ABSTRACT

FAMILY SUPPORT PROGRAM FOR FAMILIES AT RISK OF CHILD MATREATMENT AND CHILD MALTREATMENT RECURRENCE IN LOS ANGELES: A GRANT PROPOSAL

By

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The purpose of this project was to design a family support program, identify potential funding sources and write a grant to fund a program to reduce child maltreatment recurrence (CMR) for LIFT a non-profit agency located in Los Angeles, California. Research indicates risk factors such as neglect, poverty, single parent households, parental substance use and history of child welfare services, place children at increased risk of CMR and that comprehensive interventions are needed to address the multiple issues associated with CMR. The proposed program aims to provide supportive services to help families achieve greater economic self-sufficiency, leading families to be able to provide for the basic needs of their children and reducing the likelihood of CMR. Actual submission and/or funding of the grant was not a requirement for the completion of this project. Implications for social work practice are discussed.

FAMILY SUPPORT PROGRAM FOR FAMILIES AT RISK OF CHILD MATREATMENT AND CHILD MALTREATMENT RECURRENCE IN LOS ANGELES: A GRANT PROPOSAL

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CHAPTER 1

INTRODUCTION

Statement of the Problem

The U.S. Department of Health and Human Services (USDHHS; 2012) reported that 3.4 million Child Protective Services (CPS) reports were received which involved 6.3 million children. Out of those reports, 62% were assigned for investigation and of these, 17.7% were found to be victims of child maltreatment. Neglect continues to be the most frequently substantiated form of child maltreatment accounting for more than three quarters (78.3%) of child maltreatment victims. Children under the age of 1 had the highest rate of victimization and over one fourth (26.8%) of the child victims were under the age of 3. Furthermore, 19.9% of child victims were between the ages of 3-5 years of age.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) estimated that there were 397,122 children in foster care in 2012 (USDHHS, 2013). Approximately 47% of the children in care were in non-relative foster family homes and only 28% of those children were placed in relative homes. USDHHS (2011) reported that there is a disproportionate representation of African American children in foster care in 32 states and a disproportionate number of Alaska Native/American Indian children in 17 states. White and Asian children continue to be underrepresented in foster care and there are mixed results about representation of Hispanic children in foster care (Child

Welfare Information Gateway, 2011; Knott & Donovan, 2010; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013).

The 2013 AFCARS report further revealed that in 2012, 240,923 children exited the foster care system; however, only 122,173 (51%) of these children reunified with a parent or primary caretaker (USDHHS, 2013). Unfortunately, many of the children who reunify experience child maltreatment recurrence (CMR). Research in CMR is limited; an area of concern is that CMR rates vary in different study populations (Zhang, Fuller, & Nieto, 2013). Researchers utilize different methodologies, definitions and measure CMR over different lengths of time. For example, researchers measure recurrence rates ranging from 60 days to 5 years (Connell et al., 2009; Kimberlin, Anthony, & Austin, 2009). As a result, research findings cannot be generalized (Kahn & Schwalbe, 2010).

USDHHS has established a national standard for the absence of CMR that is only met by the states when the percentage of children who are victims of multiple incidents of maltreatment within a 6 month period is less than or equal to 5.4%. The most current statistics indicated that in 2012, only 27 out of the 50 states in the United States met the 94.6% national standard for the absence of maltreatment recurrence (USDHHS, 2012). In 2011, the national median of children who were found to be victims of a substantiated child abuse/neglect report and had a second substantiated report within 6 months was 5.2% (USDHHS, 2011). A review of maltreatment recurrence from 2008 to 2011 found a substantial number of states (42%) were not meeting the 94.6% national standard for the absence of maltreatment recurrence. California was one of the states that did not meet the national standard as 7% of children experienced recurrence of one or more child

maltreatment incidents in the 6 months following parental reunification (USDHHS, 2011).

Researchers have also examined a broad range of risk factors for CMR that include child, parental, family, environmental and case risk factors (Brook & McDonald, 2009; Hélie, Poirier, & Turcotte, 2014; Kimberlin et al., 2009). Research demonstrates that children under the age of 2 and children with physical, developmental and mental health disabilities are at higher risk of CMR (Bae, Solomon, & Gelles, 2009; Brook & McDonald, 2009; Fluke, Shusterman, Hollinshen, & Yuan, 2008; Kohl, Jonson-Reid, & Drake, 2009; Palusci & Ondersma, 2012). Researchers have also found that parental substance use is a risk factor significantly associated with CMR (Brook & McDonald, 2009; Fluke et al., 2008; Palusci, 2011). Environmental risk factors have been examined by researchers and it has been noted that children living in poverty and single parent households are also at increased risk of CMR (Bae et al., 2009; Palusci, 2011; Palusci & Ondersma, 2012; Zhang et al., 2013). Lastly, case related risk factors associated with increased CMR are: child neglect, history of child welfare involvement and out of home placement (Bae et al., 2009; Connell et al., 2009; Fluke et al., 2008; Hélie et al., 2014; Palusci & Ondersma, 2012; Zhang et al., 2013). Researchers have found that chronic maltreatment is a strong predictor of negative outcomes for individuals in both childhood and adulthood (Jonson-Reid, Kohl, & Drake, 2012; USDHHS, 2011).

Some researchers suggest that perhaps the heightened surveillance that families experience after CPS is involved can explain why case related risk factors increase CMR for families (Bae et al., 2009; Fluke et al., 2008). Bae and colleagues (2009) suggest that CPS responds to families who are chronically reported differently such as providing more

intensive services and therefore, these families tend to be under more intense surveillance by CPS and service providers. Fluke and colleagues (2008) stated that this increased surveillance can explain possible increased re-reporting of these families.

Effective Interventions

Researchers suggest that it is important to consider intervention strategies to prevent chronic child maltreatment, specifically child neglect and CMR, in early stages of contact between the CPS agency and family (Kaplan, Schene, DePanfilis, & Gilmore, 2009; Zhang et al., 2013). Researchers agree that particular interventions should be implemented in the months following a child abuse report, typically 6-12 months as this is when families are more likely to encounter CMR (Connell et al., 2009; Hélie et al., 2014; Palusci, 2011; Palusci & Ondersma, 2012; Zhang et al., 2013). To date, limited research has been conducted on how to address chronic neglect or CMR (Connell et al., 2009; Jonson-Reid, Emery, Drake & Stahlschmidt., 2010; Kaplan et al., 2009). However, there is an overwhelming call from researchers, scholars and service providers that agree that unique home-based, family-centered and comprehensive services need to address the multiple and interconnected issues associated with child neglect and poverty (Bartlett, Raskin, Kotake, Nearing, & Easterbrooks, 2014; Hearn, 2011; Niccols et al., 2012). Furthermore, Kohl and colleagues (2009) suggest that concrete services and simple interventions such as job training, housing in a safe neighborhood and assistance with home repairs, may be ways to alleviate some of the stressors associated with living in poverty and may also be important to improve CMR rates.

Family Connections

Family Connections (FC) is a promising program that has demonstrated evidence of effectiveness in working with families who are at risk of child maltreatment to reduce CMR (DePanfilis & Dubowitz, 2005; Sharpe, DePanfilis, Strieder, & Gregory, 2009; Theriot, O'Day, & Hatfield, 2009). Based on the ecological developmental theory, FC is a program that has been designed specifically to prevent chronic child neglect by helping parents meet the basic needs of their children. FC is a multifaceted, community-based and family-centered program that serves families in their homes. There are nine principles that guide the program: community outreach, individualized family assessments, tailored interventions, helping alliance, empowerment approaches, strengths-based perspective, cultural competence, developmental appropriateness, and outcome-driven case plans. FC operates under four program components: emergency assistance, home-based family interventions, service coordination, and multi-family supportive recreational activities. FC is designed to decrease risk factors and increase protective factors (DePanfilis & Dubowitz, 2005; DePanfilis, Filene, & Brodowski, 2009).

Purpose of the Project

The purpose of this project was to design a family support program, identify potential funding sources, and write a grant to fund a program for families to reduce CMR for LIFT, a non-profit community agency located in Los Angeles, California. This program will serve families who have been involved in the Los Angeles County Department of Children and Family Services (DCFS) or are at risk of becoming involved with DCFS in Los Angeles California.

Definition of Terms

Child maltreatment: "At a minimum, any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm" (USDHHS, 2012, p. 110).

Child maltreatment recurrence (CMR): "A subsequent time that a child has been found to be a victim of maltreatment following a prior determination that a child was victimized" (Fluke et al., 2008, p. 79).

Initial report: "The first investigation or assessment within and observation period that occurs for a specific child who has not been the subject of a prior investigation or assessment" (Fluke et al., 2008, p. 79).

Re-report: "The second, third or subsequent report that alleges a child has been maltreated and that receives an investigation or assessment by the CPS agency regardless of the disposition (also called reinvestigation)" (Fluke et al., 2008, p. 79.).

