SERVICES FOR IMMIGRANT FAMILIES WITH CHILDREN IN THE CHILD WELFARE SYSTEM: A GRANT PROPOSAL PROJECT

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ABSTRACT

SERVICES FOR IMMIGRANT FAMILIES WITH CHILDREN IN THE CHILD WELFARE SYSTEM: A GRANT PROPOSAL PROJECT

By

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The purpose of this project was to develop a program establishing linkage services to immigrant families with children in the child welfare system in Los Angeles County, find sources of funding, and complete a grant application. An extensive literature review confirmed the scarcity of statistics pertaining to the demographics of this population, as well as the challenges faced including language access issues, poverty, lack of employment opportunities, lack of health care, obstacles in education, and the urgent need for culturally sensitive and linguistically accessible services.

The program seeks to increase reunification rates and improve child safety and well being by supporting efforts to comply with judicial mandates. Through internet research and exploration of a grant database, the Weingart Foundation was determined to be the most suitable match. Actual submission and/or funding of this grant was not a requirement for the successful completion of this project.

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Thank you, Mom and Dad for making so many sacrifices similar to the ones made by individuals described in my thesis. You have lived the experience and were victims of a child welfare system which at times failed to deliver as it should have. I have great admiration for your courage in daring to leave your home country so that you could make a difference in the lives of your children and accomplish the dream of

coming to America. Despite the many challenges, you never gave up, but rather chose to embrace them and become better.

I am the person I am because of the respect for humanity, work ethic, and moral values planted in me from childhood. My profound wish for my siblings Mayra, Elvis, Henry, Daisy, and Denise is that they will be inspired by my story and follow their own pathway to success. We all do what we have to do on our journey. I do not regret any of the decisions I made, but our paths diverged for a time. Daisy and Denise, I encourage you with all my heart to finish what you have begun, because regardless of the obstacles you must overcome, you will not regret the end result.

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Now I am standing on the threshold of achieving my Master's in Social Work so that others will be empowered to embrace and enhance their own lives. The fruit of my labor will all be yours one day.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

The number of immigrant families and children in the United States continues to grow at an astounding rate. During the 1990s, in excess of 15 million immigrants entered the United States, up from 10 million a decade before and 7 million during the 1970s (Capps & Fortuny, 2006; Velazquez & Bruce, 2006). As of 2005, immigrants represented approximately 12% of the U.S. population (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004; Capps & Fortuny; Camarota, 2005; Chahine & Van Straaten, 2005). Today, 1 in 10 people in the United States are foreign born (Capps, Passel, Perez-Lopez, & Fix, 2003; Pine & Drachman, 2005). Immigrants from Mexico account for 30% of all foreign-born people in the United States while another 26% are from Asia. Immigrants from other Latin American countries account for 22% (Capps et al., 2004; Lincroft & Resner, 2006; Pine & Drachman). Newhouse (2007), who analyzed United States monthly household population data over a 45-year time frame (1962-2007) stated:

> America has long been described as a nation of immigrants, and California is, most certainly, a state of immigrants. Half of the state's children live in a family with at least one immigrant parent, two and a half times the national rate statewide. About 4.8 million children, ages 0 to 17, live in an immigrant family. Among children in immigrant families, 67% are Latino, 14% are Asian, and 10% are white. (p. 2)

Challenges and Risk Factors Faced by Immigrant Families

These families face many challenges; recent studies suggest that immigrant families tend to have limited English proficiency, are financially poorer than natives, are employed at lower paying jobs and lack insurance (Capps et al., 2004; Earner & Rivera, 2005; Fontes, 2002; Ibanez, Borrego, Pemberton, & Terao, 2006; Lincroft & Resner, 2006; Perreira, Chapman, & Stein, 2006; Velazquez & Bruce, 2006; Xu, 2005). Capps et al. (2004) compiled a report based on data derived from three sources: a 1% sample of the 2000 Census of Population and Housing, the 2002 U.S. Current Population Survey (CPS), and the Urban Institute's 2002 National Survey of America's Families (NSAF). The purpose of the study was to examine national trends among children of immigrants. Results indicated that immigrant children face higher rates of poverty than children born in the United States. These parents received lower wages, had limited English proficiency and had minimal education. In the case of two-parent families, the mother was not likely to work outside the home. Shields and Behrman (2004) also analyzed the strengths and weaknesses of immigrant families and found that immigrant children are more likely to have parents who are not high school graduates.

Another factor having great bearing on immigrants is immigration issues which pose immense challenges. Mixed status families may have some members who are citizens, some who are undocumented, and others who may have temporary rights to be in the United States. Many families facing economic and social difficulties have children who may be eligible to receive some assistance, yet families often may not take advantage of this due to fear of negative reprisals or fears of deportation (Capps et al., 2004; Lincroft & Resner, 2006; Rios & Duque, 2007; Velasquez & Bruce, 2006).

Because their parents avoid seeking public services, avoid enrolling in educational or professional development programs, avoid using banks or credit unions, and/or taking advantage of available social support, children of immigrants are at a greater disadvantage than other groups of immigrants. Adding to these issues, recent raids carried out by the Department of Homeland Security have separated parents from their children (Capps, Castaneda, Chaudry, & Santos, 2007).

Challenges Once in the System

Due to the aforementioned risk factors, large numbers of immigrant families are involved in the child welfare system (Earner, 2007; Ibanez et al., 2006; Lincroft & Resner, 2006; Pine & Drachman, 2005; Xu, 2005). In the United States, however, exact numbers of immigrant children involved in the child welfare system at local, state and national levels are unknown, since this information (e.g., primary language spoken in home, number of years the family has lived in the United States) is not collected (Johnson, 2007; Velazquez & Bruce, 2006). The reason for this lack of data is due to the fact that reporting nativity, national origin, and/or immigration status of parents and children is not mandatory for state reporting purposes. Additionally, immigration status may be different for each family member; reporting immigration status is avoided by social workers due to fears of deportation or other negative consequences which may adversely affect the family, and/or child welfare databases are not designed to accurately identify immigrant families (Lincroft & Resner).

Although data in the area of immigration status is limited, numerous child welfare experts and professional and community agencies across the country have provided anecdotal evidence that suggests immigrant families with children constitute a

significant number of individuals in the child welfare system (Earner, 2007; Pine & Drachman, 2005; Rios & Duque, 2007; Velazquez & Bruce, 2006). Various conferences and workgroups have convened to address the needs of immigrant families with children. In mid 2005, more than 50 experts from the fields of immigration and child welfare came together in a large consultative session, the goal of which was to increase knowledge of and provide data about immigrant families who come into contact with the child welfare system. The results included many recommendations for improved practices (Lincroft & Resner, 2006). A similar meeting focusing specifically on Latino families sought to raise awareness and motivate policy-makers to lend increased support to efforts attempting to provide culturally competent services to this population (Rios & Duque).

Cultural Barriers and Lack of Competency

Cultural differences, misunderstandings, language barriers, and lack of cooperation between public child welfare, immigrant families, and agencies serving immigrants are straining available social services (Chahine & Van Straaten, 2005; Earner, 2007; Newhouse, 2007; Pine & Drachman, 2005; Xu, 2005). Families' attitudes toward Child Protective Services are often negative due to traumatic experiences in their home country (Segal & Mayadas, 2005; Vericker, Kuehn, & Capps, 2007a). Often, differences in parenting styles, conflicting methods of discipline, and ignorance of cultural practices lead officials to remove vulnerable children from their families (Earner; Pine & Drachman).

