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**Evaluation of Child Abuse and Neglect Demonstration  
Projects, 1974-1977. Volume IV. A Comparative  
Description of the Eleven Projects**

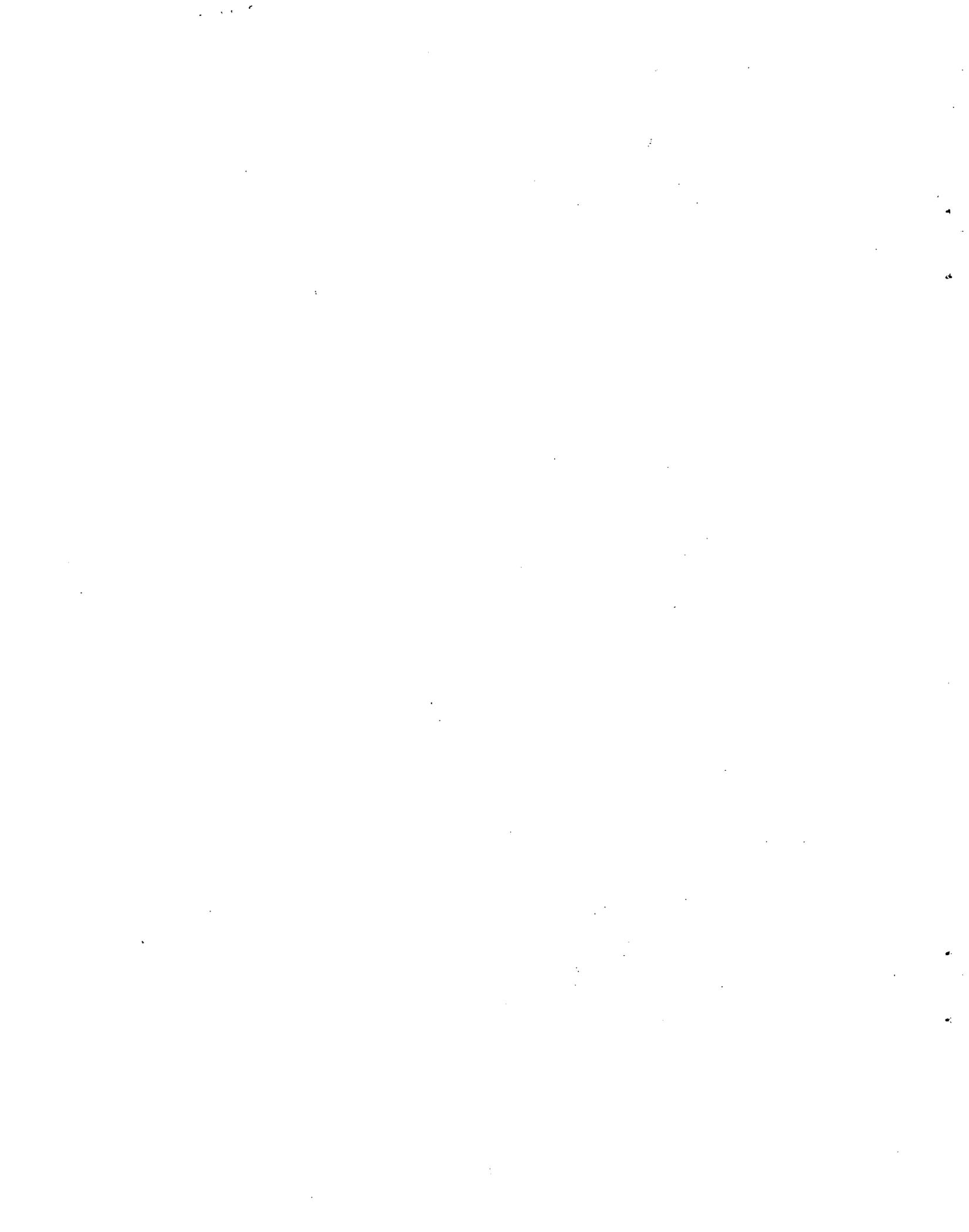
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## PREFACE

In May of 1974, the Office of Child Development and Social and Rehabilitation Services of the Department of Health, Education and Welfare jointly funded eleven three-year child abuse and neglect service projects to develop strategies for treating abusive and neglectful parents and their children and for coordination of community-wide child abuse and neglect systems. In order to document the content of the different service interventions tested and to determine their relative effectiveness and cost-effectiveness, the Division of Health Services Evaluation of the National Center for Health Services Research, Health Resources Administration of the Department of Health, Education and Welfare awarded a contract to Berkeley Planning Associates to conduct a three-year evaluation of the projects. This report is one of a series presenting the findings from that evaluation effort.