Agency Description

The proposed program will be implemented at LIFT, a non-profit 501(c) organization located in a metropolitan area of Los Angeles, California. LIFT's mission is to help vulnerable and high-need families in low-income communities achieve economic stability and well-being by helping them locate employment, a safe home, educational and financial opportunities as well as securing concrete services to meet the family's basic needs. LIFT focuses on strengthening people's personal, social and financial supports in order to help lift families out of poverty. LIFT's core values are: service, sense of possibility, relationships, collaboration, belief in human potential and

commitment to diversity (LIFT Communities, 2015a). LIFT Los Angeles operates a resource center to provide services that include pairing participants with a program volunteer to help them identify goals, develop a plan and provide referrals and linkage to employment, housing, public benefits and concrete services for adults. LIFT also provides workshops and assistance with soft skills such as resume writing (LIFT Communities, 2015b). The proposed program would benefit LIFT as it would enhance the agency's services by helping to reduce some of the obstacles that low-income families face, and help to reduce child maltreatment and recurrence.

Multicultural Relevance

Given the multicultural composition of families in Los Angeles and their unique language, history and experiences, this program will require that services to be offered in English and Spanish. The program staff will also be trained in diversity and how to provide mindful and culturally competent services to families. The program staff will be encouraged to engage in dialogue about how racism, sexism and discrimination may affect a family's ability to access services and will be trained to advocate and challenge systems and institutions to increase opportunities for families. The program will incorporate services and activities that celebrate the uniqueness of individuals' cultures and encourage respect, inclusion and engagement of all families.

Social Work Relevance

Social workers in the field adhere to the National Association of Social Workers (NASW) *Code of Ethics* (2008). The NASW *Code of Ethics* states that one of the primary tasks in the field of social work is to tackle inequality, oppression and social injustice with particular attention to be paid to the most vulnerable populations. This

program will provide services to an underserved and vulnerable population and will help ameliorate the unique issues that families residing in impoverished areas face. The NASW *Code of Ethics* (2008) also calls for social workers to provide culturally sensitive services to individuals and to advocate for the needs of marginalized populations, both which will be goals of this project. Families will be provided with linkage to information and resources and will be empowered through modeling to advocate for themselves whenever needed.

CHAPTER 2

LITERATURE REVIEW

Researchers have examined a broad range of risk factors related to CMR (Brook & McDonald, 2009; Hélie et al., 2014; Kimberlin et al., 2009). This chapter includes a review of literature on child, parent, environmental and case related risk factors that are associated with CMR. In addition, a review of the current interventions utilized to address child neglect and CMR is included.

It is important to note that research in CMR is limited, and that there are a number of limitations and challenges. An area of concern is that CMR rates vary in different study populations (Casanueva et al., 2015; Zhang et al., 2013). Part of the problem is that there is no universally accepted definition of CMR. For example, some studies define CMR as only substantiated reports while others consider all investigated reports (re-reports) regardless of substantiation (Dolan, Casanueva, Smith, Day, & Dowd, 2014). Some researchers count re-reports regardless of substantiation considering that some unsubstantiated reports can also include high to moderate levels of harm, but fail to meet the CPS agency's or state legislation guidelines for substantiation (Kohl et al., 2009). Furthermore, other researchers limit their CMR definition to include substantiated reports that result in the receipt of child welfare services or substantiated reports that result in out of home placement (Brook & McDonald, 2009; Kahn & Schwalbe, 2010). It is important to note that substantiation guidelines and foster care entry justification can vary greatly

among states and CPS agencies. Researchers also utilize different methodologies and measure CMR over different lengths of time. For example, researchers measure recurrence rates ranging from 60 days to 5 years (Connell et al., 2009; Kimberlin et al., 2009). Lastly, another challenge in current CMR research is the use of administrative data sets with limited, missing or inaccurate data (Dolan et al., 2014; Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011). As a result of these limitations, research findings cannot be generalized and this is problematic for developing and integrating knowledge about CMR (Kahn & Schwalbe, 2010).

Child Risk Factors

Child Age

It has been well established in child welfare literature that the young age of a child, typically age 0-2, is associated with higher risk of CMR (Bae et al., 2009; Brook & McDonald, 2009; Fluke et al., 2008; Jonson-Reid et al., 2010; Palusci & Ondersma, 2012; Zhang et al., 2013). Bae and colleagues (2009) conducted a comparison group study to investigate the patterns and risk factors associated between families with one or more incidents of child maltreatment recurrence versus families that had no recurrence. The study took place in Florida using a sample of 32,163 families from 7 counties that had one or more substantiated child maltreatment reports. CMR was defined as one or more substantiated reports of child maltreatment to CPS during the study period of 5.4 years without a prior report for the family during the preceding year. The study found that children younger than 2 years of age were more likely to experience single or multiple incidents of CMR compared to no recurrence. Findings of the study also revealed that risk of CMR decreased by 2.6% for each 1 year increase in the age of the

child. Findings revealed that African American families were more likely to have CMR when compared to White, Latino and Other ethnic/racial families. African American families were also more likely to experience multiple CMR relative to no recurrence.

Fluke and colleagues (2008) conducted a longitudinal study to examine individual, maltreatment and service risk factors associated with CMR. The researchers utilized data from the National Child Abuse and Neglect Data System (NCANDS) that examined 505,621 children with an investigated child maltreatment report over a 24 month period. Data were gathered across 8 states. CMR was defined as a subsequent maltreatment report that was substantiated following a substantiated initial report. This study found that infants (age 0-23 months) were at the highest risk of CMR when compared to children in other age groups, specifically CMR rates for infants were 10.1% compared to 2.78% for children 18 and older. Further results indicated that children with disabilities were approximately 1.5 times at greater risk of being victims of CMR, than children without disabilities. Results demonstrated that CMR rates decreased as the age of child increased. Findings in this study support Bae and colleagues' (2009) findings that young age places children at higher risk of CMR and that CMR rates decline as the age of the child increases.

Shaw and Webster (2011) conducted a longitudinal study to examine if any differences existed in child characteristics related to whether a child re-entered foster care within 12 months or between a 12 to 24 month period. The study utilized data from the California Child Welfare Services/Case Management System (CWS/CMS) to examine 35,822 children who entered foster care for the first time and reunified with their family within 12 months. The children were monitored for 24 months after reunification to

measure reentry into foster care. The study found that approximately 75% of re-entries into foster care occurred before 12 months (n = 4,466) and 25% occurred between 12 and 24 months (n = 1,508). Results demonstrated that infants were at higher odds of re-entering care that any other age group. Although infants comprised only 15.29% of reunification cases, infants represented 20.17% of re-entries into foster care before 12 months and 20.29% reentries between 12 and 24 months. Compared to children ages 6-10 which comprised the largest age group of reunification cases (28.23%), children ages 6-10 represented 24.38% of re-entries before 12 months and 26.16% reentries between 12 and 24 months (Shaw & Webster, 2011).

Child Disability

Children who have disabilities (including physical, mental, learning disabilities and developmental disabilities) are at increased risk of CMR (Fluke et al., 2008; Jonson-Reid et al., 2010; Kahn & Schwalbe, 2010; Palusci & Ondersma, 2012; Zhang et al., 2013). Kohl and colleagues (2009) conducted a longitudinal national probability study to examine the association between substantiation status, CMR risk and patterns. Researchers examined 1,820 cases of families who were investigated for child maltreatment in which the children remained in the home and there were no known maltreatment reports prior to the initial report. The data were gathered from the National Survey of Children and Adolescent Well-being (NSCAW) and cases were monitored for 36 months. CMR was defined as any re-report, substantiated re-report and subsequent out of home placement that occurred at least 15 days following the initial report. The study measured developmental disabilities utilizing several tools that measured a child's cognitive, social and behavioral development according to the child's age group;

however, developmental disabilities were only defined as having a developmental disability or not having a developmental disability. Results demonstrated that children identified as having developmental disabilities were much more likely to have a re-report when compared to children without developmental disabilities. Children with developmental disabilities were also at much greater risk of experiencing substantiated re-reports of maltreatment compared with children without developmental disabilities. Child developmental disabilities did not contribute to an increased risk for out of home placement. Of all the risk factors measured, only families living below the poverty line were at risk to have their children placed into out of home care, compared to families living above the poverty line (Kohl et al., 2009).

The literature suggests that young children and children with disabilities have greater needs, making them more challenging to care for, adding stress to the household and thus making them more vulnerable (Jonson-Reid et al., 2010; Palusci, 2011; Shaw & Webster, 2011; Solomon & Asberg, 2012).

Parental Risk Factor

Substance Use

Research indicates that parental substance use disorders are a risk factor that place children at higher likelihood of CMR (Fluke et al., 2008; Jonson-Reid et al., 2010; Palusci, 2011; Shaw &Webster, 2011). Brook and McDonald (2009) conducted a longitudinal study of children in Oklahoma to examine the likelihood of reentry into foster care following parental reunification. Data were gathered from the Oklahoma Division of Children and Family Services. Researchers examined a sample of 13,711 children who were placed in foster care and subsequently reunified with their families.