In New York City, Earner (2007) conducted an exploratory qualitative study using two parent focus groups ($n = 11$). The participants who shared their experiences

helped researchers to identify common barriers to obtaining services, advocate effectively for policy change and address factors bearing on family well-being. Some common barriers were the child welfare worker's lack of knowledge about immigration status, cultural misunderstandings between parties involved, and the lack of language access for the parents. Consequently, the researcher stressed the importance of collaboration between the public child welfare providers, services, and community based organizations. Such integrated services played critical roles in reaching out to immigrant families, as well as empowering those in dire need of proficient services (Earner, 2007).

Effective Interventions

In general, program evaluations of effective interventions for immigrant families with children are limited; current information consists of recommendations and some promising programs (Chahine & Van Straaten, 2005; Lincroft & Resner, 2006; Vericker, Kuehn, & Capps, 2007b). Various studies recommend implementing policies to provide culturally appropriate and linguistically accessible services to these families (Earner, 2007; Lincroft & Resner; Pine & Drachman, 2005; Velazquez & Bruce, 2006). Also, child welfare training and education on immigration related issues needs to be enhanced. Public child welfare agencies should collaborate with community-based agencies experienced in serving immigrant families. Such a partnership would not only provide appropriate services, but would also raise awareness in the immigrant community about how the child welfare system works (Earner; Lincroft & Resner).

In reviewing promising programs, in New York City, Law 73 was passed, allowing not only child welfare services professionals, but others as well, to access

interpretation services in 140 languages, 24 hours a day, 7 days a week (Chahine & Van Straaten, 2005). This service ensured that a qualified interpreter will be present to convey important information instead of making a child or neighbor responsible (Chahine & Van Straaten; Lincroft & Resner, 2006; Vericker et al., 2007a). Another promising program is a call center pilot program in Calgary, Canada (Williams et al., 2005). Several immigrant serving agencies, and the Child and Family Services Authority (CFSA) joined to develop procedures and a one-stop call center that provides information about immigrants, culture, and culturally relevant resources. The main purpose of the call center program is to facilitate communication between CFSA staff and the four largest of Calgary's Immigrant Serving Agencies (ISA) thereby serving diverse ethnicities and cultures. Even though the call center program was a small project, large numbers of successful linkages have been created (Williams et al.). These links have created a new ability to solve problems collaboratively before negative consequences can occur for families. Increased emphasis is being placed on finding, training, and utilizing the skills of individuals with multicultural experiences and multilingual abilities. The former practices of using neighbors, friends, and in some cases, minor children as interpreters is becoming less frequent. Also, newcomers with extensive cultural familiarity and with multiple language skills are being trained as paraprofessionals, even though they do not have credentials or licenses. Their assistance has proven invaluable (Owen & English, 2005).

Conceptual Definitions

"*Undocumented immigrant*" is a foreign-born person who illegally crosses an international border by land, water, or air, and does not have valid immigration

documents and/or who legally entered the country, but overstays his/her visa time in order to live and/or work (Lincroft & Resner, 2006; Pine & Drachman, 2005).

Immigrant is defined as any foreign-born person (Newhouse, 2007).

Immigrant families are families living in households with one or more foreign-born people in the immediate family (Newhouse, 2007).

Legal permanent residents or "green card holders" are non-citizens admitted for permanent residency (Lincroft & Resner, 2006).

Mixed-status family is a family in which members are in different legal categories; the family can include citizen children who were born in the United States, undocumented children of a documented parent or parents, and a parent or others with legal permanent residence (Pine & Drachman, 2005).

Purpose of the Project

The purpose of this project was to write a grant, identify potential funding sources, and link immigrant families with children who are involved in the child welfare system in Los Angeles County to culturally sensitive services in their native languages.

Agency Description

The agency that will be utilized for program implementation is the Los Angeles County Department of Children and Family Services (DCFS). Specifically, this program will provide services in DCFS's Service Planning Area (SPA) 8 which covers Lakewood, Long Beach, Carson, Wilmington, San Pedro, and Catalina Island. The three goals of this agency are to improve outcomes for children in terms of permanent living arrangements, foster increased child safety, and diminish dependence on out-of-home placement.

The U.S. Census Bureau (2009) website reports that there are 9,878,554 residents in Los Angeles County ranking it the largest county nationwide. As of June 2008 DCFS provided child welfare services to 35,073 children and provided 8,977 children with family reunification services. DCFS regularly partners with many other agencies to ensure the highest possible level of return on efforts to serve children and families.

Cross-Cultural Relevance

Starting a new life in a foreign country brings many additional obstacles which must be recognized by social work practitioners. Clearly identifying the needs of immigrant families and children and putting in place appropriate support systems to meet them is imperative. The proposed program seeks to address these obstacles by linking immigrant families to culturally sensitive services in their native language.

Social Work Implications

This program endeavors to provide effective services to immigrant families with children who come to the attention of the child welfare system. This program gives support to social workers in identifying potential barriers and risk factors in order to improve services for this population. In addition, this program seeks to maintain the unity of immigrant families by protecting children from neglect or abuse while at the same time encouraging child well-being. Social workers are in a unique position to assist these clients because of their large network of connections and broad knowledge of diverse programs. Linking immigrant families with children to culturally relevant services in their native language will help maintain family stability and improve chances of reunification for those who have had children removed.

CHAPTER 2

LITERATURE REVIEW

This literature review examines the overall presence of immigrant children in the child welfare system. First, the reasons immigrant children typically come to the attention of child welfare workers are discussed. Second, the review addresses risk factors and challenges faced by immigrant families who are referred to the child welfare system. Third, cultural factors which exacerbate problems for immigrant children and families are also presented. Finally, interventions to alleviate some of the difficulties experienced by these individuals are examined.

How Children Enter the System

Little research exists that examines why and how immigrant families with children come into the child welfare system (Earner, 2007). Immigrant children typically come to the attention of child welfare workers due to reported child abuse or neglect (Earner; Morland, Duncan, Hoebing, Kirschke, & Schmidt, 2005). The reluctance of immigrants to seek services is based on a well-founded fear of being misunderstood, judged, and/or condemned. Differences in attitudes about what constitutes punishment versus discipline are often the initial reason why families enter the child welfare system in the first place (Earner; Fontes, 2002; Hancock, 2005; Lincroft & Resner, 2006; Pine & Drachman, 2005; Rhee & Chang, 2006).

The incidents and allegations of child abuse and neglect vary by culture. Immigrants are often reported and referred to child welfare services due to parenting practices rooted in familiar cultural patterns and practices. The components of child abuse and maltreatment are confusing to immigrant families (Ibanez et al., 2006). Cultural biases are important to consider when evaluating an allegation. Acceptable norms of child rearing and punishment vary by culture (Fontes, 2002). Within different immigrant or cultural groups, the allegations or types of child abuse vary. Immigrants are not familiar with or do not understand American child protective laws nor the child welfare system (Morland et al., 2005). Immigrants must become aware of acceptable norms in child rearing practices, learn to adapt and abide by the laws of their new home country, in order to avoid contact with child welfare services and/or to prevent the removal of their children. It is clear that child welfare authorities will remove children if laws of the Unites States are not being followed. Furthermore, some problems that can arise from migration and acculturation are domestic violence, alcoholism, and intergenerational conflicts which can contribute to the removal of children based on abuse and/or neglect (Dettlaff & Rycraft, 2006).

Immigrants come to their adopted country with many pressures already upon them which increases the likelihood that they will stumble upon the child welfare system. Families need to locate housing, place children in schools and find affordable child care, all while trying to support their families and establish homes. Much of the literature reviewed lumps together risk factors and challenges with cultural considerations. Disentangling them can be difficult.