This evaluation effort was the first such national study in the child abuse and neglect field. As such, the work must be regarded as exploratory and suggestive, not conclusive. Many aspects of the design were pioneered for this study. Healthy debate exists about whether or not the methods used were the most appropriate. The evaluation focused on a demonstration program of eleven projects selected prior to the funding of the evaluation. The projects were established because of the range of treatment approaches they proposed to demonstrate, not because they were representative of child abuse programs in general. The evaluation was limited to these eleven projects; no control groups were utilized. It was felt that the ethics of providing, denying or randomly assigning services was not an issue for the evaluation to be burdened with. All findings must be interpreted with these factors in mind.

Given the number of different federal agencies and local projects involved in the evaluation, coordination and cooperation was critical. We wish to thank the many people who helped us: the federal personnel responsible for the demonstration projects, the project directors, the staff members of the projects, representatives from various agencies in the projects' communities. Ron Starr, Shirley Langlois, Helen Davis and Don Perigut are all to be commended for their excellence in processing the data collected. And in particular we wish to thank our own project officers from the National Center for Health Services Research--Arne Anderson, Feather Hair Davis and Gerald Sparer--for their support and input, and we wish to acknowledge that they very much helped to ensure that this was a cooperative venture.

Given the magnitude of the study effort, and the number and length of final reports, typographical and other such errors are inevitable. Berkeley Planning Associates and the National Center for Health Services Research would appreciate notification of such errors, if detected.

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SUMMARYIntroduction

In May of 1974, prior to expenditure of funds appropriated to the Child Abuse and Neglect Prevention and Treatment Act, Public Law 93-247, the Office of Child Development and Social and Rehabilitation Services, of DHEW, jointly funded eleven three-year child abuse and neglect service projects in order to develop and test alternative strategies for treating abusive and neglectful parents and their children and alternative models for coordination of community-wide child abuse and neglect systems. The projects, spread throughout the country and in Puerto Rico, differed by size, the types of agencies in which they were housed, the kinds of staff they employed, and the variety of services they offered. In order to document the content of the different service interventions tested and to determine their relative effectiveness and cost-effectiveness, Health Resources Administration awarded a contract to Berkeley Planning Associates to conduct a three-year evaluation of the projects. This report presents a comparative, descriptive overview of the projects and their experiences, based on that evaluation effort. The purpose of the report is to highlight the similarities and differences among projects.

Comparative Discussion of ProjectsCommunity Contexts and Constraints

The communities in which the projects were located varied by size and key demographic characteristics; these community characteristics did not seem to affect the implementation or the operation of the projects as much as the nature of the local child abuse and neglect delivery system. Communities with well-functioning child abuse and neglect systems were more receptive and more helpful to the new demonstration, particularly if the demonstration was housed in an agency legally mandated to work with abuse or neglect cases.

SUMMARY FACTSHEET ON PROJECTS

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County
Host Agency	CPS	CPS	CPS	CPS	CPS	Hospital	Tribal Council	Hospital	Private agency	Private agency	CPS
Annual Budget	\$186,696	225,984	175,524	150,912	128,976	236,280	55,884	160,068	122,472	155,820	669,744
Average Case-load Size	26	179	82	70	73	9	8	40	18	42	294
Average No. Core Staff	13	15	10	9	7	12	3	6	6	8	25
Ave. No. Individuals Participating	47	22	14	12	134	23	5	73	55	110	29
Percent Time Spent On:											
Project Operations	20%	15	29	23	31	23	49	21	30	33	31
Community Activities	7%	5	17	35	14	7	23	8	29	35	6
Treatment Activities	66%	76	53	30	48	69	20	64	34	22	55
Research/Evaluation	7%	4	1	12	7	1	8	7	7	10	8

### Project Goals

The range or scope of project goals were similar, embracing concerns for educating the general public and professionals about child abuse, helping to bring about a more coordinated community system and testing out some particular set of treatment strategies for abusive and neglectful families, although the steps or means established for accomplishing these goals varied. For all projects, goals shifted during the first year as community needs and staff capabilities became more clearly defined; the shifts in goals resulted in more clear and realistic objectives. The amount of time required to clarify and stabilize goals may have been reduced with the assistance from the evaluators. In general, projects were more successful in accomplishing their community-oriented than their treatment-oriented goals.

