This qualitative study was designed to answer two questions: (1) What does POE mean for staff, community partners, and the families served by these two early adopter offices? (2) What are the key processes or qualitative factors that are most meaningful in explaining why and how POE works?

Data were collected between May and August of 2006 from 4 focus group meetings and 17 individual interviews with key staff members from each office selected by Regional Administrators. Administrators suggested the names of line staff and supervisors in their respective offices who were most involved in POE and encouraged staff members from different ranks and with different perspectives to participate in the CFRC interviews. Interviewees were asked to discuss their overall impressions of POE, as well as give detailed information about their particular roles. Since these interviewees were not randomly chosen, their views should not be assumed to represent all staff; rather they reflect the views of the staff that were most involved and knowledgeable about POE. The job titles of the interviewees included Children's Social Workers and Supervisors in Emergency Response, Family Maintenance, Family Reunification, and with specialized units (e.g., Family Preservation), Team Decision-Making Facilitators, Intensive Services Workers, and Dependency Investigators.

Two person CFRC staff teams conducted the interviews using a conversational style, following a detailed interview protocol based on information from initial focus group meetings and the investigators' knowledge of DCFS. Generally, one CFRC investigator conducted the interview and responded with probes to clarify answers while the other took notes. These notes were then typed up with full responses to each question with much of the material written in the respondent's own words. Job titles and offices were attached to the comments of each respondent in the interview write-up to insure the ability to identify any observations or patterns that might be linked to particular roles or locations.

The method of analysis utilized was a general inductive approach, which is a systematic procedure for analyzing qualitative data. The CFRC investigators applied this approach to condense the interview data into a summary format in facilitating data interpretation. Several analytic strategies were utilized, including the development of themes or categories from the interview data. Two investigators developed a preliminary list of emergent themes from the interview data. These themes were reviewed by other investigators to verify accuracy, offer different interpretations, or suggest additional themes. Once the interpretations were written in report form, the trustworthiness of findings was reassessed by having all investigators review the written narratives. The researchers identified findings in eight areas: (1) the essential elements of POE, (2) case flow, (3) changing roles inside DCFS, (4) changing roles of community partners, (5) the impact of team decision making and structured decision making, (6) barriers and facilitating factors, (7) outcomes, and (8) indications of success. Some of the key findings are described in the following and illustrated with direct quotes from study participants.²

Perhaps the most important finding was that social workers and community partners serving both offices consistently reported that the strengths and needs of children and families are truly at the core of the POE process. This might not be significant in other jurisdictions, but since its establishment in 1984, DCFS has focused much more on systems functions (i.e., substantiation rates, case management processes, reporting requirements, etc.) than on child and family well-being. Moving families to the center of attention requires rethinking, restructuring, and reworking many of the agency's core processes. DCFS workers reported that they needed to learn and practice using a strengths-based, family-centered

2 A full report is available from Jacquelyn McCroskey, USC School of Social Work, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411. She would like to thank coinvestigators Walter Furman, Jane Yoo, and Stephanie Carter Williams for their work on this study, for their many contributions to the CFRC, and for their continuing dedication to improving the welfare of children and families in Los Angeles.

approach in order to build strong relationships with families. Both department administrators and staff of partner agencies reported that this is a significant change from previous practice, and people would need time to develop new skills.

Strengths-based family inclusion is essential. Differences . . . (between pre-POE and now) . . . in social work practice include focusing on the relationship between the social worker and the family. Social workers do less policing, and more interacting. We look at the situation differently, asking ‘what can we do to keep this family together?’ We use a family service model.

Another idea is the empowerment of families—they have a voice in the process. Even when we decide detention is best, after this process, parents are a lot more receptive to what needs to be done.

DCFS social workers reported that there are challenges in changing traditional practices, but they find the results much more rewarding and they can see immediate benefits for families.

As an ER worker, I go in with a new mind-set—whatever is going on, we have resources to help. This changes how I approach people, from how I introduce myself to how I talk with families to how I offer services.

Parents have choices about making changes for their own families. We help them make decisions for themselves, not just listing out what they have to do to keep their children. We have more open communication with families and family vulnerabilities are viewed differently. We’re working for the same goals—not being adversarial with families.

Study participants also commented on the centrality of collaboration and the many types of collaboration involved in POE. Collaboration between DCFS and CBO partners was mentioned most often as having changed dramatically since the advent of POE.

CBOs participate in assessment processes, case planning, ongoing service delivery, and monitoring of all types of cases (referrals with no open DCFS case, voluntary, and court ordered). For example, study participants said that secrecy about how DCFS works and decision-making processes is not productive and that old attitudes that have kept DCFS processes “closed” need to be changed. The benefits for DCFS workers from having real partners more than makes up for the discomfort of change:

Collaboration is our ideal. We used to have different islands within the department but now we know that everyone must be included. Collaboration is critical both within the department and with the community.

The primary culture change is that we now invite community partners to help families keep children safe in the home. Communication is wide open.

We have the opportunity to do good assessments and work with families on multiple levels. We can look at the whole family situation rather than just the original reason for the referral. Having the community-based agencies, as a third party, assess family situations too, eases some of the responsibility for decision making. Making big decisions like removing children by yourself is a tough thing. No one makes these decisions by themselves any more, everyone’s voice is heard—including the family.