This sample was stratified into four categories based on parental substance use as a factor for initial removal: alcohol involvement only, drug involvement only, drug and alcohol involvement and no drug nor alcohol involvement. Reentry rates were then compared for the four groups. Findings demonstrated that children whose parents had both drug and alcohol use disorders experienced the highest rate of foster care reentry (47% compared to 25%) of children whose parents did not have substance use issues. Children whose parents experienced alcohol involvement only represented the second highest reentry rate, followed by parents who experienced drug involvement only. Children whose parents had no drug or alcohol involvement were the least likely to experience reentry into foster care when compared to the other three groups.

Fluke and colleagues (2008) also found evidence that parental substance use disorders place children at greater risk of CMR. Parental alcohol abuse and drug abuse factors were associated with higher rates of substantiated re-reporting or CMR (10.33% and 10.82% respectively). Children whose parents only abused alcohol were 1.22 times at greater risk of CMR (Fluke et al., 2008).

Environmental Risk Factors

Poverty

Researchers have found overwhelming evidence that poverty or receipt of public assistance is strongly associated with increased risk of CMR (Dakil, Sakai, Lin, & Flores, 2011; Kahn & Schwalbe, 2010; Kohl et al., 2009; Shaw & Webster, 2011). Palusci (2011) conducted a secondary data analysis using NCANDS information to examine risk factors related to CMR for 177,568 children between ages 0 to 5 who had a substantiated maltreatment report across 18 states. CMR in this study was defined as a second

confirmed report that occurred in the same state for the same child between 2003 and 2007. Results of the study revealed that 19.3% of the children examined had a second substantiated child maltreatment report within 5 years. Results demonstrated that CMR was significantly more likely to occur in families who were experiencing poverty related issues such as receiving public assistance and experienced inadequate housing compared to families who did not experience poverty related issues. For children ages 0-5, 26.8% had inadequate housing, 18.7% experienced financial problems and 39.4% received public assistance (Palusci, 2011).

Palusci and Ondersma (2012) conducted a cohort study examining recurrence rates of psychological maltreatment utilizing a sample of 11,646 children who had initial substantiated psychological maltreatment reports during 2003. The researchers utilized the same dataset from Palusci's 2011 study. CMR was defined as a child with a second CPS confirmed report containing psychological maltreatment in the same state between 2003 and 2007. Researchers stratified the sample into two groups: children victims of psychological maltreatment only and children with psychological maltreatment and another type of maltreatment (child maltreatment co-occurrence). The study found that of the 11,646 children, 9.2% had a second confirmed report for psychological maltreatment within 5 years. Results indicated that families receiving public assistance were at significantly higher risk of CMR, in comparison to families who did not receive public assistance (Palusci & Ondersma, 2012).

Horwitz and colleagues (2011) utilized NSCAW data from a 3 year longitudinal study of 5,501 youth ages 0 to 14 who were referred to child welfare services. These families were investigated for allegations of child maltreatment (including substantiated

and unsubstantiated cases) and their children remained in the home 6 months post initial investigation. CMR in this study was defined as a subsequent report that led to an out of home placement. The purpose of the study was to document out of home placement rates in a 30 month period and examine child, family and environmental risk factors related to out of home placement. The study found that 25% of children who lived in poor families, had three or more identified risk factors and received child welfare services after the initial investigation were placed in out of home care. In comparison, only 3% of children whose families were not poor, had fewer than 4 risks and whose families did not receive child welfare services at the initial investigation were placed in out of home care. Findings demonstrated that lower family income placed children at higher risk of out of home placement. Results also demonstrated that children were 2 to 3 times as likely to experience out of home placement if they had prior maltreatment reports. Children who were left in the home after the initial report with child welfare services were 2 times more likely to be placed in out of home care when compared to children left in the home without child welfare services (Horwitz et al., 2011).

Jonson-Reid and colleagues (2010) conducted a cross sectional, longitudinal study to analyze child, family, environmental and case related risk factors that increased the probability of families having 1 incident of CMR to having five or more incidents of CMR (chronic re-reports). More specifically, these researchers examined risk factors in predicting CMR at four stages: (a) first to second report; (b) second to third report; (c) third to fourth report; and (d) fourth to fifth report. Data for this study were drawn from a larger longitudinal study based on a Midwestern metropolitan area. The sample size consisted of 6,412 children under the age of 10. CMR in this study was defined as a

subsequent report (not restricted to subsequent substantiated report) occurring at least one week after the prior report. There were two groups examined in this study: group one was comprised of low-income families reported for child maltreatment and group two was comprised of non-low-income families reported for maltreatment. This study found that families receiving Aid to Families with Dependent Children (AFDC) or Temporary Aid to Needy Families (TANF) was a predictor of higher recurrence (across all report stages) when compared to children in families who never received AFDC/TANF. The study found that among those families with 4 or more reports almost all (90.4%) had an episode of AFDC or TANF (Jonson-Reid et al., 2010).

Single Parent Household

Several studies have also found that children living in single parent households are at higher risk of CMR (Bae et al., 2009; Brook & McDonald, 2011; Palusci, 2011; Palusci & Ondersma, 2012). Kahn and Schwalbe (2010) used data from the NSCAW to examine risk factors related to CMR at two decision points in a nationally representative sample of children ages 0 to 14. The researchers utilized a two-stage stratified sampling strategy and two groups were used. Group one consisted of 5,501 children who were subjects of an unsubstantiated maltreatment report and group two consisted of 3,365 children who were subjects of a substantiated maltreatment report. CMR was defined as first re-report after initial investigation regardless of substantiation. Results found that for children with unsubstantiated maltreatment reports (group one) living in single parent households (mother only or father only) placed children at increased risk of recurrence when compared to children who lived in two parent households. Results demonstrated that for children with substantiated maltreatment reports (group two), being identified as

having low poverty status and having trouble paying bills placed families at increased risk of CMR when compared to families who lived above the poverty line and did not have trouble paying bills. Lastly, the research found that having high levels of prior child welfare involvement (including prior substantiated cases, prior receipt of service or prior removal of a child) strongly predicted CMR for families in both groups.

Case Related Risk Factors

Neglect

Studies have demonstrated that cases involving child neglect allegations have a higher risk of CMR than cases involving other types of abuse allegations (Horwitz et al., 2011; Jonson-Reid et al., 2010; Solomon & Asberg, 2012; Zhang et al., 2013). For example, Palusci (2011) found that 66% of families were reported for neglect in the first and subsequent report. Palusci (2011) found that neglect also increased the risk of one or multiple incidents of CMR. Horwitz and colleagues (2011) also demonstrated children reported for neglect were also at increased risk of being placed in out of home care, when compared to children found to be victims of physical or sexual abuse.

In examining specific studies, Connell and colleagues (2009) conducted a study using data from the Rhode Island Children's Information System (RICHIST) of a sample of 3,259 children who exited foster care and reunified with their parents. The purpose of this study was to examine CMR rates and to assess the effect of child, family and case characteristics on CMR rates among children following parental reunification over a period of 36 months. CMR in this study was defined as a substantiated child abuse or neglect occurrence following reunification with a parent. The study found that among the children who were removed originally for child maltreatment, 81% of the CMR incidents

following parental reunification were due to neglect, followed by 13.7% for physical abuse, 3.5% sexual abuse and 1.8% emotional abuse. Results also found that children with history of reported foster care placements were more than double the risk of CMR following family reunification (Connell et al., 2009).

Similarly, Hélie et al. (2014) conducted a longitudinal study to estimate the risk of CMR of children exiting foster care as well as examined the impact of placement characteristics on the risk of CMR. The study data were gathered from 16 Quebec CPS agencies. There were two cohorts of children examined over two periods of time: cohort 1 (n= 3241) and cohort 2 (n=879). CMR in this study was defined as a new substantiated child maltreatment report following parental reunification between 18 months and 6.25 years. Findings indicated that almost two thirds of the children studied (60%) were originally removed due to neglect allegations and 55% of the children who experienced subsequent child maltreatment recurrence were due to neglect allegations as well (Hélie et al., 2014).

Child Welfare Involvement

Research has also found an overwhelming amount of evidence that demonstrates that families with history of child welfare involvement are at increased probability of CMR (Bae et al., 2009; Casanueva et al., 2015; Fuller & Nieto, 2014; Horwitz et al., 2011; Kahn & Schwalbe, 2010; Thompson & Wiley, 2008). Dakil and colleagues (2011) conducted a 5 year prospective cohort study of 5,501 children (ages 0 to 14) who remained in their home following a CPS report from 92 child welfare agencies nationwide. The data for this study were gathered from NSCAW and the purpose of the study was to identify risk clusters associated with CMR for children who remained in the

home after a maltreatment report. CMR in this study was defined as any new unsubstantiated and substantiated maltreatment re-report during the 5 year study period for children who remained in the home after the initial child maltreatment report. The researchers found that of the 2,578 children who remained in the home after the initial child abuse report, 44% (n=1139) were re-reported in the 5 year follow up period. Among 800 children who remained in the home after unsubstantiated initial reports, 56% were re-reported and of the 1,252 children who remained in the home after substantiated initial reports, 38% were re-reported. Results indicated that CPS history prior to the initial maltreatment report increased the incidence of CMR. Children with CPS history of unsubstantiated and substantiated reports were at increased risk of CMR, when compared to children without CPS history (Dakil et al., 2011).