### Project Structures

The projects represent different ways in which child abuse and neglect service programs might be organized and the kinds of activities they might pursue. Six of the projects (Adams County, Arlington, Baton Rouge, Bayamon, Arkansas and Union County) were housed in protective service agencies; two in hospitals (Los Angeles and St. Louis); two in private agencies (St. Petersburg and Tacoma); and one in a tribal council (Neah Bay). Two of the projects served as the community-wide coordinating body for child abuse and neglect (Tacoma and St. Petersburg). While none of the projects focused on primary preventive services, all performed certain educational and coordinative activities that contribute to primary prevention. Two projects (Neah Bay and St. Petersburg) pursued secondary preventive services; the remainder focused on direct treatment services. Of those performing direct treatment, four (Adams County, Arlington, Los Angeles and St. Louis) provided services to both parents and children (of those, only three, all but Arlington, provided therapeutic services to children) and the remainder served only parents. Four of the projects used primarily professional workers (Arlington, Baton Rouge, Bayamon and Union County); two (Arkansas and Tacoma) represent primarily a lay or volunteer staff model; the remainder had mixed staff.

### Organization and Management Styles

While the projects themselves, given their demonstration status, were all relatively small, informal and unstable compared to most existing state and local social service agencies, one sees diversity among them on many organizational and management characteristics. Notable differences between projects include budget, staff and case-load sizes, the diversity of activities pursued, and the numbers of different disciplines or agencies actively involved with the project, the degree of formalization of job design, job flexibility, rule observation, and the degree to which general organizational or specific job-related decisions were centralized.

### Staffing Patterns and Staff Characteristics

It is difficult to describe and compare staffing patterns and staff characteristics given the relatively small staff sizes, the high turnover rates and the constant flux in number and types of staff positions and program participants. Core staff sizes ranged from three to 25; the average number of individuals (including consultants and volunteers) participating in a project ranged from five to 134. The majority of staff members across all projects were female. Some projects had a high proportion of professionally trained staff or staff with several years of experience in the field; others had very few. All projects used volunteers in a wide range of treatment, educational and support capacities. While volunteers were important additions to the projects, they did not come "free" but cost a project in terms of management, supervision and consultation time. Six projects (Arlington, Bayamon, Baton Rouge, Neah Bay, Tacoma and Union County) experienced a turnover in directors. Projects that hired new directors from existing staff (all but Baton Rouge and Tacoma) appeared to have many fewer problems of continuity and "down time" than projects that hired new directors from the outside. Because of the multiple demands on projects like these, treatment projects (including all but Bayamon and Neah Bay) benefited from sorting out the functions of directing a project from those of supervising the treatment activities into two separate staff positions (a project director and a direct services coordinator). Projects with active advisory boards (Arlington, Arkansas, St. Petersburg, Tacoma and Union County) had an easier time solving problems as they arose, or anticipating them in advance, than did projects without such boards.

### Project Activities

While projects did pursue many of the same activities, the amount of time spent on these activities and the magnitude or volume of the activities varied across projects. Based on the experiences of these eleven, however, it appears that treatment projects spend approximately 25% of staff time on general program management and staff training functions, and an additional 20% on general case and follow-up. Given the need to devote approximately 10% of staff time to community oriented activities to ensure a smooth interface with the rest of the community child abuse and neglect system, treatment projects can spend only approximately 45% of staff time on direct provision of treatment services. The average monthly expenditure of the projects was \$15,720.

### Characteristics of Families Served

A study of the characteristics of the families served by the projects suggests that despite projects' specific intake or admissions criteria, which influenced to some extent the kinds of cases served,

projects still ended up serving a variety of cases. Projects found that many cases referred were accepted for treatment because they could not get services elsewhere, rather than because the parents had committed the kinds of abuse or neglect the project wanted to serve. Projects also realized that all cases are complex, changing over time, such that a potential case becomes an actual case or an abusive parent develops neglectful patterns. This suggests that while projects may have decided to focus on a particular kind of case, caseloads could not be exclusive, and service offerings had to be flexible enough to meet the range of needs clients had.

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## INTRODUCTION

Berkeley Planning Associates has spent over three years evaluating eleven child abuse and neglect service demonstration projects. The evaluation has resulted in insights into the operations and outcomes of a variety of approaches to the problems of child abuse and neglect in a community setting. This report presents a comparative, descriptive overview of the projects and their experiences; a companion set of historical case studies on each of the projects details specific aspects of the projects' implementation and operation. Yet other study reports analyze the relative effectiveness and efficiency of different aspects of project operations.<sup>1</sup>

The purpose of this particular report is to identify the models represented by the projects and to describe the similarities and differences among them so as to better understand the relative progress each has made in achieving goals, in impacting on clients, and on the local community. We have attempted in this report to not only highlight the similarities and differences between projects, but also to identify certain implications for the future funding and monitoring of child abuse and neglect projects, based on the experiences of these eleven projects. Irrespective of the relative effectiveness of the different models or strategies tested by these projects, there are many important lessons to be learned. It is our hope that a discussion of the projects such as this will become a significant tool in catalyzing necessary changes in the way child abuse and neglect demonstration projects are funded, monitored and operated.