Risk Factors and Challenges Faced by Immigrant Families

Several factors place families at increased risk for encountering the child welfare system. Language barriers, poverty, employment/unemployment, lack of health care and insurance, education, and immigration status contribute greatly to the probability that a family will come into contact with the social service agencies (Capps, Fix, & Passel, 2002; Capps et al., 2003; Earner, 2007; Earner & Rivera, 2005; Pine & Drachman, 2005). Once in the system, these families are confronted with several new obstacles.

Language Barriers

Nationwide, 47 million people (18%) of the population (ages 5 and older) speak a language other than English at home (Capps et al., 2003; Shields & Behrman, 2004). For example, 28 million (11%) of the population (ages 5 and over) speak Spanish. Lack of proficiency in English poses considerable barriers. Many children in immigrant families tend to be isolated. Often, the child may be the only member of the household who uses English, and yet may not speak it very well (Capps et al., 2003; Hernandez 2004; Shields & Behrman, 2004).

Language barriers often lead to many other problems faced by immigrant families with children (Earner, 2007; Perreira et al., 2006; Pine & Drachman, 2005; Segal & Mayadas, 2005). The lack of English language proficiency is associated with limited labor market opportunities, less desirable jobs, lower income, poorer health, inadequate housing, and poverty (Capps et al., 2003; Lincroft & Resner, 2006; Pine & Drachman; Shields & Behrman, 2004)

In New York City, Earner (2007) conducted an exploratory qualitative study using two parent focus group ($n = 11$) participants, who elaborated on their experiences with public child welfare services. The study's purpose was to seek and address common barriers to services, advocate for future changes in services and policy, and address factors that affect the well-being in families as identified by the participants. Most indicated that they did not know anything about the system, what rights they had, what foster care entailed, what options were available for having children placed with relatives or what to expect in court. Based on the findings of the research, some common barriers included: the social worker's lack of knowledge about immigration status, cultural misunderstandings between parties involved, and the lack of English language understanding for the parents. In addition, the researcher stressed the importance of collaboration between the public child welfare providers, services, and community based organizations. Such integrated services played critical roles in reaching out to immigrant families, as well as empowering those in dire need of proficient services (Earner).

When an immigrant family has been referred to child protective services, families may not have access to interpreters, or the interpretation may be inadequate (Lincroft & Resner, 2006; Vericker et al., 2007a). Many times, advocates or attorneys do not speak the language of the children or their parents. Immigrant parents may not understand or be able to comply with rigid requirements which must be completed in a short time frame in order to be eligible for family reunification services or maintain custody of their children, particularly when essential documentation is unavailable in their native language (Vericker et al., 2007a). Earner (2007) in her study on immigrant

parents involved in the child welfare system cited a participant in her study who claimed that during a court trial, there was no one to translate or convey important information to the prospective attorney. The majority of the time, parents in the focus groups reported being instructed to, "Sign this" or "Do this." To make matters worse, parents were often not informed about the status of their cases.

Poverty

Poverty rates for immigrant children and families are substantially higher than corresponding rates for native-born United States citizens (Capps et al., 2004; Huang, Yu, & Ledsky, 2006; Shields, & Behrman, 2004; Vericker et al., 2007b). Perez (2004) reported that nationwide in 2002, "29.3% of poor families were Latinos, almost three times the poverty rate of non Hispanic white children" (p. 123). The National Council of La Raza (NCLA) pointed out that during 2002 Latino workers were unemployed at a rate of 7.8%. During the same time the median income of Hispanic households was $19,651, which was below the national average of $27,652 (Perez). Hernandez (2004) offered illuminating statistics concerning the prevalence of poverty for immigrant children:

> The most widely used measure of poverty is the official poverty rate published by the U.S. Census Bureau. According to this official measure, poverty rates for children in immigrant families are substantially higher than for children in native-born families (21% versus 14%). (p. 29)

Using the 1999 National Survey of America's Families (NSAF) which was the first national representation data that examined the hardship among immigrant families with children in the post welfare-reform era, Capps (2001) found that children of immigrants lived in families with an income below 200% of the federal poverty level;

52% of immigrant children compared to 37% of native born. Results also indicated that 37% of this population lived in families that consistently experienced hardships in food purchasing and were more than twice as likely to spend more than half of their income on housing.

Poverty and negative outcomes for immigrant families with children have been linked to a variety of risk factors and serious consequences (Perez, 2004). For example, lack of quality health care and/or limited education can be consequences of poverty (Perez; Shields & Behrman, 2004). Combined with hunger and inadequate and crowded housing, such factors may be viewed as aspects of child neglect and maltreatment (Fontes, 2002; Hernandez, 2004). Poverty often synergistically undermines a child's well-being and healthy development, which lead to poor academic achievement because of deficiencies in educational resources, which in turn, leads to developmental outcomes underlying other causes of abuse and neglect. Thus, poverty is associated with increased rates of child abuse and neglect reporting (Vericker et al., 2007a).

Employment

Labor force participation within this population is high, though the vast majority of immigrants work at low wage unskilled jobs (Capps & Fortuny, 2006). A large share of immigrant workers is employed in agriculture, building and construction, and grounds maintenance. A third of this population works in manufacturing, and more than a fifth in food preparation and transportation (Capps, Fortuny, and Fix, 2007). In 2004, over 2 million immigrant workers worked in construction, production, or manufacturing occupations (Fortuny, Capps, & Passel, 2007).

Parents with lower education attainment are less able to find a reliable full-time year round employment (Hernandez, 2004). At the same time, if employment is available, the job tends to pay less. Immigrant families tend to work at irregular intervals and end up having limited income which increases the likelihood that they will not be able to provide adequately for their children's needs and experience greater economic deprivation (Capps, Fortuny, & Fix, 2007; Hernandez, 2004).

Capps, Fortuny, and Fix (2007) examined the data from the March 2000 and 2005 Current Population Surveys (CPS) and found that immigrants composed over one-fifth of low-wage workers and half of lower-skilled workers in 2005. Immigrants are disproportionately represented at the low-wage and lower-skilled end of the labor force. Based on the data examination Capps, Fortuny, and Fix (2007) declared that:

> In 2005, immigrants represented 12% of the U.S. population, but 15% of workers, more than a fifth (21%) of low-wage workers, and almost half (45%) of workers without a high school education (figure 1). By 2005, there were 9 million low-wage and 6 million lower-skilled immigrant workers out of a total of 20 million immigrant workers. (p. 2)

Health Care Insurance

Health care coverage for immigrant families and their children is significantly lower than for native families (Capps & Fortuny, 2006; Lincroft & Resner, 2006). Camarota analyzed over a dozen studies commissioned by the Urban Institute over a 10 year period beginning in the mid 90s. The reports included data from the U.S. Census, the Current Population Survey (CPS) and the 1999-2002 National Survey of American Families (NSAF). Census Bureau data showed that one-third of immigrants lack health insurance. Capps and Fortuny found that children in low-income working immigrant families were twice as likely to be uninsured as those in native families (28% versus

13%). Also, Capps and Fortuny found that among adults in these families, uninsured rates were considerably higher: 56% for immigrants and 29% for the native born. Lack of health care insurance may lead families to avoid seeking necessary medical care. Rhee, Chang, Weaver, and Wong (2008) cite the U.S. Department of Health and Human Services 2004 report that medical neglect is a common type of child maltreatment in which the child can potentially be removed if allegations are well-founded.