Sledjeski, Dierker, Brigham and Breslin (2008) gathered data from a middle income county to study 244 families who had a substantiated child maltreatment report in 2003. The data were gathered from the Connecticut Department of Children and Families LINKS database and individual case files. Families were monitored for 18 months to identify the presence of CMR. The purpose of the study was to examine whether a pattern-centered analysis would better predict families at high risk of CMR when compared to logistic regression methods. CMR in this study was defined as any subsequent substantiated child maltreatment report for families following the initial substantiated maltreatment report. The researchers found that 31% of families (*n*=75) experienced CMR. The multivariate logistic regression analysis revealed that only prior CPS involvement predicted CMR after adjusting for other variables. Under the pattern-centered analysis it was found that 38% (*n*=66) of families with a prior substantiated or

unsubstantiated case experienced CMR whereas, only 13% (*n*=9) families without CPS history experienced CMR. Under the pattern-centered analysis CPS history accounted for 53% of all CMR cases. Results of the study indicated that prior CPS involvement defined as substantiated and unsubstantiated investigations were the most important factors in predicting CMR in both statistical approaches. The pattern-centered model correctly predicted 95% of recurrent cases, but the model had poor specificity (39%); 61% of non-recurrent cases were incorrectly classified. The multivariate logistic regression model correctly predicted only 37% of recurrent cases; however, this model had good specificity (87%). Findings in the study suggest that pattern centered analyses may be a useful approach to predict CMR (Sledjeski et al., 2008).

In a 5-year longitudinal data analysis, Zhang and colleagues (2013) examined how previous maltreatment incidents, are associated with the likelihood of future CMR. The researchers drew data from the Illinois Child Abuse and Neglect Tracking System (CANTS) and the Children Youth Center Information System (CYCIS) to compile a sample size of 18,196 cases of children 0-14 that had at least two maltreatment reports within the 4 year observation period. In this study, CMR was defined as a child maltreatment incident reported to the child welfare agency, regardless of substantiation status. The results indicated that among the cases with at least two prior reports, 60% encountered a child maltreatment recurrence report during the observation period. Families with maltreatment reports in the year prior to the study observation period were positively associated with higher risk of CMR when compared to families that did not have prior maltreatment reports. In addition, families who received child welfare

services and families with higher numbers of maltreatment reports were also associated with increased risk of CMR (Zhang et al., 2013).

Out of Home Placement

Out of home placements is also another case related risk factor that has been associated with increased probability of CMR (Bae et al., 2009; Connell et al., 2009; Fluke et al., 2008; Hélie et al., 2014; Palusci & Ondersma, 2012). Solomon and Asberg (2012) conducted a study to examine the relationships between child, family and environmental characteristics and CPS services (e.g. substance abuse services, parenting classes, therapy, provision of concrete services and temporary placement of the child with another caregiver) provided if a child was removed from his caregiver, to predict CMR rates. The sample in this study consisted of 120 cases which were selected from CPS files in a southern county in the United States. CMR was defined as cases in which there was at least one additional substantiated child maltreatment case following an initial substantiated case of maltreatment within the 3 year study period. Findings of the study demonstrated that over half (51%) of the 120 cases examined involved a second CMR case. The study found that children who were temporarily removed from their parent's custody and placed with another caregiver were more likely to have a second substantiated case (79% versus 42%) when compared to children not removed. Furthermore, findings indicated that children who were temporarily removed from their caregivers' custody and placed with another caregiver were 8.91 times more likely to experience a substantiated case of CMR (Solomon & Asberg, 2012).

Surveillance Bias

Some researchers suggest that perhaps the heightened surveillance that families experience after CPS is involved can explain why case related risk factors increase CMR for families (Bae et al., 2009; Fluke at al., 2008; Horwitz et al, 2011). To date, limited research has been conducted on examining surveillance bias within the child welfare context; however, surveillance bias refers to the possibility that families may be at increased risk of child maltreatment reports compared to families that do not receive services because they are subject to greater scrutiny by service providers (Bae et al., 2009; Chaffin & Bard, 2006). Some researchers suggest that this increased scrutiny can explain possible increased re-reporting of these families (Fluke et al, 2008; Hélie et al., 2014), while others suggest that perhaps those families receiving services are already increased intrinsic risk and thus, more likely to recur (Horwitz et al., 2011). For example, Bae and colleagues (2009) found that families who were reported to CPS by non-mandated reporters were less intensely investigated, had less frequent contact with CPS workers and were less intrusively served by CPS and theoretically experienced less surveillance bias. However, these families were still more likely to experience one or more child maltreatment recurrence.

In summary, a broad range of child, parent, environmental and case related risk factors related to CMR, have been examined in the literature. Surveillance bias has not been examined in great detail however is a factor that should be considered in examining CMR research. There is overwhelming evidence that families experiencing multiple problems are at highest risk of CMR (Brook & McDonald, 2009; Hélie et al., 2014; Kimberlin et al., 2009).

Effective Interventions

It is important to note that families that deal with issues of child neglect and CMR are dealing with a multitude of problems, often making neglect a chronic issue. Researchers suggest that interventions for families need to be developed under an ecological framework (Bronfenbrenner, 1979) that considers not only the child and parent risk factors but also considers environmental and systemic risk factors that affect families that become involved in the child welfare system. Researchers, scholars and service providers agree that comprehensive services need to address the multiple and interconnected issues associated with child neglect, poverty and CMR (Bartlett et al., 2014; Hearn, 2011; Niccols et al., 2012).

To date, limited research has been conducted on interventions for families that experience child neglect and are at increased risk to experience CMR. Some researchers argue that current interventions are ineffective because they are focused on the belief that parents behaviors and intrapersonal limitations are the problem and do not address the underlying needs of the family (Fuller & Nieto, 2014; Hearn, 2011; Jud, Fallon & Trocmé, 2012; Maguire-Jack & Font, 2014; Palusci and Ondersma, 2012; Thompson & Wiley, 2008). Hearn (2011) argues that many identifiable parent intrapersonal issues stem from the parents' lack of access to resources, limited social capital and poverty which can impede a parent's ability to provide adequate and nurturing care to their children, contributing to the problem of child neglect.

Researchers suggest that it is important to consider intervention strategies to prevent chronic child maltreatment, specifically child neglect and CMR, in early stages of contact between the CPS agency and family (Bartlett et al., 2014; Kaplan et al., 2009;

Zhang et al., 2013). Researchers agree that particular interventions should be implemented in the months following a child abuse report, typically 6-12 months as this is when families are more likely to encounter CMR (Connell et al., 2009; Hélie et al., 2014; Palusci, 2011; Palusci & Ondersma, 2012; Zhang et al., 2013).

Some researchers have suggested that unique home-based, family-centered interventions are necessary in order to prevent neglect and CMR (Connell et al., 2009; Jonson-Reid et al., 2010; Kaplan et al., 2009). Others agree that rather than using resources for new investigations associated with re-reports, preventative and comprehensive interventions need to be developed to address the multiple factors that families face and provide support to parents and children (Casanueva et al., 2015; Kimberlin et al., 2009; Niccols et al., 2012). Bartlett and colleagues (2014) argue that access to financial, social and other resources may increase a parents' ability to provide a safe environment for their children, thus reducing child neglect. Furthermore, Kohl and colleagues (2009) suggest that concrete services and simple interventions such as job training, housing in a safe neighborhood and assistance with home repairs, may be ways to alleviate some of the stressors associated with living in poverty and may also be important to decrease neglect and CMR rates. Theriot et al. (2009) suggest that providing direct services rather than referrals will increase family engagement and recommend that if referrals must be made, service providers assist with making first time appointments, making personal introductions and accompanying families to the first time appointment if possible. Researchers agree that interventions for child neglect and CMR need to be tailored to the specific risk factors present in the family and interventions need to be

tested with diverse populations and be assessed for cultural relevance (Hearn, 2011; Kimberlin et al., 2009; Niccols et al., 2012; Theriot et al., 2009).