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<sup>1</sup>A listing of major study reports and papers appears in Appendix A.

A. Summary History of the Demonstration Effort<sup>1</sup>

During the fall of 1974, prior to the passage of the Child Abuse Prevention and Treatment Act, Public Law 93-247, the secretary's office of the federal Department of Health, Education and Welfare (DHEW) allocated four million dollars to child abuse and neglect research and demonstration projects. A substantial proportion of that allotment, approximately three million dollars, was to be spent jointly by the Office of Child Development's (OCD) Children's Bureau, and Social and Rehabilitation Services (SRS) on a set of demonstration treatment programs. On May 1, 1974, after review of over 100 applications, OCD and SRS jointly selected and funded eleven three-year projects.<sup>2</sup> The projects, spread throughout the country and Puerto Rico, differ by size, the types of agencies in which they are housed, the kinds of staff they employ, and the variety of services they offer their clients and their local communities. However, as a group, the projects embrace the federal goals for this demonstration effort, including:

- (1) To develop and test alternative treatment approaches for treating abusive and neglectful parents and their children;
- (2) To develop and test alternative ways for coordination of community-wide systems providing preventive, detection and treatment services to deal with child abuse and neglect;
- (3) To document the content of the different service interventions tested and to determine their relative effectiveness and cost-effectiveness.

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<sup>1</sup>For a detailed listing of major events that occurred during the demonstration period, see Appendix B, "Milestones in the Demonstration Effort."

<sup>2</sup>The projects include: The Family Center: Adams County, Colorado; Pro-Child: Arlington, Virginia; The Child Protection Center: Baton Rouge, Louisiana; The Child Abuse and Neglect Demonstration Unit: Bayamon, Puerto Rico; The Arkansas Child Abuse and Neglect Program (SCAN): Little Rock, Arkansas; Family Care Center: Los Angeles, California; The Child Development Center: Neah Bay, Washington; The Family Resource Center: St. Louis, Missouri; The Parent and Child Effective Relations Project (PACER): St. Petersburg, Florida; The Panel for Family Living: Tacoma, Washington; and the Union County Protective Services Demonstration Project, Union County, New Jersey.

In order to accomplish the third goal, as part of DHEW's strategy to make this demonstration program an interagency effort, the Division of Health Services Evaluation, National Center for Health Services Research of the Health Resources Administration (HRA) awarded an evaluation contract to Berkeley Planning Associates (BPA) in June 1974, to monitor the demonstration projects over their three years of federal funding, documenting what they did and how effective it was.

During the summer of 1974, the demonstration projects began the lengthy process of hiring staff, finding space and generally implementing their planned programs. Concomitantly, BPA collected baseline data on each of the project's community child abuse and neglect system and completed design plans for the study. By January 1975, all but one of the projects were operational and all major data collection systems for the evaluation were in place. Through quarterly site visits to the projects and other data collection techniques, BPA monitored all of the projects' activities through April 1977, at which time the projects were in the process of shifting from demonstrations to ongoing service programs. Throughout this period, numerous documents describing project activities and preliminary findings were prepared by the evaluators. This report presents part of the final knowledge gained from the projects' joint experiences.

#### B. Summary of the Evaluation Design

The purpose of the three-year evaluation was to provide guidance to the federal government and local communities on how to develop community wide programs to deal with the problems of child abuse and neglect in a systematic and coordinated fashion by documenting the content of the different service interventions tested by the demonstration projects, and determining their relative effectiveness and cost-effectiveness. More specifically, the goals of the evaluation were to:

- (1) Identify the problems in establishing and operating child abuse and neglect programs;
- (2) Assess the extent to which projects identified and accomplished their goals;

- (3) Determine the costs of different child abuse and neglect services and the costs of different mixes of services for clients relative to their effectiveness;
- (4) Determine the elements of quality case management and their relationship to client outcome;
- (5) Identify how project management processes and organizational structures influence project and worker performance;
- (6) Assess the influence of projects on their local communities in establishing a well-functioning community-wide child abuse and neglect system;
- (7) Determine what problems abused and neglected children possess that are amenable to resolution through the provision of treatment services;
- (8) Determine the effectiveness of alternative service strategies for different types of abusers and neglectors.