Inadequate health care, dental care, and/or vision care create barriers to a child's well-being and development (Capps & Fortuny, 2006; Hernandez, 2004). Capps and Fortuny found four main reasons why immigrants have limited access to health care or insurance. First, immigrants have great fears about applying for any sort of benefits for their children, even if they are entitled to them. Regardless of immigration status, the fear is common in this population. Second, the majority of this population faces language barriers which discourage or frighten them to such a degree that they fail to complete an initial application or renewal form. Third, immigrants work in "informal sectors jobs" or lack adequate proof of employment or income required to apply for health services. Fourth, when immigrating to a new country, the new arrival typically has a sponsor who may be reluctant to share the required information with public agencies. In addition, immigrants may lack the knowledge of eligibility requirements to apply for such benefits.

Vericker et al. (2007a) point out that immigrant parents fear contact with government agencies due to fears of deportation or other undesirable consequences which may have a bearing on their immigration status. Lincroft and Resner (2006) also

found that immigrants believe that by receiving public benefits they are considered public charges in the new country. Immigrants suppose that becoming a public charge affects an individual's ability to become a lawful permanent resident and sponsor their family members. This belief contributes to immigrants' lack of access to health care services.

Education

Immigrants are overrepresented among the number of adults who have not graduated from high school. Among children with immigrant parents, 23% have mothers and 40% have fathers who are not high school graduates (Capps, Fortuny, & Fix, 2007; Shields & Behrman, 2004). Hernandez (2004) analyzed data from the Public Use Microdata Sample (PUMS) file of U.S. Census 2000 and calculated a broad array of statistics concerning the cultural, familial, social and economic circumstances of immigrant children. Hernandez reported the following concerning educational attainment:

> Among children in immigrant families, only 10% live with one parent in the high education group, while 17% live with one parent in the medium and low education groups. Among children in native-born families, proportions are 18% for children with high education parents versus 49% for children with low education parents. (p. 18)

It is evident that levels of parental educational attainment have significant implications for child educational development (Hernandez, 2004). Underprivileged uneducated immigrant parents tend to lack the ability to help their children with school work or otherwise assist them in negotiating with institutions that would guarantee their children's success. In addition, Hernandez stated that a lower level of parental education is correlated with a child's educational attainment. About 60% of immigrant

students are completing high school compared to 90% of both white and black students (Perez, 2004).

Immigration Status

The explanation for gross under participation in social service programs is twofold. First, immigration status is a significant hindrance (Earner, 2007). As of 1996, legal immigrants could not obtain critical social supports such as welfare benefits, food stamps, disability payments, and/or publicly funded health insurance until residency in the United States for 5 or more years has been established (Pine & Drachman, 2005). Second, families with mixed status present a number of problems (Capps et al., 2004; Lincroft & Resner, 2006; Pine & Drachman).

An undocumented parent's fear of deportation may prevent that parent from seeking services for a citizen child who is eligible, especially when the household is composed of both citizen and undocumented children. Thus, the undocumented status of one member can have a profound effect on other eligible family members. Furthermore, mixed status creates division and contention in the family, because citizen children have the same rights and service eligibility as other U.S.-born children, while their undocumented siblings do not (Capps et al., 2004; Lincroft & Resner, 2006; Pine & Drachman, 2005).

Challenges Once in the System

Immigrant children and families face challenges once in the system, particularly with communication. Often, the parties involved do not understand their rights and responsibilities. Such misunderstandings can have unfortunate consequences. Lincroft and Resner (2006) pointed out those children of immigrant parents often remain in care

far longer than children in non-immigrant families. Sandra Jimenez, formerly of the New York Department of Homeless Services, presented two similar cases which involved child neglect allegations (Lincroft & Resner). The first case was brought against American parents who had the money to hire an attorney and were able to comply with the court's plan for services (Lincroft & Resner). The children were returned to parental custody within 6 months. On the other hand, a case in which allegations were similar was brought against an immigrant family. The immigrant family did not have the means to hire an attorney, so they did not have good legal representation. This family was not able to find court mandated services in their primary language. The child remained in the system for almost 2 years (Lincroft & Resner). Lincroft and Resner's findings asserted that immigrant parents encounter obstacles due to lack of appropriate resources. Lincroft and Resner further claimed that immigrant families face augmented strains to comply with family reunification plans and are at higher risk for permanently losing custody of their children. In addition, the long waiting lists for services delay access to the few programs available and in some communities, services are nonexistent. It is extremely difficult to comply with family reunification plans when services are limited or unavailable (Lincroft & Resner).

Since 2001, the threat of deportation of an individual who is discovered to be in the States illegally has become more prominent due to increased concern about national security and latent fears of future terrorist attacks (Lincroft & Resner, 2006; Pine & Drachman, 2005). Adding to this fear, immigrants often bring with them a learned distrust of government officials (or those seen to represent them). Many immigrant families are very private and withhold necessary information from authorities and social

service workers (Pine & Drachman). Fear of exposure, past experiences with oppressive governments, and/or a deep seated mistrust of authority play a significant role in shaping the motives for what may otherwise appear to be uncooperative behavior (Earner, 2007; Pine & Drachman; Segal & Mayadas, 2005).

Regardless of the basis for such behavior, the end result is that immigrant children spend inordinate amounts of time away from their families; such situations are detrimental to child welfare. Family reunification could, in many cases, be accomplished much sooner if parents better understood and felt more secure about how the United States' child welfare system works. Expediting reunification or alternative placement is in the child's best interest.

Extreme focus on the problems faced by immigrants in their new country at the expense of prior experiences deprives social workers of necessary information and renders them uninformed and unable to provide appropriate and or needed help (Earner, 2007; Owen & English, 2005). A related issue is the development of cultural competency. One reason why such cultural sensitivity and awareness is not seen more frequently is explained by Velazquez and Bruce (2006):

> There are few programs in higher education that address the unique needs of immigrant children and families, particularly as they relate to the child welfare system. Schools of social work and related fields have not consistently addressed the unique needs of this population and provided social work students with information necessary to practice in this arena. Additionally, few opportunities exist to practice with clients of diverse cultural backgrounds, which results in a professional workforce that has some knowledge of cultural competence, but limited skill and experience in applying that knowledge. This issue extends beyond the child welfare system, as many service providers are unequipped to address the needs of immigrant children and families and provide adequate resources and referrals. (p. 10)

According to Pine and Drachman (2005) little attention has been given to the multiple phases of the immigration process. Emphasis tends to be focused only on experiences once immigrants arrive in this country. Earner (2007) interviewed immigrant parents who offered that caseworkers were often ignorant of experiences in the home country; participants were often frustrated about how different the system seemed from those in their home countries. One participant offered the observation that no one really seemed interested in helping to solve immigrants' problems. On the contrary, individuals who might have been allies in the home country, turned out to be the same people who reported these families for abuse and neglect.

Effective Interventions

In general, program evaluations on effective interventions for immigrant families and children are limited. Current information consists of recommendations and some promising programs (Chahine & Van Straaten, 2005; Lincroft & Resner, 2006; Vericker et al., 2007b).

Pine and Drachman presented a multistage framework emphasizing the circular process of the migratory experience. Pine and Drachman's conception included the need to examine immigrants' life experience before deciding or being forced to migrate, as well as reasons for leaving the home country. The journey to the adopted country and the reception of newcomers by the native population are also taken into consideration. In some cases, a third stage, return to the country of origin is included (Segal & Mayadas, 2005).

As Pine and Drachman (2005) pointed out, knowledge of immigrants' prior experiences is necessary, if child welfare workers hope to deliver services effectively.

