

# Evaluating Innovative Treatment Programs in Child Abuse and Neglect

by Anne Harris Cohn, Susan Shea Ridge and Frederick C. Collignon

A 3-year demonstration program in the field of child abuse and neglect was jointly initiated by three federal agencies—the Office of Child Development (OCD), the Social and Rehabilitation Service (SRS) and the Health Resources Administration (HRA)—during the fall of 1973.

The goal in funding 11 demonstration projects and an evaluation was twofold: to test different strategies for tackling the child abuse problem and to study carefully, throughout the life of the demonstration effort, the successes and failures of the projects so that the experiences of a few could be shared with a wider audience.

The 11 projects were selected and funded by OCD and SRS in May 1974 and a month later Berkeley Planning Associates, Berkeley, California, was funded by HRA to evaluate them.\*

## The Projects

The projects are located across the United States and in Puerto Rico. Although each has treatment, education and coordination components, the emphases vary. Several, for example, are designed to bolster the services of the protective service departments in which they are housed by expanding staff and services in the unit or through better use of resources of other agencies in the community. Two projects focus particularly on the use of a more intensive intake and evaluation process, while two others emphasize family treatment in residential settings. Prevention and early detection, and the improvement of the total community system through better coordination of established programs and agencies, are



Photo: Anne Harris Cohn

Anne Harris Cohn, project director, Susan Shea Ridge, research associate, and Frederick C. Collignon, principal investigator, are members of the study team for the Evaluation of the National Demonstration Program in Child Abuse and Neglect, Berkeley Planning Associates, Berkeley, California.

*In Bayamon, Puerto Rico, social workers review a child abuse case.*

aims of others. Several projects are also attempting to illustrate the value of using volunteers to provide service.

While the projects have many goals and services in common, each is unique—as the following descriptions illustrate.

The Child Development Center in Neah Bay, Washington, operated by the Makah Tribal Council, is designed to improve service delivery on the Makah Indian Reservation. The staff of professional and trainee social workers provide counseling and crisis intervention and arrange temporary foster care. The primary emphases, however, are to coordinate and supplement established programs in order to fill service gaps, to improve the quality of service, and to promote legislation which would increase Indian control over social services.

The Panel for Family Living in Tacoma, Washington, which functioned on a small scale before federal funding, is developing a comprehensive service delivery system coordinated by volunteers. All concerned public and private agencies in Pierce County are represented on the Panel. Direct services include diagnosis and review by a multidisciplinary team, group therapy, child management classes and lay therapy by parent aides.

The Family Care Center in Los Angeles, based at the Martin Luther King Medical Center, will offer several types of treatment to a small number of families in a residential setting and will focus on the use of intensive therapy for both parents and children. Located in the Watts area of the city, the project will test the effectiveness of 24-hour residential treatment for the family.

The Family Learning Center in Adams County, Colorado is a division of the county Department of Social Services but it is housed separately. It emphasizes intensive intake services for all abuse cases in the county, after which most are referred to Protective Services for ongoing treatment. A multidisciplinary review team provides diagnostic review of all cases, and the center provides continuing services, including a crisis nursery, day care and lay therapy, to a small number of families whose children might benefit from intensive treatment. Public information and training of school personnel are other project activities.

The Arkansas Child Abuse and Neglect Program, which operates in three rural counties in the state with headquarters in Little Rock, emphasizes delivery of intensive support services in the parent's own home. Volunteer lay

therapists, supervised by a director from SCAN (Suspected Child Abuse and Neglect Services, Inc.), work closely with the parents. The project also includes a coordinator in each county's Protective Service agency to arrange day care and other services, and coordinates lay therapy with these services. This project is important as a test of a totally volunteer model for resource-poor areas.

The Child Protection Center in Baton Rouge, Louisiana is housed on the grounds of Earl K. Long Hospital and, as the central referral agency for the entire parish, performs intake, diagnosis, direct service provision and case management functions. Social work counseling, crisis intervention, family therapy, medical care and homemaker services are provided and a 24-hour hotline is available for emergency reporting. Public and professional education are also important activities in this project, which is distinguished for its provision of both medical and social services.