Thus, the evaluation combined both formative (descriptions of what was going on in the projects) and summative (assessments of the impact or outcome of different activities) concerns. The formative or descriptive information was useful not only in interpreting or explaining the summative data, but also as a tool in providing general technical assistance to the projects to enhance their progress.

The data were gathered through quarterly five-day site visits to the projects, other special site visits, and information systems maintained by the projects for the evaluator. Specific study components and the methodology for each are described briefly below.

#### 1. General Descriptive Component

In order to determine the problems inherent in establishing and operating child abuse and neglect programs and to identify the range of management and service approaches for such programs, all aspects of the projects' operations were carefully monitored. All of the problems encountered both in establishing and operating different project components were documented. Historical case studies of each of the projects, detailing all of their activities over the three-year demonstration period, were prepared. Analysis of common

experiences across projects resulted in the development of A Guide for Planning and Implementing Child Abuse and Neglect Programs.<sup>1</sup>

## 2. Project Goals Component

In order to assess the extent to which projects accomplished their own unique set of goals, during site visits in the first year of the evaluation, using Andre Delbecq's Nominal Group Process Technique, BPA assisted each project in the clarification of their own specific and measurable goals and objectives. Project staff, administration and advisory board members participated in this reiterative process. At the end of the first year, with project input, attainment measures for each of the goals and objectives were identified, and at the end of the second and third years, BPA staff, using interviews and record reviews, assessed the extent to which projects had accomplished that which they had set out to do.

## 3. Cost Component

In order to determine the costs of different services, approximately one month out of every four project staff monitored their time and resource expenditures in relation to a set of discrete project activities or services on cost accounting forms developed by BPA. Donated as well as actual resources were accounted for, as were the number of units of service provided by the projects in each of the service categories. Calculations were then made for the actual unit costs of different services provided by each project in the sample months and on average for the operational phase of the project. The value of donated resources was added to unit costs to determine the true value of services provided. And, once adjustments were made for regional and price differences, comparisons were made across projects to determine both the average costs of and the most efficient methods of delivering services.

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<sup>1</sup>This document, completed in December 1977, is a revised version of Planning and Implementing Child Abuse and Neglect Service Programs, published by the Office of Child Development in 1976. It is available on request from Berkeley Planning Associates.

#### 4. Quality Case Management Process Component

In the interest of identifying standards for the case management process and understanding the relationship between case management and client outcomes, BPA consulted with a number of child abuse and medical care audit specialists to identify both the elements of and methods for assessing the quality of case management. The methodology, once pre-tested at four sites and refined, consisted of visits by teams of child abuse/neglect experts to the projects during their second and third years to review a random sample of case records from each of the treatment workers in a project and interview the workers about those cases reviewed. Descriptive and multivariate analysis allowed for the identification of the most salient aspects of case management and norms of case management across the projects which can serve as minimal standards for the field. By combining these data with that collected through the adult client component, the relationships between case management and client outcome were identified.

#### 5. Project Management and Worker Burnout Component

In order to determine how project management processes and organizational structures influence project performance and in particular worker burnout, visits were made to each of the projects in the third year to elicit information about management processes, job design and job satisfaction, through interviews and/or questionnaires with project management and staff (including those who had left the project). A combination of both quantitative and qualitative data analyses was then carried out to define organizational and management aspects of the projects, to determine the prevalence and nature of worker burnout among staff and to determine the relationships between these factors.

#### 6. Community Systems Component

In order to determine the extent to which the projects had an influence on their local communities in establishing a well-functioning, community-wide child abuse and neglect system, data on the functioning of the eleven communities' child abuse and neglect systems were collected

prior to the full implementation of the projects, through interviews with key agency personnel and record searches, and again mid-way through the demonstration, and at its end. All of the projects' activities in relation to the communities were documented. Analyses of the information gathered resulted in the identification of the essential elements of a well-functioning community-wide system, as well as the kinds of activities service programs can pursue to enhance system operations.

#### 7. Children's Component

Even though very few of the projects directly provided treatment services to the abused or neglected child, because of the paucity of information on the kinds of problems abused and neglected children possess and the benefits of various treatment services for these children, clinicians at three projects working with children maintained problem-oriented records, developed by BPA, on the children from the time of intake through termination. The analysis, which included data gathered through the use of select standardized tests, identified the range of problems children possessed and the degree to which these problems appear to be resolvable during treatment.