Family Connections

FC is an example of a promising program that has demonstrated effectiveness in reducing child neglect and CMR (DePanfilis & Dubowitz, 2005; Sharpe et al., 2009; Theriot et al., 2009). Based on the ecological developmental theory, FC is a program that has been designed specifically to prevent chronic child neglect by helping parents meet the basic needs of their children (DePanfilis & Dubowitz, 2005). FC is a multifaceted, community-based and family-centered program that services families in their homes. There are nine principles that guide the program: community outreach, individualized family assessments, tailored interventions, helping alliance, empowerment approaches, strengths-based perspective, cultural competence, developmental appropriateness, and outcome-driven case plans (DePanfilis & Dubowitz, 2005.). FC operates under four program components: emergency assistance, home-based family interventions, service coordination, and multi-family supportive recreational activities. FC is designed to decrease risk factors and increase protective factors (DePanfilis & Dubowitz, 2005; DePanfilis et al., 2009).

DePanfilis and Dubowitz (2005) conducted a study that examined outcomes of 154 families who participated in FC. These families resided in an impoverished urban city and the majority of families were referred to the program due to neglect (54%). The families were randomly assigned to two groups, one that received 3 months of FC services and the other that received 9 months of FC services. Risk factors (caregiver depressive symptoms, parenting stress, and every day stress), protective factors

(parenting attitudes, parenting sense of competence, family functioning and social support), child safety and child behavior were measured utilizing self-reports and observational data at baseline, upon case closure and 6 months post FC intervention. Both groups received a minimum of 1 hour of direct services per week during the first 3 months.

Results of the study demonstrated both groups of families experienced diminished risk in parental depressive symptoms, parental stress and life stress. These results were sustained for 6 months after FC services concluded. Moreover, both groups of families experienced positive changes in parental protective factors, improved child behavior and improved child safety. During the intervention, 11% of families in both groups were re-reported to CPS and 7.8% of these reports were substantiated. Six months after FC services terminated, 7.9% of families experienced re-reports however only 3.6% of the reports were substantiated. There were no significant differences between the number of reports to CPS or substantiated CPS reports between the families that received 9 months of FC services and those that received 3 months of FC services. In addition, the study found that families that participated in 9 months of FC services received less hours of direct services (an average of 0.9 hours per week) compared to families that received 3 months of FC services (an average 1.4 hours per week). Results demonstrated 95% of families that participated in 3 months of FC services completed services when compared to 75% of families that participated in 9 months of FC services. Families that participated in the 9 months of FC services appeared to have lost engagement after approximately 6 months of services. Study results demonstrated that families that received 3 months of FC services received more intense services, speedy linkage to

resources and reported more satisfaction in FC services indicating their needs had been adequately met (DePanfilis & Dubowitz, 2005).

Theriot and colleagues (2009) conducted a replication of DePanfilis and Dubowitz's (2005) study to investigate client characteristics and service use measures that were effective in predicting successful completion of the FC program. Theriot et al. examined 94 families residing in an impoverished city in Tennessee who were determined to be at risk of child maltreatment and child welfare involvement. The first 64 families referred to FC program were randomly assigned to receive either 3 or 9 months of FC services. Families referred to the program after random assignment took place were a part of the reference group, which received FC services for an indeterminate period of time. The three groups received the same model of care, which included receiving comprehensive services including substance use treatment, mental health and physical health services as well as parenting training. Results indicated that families that received direct services (e.g. childcare, housing assistance, crisis intervention services, emergency food and clothing, direct advocacy at schools and in court, job skill training) were more likely to complete the program than families who were referred to outside agencies for these services.

Results found that families who were assigned to the 3 month treatment group were 10 times more likely to successfully complete the program than those who were assigned to the 9 month treatment group and the comparison group. Families who participated in the 3 month treatment group had 94% completion rate, compared to families that participated in the 9 month intervention who had 66% completion rate and families in the reference group who had 60% completion rate. In addition, 28% of the

families that did not complete the FC program reported being homeless or having unstable housing when compared to only 7% of those that did complete the program. Odds of completing the FC program for the three groups decreased by 77% for families who reported homelessness or unstable housing. Families that did not complete services in the three groups were also more likely to have more children. For every additional child living in the home, the odds of completing the program decreased by 33%. Results indicated that families who received more comprehensive and direct services were 31% more likely to successfully complete the FC program in the three groups (Theriot et al., 2009).

Wu, Mimura-Lazare, Petrucci, Kageyama and Suh (2009) conducted a replication of DePanfilis and Dubowitz's (2005) FC study to investigate three culturally competent practices ("buy-in" from target population, tailored service delivery protocols and cultural adaptations) for Cambodian and Korean immigrant families residing in an urban area of Los Angeles, California. These families were identified as at risk of child neglect. Cambodian families experienced high poverty levels, language barriers and low socioeconomic status. A total of 74 families (39 Cambodian and 35 Korean) were recruited for the study and were enlisted to FC services. Families were encouraged to participate in 3 or 6 months of FC services. Results from the study were collected via program staff observation and anecdotal evidence.

Results indicated that community-based outreach and provision of basic needs such as food, employment supplied via case management services were effective in recruiting Cambodian families. Results found that matching staff and family by language and culture helped to build trusting relationships and facilitated service provision with

both Korean and Cambodian families. Results indicated that greeting style, use of culturally appropriate titles, providing families with choice of service delivery location (home or agency), providing staff with a flexible budget to provide families with tokens of respect such as bringing food or snacks to home visits were important factors for effective service delivery. Results of the study found that Cambodian families identified short term goals that were primarily focused on securing basic need such as food and whereas, Korean families were more likely to identify goals related to their children's education. Results found that Cambodian and Korean families felt embarrassed or confused when staff attempted to empower them to do things on their own suggesting that empowerment and strength-based approaches may not be culturally appropriate with these populations (Wu et al., 2009).

Conclusion

In this chapter a review of the literature on child, parent, environmental and case related risk factors that are associated with CMR was completed. A review of the CMR literature indicates that the development of a clear and uniform definition of CMR is crucial in order to improve future research in CMR. Because of the limited research in CMR, the number of interventions and programs identified to address CMR is limited as well. Nonetheless, current interventions that have been identified to address CMR in the field, including a review of the Family Connections program, were also incorporated. This review of the literature demonstrates that there is a need for family-centered and comprehensive interventions to be developed in order to address the multiple factors that families encountering child neglect and poverty related issues face.

CHAPTER 3

METHODS

Identification of Potential Funding Source

Multiple sources were utilized in order to locate potential funding sources for the potential grant proposal. The writer searched for funding sources through the Internet by visiting local, state and federal websites to search for sources that would fund a family support program for families who have experienced child welfare involvement or are at risk of entering the child welfare system. The writer utilized key words including but not limited to "funding," "foundation," "grant," "child welfare," "child abuse," "neglect," "child maltreatment," "prevention," "poverty," "children," and "families." Ultimately, these five potential funding sources were identified: Meyer Foundation, Heckscher Foundation for Children, Stuart Foundation, Doris Duke Charitable Foundation and the Ford Foundation.

The Meyer Foundation

The Meyer Foundation is a private foundation whose mission is to achieve long lasting change in the lives of low-income people (Meyer Foundation, 2014). The Meyer Foundation is considered a potential funding source because their mission is closely aligned to the mission of the proposed program which is to increase economic security and self-sufficiency for families. The Meyer Foundation strives to help low-income families achieve financial independence by improving their access to jobs and other

economic and social supports (Meyer Foundation, 2014). The Meyer Foundation also focuses on helping families in low-income communities, access health care, educational and essential services. This Foundation considers funding organizations that are working to achieve lasting improvement in the lives of low-income families and communities (Meyer Foundation, 2014). Applicants are required to submit a letter of inquiry and if accepted the applicants are then required to submit a full proposal (Meyer Foundation, 2014). There are no posted limits as to the dollar amount that can be requested. One of the limitations of this potential funding source is that it is restricted to a geographic location that does not include Los Angeles, California. In addition, this foundation is currently only accepting applications for a January 8, 2015 deadline (Meyer Foundation, 2014).

Heckscher Foundation for Children

The Heckscher Foundation for Children was founded in 1921 and currently provides grants to youth-serving organizations in the fields of education, health, arts and recreation, family services, social services and child welfare (Heckscher Foundation for Children, 2014). The Heckscher Foundation's mission is to promote the welfare of children by providing funding to organizations in both the public and private sector that focus on serving underprivileged children and youth (Heckscher Foundation for Children, 2014). This foundation was chosen as a potential source for this project because their mission is closely aligned to the mission of this project. This foundation provides funds for program support, capacity building, general operations and specific capital projects. The Heckscher Foundation provides grants primarily in New York but also throughout the United States (Heckscher Foundation for Children, 2014). The Heckscher

Foundation has provided grants to broad range of organizations over the past years ranging from nutritional programs to combat hunger due to poverty, to educational, job training programs and other programs that connect youth with government aid and services (Heckscher Foundation for Children, 2014). Further, the Heckscher Foundation was also considered as they accept grant applications throughout the year and there are no limits to the minimum or maximum grant amounts considered. The limitation to this potential funding source is that the Heckscher Foundation only accepts applications by invitation only.