Many of these individuals remain in transitional states after leaving their home country, perhaps living in a refugee camps or detention centers. Adding to the stresses posed by leaving behind family members, friends, community supports, and homeland, newly arrived immigrants also need to find housing, locate educational avenues for their children, find a job, familiarize themselves with a new culture, and amass knowledge about health, education, and transportation systems.

A focus of several interventions is to address the problems surrounding the use of children as interpreters for their family members, a scenario laden with problems (Chahine & Van Straaten, 2005, Lincroft & Resner, 2006; Vericker, Kuehn, & Capps, 2007b). While children and other members of the family can often provide valuable information as a reporting party, it is never safe to assume that a family member of a caller could suddenly replace a qualified, professional interpreter. Even if the family member speaks English well, he or she may not be fully proficient in the native language and may lack interpreting skills. More importantly, a family member's emotions may prevent him or her from remaining detached and neutral, which is essential to the interpreting process and gathering information. By using a neutral party to interpret, such as a professional telephone interpreter, valuable information may be gained that would not be disclosed by the caller when a family member or child is acting as the interpreter. For example, a caller might be unwilling to mention sexual assault if a family member, especially a child, is being used to interpret. To provide the most accurate and neutral information possible, and to protect the caller's family from further emotional trauma, it is preferable to utilize the skill of a professional telephone interpreter.

New York City has developed a protocol to guide workers in ensuring that immigrant clients have access to professional telephone interpreters. The program also includes resources for caseworkers, including legal outlets and other services. With the passage of Public Law 73, child welfare service professionals gained access to interpreter services in 140 languages, 24 hours a day, 7 days a week (Chahine & Van Straaten, 2005).

In a similar manner, a task force was created in San Francisco to assess language access issues and implement improvements to child welfare agencies (Lincroft & Resner, 2006). In addition to interpreter services, the agency posted its protocol in all public buildings, provided department guidelines in five languages, had all of its forms translated on the intranet, provided telephone interpreter services, and developed a glossary of terms used in social services.

Another promising program that focuses on improving child welfare agencies is a call center pilot program in Calgary, Canada (Williams et al., 2005). In Canada, child welfare falls under provincial jurisdiction. Regional Child Family Service Agents (CFSAs) are responsible for assessing, prioritizing, and planning the delivery of children's services. A working group was formed in 2001 to develop and implement strategies which would meet the diverse cultural needs in the region (Williams et al.). Since the community's cultural needs are well identified, it is much easier for caseworkers to supply appropriate and sensitive referrals. The group developed a detailed protocol including the roles, responsibilities, processes of conflict resolution and confidentiality rules which eventually were adopted by the program itself. In order to accomplish its goals, the program joined other agencies to serve immigrant families.

Collaboration means that one phone call puts a diverse array of resources at hand in a crisis, allowing caseworkers to respond faster and more appropriately to children in need.

The center supports a differential response model in which family enhancement services are attempted first, followed by referrals to investigative services, and if need be, core protective services. By following the model, the risk of unnecessary and hasty removal which causes severe trauma to the children involved, can be greatly reduced.

Summary

This literature review examined the challenges faced by immigrant children and families as they transition to a new life in the United States. The reasons why these individuals come to the attention of child welfare workers are discussed. Afterward, the substantial challenges posed by language barriers, poverty, unemployment, and other factors such as the lack of cultural awareness by child protective services are covered. The review also contained descriptions of several promising programs and interventions which have increased the effectiveness of service delivery to this population.

CHAPTER 3

METHODOLOGY

Identifying Potential Funding Sources

To identify potential funding sources for the development of a program designed to provide linkage services between immigrant families with children in Los Angeles County, the grant writer visited the Long Beach Non-profit Partnership, as well as the Volunteer Center located in Santa Ana, California. The grant writer also utilized the FC Search database, as well as the World Wide Web and accessed websites for state and federal grant sources using key words such as immigrant families and children, immigrants, refugees, linkage services, family services and immigrant children. The search for possible funding sources targeted agencies interested in promoting the well being of families and children. Several searches yielded no results, and others returned less than 100 hundred alternatives, thus confirming the scarcity of programs in place to assist this population.

After extensive research, the grant writer found five potential funding sources: 1) Fuller Foundation; 2) Montan Family Foundation; 3) Department of Health and Human Services; 4) Center for Mental Health Services; and 5) Weingart Foundation. It proved extremely difficult to locate funding sources whose objectives matched those of the proposal and which were targeted for the chosen population. Given this difficulty,

the researcher sought to find grantors with broader funding interests who may be interested in funding the proposed program.

The Fuller Foundation was considered on the basis of human services grants being included among the list of preferred subjects. The foundation offers services in New York and California. The Fuller Foundation requires "new" or "seed" organizations to have a fully-developed business plan, a functioning board of directors and a financial plan which does not rely on ongoing Fuller support prior to applying for a grant. Given the time constraints of the current project, the grant writer eliminated the Fuller Foundation as a potential source.

The Montan Family Foundation was determined to be a suitable funding source based on the fact that the foundation is interested in funding projects in the areas of youth/children's services, education and children's services. However, specific data regarding the mission of the foundation, its goals and objectives was limited. The foundation has reduced its donations recently, and due to its small size, the grant writer anticipated difficulties in obtaining funds. Given the time to complete this project and limited funding available, the researcher decided to pursue other options.

The Department of Health and Human Services offered various grants to assist children and youth, as well as many grants to fund social service projects. One grant opportunity focused on providing services to unaccompanied minor children who receive shelter care and other types of assistance. Although the focus of the grant was not the same as that specified in the grant writer's proposal, the services the organization desired to provide fit with the services the grant writer seeks to provide to immigrant families with children. Among the other reasons why this organization was

not chosen by the grant writer were the extended time frame to process requests and obtain approval and anticipated difficulties fulfilling stringent state requirements.

The Center for Mental Health Services offered a grant to help develop, implement, evaluate and collaborate with organizations focused on assisting children who have witnessed or experienced traumatic events. Since immigrant families with children who are referred to the child welfare system have experienced traumas, the grant writer concluded that the objectives of the organization were consistent with the goals of the current project. The main difficulty with this funding source was meeting the deadlines in the allotted time. Also, budgetary concerns arose, as direct and indirect costs could not exceed a total of 400,000 in any year. Given the budget limits which do not provide enough support to hire sufficient staff, purchase necessary materials and implement services in a manner befitting the best interests of the organization, the grant writer eliminated the source.

The last foundation source considered was the Weingart Foundation. This foundation was chosen on the basis of its interest in supporting community and social services with a strong emphasis placed on services for children and youth. The Weingart Foundation was selected as the best match for the project's goals and objectives and seemed to offer the most favorable opportunity to obtain funding consistent with the proposed budget.

The Weingart Foundation

Ultimately, the Weingart Foundation was selected. Information from the foundation website indicated that high priority is given to activities that provide greater access to services for people who are economically disadvantaged and underserved. Of

particular interest to the foundation are applications that specifically address the needs of low-income children and youth. The foundation was established by Ben and Stella Weingart in 1951. The foundation accepts applications on an ongoing basis. First, prospective applicants must present an inquiry letter which may be done online. Afterwards, the letter is submitted to a review. At that time, the foundation will notify the applicant if a full application will be considered. A final decision is commonly rendered by the Board of Directors within 2 to 6 months.

Target Population

The target population for the proposed program is immigrant families (regardless of immigration status) with children between 1 and 17 years of age who receive services from the Los Angeles County Department of Children and Family Services (DCFS). According to the department's website, there are 53.7% Hispanic children, 30.4% African American children, 12.4% White children, 2.2% Asian/Pacific Islanders, 6% Filipino children, 5% American Indian children, and 3% other in the Los Angeles child welfare system that are currently in placement (DCFS, 2008). This proposed multicultural program will be designed to meet the needs of all ethnic backgrounds, but will focus primarily on immigrant families and children.