#### 8. Adult Client Component

Central to the entire study was the effort to determine the effectiveness and cost-effectiveness of alternative service strategies for different types of abusers and neglectors. Clinicians at the projects maintained records, on forms developed by BPA, on approximately 2000 adult clients receiving treatment during 1975 and 1976, from intake through termination. Data included: basic demographics, information on the nature and severity of the maltreatment, the amount and type of services received by the client, and outcome information including improvements in parents' functioning and recurrence of abuse or neglect. These data were first analyzed, using a variety of multivariate techniques, to determine the relationships between client characteristics, services received, and outcome. Then, data from other parts of the study, including case management, program management and community systems information, were included to determine the extent to which these

other variables help explain outcome. Finally, data on service costs were used to determine the cost-effectiveness of alternative strategies.

As a final step in the evaluation, information and insights gleaned from across all study components were aggregated and analyzed to develop a set of policy-relevant recommendations for the future funding and operation of child abuse and neglect programs.

### C. Summary of What the Projects Were Demonstrating

As a group, the projects demonstrated a variety of strategies for community wide responses to the problems of abuse and neglect. The projects each provided a variety of treatment services for abusive and neglectful parents; they each used mixes of professionals and para-professionals in the provision of these services; they each utilized many different coordinative and educational strategies for working with their communities. While not an exhaustive set of alternatives, the rich variety within a project and across projects has provided the field with an opportunity to systematically study the relative merits of different methods for attacking the child abuse and neglect problem.

While the projects embraced similar goals, each project was also demonstrating one or two specific and unique strategies for working with abuse and neglect, as described below:

#### 1. The Family Center: Adams County, Colorado

The Family Center, a protective services-based project housed in a separate dwelling, is noted for its demonstration of how to conduct intensive, thorough multidisciplinary intake and preliminary treatment of cases, most of which were then referred on to the central Child Protective Services staff for ongoing treatment. In addition, the Center created a treatment program for adults and children, including parent education classes, a crisis nursery and play therapy.

2. Pro-Child: Arlington, Virginia

Pro-Child demonstrated methods for enhancing the capacity and effectiveness of a county protective services agency by expanding the number of social workers on the staff and adding certain ancillary workers such as a homemaker. A team of consultants, notably including a psychiatrist and a lawyer, were hired by the project to serve on a multidisciplinary diagnostic review team, as well as to provide consultation to individual workers.

3. The Child Protection Center: Baton Rouge, Louisiana

The Child Protection Center, a protective services-based agency, tested out a strategy for redefining protective services as a multidisciplinary concern by working closely with law enforcement and the court and by housing the project on hospital grounds and establishing closer formal linkages with the hospital, including the half-time services of a pediatrician and immediate access of all CPC cases to the medical facilities.

4. Child Abuse & Neglect Demonstration Unit: Bayamon, Puerto Rico

In a region where graduate level workers are rarely employed by protective services, this project demonstrated the benefits of establishing an ongoing treatment program, under the auspices of protective services, staffed by highly trained social workers with the back-up of professional consultants to provide intensive services to the most difficult abuse and neglect cases.

5. Arkansas Child Abuse and Neglect Program: Arkansas

In Arkansas, the state social services agency contracted with SCAN Volunteer Services, Inc., a private organization, to provide services to all identified abuse cases involving children 12 years old and younger in select counties. SCAN, in turn, demonstrated methods by which a resource poor state, like Arkansas, could expand its protective service capability by using lay therapists, supervised by SCAN staff, to provide services to those abuse cases while providing extensive education to professionals and the general public.

6. The Family Care Center: Los Angeles, California

The concept behind the Family Care Center, a hospital-based program, was a demonstration of a residential therapeutic program for abused and neglected children with intensive day-time services for their parents.

7. The Child Development Center: Neah Bay, Washington

This Center, housed within the Tribal Council on the Makah Indian Reservation, evolved from a primarily coordinative to a treatment project and demonstrated a strategy for developing a community-wide culturally based preventive program, working with all those on the reservation with parenting or family-related problems.

8. The Family Resource Center: St. Louis, Missouri

A free-standing agency with hospital affiliations, the Family Resource Center implemented a family-oriented treatment model which included therapeutic and support services to parents and children under the same roof. The services to children, in particular, were carefully tailored to match the specific needs of different aged children.

9. Parent & Child Effective Relations Project (PACER): St. Petersburg, Florida

Housed within the Pinellas County Juvenile Welfare Board, PACER sought to provide education, training and community coordination as well as to develop community services for abuse and neglect using a community organization model. PACER acted as a catalyst in the development of needed community coordination and services, such as parent education classes, which others could then adopt.