The Family Resource Center in St. Louis, Missouri is affiliated with St. Louis Children's Hospital but is located outside this facility. The project provides treatment to the entire family in a residential setting. Services for parents include individual and group therapy, lay therapy, parent education classes and a 24-hour hotline, while the programs for children include therapeutic day care, play therapy, crisis care and infant day care. Community and professional education and research on abuse and neglect are included to further promote the philosophy that unified family treatment is critical.

The aim of the Union County Protective Services Demonstration Project in New Jersey (a part of the county Division of Youth and Family Services) is to expand resources available to abusive and neglectful families by serving as the focus of a coordinated system. The project contracts with volunteer community agencies to provide a broad range of treatment services and utilizes a multidisciplinary diagnostic team. Lay and professional therapy, parent development classes, crisis nursery, play therapy, day care, homemaker and visiting nurse services and a parent hotline are being provided. Other components include community and professional education, working to improve legislation, community coordination, and research and evaluation.

Pro-Child in Arlington, Virginia, an outgrowth of the county Protective and Preventive Service Unit, offers a variety of services to both substantiated

and potential cases of abuse or neglect. These include multidisciplinary team case planning and review, group therapy for parents and adolescents, homemaking services, medical and psychiatric diagnosis, day care and lay therapy by parent aides. The project, which is unique in its location in an affluent suburban community, uses extensive community education to promote a coordinated service delivery system, with Pro-Child as the focal agency, for all abuse and neglect cases.

Parent and Child Effective Relations Project (PACER) in St. Petersburg, Florida is part of the Juvenile Welfare Board, a youth-serving agency in the county. Its focus is preventive services, including public education and a program for identifying potential abusive and neglectful parents and providing treatment services to reduce this potential. Parent aides will provide lay therapy, and a Parents Anonymous group, hospital trauma team and legal intern program are to be established.

The Child Abuse and Neglect Demonstration Unit in Bayamon, Puerto Rico is attempting to establish the value of a special child abuse and neglect team, using trained and experienced social workers with small (15 families per worker) caseloads. In contrast, protective service workers in Puerto Rico have had little or no professional training and presently serve caseloads of 50 to 60 families. This new project provides professional diagnosis, social work counseling, group work, individual therapy and emergency services. Community education and coordination are also activities of the Unit.

These, then, are the demonstration projects. The task of the evaluation is not to judge whether one is better than another, but to gather, from their diverse experiences, lessons that can be applied elsewhere.

## Why Evaluation?

Program evaluation may serve one or more of many purposes. Perhaps the most widely known function of evaluation is that of external monitoring of the efficiency and effectiveness of a program. That is, does the program achieve what was expected of it?

Evaluation is also useful in assisting programs in their own internal management. It does this by helping program staff members look at themselves and their operations so that they can identify weaknesses and inefficiencies and make necessary improvements. Here the questions are: Do we like what we're doing? How can we improve?

Evaluation also has a definite and important role in policy formulation for it can identify what is needed and what works—and the costs. A basic question to consider here is: which alternative(s) should be chosen or recommended?

Finally, evaluation can be a tool in research, in developing answers to theoretical questions and furthering our knowledge about a particular subject area. In other words, how will this experience contribute to our understanding of the subject?

The team evaluation of the National Demonstration Program in Child Abuse and Neglect addresses each of these four issues in evaluation and employs a mixture of techniques to gather information that describes the projects' functioning and impact. Our evaluation is so designed because of our concern with the needs of our diverse audiences—the projects themselves, their monitors and the field in general.

### Evaluation Design

The study is divided into five major components:

□ **Program and Project Goals.** The purposes here are, first, to identify the goals of the funding agencies for each demonstration program, and to assess whether or not they are being met; and, two, to monitor changes in the goals of the individual projects, evaluate the implications of the goals and assess the extent to which they are being met.