Needs Assessment Information Sources

For the needs assessment section, an examination of reports, scholarly journals and texts was utilized to determine the needs. Additional research was performed on immigrant services and outcomes through various website organizations and the Department of Children and Family Services (DCFS). Demographic information,

including ethnicity, poverty statistics, socioeconomic status and the average education level was examined through national, state, and local statistics.

CHAPTER 4

GRANT PROPOSAL

Proposal Narrative

Organization: Los Angeles Department of Children and Family Services--Lakewood area.

The purpose of this project was to develop a program that provides linguistically accessible and culturally sensitive linkage services to immigrant families and children in the child welfare system in Los Angeles County. Potential funding sources were identified and a grant application was completed that targeted immigrant families (regardless of immigration status) with children between 1 and 17 years of age served by the Los Angeles Department of Children and Family Services.

Problem Statement

The number of immigrant families and children in the United States continues to grow at an astounding rate. During the 1990s, in excess of 15 million immigrants entered the United States, up from 10 million a decade before and 7 million during the 1970s (Capps & Fortuny, 2006; Velazquez & Bruce, 2006). As of 2005, immigrants represented approximately 12% of the United States population (Capps et al., 2004; Capps & Fortuny; Camarota, 2005; Chahine & Van Straaten, 2005). Today, 1 in 10 people in the United States are foreign born (Capps et al., 2003; Pine & Drachman, 2005). Immigrants from Mexico account for 30% of all foreign-born people in the

United States while another 26% are from Asia. Immigrants from other Latin American countries account for 22% (Capps et al., 2004; Lincroft & Resner, 2006; Pine & Drachman, 2005). Newhouse (2007), who analyzed United States monthly household population data over a 45-year time frame (1962-2007) stated:

> America has long been described as a nation of immigrants, and California is, most certainly, a state of immigrants. Half of the state's children live in a family with at least one immigrant parent, two and a half times the national rate statewide. About 4.8 million children, ages 0 to 17, live in an immigrant family. Among children in immigrant families, 67% are Latino, 14% are Asian, and 10% are white. (p. 2)

The population of Los Angeles County reflects the diversity of the state as a whole. Furthermore, the population served by the child welfare system in Los Angeles is drawn from various backgrounds. According to the Los Angeles County Department of Children and Family Services (2008) website, there are 53.7% Hispanic children, 30.4% African American children, 12.4% White children, 2.2% Asian/Pacific Islanders, 6% Filipino children, 5% American Indian children, and 3% other in the Los Angeles child welfare system that are currently in placement. This proposed multicultural program will be designed to meet the needs of all ethnic backgrounds, but will focus primarily on immigrant families and children.

These families face many challenges; recent studies suggest that immigrant families tend to have limited English proficiency, are financially poorer than natives, are employed at lower paying jobs and lack insurance (Capps et al., 2004; Earner & Rivera, 2005; Fontes, 2002; Ibanez et al., 2006; Lincroft & Resner, 2006; Perreira, Chapman, & Stein, 2006; Velazquez & Bruce, 2006; Xu, 2005). Another factor having

great bearing on the immigrants is the immigration issue which poses immense challenges.

Due to the aforementioned risk factors, large numbers of immigrant families are involved in the child welfare system (Earner, 2007; Ibanez et al., 2006; Lincroft & Resner, 2006; Pine & Drachman, 2005; Xu, 2005). In the United States, however, exact numbers of immigrant children involved in the child welfare system at local, state and national levels are unknown, since this information (e.g., primary language spoken in home, number of years the family has lived in the United States), is not collected (Johnson, 2007; Velazquez & Bruce, 2006).

Cultural differences, misunderstandings, language barriers, and lack of cooperation between public child welfare, immigrant families, and agencies serving immigrants are straining available social services (Chahine & Van Straaten, 2005; Earner, 2007; Newhouse, 2007; Pine & Drachman, 2005; Xu, 2005). Families' attitudes toward Child Protective Services are often negative due to traumatic experiences in their home country (Segal & Mayadas, 2005; Vericker, Kuehn, & Capps, 2007b). Often, differences in parenting styles, conflicting methods of discipline, and ignorance of cultural practices lead officials to remove vulnerable children from their families (Earner, 2007; Pine & Drachman, 2005).

According to the South Coast Interfaith Council website (http://www .scinterfaith.org/At_Risk_Children.htm), in February 2009, there were 3,629 children who had been placed in foster care in Los Angeles County's Service Planning Area 8 by the Department of Children and Family Services (DCFS). Of the two offices in SPA 8, the Lakewood office serves Long Beach, Carson, Wilmington, San Pedro, and Catalina

Island. The Lakewood office had 2,186 children in February and receives an average of 50 new children per month.

The 2005-2007 United States Census Bureau's American Community Survey 3-year estimates for Los Angeles County show that there are 9,883,649 residents in Los Angeles County. Statistics for Lakewood, California, state that approximately 23,328 individuals are Hispanic or Latino, 18,021 are foreign-born. 26,046 people (ages 5 and older) speak a language other than English at home. Providing linguistically accessible and culturally sensitive linkage services to these individuals is imperative so that families may be strengthened, children can grow up in a safe environment and families may be unified.

The program in question seeks to address some of these concerns by offering culturally appropriate and linguistically accessible linkage services to assist these individuals in maintaining healthy, intact families and promoting a means by which reunification efforts can be expedited.

Project

The goals of the proposed project are to increase access to social services and levels of participation in social service programs. At the same time, the proposed project seeks to reduce the length of time immigrant children spend away from their families, while increasing rates of family reunification within the target population.

Objective 1: Within the 1st year, 50% of the participants will have completed culturally appropriate parenting classes and receive a certificate of completion. Participants will be linked to parenting classes in their native language. Over the course of the 8-week classes, parents will need to complete a form (signed by the facilitator) at

the end of each class certifying that they did in fact attend. Participants who successfully complete the classes will be given a certificate from the agency performing the services. ESPERANZA will obtain a copy of the certificate for the clients' files.

Objective 2: By the end of the first year, 50% of the families referred to the program will have received linkage services in their native language. The type of services each client requires will be determined through an initial assessment; referrals may include parenting classes, legal services, health insurance programs, affordable housing, educational programs for young children and family and individual counseling and mental health services.

Objective 3: Parents will demonstrate increased knowledge of effective, acceptable methods of discipline as evidenced by the filing of no new reports of child maltreatment by community members or DCFS staff within the first year after the initial assessment. Program staff will provide guidelines concerning both positive and negative punishments which do not depend on physical means or employ emotional abuse to be effective. Staff will incorporate ample opportunities for participants to reflect on and reframe situations which lead to physical or emotional abuse. Role playing and modeling will be used extensively to encourage the development of communication, demonstrate differing customs of punishment and provide techniques for de-escalating volatile situations and managing unwanted behaviors. Participants will be encouraged to employ the techniques on their own to positively shape the child's behavior. Participants will be invited to share techniques which were both effective and ineffective and brainstorm with others to find constructive solutions to problems.

This objective will be partially accomplished through parenting classes. In the parenting classes, participants will discuss their understanding of the terms discipline, punishment and abuse. Participants will be empowered to use effective strategies without resorting to physical violence.