10. The Panel for Family Living: Tacoma, Washington

The Panel, a volunteer-based private organization, demonstrated the ability of a broadly-based multidisciplinary, and largely volunteer, program to become the central provider of those training, education and coordinative activities needed in Pierce County.

11. The Union County Protective Services Demonstration Project:  
Union County, New Jersey

This project demonstrated methods to expand the resources available to protective services clients by contracting for a wide variety of purchased services from other public and, notably, private service agencies in the county.

D. Summary of the Content of This Report

This report is divided into seven sections which describe discrete aspects of the projects' operations and activities. The Appendices include recommendations for the future funding, monitoring and management of child abuse and neglect projects. Section I deals with the community settings in which the projects were located, demographic and other descriptors of the community in general, as well as specific descriptions of the child abuse and neglect systems, the problems inherent in them, the state child abuse and neglect reporting laws and estimates of the magnitude of the problem. Section II describes the kinds of goals projects had, and discusses the problems projects had in specifying and accomplishing these goals. In Section III, different aspects of the structures or models the projects represent are discussed, including the organizational base, service orientation, client orientation, staff and facilities. Section IV presents a comparative analysis of the organizational structures the projects represent and the different kinds of management styles employed. In Section V, the staffing patterns and staff characteristics are described including staff size, use of consultants and volunteers, education and training of staff and primary disciplinary orientation of staff. The ways in which projects allocated staff time to different activities and the volume of different services provided are discussed in Section VI. And finally, Section VII describes the characteristics of the families served including source of referral, nature of abuse/neglect problem, basic demographic characteristics and related family problems.

## SECTION I: COMMUNITY CONTEXTS AND CONSTRAINTS<sup>1</sup>

### A. Community Setting

The communities which the projects served (see Table Ia) range from a fairly compact 25.8 square miles in Arlington County to an extended area of over 1200 square miles in Adams County, Colorado, and the extensive three-county rural area in Arkansas. In population, the communities range from 1100 persons on the Makah Indian Reservation to the southeast region of Los Angeles County, which includes over 750,000 persons. There are communities representing purely urban, suburban or rural areas as well as mixes of all three types. The proportion of the population comprised of very young children is relatively similar across communities (2% or less under one year), although greater variations are seen in older age groups. Family income characteristics, as an indicator of socio-economic character, vary greatly across the communities. Only 5% or less of the populations of Adams, Arlington and Union Counties are below poverty, while more than 25% of St. Louis's families and almost half of the families in Bayamon are living below poverty standard, based on 1970 census data.

While these community differences had implications for the amount of distance workers may have had to travel, the size of the population at risk, and, to some extent, the kinds of problems clients had, it does not appear that these community characteristics affected the implementation of the projects as much as the nature of the local child abuse and neglect system did.

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<sup>1</sup>For more detailed discussions of community systems, see evaluation reports on community systems listed in Appendix A.

TABLE Ia: Community Setting

Project	Definition and Size of Service Area	Population Size (1970)	Community Type	Population by Age (1970)			Family Income		
				Percent Under 1 Year	Percent 1-4 Yrs.	Percent 5-17 Yrs.	Percent Below Poverty	Percent Moderate-Middle	Percent Above \$15,000
Adams County, Colorado	Adams County 1,246 sq. mi.	185,789	Suburban-rural	1.9%	8.0%	32.8%	5.7%	76.3%	18.0%
Arlington, Virginia	Arlington County 25.8 sq. mi.	174,284	Suburban	1.6%	5.2%	17.0%	3.7%	52.2%	44.1%
Baton Rouge, Louisiana	East Baton Rouge Parish	285,167	Urban-suburban-rural	1.9%	7.3%	27.7%	13.6%	65.5%	20.9%
Bayamon, Puerto Rico	Bayamon region, Bayamon & eight other cities	338,500*	Urban-suburban	2.0%	10.0%	32.0%	48.0%	49.0%	3.0%
Arkansas	Garland, Jefferson & Washington Counties**	216,830	Rural	1.7%	6.5%	24.4%	19.1%	71.6%	9.3%
Los Angeles, California	Southeast region of Los Angeles County--93.6 sq. mi.	763,000	Urban	2.2%	8.4%	Not Ascertained			
Neah Bay, Washington	Makah Indian Reservation--43.8 sq. mi.	1,100*	Rural-Indian	Not Ascertained					
St. Louis, Missouri	St. Louis City 61.4 sq. mi.	622,236	Urban	1.7%	6.3%	22.9%	26.5%	60.6%	12.9%
St. Petersburg, Florida	Pinellas County 280 sq. mi.	522,329	Urban-suburban	1.1%	4.1%	17.8%	9.0%	76.6%	14.4%
Tacoma, Washington	Pierce County	411,027	Urban-suburban-rural	1.7%	6.5%	25.9%	8.0%	72.0%	20.0%
Union County, New Jersey	Union County	543,116	Urban-suburban	1.4%	5.8%	24.0%	4.5%	59.4%	36.1%

\* Unless otherwise noted, data are from the 1970 Census and classifications used are those of the Census.