Stuart Foundation

The Stuart Foundation is a private foundation whose mission is to transform public child welfare systems and educational systems in order to help children achieve in life (Stuart Foundation, 2014). The Stuart Foundation was selected as a potential funding source due to its mission which is similar to that of the proposed grant. The Stuart Foundation funds organizations that provide services for children and youth in the child welfare system with its focus on the following outcomes: safety, permanency and wellbeing (Stuart Foundation, 2014). This foundation funds projects with promising practices and projects that have the potential for expansion and replication. It also funds projects that work in collaborations with other organizations. The Stuart Foundation targets funds to public and private (non-profit) agencies in the state of California and Washington (Stuart Foundation, 2014).

The Stuart Foundation accepts applications on a rolling basis and requires that a letter of inquiry be submitted. The Foundation will then review the letter of inquiry and if accepted, will request a full proposal (Stuart Foundation, 2014). The Stuart Foundation

does not have restrictions regarding minimum or maximum amounts that can be requested. One limitation on this potential funding source is that Stuart Foundation is currently focused on funding projects for children who are already in the foster care system.

Doris Duke Charitable Foundation

The Doris Duke Charitable Foundation is a private foundation whose mission is to promote children's healthy development and protect them from child maltreatment (Doris Duke Charitable Foundation, 2013). The Doris Duke Charitable Foundation was selected as a potential funding source as the foundation's mission and interests are similar to those of the proposed grant. The Doris Duke Charitable Foundation is specifically focused on funding prevention and early intervention programs. The criteria for support of this foundation source require that the proposed program use an innovative approach towards child abuse and neglect (Doris Duke Charitable Foundation, 2013). The Foundation is particularly interested in models that involve larger community based efforts that seek to improve the overall conditions of children, ages 0-6. The Foundation's funding criteria require that the proposed project has the potential to be replicated throughout the country and that it holds the promise to reduce rates of child abuse and neglect (Doris Duke Charitable Foundation, 2013). Furthermore, the Foundation generally awards multi-year grants that range from $100,000 to $1 million and there are no geographic limitations within the United States (Doris Duke Charitable Foundation, 2013).

The Doris Duke Charitable Foundation typically funds organizations by directly inviting specific individuals to submit proposals however they are open to reviewing inquiries without invitation (Doris Duke Charitable Foundation, 2013). The Doris Duke

Foundation requests that solicitations be submitted electronically via a letter of inquiry and a response will be returned within a 2 month period and if warranted additional documentation is requested (Doris Duke Charitable Foundation, 2013). One limitation on this potential funding source is that this foundation focuses on funding primary prevention projects and this project represents a tertiary prevention project.

Description of Selected Foundation

The Ford Foundation

The Ford Foundation was selected as the funding source. The Foundation's primary commitment is to achieve everlasting change and transform people's lives by supporting organizations working to reduce poverty, social injustice and promote democratic values and human achievement (Ford Foundation, 2014). This Foundation funds organizations that address issues involving economic fairness (Ford Foundation, 2014). Specifically, they wish to fund initiatives that will improve access to financial services, expand opportunities for low-income families and ensure individuals have access to jobs and services (The Ford Foundation, 2014). This Foundation was selected as its mission of reducing poverty, promoting economic stability and job advancement fit with the purpose of this grant proposal to increase economic security and self-sufficiency for families. This Foundation funds similar projects with the budget range that fits this grant proposal.

The Ford Foundation grants approximately 1,400 grants annually ranging from a few thousand dollars to millions of dollars and applications are considered throughout the year (Ford Foundation, 2014). There are no geographic restrictions to apply within the United States (Ford Foundation, 2014). Interested parties submit an online inquiry and if

the inquiry is accepted the interested party will be asked to submit a formal proposal. The Foundation will conduct an administrative and legal review of the formal grant proposal. It takes approximately 3 months for the grant proposal to be fully reviewed (Ford Foundation, 2014).

Target Population

The target population for this program is families who reside in Central Los Angeles and surrounding areas that have been involved with the child welfare system or at risk of becoming involved. The target population will be 100, low income families with children ages 0-17. The proposed program will be located at LIFT, a non-profit organization located in a metropolitan area of Los Angeles, California. The proposed program is an enhancement of services provided at LIFT with specific focus on children and families that are at risk of child maltreatment or recurrence.

Sources for Needs Assessment

Multiple sources were utilized for the needs assessment portion of this grant proposal. National and local data was obtained from the 2014 U.S. Census, Los Angeles city data, California Child Welfare Indicators Project (CCWIP) at University of Californian Berkeley, the California Health and Human Services Agency and the Los Angeles County DCFS. In collaboration with LIFT's program director and site coordinator the following information was collected: demographic, population statistics and program outcomes. In addition, scholarly articles were reviewed in order to gather additional information about the needs of families involved in the child welfare system in Los Angeles.

CHAPTER 4

GRANT PROPOSAL

Proposal Narrative

The purpose of this project was to develop a family support program, identify potential funding sources and complete a grant application for families that have been involved in the Los Angeles County DCFS or at risk of becoming involved with DCFS in Los Angeles California.

Host Agency

LIFT is a national non-profit 501(c) organization that operates resource centers in Boston, Chicago, New York, Los Angeles, Washington D.C and Philadelphia. LIFT's mission is to help families in the community achieve economic stability and wellbeing by helping them locate employment, a safe home, educational and financial opportunities as well as securing concrete services to meet the family's basic needs. LIFT focuses on strengthening people's personal, social and financial supports in order to help lift them out of poverty. LIFT Los Angeles provides services that include pairing participants with a program volunteer to provide referrals and linkage to employment, housing, public benefits and concrete services for adults. LIFT also provides workshops and assistance with soft skills such as resume writing (LIFT Communities, 2015b). LIFT Los Angeles has provided services since 2013 and is looking to expand their program. (LIFT- LA

Magnolia Place, 2015). In preparation for this grant proposal this writer collaborated with LIFT Los Angeles's program director and site coordinator.

Problem Statement

Child Maltreatment Recurrence (CMR) is an issue that affects many children and families on national and local levels. CMR occurs when a child has been found to be a victim of maltreatment following a prior determination that a child was victimized, typically within a 6 month period (CCWIP, 2015; Fluke et al., 2008). In 2011, the national median of children who were found to be victims of a substantiated child maltreatment report and had a second substantiated report within 6 months was 5.2% (USDHHS, 2011). In Los Angeles County, between October 2013 and March 2014 the CMR rate within a 6 month period was 5.7%, between July 2013 and December 2013 the CMR rate was 6.2% and between April 2013 and September 2013, the rate was 6.0% (CCWIP, 2015).

Research has found that child neglect is the most common form of maltreatment for families who are re-referred to Child Protective Services (CPS). The U.S. Department of Health and Human Services ([USDHHS], 2012) reported that 3.4 million CPS reports were received which involved 6.3 million children. Out of those reports, 62% were assigned for investigation and of these 17.7% were found to be victims of child maltreatment. Child neglect accounted for more than three quarters (78.3%) of child maltreatment substantiated reports. Children under the age of 1 had the highest rate of victimization and over one fourth (26.8%) of the child victims were under the age of 3. Furthermore, 19.9% of child victims were between the ages of 3-5 years of age. In 2013, statistics for Los Angeles County indicated that DCFS received a total of 176,636

referrals for child maltreatment. Of these reports, 29.3% were for general neglect, 22% for physical abuse, 11.8% for emotional abuse and 9.7% for sexual abuse (Los Angeles County DCFS, 2013).

Research has also demonstrated that families who have received child welfare services or have been placed in out of home care are at increased risk of reentering the child welfare system (Bae et al., 2009; Casanueva et al., 2015; Fuller & Nieto, 2014; Hélie et al., 2014; Horwitz et al., 2011; Kahn & Schwalbe, 2010; Palusci & Ondersma, 2012; Thompson & Wiley, 2008).

Often times, the children that reenter the DCFS system are children of color adding to the disproportionate number of children of color in the foster care system (Bae et al., 2009; Palusci, 2011). In Los Angeles County, Hispanic, African American and Native American children are overrepresented in the DCFS system while White and Asian children were underrepresented. For example, there were a total of 20,629 of children placed in out of home care in Los Angeles County and 59.7% of those children were Hispanic, 25.7% were African American, 11% were White, 1.5% were Asian, and 0.5% were Native American (Los Angeles County DCFS, 2013).

The relationship between child neglect and poverty has been well established in the literature. Research indicates that a variety of risk factors such as poverty, food insecurity, single parent households, low wages, lack of affordable housing, low educational attainment and other poverty related issues place children at increased risk of neglect and child maltreatment recurrence (Dakil et al., 2011; Kahn & Schwalbe, 2010; Kaplan et al., 2009; Kohl et al., 2009; Palusci, 2011; Shaw & Webster, 2011).

Many of the families living in these situations experience stigma, high stress levels and social isolation (Kaplan et al., 2009).