Research Method

It is fundamental that the ESPERANZA Family Resource Center tracks and evaluates the program in a variety of ways so that empirical support is present for how the organization fulfills its purpose, goals and objectives. To this end, the ESPERANZA Family Resource Center will collect and store data describing each of the clients served, the type of service utilized, and the time frame in which services were rendered. In addition, demographic data will be included which will assist evaluators in gaining a more complete picture of the service population so that services may be targeted more effectively. Second, a pre and posttest will be completed by each parent before and after taking parenting classes. Third, a satisfaction survey will be issued to the participants and collected after completion of services. The survey will address the efficiency of the ESPERANZA Family Resource Center and its staff. The focus will be on their experiences in receiving services such as, what is important to you in receiving services from this agency? What was helpful and not so helpful? What type of recommendations would you suggest? Gathering such feedback will allow the project to monitor the efficacy of its own efforts and ensure that clients feel that they are an integral part of the program's success.

Communications

Collaboration with outside agencies will be critical to Project ESPERANZA's success. During the first year, presentations will be made to staff, supervisors and management of Lakewood DCFS. Presentations will also be made to outside community agencies such as Family Services of Southern California, Caring Connections, Alternative Options, Community Family Guidance Center, Department of Mental Health, Pacific Clinics, Watts/Century Latino Organization, Bienvenidos Children Center Inc., California Alliance of Child and Family Services, Children's Bureau of Southern California, as well as other neighboring agencies in the Lakewood DCFS SPA 8 area.

The Program Director will also lead and coordinate monthly meetings in collaboration with the mentioned agencies and others to offer updates, share new ideas and address concerns. The Program Director is to seek out agencies which offer multiple services to ensure that immigrant families with children will be able to access programs which will assist them in experiencing greater degrees of safety, permanency and well being.

Staffing

The ESPERNZA Family Resource Center staff will be comprised of one LCSW program director, one MSW social worker, and two MSW interns.

Program Director: The Program Director must posses a Masters of Social Work degree and an LCSW License in the state of California and be bilingual Spanish Speaking. The Program Director will serve as liaison between agencies and community resources to establish networking relationships; he/she will also make certain that all

grant requirements are being met, will maintain the program budget and develop and organize the program's advertising model. The Program Director will participate in community education and networking activities. He/she will provide trainings to participants, community agencies as well as staff. The Program Director will conduct staff development activities such as training and in services specific to program contracts, the services model and community needs. The Program Director will oversee the program in all aspects as well as provide supervision to the social worker and MSW interns. This position will be full-time; 40 hours per week for 50 weeks a year.

Program Social Worker: The program requires one social worker who will work full-time, 40 hours a week, 50 weeks a year. The social worker must posses a Masters of Social Work Degree and be bilingual. The social worker will be the liaison between the participants' assigned county social worker and the staff of other programs to which the family has been referred. The social worker will assist in recruitment and hiring of program interns; implement the linkage services component of the program; review and approve the family services case plan for each client; maintain detailed records of all client interactions and referrals; participate in community education and networking activities; provide individual and group supervision and technical assistance to MSW interns on a weekly basis; maintain records of supervision activities; conduct staff development activities specific to the program services model and community needs; participate in weekly staff and case review planning meetings; and perform other duties as deemed necessary for fulfillment of program requirements.

Program Master of Social Work (MSW) Interns: Two bilingual MSW interns are required. The MSW interns will be part-time staff members who will work 16 hours

per week for a 1-year period. The two interns will assist the Program Director, as well as the program social worker. The bilingual MSW interns will provide each participant with registration assistance, as well as assist with the interview process, assessment services, case management services, and linkage to community resources services. In addition both MSW interns will provide assistance in translating and completing necessary paperwork to benefit the program participants.

Timeline

Month 1:

1. Reserve space in the DCFS Lakewood office for Project ESPERANZA.
2. Set-up office
3. Hire staff
4. The Program Director will begin developing presentation materials for use with other agencies interested in assisting or partnering with Project ESPERANZA.
5. Develop effective procedures for the program.
6. Literature regarding the nature and scope of project services will be developed and printed for use during presentations and outside agencies.
7. Contact CSU Long Beach for two bilingual MSW students.
8. Develop outreach model to be used for promotion and presentations.
9. Begin outreach module by hosting presentations at Lakewood DCFS's staff meetings as well as unit staff meetings.

Month 2:

1. Prepare marketing packages and distribute them to DCFS's staff and outside community agencies.

2. Begin development of community connections and resources which will continue on an ongoing basis.

3. Program staff will commence to identify program participants with Lakewood area and other Los Angeles County social workers.

Month 3:

1. Initial intake will be performed and clients will be referred to appropriate outside community agencies.

2. Continue to generate referrals for families in need of linkage of linkage services through ongoing presentations.

3. Initiate monthly program staff meetings.

4. Training for MSW interns and staff will begin in regard to programs mission, goals, objectives, processes, requirements, expectations, and job responsibilities.

Month 4:

1. Interns will follow up with the families to assess progress, troubleshoot problems, and request assistance from other project staff on the family's behalf as needed.

2. Project ESPERANZA will add two more families; initial intake and referrals will be given.

3. Continue with case management and bi-weekly face-to-face contact.

4. Continue programs outreach.

Month 5:

1. Monthly program staff meetings will continue.

2. Follow up with case management with all three families will take place.

3. First quarter project review will occur in order to assess effectiveness of linkage services provided up to this point.

Month 6-9:

1. Necessary adjustments will be made to increase effectiveness and appropriateness of services provided.

2. Ongoing support of current clients, referrals for new clients will be processed; increased partnerships with outside agencies will be sought.

3. Post-testing will occur and a satisfaction survey will be distributed to program participants.

4. Project ESPERANZA staff will make internal presentations regarding benefits participants have derived from being involved with project services.

5. Presentations to outside community agencies will be continue to be given by Project ESPERANZA staff; program literature will be continue to be distributed at all presentations.

6. Staff will begin to meet with participating agencies to discuss client satisfaction surveys.

Month 10:

1. Second program review will be performed.

2. Ongoing case management and client assistance will be given.

3. Program adjustments or modifications will be made as needed.

4. Monthly program staff meetings will continue.

Month 11:

1. Meetings with community agencies and partners to update progress, set goals and provide information.

2. Client services will continue.

Month 12:

1. Client services will continue; referral rates during the previous year will be noted as part of planning for the coming year.

2. Home visits for those families who had their cases closed in the previous year will begin.

3. Program Director will make known the evaluation results to Lakewood DCFS.

4. Program Director will meet with participating community agencies and service providers to announce the programs evaluation results.

Budget

The line-item budget can be found in Table 1.

Budget Narrative

The ESPERANZA Family Resource Center will require a total budget of $208,000.00. Funding will include program staff salaries, employee benefits, and direct costs. The salaries of the Program Director, one social worker, and two MSW interns will be covered by the budget. Direct costs include: office supplies, copying and printing, postage and mileage reimbursement for travel along with costs associated with program evaluation.

TABLE 1. Line-Item Budget

EXPENSE	Year 1
Staffing Salaries and Benefits	
Program Director/FTE/100%/$40/hr x 40 hrs x 50 wks	$80,000.00
Benefits @ 17%	$13,600.00
Social Worker /FTE/100%/$30/hr x 40 hrs x 50 wks	$60,000.00
Benefits @ 17%	$10,200.00
2 Masters of Social Work (MSW) Interns /PTE/40%/$10/hr x 16 hrs x 35 wks	$11,200.00
TOTAL STAFFING AND BENFIT COSTS	$175,000.00
Direct Cost	
Office Supplies	$5,000.00
Equipment	$6,000.00
Copying and Printing	$3,500.00
Postage and Shipping	$2,500.00
Travel Expenses	$8,000.00
Evaluation of Program	$6,000.00
Miscellaneous	$2,000.00
TOTAL DIRECT COST	$33,000.00
In-Kind Expenses	
Rent for Office Space	$20,000.00
5 Desks	$1,500.00
8 Chairs	$800.00
4 Computers	$6,000.00
4 Telephones	$600.00
Copier Machine	$1,000.00
1 Printer	$1,000.00
Utilities	$3,000.00
TOTAL IN-KIND EXPENSES	$33,900.00
TOTAL PROGRAM COSTS	$208,000.00

Personnel

Program Director: The Program Director will be a full-time employee, working 40 hours per week, 50 weeks per year. The Program Director will receive $40 per hour plus benefits at 17%. Total staffing costs for the Program Director (salary + benefits) will be $93,600.