Study results also show how communication with families is changing since POE requires full disclosure to and collaboration with families. Workers must communicate openly and respect the family’s ability to make decisions on their own behalf. This kind of communication is essential in order to assess family strengths and develop individualized service plans.

It’s a new flavor for the department to engage families within their own communities—intervene before the need for removal.

[My aims] include insuring that a family has the services they need and that the family understands why they need the services and what the services are intended to do. Before, the parents were more confused. We let them know what the court has ordered, the timelines, what their role is, what everyone's role is.

Things are done on a case-by-case basis and not on the type of allegation. Previously the nature of the allegation drove the [case/department] policies. Now we handle things on a case-by-case basis.

This philosophical change means that families are seen as full partners in the process, rather than as "cases" that need others to solve problems for them:

The family is involved from the beginning. Their role is very crucial because we are talking about their lives.

Before we just made all the decisions and didn't involve the families. Now we engage all sides of the family—aunts, uncles, and whoever the family invites. Even a pastor can come to the meeting.

I can hear the family's story from them. It empowers the parents. They have more say-so and feel a lot more connected from the beginning. [Families] seem less angry. They are put in a position where they can fix their problems. They are not in the dark about what is supposed to happen.

Study participants described the operational strategies of POE as linking families to services more quickly because the internal steps have been streamlined—agreement on an overall vision and goals that everyone in the office buys into means that people can work together rather than focusing only on their own contribution, protecting their own turf and holding up the progress for families.

POE means preserving the family unit. Prior to POE we were taking kids from their families unnecessarily. Now

with Alternative Response, we are able to help borderline families get services.

POE is when we try to get services to the family at the point of engagement, just when the referral comes in.

POE makes court the last resort. You only go to court when you feel you can't ensure child safety. POE means keeping children with their family whenever possible, safe.

DCFS workers have not always seen the involvement of community-based agencies through a positive lens, nor have community-based agencies been included in DCFS processes to the degree they are now with POE. A supervisor in Compton noted that attitudes toward community-based agencies have evolved with POE:

Their role is growing stronger. We never used the term *community partners* before. Before, we had to go through the courts, and we could only use those agencies that were approved by the courts.

In POE, relationships between DCFS and CBOs are seen as ongoing because both public and private agencies are committed to serving the families who live in Compton—a community with extensive needs and limited resources where every agency's efforts are needed and everyone counts. Traditional attitudes suggested that families were "handed off" through a referral to a CBO, and information on the family's progress was not shared.

[Before] referrals were made and there was no way to determine if [families] got the services. Now we have a relationship with the agencies we refer to and they let us know if the families come. They also help the family link to other agencies to find services. They help us.

Focus group discussions in Compton illustrated how these relationships have changed, allowing staff to be more open, truthful, and available to each other on a regular basis.

Before we communicated when we needed a report. Now we have a wonderful ongoing dialogue.

Community partners are perceived as equal to staff. Communication is constant between units, and with community partners. The informal communications are equally important to both sides. We know each other's office and cell phone numbers.

While the relationship between DCFS and community partners has changed, some community partners in one of the Compton focus groups also believed that this new atmosphere has affected relationships among local CBOs. They reported that community-based agencies are working together to increase cross-referrals between agencies, looking at one another differently, and relying more on other agencies for support. The interviewees observed fewer adversarial relationships between CBOs and more focus on advocacy for clients. Community-based agencies have increased knowledge of DCFS processes and procedures, and have increased trust and respect for DCFS staff.

Even the Compton office, which has experienced the most success with the POE approach, has not solved all of the problems associated with providing child welfare services in inner city communities that have disproportionate numbers of poor families of color, few living-wage jobs, inadequate schools and limited resources. But these DCFS workers are more likely now to see themselves as part of a larger community effort, where everyone needs to pitch in to help families resolve their problems, rather than as standing apart from local communities, bearing alone the burdens of providing "last resort" services for children whose families had failed them. When asked about the primary barriers to success now, DCFS workers called for even more connection to community-based services, more resources for families, and more access to language- and culture-competent services.

We need more help with the community, a lot more connection to the community. We need more Section 8 housing. Housing is the number one issue. Jobs, too. They are not plentiful here.

Domestic violence is a big issue here in the community and we don't have enough DV community partners. There used to be [agency name], but they have been overwhelmed [by referrals].

Waiting lists are an issue in between waiting for services. This is a particular problem for Spanish-speaking families because they have to wait for bilingual services.

Bringing it to Life: A POE Case Example

The following Compton case illustrates how POE can improve the quality of practice by truly valuing family support and community expertise. Before implementing POE, it was standard practice for emergency response social workers to bring child car seats with them when responding to a hospital referral of positive toxicology at birth. In fact, most workers, upon learning from the referral that there were several children in the family, would assume there would be a removal, and immediately request a placement search before leaving the office to even investigate the case.