Many families in Los Angeles city are affected by poverty related issues. The total population in the city of Los Angeles in 2010 was 3,792,622 with the average family size of 3.52 (U.S. Census Bureau, 2014). In 2010, 21.2% of the population was living below the federal poverty level and between 2009 and 2013, 32.5% of single female headed households were living below the federal poverty level in the city of Los Angeles (U.S. Census Bureau, 2013a; U.S. Census Bureau, 2014). In addition, between 2009 and 2013 25.6% of the population 25 and older had not achieved a high school education (U.S. Census Bureau, 2013c). The unemployment rate in the city of Los Angeles between 2009 and 2013 was 12.1% and 25.6% of the population did not have medical insurance (U.S. Census Bureau, 2013a). Furthermore, 35.7% of renters in the city of Los Angeles paid between $1,000 and $1,499 gross rent and 28.7% paid $1,500 or more gross rent between 2009 and 2013 (U.S. Census Bureau, 2013b). Los Angeles city's population is approximately 49.8% White, 48.5% is Hispanic, 9.6% African American, 11.3% Asian and .07% Native American (U.S. Census Bureau, 2014). In the city 39.1% of the population is foreign born and 60.2% of the population reported they spoke a language other than English at home (U.S. Census Bureau, 2014).

Although child neglect and poverty continue to be issues that affect vast number of families of color in Los Angeles County, there are very few programs and interventions available to address the multiple needs of families experiencing these issues (Connell et al., 2009; Jonson-Reid et al., 2010; Zhang et al., 2013). Therefore, a program that addresses poverty related issues will be of great benefit in Los Angeles County.

Families that receive services from the proposed program may achieve greater economic self-sufficiency which may lead to being able to provide for the basic needs of their children and thus reducing the likelihood of reentering the child welfare system.

Detailed Description of the Program

The goals of the program are to provide supportive services in order to help families increase economic self-sufficiency and decrease social isolation. Services will include: case management, employment workshops, social events/activities and community job/resource fairs. The program is designed to work in collaboration with potential employers, community agencies, and community schools.

Program Objectives

Objective 1: By the end of the 6 months, 50% of participants will increase their knowledge of employment related topics such as how to conduct a job search, preparing for an interview and how to fill out a job application, as evidenced by their pre and post-tests scores.

Objective 2: By the end of the first year, 40% of participants will have increased their economic resources as evidenced by increased wages, secured employment, secured/increased public benefit such as cash aid, food stamps and/or SSI benefits.

Objective 3: By the end of the first year, 25% of participants will be enrolled in an educational and/or occupational program as evidenced by proof of enrollment.

Objective 4: By the end of the first year, 40% of participants will report experiencing increased social connections as evidenced by their pre and post-test scores on social attitudes and feelings.

Program Activities

Activity 1: Case managers will provide assessments, referrals and linkage to community resources and services, including but not limited to cash assistance and CalFresh (food stamps), housing services, educational programs, medical services, child care, emergency food, clothing assistance, transportation, legal aid and assistance with utilities. Case management services will be offered on an ongoing basis based on individual and family needs.

Activity 2: Employments workshops will be provided and cover topics including conducting a job search, preparing job applications, resume writing, interviewing skills, and expanding employment skills. Employment workshops will be offered in 5 week cycles. Workshops will be offered twice per week, one day in English and one day in Spanish and will be 2 hours long. Six cycles of the 5 week employment workshops will take place over the course of 7 months. Twenty participants will be recruited for each cycle of workshops (ten for the Spanish group and ten for the English group). Incentives will be offered to participants: bus tokens and $10 gift cards. Child care, snacks and drinks will be provided.

Activity 3: Two community resource/job fairs will be held at LIFT. Potential employers will be available to provide information about employment opportunities and conduct onsite interviews. The event will last 6 hours. Printers will be available for participants to print their resumes/cover letters. Community service providers will be available to distribute information and resources. For example, how to apply for cash benefits, citizenship and reduced utilities. Childcare, free giveaways, food and refreshments will be provided at this event.

Activity 4: Family social events and community building activities will be offered for families once per month, for 2 hours over the span of 10 months. Social and community building events can include but are not limited to: back to school backpack and supplies give away, children's shoes giveaway, cultural dinner night, ice-cream social, family dance lessons, soccer tournament and board game night. Each social event/activity provided will be designed to promote social interaction, build confidence and promote community unity. Food and drinks will be provided at each of these events.

Expected Outcomes

The following are the expected outcomes of the proposed program:

1. Participants will have improved employment skills in order to seek employment, obtain higher paying jobs and establish a career path.

2. Participants will know how to access educational and vocational programs in the community in order to seek increased access to employment opportunities, higher paying jobs and career opportunities.

3. Participants will know how to access community resources and opportunities to meet their basic needs in the community.

4. Participants will experience an increased sense of social connectedness to other families and to their community.

Research Method/Evaluation

Evaluation of the program is a critical component in order to be able to demonstrate the effectiveness of the program and to obtain direct feedback from the consumers and staff members to see how the program can be improved. A program evaluation will be completed utilizing multiple methods of assessment and completed by

an external evaluator. Participant satisfaction surveys will be used to evaluate case management services. The surveys will include questions to measure what participants found was helpful, not helpful and identify areas for improvement. In order to evaluate the employment workshops, the program director will collaborate with researchers at the local university to develop a pre and post assessment instrument. The pre- and post-assessment will measure the skills and knowledge participants gained. A pre- and post-tests survey will be also be conducted with participants that partake in social events using the Sense of Social Support (SSS) scale (Dolbier & Steinhardt, 2000). The SSS scale will measure the participant's sense of support before and after their participation in the program. Lastly, a focus group will be conducted with MSW interns and staff in the end in order to obtain feedback and evaluate what was effective, what was ineffective and areas for improvement. Findings of the evaluation will be disseminated among staff and utilized for future development of the program.

Communications

In order for this program to be successful, collaboration with community partners, schools, community leaders and potential employers are fundamental. Program staff will ensure that clients are recruited for this program. LIFT Los Angeles is a part of the Magnolia Place Community Initiative, which is a group of approximately 70 county, city and community agencies united to provide comprehensive services to families residing in the West Adams, Pico Union and North Figueroa Corridor neighborhoods of Los Angeles. LIFT along with other agencies including DCFS, Los Angeles Department of Public Social Services (DPSS), Department of Child Support and St. Johns Medical Center are housed at the Magnolia Place complex in order to facilitate referrals and

linkage between the network partners. Program staff will utilize the Magnolia Group Network, which is a website that centralizes communication among the Magnolia Place Collaborative network partners, as a source to recruit participants and also to obtain services and resources for participants. Program staff will also conduct in-person presentations about the proposed program to staff at the DCFS Metro North office, at schools and community agencies to recruit participants, develop partnerships and obtain resources for participants. Other potential community partners will include but are not limited to the Children's Bureau, Los Angeles Trade Tech, Legal Aid Foundation of Los Angeles, Women, Infants, and Children (WIC) program, Department of Mental Health (DMH), The Housing Authority and community employers.

Staff Positions

Program Director: The program director position will require that the applicant has a Master's Degree in Social Work (MSW) and is licensed in the state of California. She or he will also be required to be bilingual in English and Spanish. The program director will oversee the daily operations of the program and will develop, organize and coordinate the workshops, job/resource fairs and social events. She or he will conduct community outreach to recruit potential employers to attend the resource/job fair and develop partnerships with other community agencies. She or he will be in charge of hiring, training and providing supervision for the social work interns as well as coordinating their schedules. She or he will monitor the program budget, complete reports and ensure future funding of the program.

Social Work Intern: There will be three MSW interns. Interns must be enrolled in a qualified MSW program and must be bilingual in English and Spanish. Interns will

provide case management services to participants; provide referrals and ensure linkage to community agencies and potential employers. Interns will design and implement employment workshops. They will facilitate social events and the community resource/job fairs. Interns will assist in building professional relationships with community agencies and potential employers and develop resource guides for the program.

Child Care Workers: There will be two child care workers. Child care workers must be bilingual in English and Spanish and workers must be members of the community. Child care workers will provide supervision to participant's children during employment workshops and the community job/resource fairs.

Timeline

Months 1-3:

1. Hire a program director.
2. Recruit and interview MSW interns.
3. Program director will set up office space, assign work space, set up internet and phone lines.
4. Supplies for the program will be ordered (e.g. laptops, paper, pens, ink, etc.).
5. Program director will initiate collaboration with community partners, potential employer and community leaders.
6. Program director will hire two childcare workers.
7. Program director will begin to train MSW interns.
8. MSW interns will develop outreach materials and resource guides.
9. Program director and MSW interns will begin to screen potential participants.

10. Program director and MSW interns will give DCFS and other agencies a presentation about the program and distribute outreach material.