Program Social Worker: The Program Social Worker will be a full-time employee working 40 hours per week for 50 weeks each year. The Program Social Worker will receive $30.00 per hour plus benefits at 17%. The total staffing cost, including salary and benefits, for the Program Social Worker will be $70,200.

Masters of Social Work (MSW) Interns: Two bilingual social work interns will work part-time for 16 hours per week for 35 weeks each year. Each MSW intern will receive $10.00 per hour. Each MSW intern will cost $5,600.00. The total salary for two MSW interns is $11,200.00. The two MSW interns will be students from California State University, Long Beach. The two interns will be paid through the proposed program budget.

Operations and Expenses

Program Supplies: Approximately $416.00 per month totaling $5,000.00 for office supplies such as folders, paper, pens, pencils, paper clips and other necessary supplies.

Equipment: About $500 per month, $6,000 per year is expected to be necessary for equipment, including the cellular phones for the Program Director, the Social Worker and a third cellular phone shared by the interns.

Copying and printing: About $291.67 is the amount needed per month to cover copying and printing expenses. Over the course of an entire year, $3,500 is expected to be spent in this category.

Postage and shipping: Per month costs are expected to be approximately $218.33, translating to $2,500 per year. This money will be spent to mail literature and ship products.

Travel and mileage reimbursement: Approximately $666.67 will be spent per month, leading to expenditures of $8,000 for 1 year. This money will be used to provide mileage reimbursement for the Program Director, Social Worker and interns, who will each receive $0.40 per mile.

Program evaluation: Each month, $500, or $6000 per year will be spent on evaluation activities for ESPERANZA.

Miscellaneous: $166.67 per month or $2000 per year will be allocated for miscellaneous items such as emergency care needs and to purchase refreshments or food consumed during meetings.

In-Kind Resources

Rent for office space: DCFS will provide an office space for the ESPERANZA project to operate. DCFS will pay $1,666 per month, or approximately $20,000 per year.

Office desks: Agency will provide five office desks, approximately $300 each, for a total of $1,500.

Office chairs: DCFS will provide eight office chairs each costing approximately $100, for a total of $800.

Computers: Four computers will be provided at an approximate cost of $1,500 each for a total of $6,000.

Telephones: Four land line telephones will be provided for business purposes at a cost of $150 each; the total expenditure in this category is $6,000 per year.

Copy machine: $1,000 will be the worth of the copy machine utilized for program needs.

Printer: One printer will be provided for program needs only; the printer should have a value close to $1,000.

Utilities: DCFS will pay monthly utility costs of approximately $250 per month or $3,000 per year to have Project ESPERANZA in the building.

The total in-kind-expenses which will be spent on the ESPERANZA program by the Department of Children and Family Services is $33,900.

CHAPTER 5

LESSONS LEARNED

Steps in Grant Writing

This grant writer learned that many steps and several processes are involved in writing a quality grant. Though the process can be overwhelming at times, breaking the process into its component parts allows one to gradually put together a unique grant.

First, the grant writer needs to determine what sort of grant should be developed in order to suit the organization's goals and serve the target population. In this step, the grant writer determines the needs of the community. By doing extensive research on the population, its needs, existing services in the community, and gathering information on agencies that currently serve the target population, one is able to develop a proposal for successful interventions. During the research process, the grant writer can also develop an idea of how much the project or program will cost which will aid in the formation of the budget. Such knowledge is all the more important if the option of pairing the program with an existing agency is not available.

Second, one endeavors to find an agency that currently serves the target population and that has a potential grant in place. By doing so, one can work in collaboration with the agency to develop a new grant consistent with those which have been previously disbursed. However, if the option of pairing with an agency is not available, the writer has alternative options. This grant writer discovered that services

to immigrants were limited. The population is demographically diverse, and the scant services available are not culturally sensitive or linguistically accessible in most cases. Therefore, research supported a need for the proposed program.

Third, the grant writer embarks on a search to find an organization likely to fund the proposed grant. This is accomplished by matching the goals and objectives of the grant as closely as possible to the funding interests of the grantor. Using the World Wide Web is a fundamental tool in grant research. However, physical visits to grant libraries such as the Volunteer Center in Santa Ana, California and the Long Beach Non-Profit Partnership are also helpful in identifying potential federal and state funding agencies, as well as private foundations and organization that would fund the proposed grant. Through the Volunteer Center, the writer utilized the "FC search database" and found appropriate alternatives. Meeting eligibility criteria and fulfilling the timeline for the application process are key considerations as well.

Reviewing other theses focused on related targets can also be beneficial. Using a similar previously approved thesis as a model can provide guidance during the complex grant-writing process. After deciding on a topic and gathering articles and books related to the topic, the next step was to read, organize and classify the material. During the information gathering, over several months, this grant writer spent many late nights poring over the documents. After the grant writer had read sufficiently to see the recurrent themes and recognize the gaps in research, the next step was to synthesize the information and find a suitable organization to fund the program. Several weeks were spent at this step. Through consultation with the thesis advisor, the grant writer was able to narrow targets for fund requests. By being able to communicate a need for

structured guidelines and assistance in gathering resources and information, one is able to experience greater peace of mind and develop a deeper appreciation for the value of an excellent finished product and the extreme effort and dedication needed to complete such a project. The grant writer found it essential to consistently give time to the grant project and note deadlines. The skills this writer acquired during the process are ones that will continue to prove essential in future endeavors.

Challenges

For this writer, many challenges occurred during this grant writing process. Among the most common were meeting the required deadlines, ensuring that the budget was an adequate match for the program and adhering to rigid foundation guidelines regarding the grant itself. In addition, this grant writer found it particularly difficult to find a suitable funding source, since many organizations had interests in providing short-term emergency assistance to immigrants and asylees rather than longer-term, broader assistance. Another major challenge arose from the tendency to focus on the process of generating the grant itself and losing the vision (or failing to develop a clear one) of the program. The ability to evaluate a proposed program and measure success are important elements of the process as well, since they help ensure the continuation of funding. Developing measurable objectives was also challenging, as was narrowing the focus of the program and resisting the urge to do too much.

Implications of Social Work

Social workers encounter individuals from various backgrounds and cultures who bring with them challenges as unique as they are. By assisting individuals who have difficulty helping themselves, social workers empower their clients to become

more productive and improve their quality of life as well as that of their families and communities. Any program which seeks to accomplish such goals requires funding. Obtaining such funding requires demonstrating effective service delivery through evidence-based practice.

Given the current state of the economy, developing grant writing skills is of increased importance, as budget cuts are having detrimental impacts in almost every sector of society. The ability to obtain sufficient funds can mean the difference between survival and failure as an organization. Besides their direct interactions with clients through practice, social workers also have an obligation and a vested interest in making sure programs exist and are sustained for those in need. By developing grant writing skills and using them to acquire needed funds, social workers are able to implement change on multiple levels.

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