However, under the POE service model, when responding to a referral on Mrs. J., an African American mother of six children, the social worker did not bring a car seat, nor did she request additional social workers to accompany her to help take in the children, nor did she check on the availability of an out-of-home placement before leaving the agency. Instead, the social worker arrived at the hospital, quickly gathered family members and service providers to assess the case and develop the most appropriate plan for the family. During the investigation, it became evident that although Mr. and Mrs. J. had struggled with substance abuse for some time, the family had not yet come to the attention of DCFS. A social worker with expertise in substance abuse issues assessed both parents to determine the stage of use and the impact of substance use on the safety and risk to the children.

In the case of the J. family, both paternal and maternal grandmothers agreed to care for the children. Each of them took in three

children under a Voluntary Family Reunification (VFR) contract. The separation and transition was hard for everybody, including parents, children, and grandmothers. However, due to timely services that included team decision-making meetings, strong support from service providers, family members, and voluntary social worker and supervisor, the children were able to reunify with their mother in treatment housing by the end of the VFR contract. Mr. J. relapsed, as sometimes happens in substance abuse recovery, but was also able to return home eventually.

It is difficult to know for sure whether this family, without POE, would have been brought to the attention of the court, whether the children would have ended up in foster care and whether they would have received a timely reunification, especially due to relapse of the father. With POE the children were kept out of the system, and the J. family reported the intervention to be very helpful and have shared their story to help others and to advocate for POE.

Outcomes of Point of Engagement

The primary goals of POE were to achieve the department's mission of ensuring safety, permanency and well-being for each child, but the staff has also realized that success in inner-city communities such as Compton requires that they directly address some of the conditions of intense poverty that many families are experiencing. Since POE social workers provide prevention and early intervention services rather than just "taking children away," study participants (social workers and community partners) reported that one result of adopting the POE philosophy is that the overall image of DCFS in Compton is much more positive, and some residents have begun to see child welfare as really benefiting children and families. Another effect of bringing family well-being clearly into focus within the public child welfare agency is that the efforts of DCFS social workers are more clearly aligned with other local institutions and community groups, so groups that did not want to

partner with DCFS when it was seen as a last resort to “take children” are now active partners. An important benefit for the staff as reported by many study participants is that social workers are able to truly see that they are helping children and families.

Since 2004, the Compton office has demonstrated a reduction in the number of children being removed from their families, an increase in the number of children returned to their families within 12 months, and an increase in the number of children finding permanent legal families. Since the project began in Compton, preliminary detentions were reduced from 487 before POE to 232 in the first year of POE, and then to 188 in 2005 to 2006. Reunifications have increased from 20% to 67% of cases. In 2005 to 2006, 405 children were reunified in 12 months. The total median length of stay in care has been reduced from 777 days in 2003 before POE to 368 days in 2005. Compton now has the highest voluntary family reunification rate in the county. Also, an assessment for adoption takes 3.6 months in Compton and 8 months in other parts of Los Angeles County. About eight adoptions are completed each month in Compton compared to four per month before the project.

Discussion

This article describes the implementation of a best practice model with families in child welfare and demonstrates its success in a complex multicultural inner-city community. While other previously published research attests to the desirability of similar “best practice” service delivery models, this article describes some of the complex changes required to fully implement these practice models from the perspectives of frontline staff. Because social workers in child welfare settings deal with extremely complex transactions between families, staff, and community partners, deeper analysis is required to fully reflect their challenges and the supports they need to do their jobs effectively. Yet it is beyond the scope of this paper to fully evaluate the efficacy of the POE model from the perspectives of community partners or families. DCFS changed its

policies to reflect the POE service delivery model, and POE training for all social workers and supervisors has been conducted as an introduction to this new approach to service delivery. The efficacy of this staff training protocol and model fidelity should also be more systematically evaluated in the future, testing whether improved skills in community partnership, team building capacities within the agency, and the strength-based perspective provide an effective start for POE's children's services workers.

Social work practitioners must continue to explore and utilize evidence-based and innovative practice models that will help alleviate the effects of disproportionality on children and families already involved with the system by improving permanency and well-being outcomes. These practices include family engagement, family group conferencing, kinship care, diligent recruitment, culturally competent practice, and partnership with community-based agencies that emphasize cultural competence (Everett, Chipungu, & Leashore, 2004; Fong, McRoy, & Ortiz-Hendricks, 2006; Miller & Gaston, 2003; Woodroffe & Spencer, 2003). Training in "undoing racism" is beginning to be used by some agencies seeking to examine how unconscious or conscious racism can potentially differentially impact service delivery (People's Institute for Survival and Beyond, 2007).

POE offers a service delivery system that combines many essential aspects that fuel the core of social work practices, focusing on the family's needs, immediate provision of services, and engaging the community to assist families in developing their own strengths to maintain safe homes for their children. The partnership between the family, child protective services, and community providers builds a strong community safety net that is often missing in traditional services. Intersecting culturally competent domestic violence, substance abuse, and child welfare services could also help to provide a multisystemic approach to service delivery for vulnerable families of color (Fong et al., 2006). This model has been used with children and families of color in the Compton area and

strongly suggests that there are successful strategies that can keep many children out of the system, and therefore contribute to reducing disproportionality.

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