11. Program director will begin to assign MSW interns case management clients.

12. Purchase refreshments, snacks and food for workshops and social events.

13. Case management and social events/activities will begin (month 2).

14. Confirm community organizations, businesses and potential employers that will attend the resource/job fair.

15. Promote resource/job fair in the community.

Months 4-6:

1. Initiation and implementation of employment workshops (month 4).

2. Ensure supplies and food for the resource/job fair.

3. Implementation of the first job/resource fair (month 4).

4. Continued case management services for participants.

5. Continued social events/activities.

6. Continued collaboration with community agencies.

Months 7-9:

1. Continued employment workshops.

2. Continued case management services for participants.

3. Continued social events/activities.

4. Implementation of the second job/resource fair (month 8).

5. Continued collaboration with community agencies.

Months 10-12:

1. Continued collaboration with community agencies.

2. Continued case management services for participants.

3. Completion of employment workshops (month 10).

4. Completion of social events and activities (month 11).

5. Program evaluator will be hired.

6. Program director will complete grant application for future funding sources.

7. Outcomes and evaluations will be analyzed by the program director in order to evaluate what was effective in the program and what needs improvement for future program funding.

Budget Narrative

See Appendix for the line-item budget.

Personnel

Program Director: The program director will be a full time employee (100% FTE) working 40 hours per week for 52 weeks. The program director will receive a salary of $55,000 annually plus benefits calculated at 26% (1@ $55,000 + benefits @26% $14,300 = $69,300/yr).

Child Care Workers: Two child care workers will be hired to work 28 hours per month for 7 months. The child care workers will receive $10 per hour with no benefits (2@ 28hrs x 7 mo x $10 = $3,920/yr).

Direct Costs

Office supplies: Includes paper, pencils, pens, highlighters, folders, ink, toner, stapler, notepad, clipboards, poster boards, hole puncher, filing supplies, calendars, paperclips, paper plates, paper cups, napkins, utensils and cleaning supplies (12 months x 350/mo = $4,200yr).

Office equipment: Includes 4 laptops, 1 printer/fax machine ($1,800/yr).

Office furniture: Includes 4 desks and 4 office chairs ($1,000/yr).

Telephone: Includes 4 cell phones and 1 land line ($3,500/yr).

Program Activities and Events: Includes materials needed for employment workshops, community social events and job/resource fair: children's toys, gift cards, children's shoes, backpacks, school supplies, art supplies, stereo, speakers, sporting equipment, table and canopy rental (18,200/yr).

Mileage: Includes the program director and MSW intern gas mileage to attend meetings with community partners (3,000 miles x $.51 = $1,530).

Transportation: Includes tokens for participants to attend employment workshops ($17.50 x 120= $2,100).

Postage/Copying/Printing: Includes printing program brochures, flyers, and business cards for interns and program director, workshop materials and necessary printing for social events ($2,000/yr).

Food: Includes snacks and drinks that will be provided to families during workshops, at social events and at the resource/job fairs (8,000/yr).

Indirect Costs

Evaluator: An outside evaluator will be hired to evaluate the effectiveness of the program. (@10% of the total budget $117,550 = $11,755).

In-Kind Expenses

MSW Interns: The three MSW Interns will work 16 hours per week for 35 weeks and have an 8 month commitment with the program. MSW Interns will be paid $19 per hour with no benefits (1@$10,640 x 3 = $31,920).

Occupancy: LIFT will pay rent for the proposed program office space/rent, utilities (light, internet and water), maintenance and security ($ 4,000mo x 12mo = $48,000).

CHAPTER 5

LESSONS LEARNED

Scope of the Problem and Literature Review

The process of writing this grant was a challenging but rewarding experience. Though this writer has been fortunate enough to work with the target population and had some prior knowledge about child maltreatment and child maltreatment recurrence based on field experience, this writer learned early on that this project would pose many challenges. This writer had been out of school for approximately 5 years and enrolled into college only 2 months prior to initiating this grant proposal; therefore, becoming acquainted with conducting research again and using the California State University Long Beach (CSULB) databases was difficult. This writer learned that child maltreatment recurrence is defined and measured in many ways and found that there were limited research studies on the subject. Sorting through the studies to understand the content and determine which studies could be utilized by this writer posed a deep challenge in defining the scope of the problem and organizing the review of the literature. This writer had preconceived ideas on what the risk factors for child maltreatment recurrence were and after conducting the literature review the writer found the risk factors are different. Locating effective programs and interventions for child maltreatment recurrence was also another major challenge as there is limited research on programs that address child maltreatment recurrence. This writer was able to utilize

consultation with advisor to help narrow down topics to be discussed in the proposal. This writer sought help from colleagues to learn strategies on how to effectively organize and track all the articles and information, which made the literature review process easier process for this writer.

Identification of Funding Sources

Identifying potential funding sources was somewhat challenging. This writer did not have previous experience on how to search for funding sources however this writer did have some knowledge of foundations that typically fund child welfare programs and this proved to be helpful in conducting an Internet search. In researching foundations, this writer realized it is extremely difficult to secure funding and that many foundations only accept proposals on an invitation basis only. This writer learned that the likelihood of being funded is low. This writer attended two budget workshops provided by MSW School of Social Work at CSULB. Each workshop dedicated approximately 1 hour and a half to teach students how funding in the non-profit sector is secured. This writer learned how to compose a budget in the workshops; however, by attending these workshops this writer realized that establishing interpersonal relationships with program officers and funders is vital to securing funding for an organization.

Program Design

One of the most challenging parts of writing this grant proposal was locating an agency to host this grant proposal and collaborating with an agency to design a program that would be beneficial for a community. This writer wanted to ensure the agency she would collaborate with was located in the area where this writer previously worked. This writer is deeply passionate about the community in where she worked and thought that

being familiar with the population and resources in this specific area would be helpful in designing the program. Finding the host agency posed a problem as this writer had to reach out to several individuals before finding out that the agency this writer had in mind could not be used. This writer continued her search and connected with two individuals at Magnolia Place and with their assistance was able to find the ideal agency for this grant proposal, LIFT. This writer reached out to LIFT via email with this writer's intent to write a grant for the agency. LIFT eagerly responded and agreed to meet with this writer. This writer was faced with the challenge of having to collaborate with an agency with only a little over 1month to complete the grant proposal. One of the major challenges for this writer was meeting the expectations of both LIFT and this writer's thesis advisor. This writer came to understand that LIFT wanted to service all of their programs participants via this grant whereas this writer's target population was more specific. This writer also found it challenging to come up with objectives, services and activities that would be feasible. Even more challenging was learning to calculate the time and resources that each service and activity would require. Though this writer found the process of planning and designing activities for this grant proposal tedious, this writer enjoyed developing the program very much.

Grant Writing

Grant writing is a complex task that requires many hours of work. The most difficult task for this writer was locating data that was representative of the geographic location that this writer wanted to service. After an extensive search and attempting to obtain the data in several ways, this writer found the data was simply not available and city data would be used instead. Grant writing was a complex and challenging process;

however, this writer found that a great deal patience and skills are required to complete a task such as this. This writer found the experience of learning about the non-profit sector and learning of LIFT fascinating. This writer found that collaborating with LIFT under the guidance of this writer's thesis advisor to produce a grant proposal that can potentially help a group of families to be extremely uplifting and rewarding. The process of learning to write a grant proposal has provided many personal and professional lessons for this writer that have helped to reshape this writer's perspective about families that enter the child welfare system and how poverty affects these families' daily lives.

Implications for Social Work

The process of writing a grant is an instrumental skill in the field of social work. As service providers in the field, social workers directly witness the many challenges that families face. Possessing the skills to develop programs, write grants and petition for funds to continue to address the individual and social problems that families face is vital in order to improve the lives of the individuals and communities that social workers serve. Otherwise, the profession runs the risk that individuals, who are not in touch with the issues are designing ineffective programs that do not meet the needs of the families, agency or community. Furthermore, social workers must continue to develop their skills in order to stay in touch with current knowledge and evidenced based practices and writing grants gives the opportunity to review professional literature about relevant social work issues. Through grant writing and program development social workers may also evaluate current practices to ensure their effectiveness.

APPENDIX

LINE-ITEM BUDGET

LINE-ITEM BUDGET

Program Budget Expenses	Amount
Personnel	
Program Director FTE -100%	$ 55,000.00
Benefits @ 26%	$ 14,300.00
	$ 69,300.00
2 Child Care Workers PTE	$ 3,920.00
Total Staff Salaries With Benefits	$ 73,220.00
Direct Program Costs	
Office Supplies	$ 4,200.00
Office Equipment	$ 1,800.00
Office Furniture	$ 1,000.00
Telephone and fax	$ 3,500.00
Program Activities	$ 18,200.00
Mileage	$ 1,530.00
Transportation	$ 2,100.00
Postage, Copying and Printing	$ 2,000.00
Food	$ 8,000.00
Total Direct Program Costs	$ 44,330.00
Indirect Program Costs	
Evaluator	$ 11,755.00
Total Indirect Program Costs	$ 11,755.00
Total Staffing, Direct/Indirect Program Costs	$129,305.00
In-Kind Expenses	
MSW Interns	$ 31,920.00
Occupancy	$ 48,000.00
Total In-Kind Expenses	$ 79,920.00
Total Program Cost:	$209,225.00

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