During the first year, program participants identified the overall demonstration program goals and the evaluation design was modified to allow us to assess the achievement of these goals. To work with the projects on their own goals required that we provide technical assistance. During the first year, while the projects were still planning and solidifying their programs, we helped them clarify their goals. Formal measurement of the achievement of individual goals begins in the second year.

□ **Process Analysis.** The development, strategies and functioning of each project are described in this component. During the first year, the main objective was to monitor the range of implementation problems each project encountered, in order to identify problems generic to new child abuse programs. A second objective is to assess the quality of services provided by the projects and to develop quality standards for the field. Data for this process analysis is collected through interviews, observations and record searches.

□ **Cost Analysis.** Here we determine the costs of each of the activities the projects undertake and, where relevant, determine the unit costs of each treatment strategy (the hourly cost per person for group therapy, for example). During one month of each quarter, the projects monitor their allocation of staff, consultant and volunteer time, as well as such other project resources as rent, telephone, etc. Our analysis of this information allows us to look at changes in project costs over time (are the projects becoming more efficient?) and to compare the costs of certain activities across projects (are there differences in the cost of day care from one project to another, and if so, why?).

□ **Client Impact.** This component is designed to determine the impact projects have on their clients and the effectiveness—and cost effectiveness—of alternative treatment strategies. The impact on clients is assessed by monitoring all clients served by the 11 projects from the time each enters the caseload until his or her case is terminated. The client's progress is measured against indicators thought to be associated with the potential to abuse or neglect—lack of awareness of child development, the way in which anger is expressed and self-image, for example—as well as against the individual treatment goals established for the client. Actual recidivism of abusive and neglectful behavior and the clinician's assessment of the propensity for recidivism are also measured over time. The project staff members who work most closely with a client maintain the necessary information, including the types and amounts of services the client receives, and our staff members collect this information from the projects periodically. Confidentiality is maintained by replacing names with code numbers on all records.

In order to examine the impact of an individual project, we analyze data on all clients. To study the effectiveness of alternative treatment strategies, data must be pooled on clients from all projects who have received similar kinds of services. Finally, in determining the cost-effectiveness of different treatment strategies, we relate data on service costs to the effectiveness measures developed here.

□ **Community Systems.** The purpose of this component is to assess the project's impact in developing a more effective and coordinated community service delivery system. Areas of interest in this analysis are the level of awareness and knowledge of the prob-

lem in the community, the level of resources allocated to service delivery for abuse and neglect, the level of coordination among agencies, the volume and disposition of cases seen, and the effectiveness of the system's operation. Data are collected through interviews with personnel in key agencies in the system (including the police, hospital, schools, juvenile court and protective services) and through tabulations of records of abuse and neglect cases in these agencies.

Principal questions here include: Are there gaps in the system (lack of preventive services, for example) and are they being filled? What is the volume of cases and how are they handled?

### Policy Recommendations

Using the evaluation findings concerning the individual projects and the overall national demonstration, we will develop general policy and program recommendations for the field of child abuse. We hope to be able to suggest useful guidelines in the following areas:

- Which treatment modalities and service strategies appear to have the most impact on families and to be cost effective?
- What kinds of organizational structures for programs appear to be most effective for implementing treatment and intervention strategies in different kinds of communities?
- What management and information systems are needed for efficient planning, implementation, management and monitoring of local community programs?
- What problems can be expected to arise in various communities as they initiate responses to child abuse, and how can such problems be handled, or avoided, successfully?
- What alternative models for community service delivery systems have been shown to be effective, efficient and feasible for adoption?
- What policies and support from the federal government would facilitate successful program implementation in local communities?

Evaluation in the field of child abuse is still in the most elementary stage. While there are many questions yet to be answered in order to provide a basis for rational and planned development of future programs, there is, at the same time, an immediate need to share our findings with those who are actively pioneering in the field.

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