\*\* The project maintained a unit in Garland County for 20 months of the demonstration period.

## B. Status of Community Child Abuse and Neglect Systems

The status of local child abuse and neglect systems, on the other hand, had a lot to do with both the implementation and operation of the projects. At the time the projects were funded, local community systems varied greatly in terms of the state reporting laws that governed them, reporting rates, how well coordinated and how comprehensive they were, how much communication there was between agencies, and generally how aware they were about the problems of abuse and neglect.

### 1. Reporting Laws

At the time the projects began, state laws differed in terms of the definition of reportable acts -- some specifying physical injury, others including neglect, or a range of other acts or omissions (see Table Ib). Agencies to receive reports also differed across states, most always specifying more than one agency or offering a choice of agencies for receiving reports. There was also variation in terms of the specification of who must report: ranging from "anyone with reasonable cause" to lists of specified professionals. The required provision of services varied among states -- some making no specification for provision of services, others requiring protective and other services.

During the demonstration period, state reporting laws in Arkansas, Colorado, Virginia, Washington, Missouri and Florida were revised. The changes, which generally increased comprehensiveness and specificity and reduced the amount of unnecessary duplication, only directly affected the functioning of one project, that in Arlington, Virginia.

TABLE Ib: Child Abuse and Neglect Reporting Laws

Project	Law at the Time Projects Began					Services Required to be Provided	Changes During Demonstration Period
	Scope, Acts Reportable	Agency Receiving Report					
		CPS	Court	Law Enforcement	Other		
Adams County,	Abuse or subjected to conditions resulting in abuse			X		Law enforcement: investigate, protect child, judicial proceedings, refer to Protective Services for social services.	New law, 1975. Inclusion of neglect as a reportable offense. Designation of CPR and law enforcement for report receipt; increase in persons required to report.
Arlington, Virginia	Injury, neglect, sexual abuse		Either	Either	State vital stats.	Investigate	Designation of CPS for report receipt; inclusion of mental injury; established 24-hour statewide reporting system
Baton Rouge, Louisiana	Abuse, neglect including overworking child	Either	Either	Either		Investigation and evaluation, maybe physical and psychiatric exams	
Bayamon, Puerto Rico	Physical or mental, non-accidental injury	X				Action to ensure the protection of the child	
Arkansas	Physical abuse, neglect, further threat	X		X		State protective services brought to bear	Designation of CPS for report receipt; statewide reporting system; Guardian ad Litem mandated
Los Angeles, California	Physical injury, sexual molestation	X		X	Health Dept.		
Neah Bay, Washington	Non-accidental physical insults, physical neglect, sexual abuse	Either		Either		Investigation, child welfare services (in accordance with State Child Welfare law)	Protective services provision mandated for all cases, provision of Guardian ad Litem, hospital detention provision; all cases reported to CPS and law enforcement
St. Louis, Missouri	Injury or disability from physical abuse or neglect	Either	Either	"May also"	Prot. Serv. & Ct. to Central Regist.	Investigation, private services	Designation of CPS for report receipt; expansion of people required to report; age range changed from 18 to 17; statewide reporting system
St. Petersburg, Florida	Abuse, neglect, maltreatment, failure to provide attention, shelter, medical care, etc.	X			Prot. Serv. then to Court	Investigate; protect child; protect other children, e.g., siblings	Changes in definitions of reportable acts
Tacoma, Washington	see Neah Bay, Washington						
Union County, New Jersey	Abuse, abandonment, cruelty and neglect	X				Action to ensure safety of child	

## 2. Reporting Rates

It would be ideal to portray estimates of incidence as a ratio to the population of a community, to compare the extent of the problem of abuse and neglect across the eleven communities. Similarly, it would be valuable to compare the number of reported cases with the estimated incidence in each community, to determine the extent of "unmet need" in each community. However, estimates of incidence exist for only two of the communities and very few communities have usable data on the number of cases handled by the community system, since none of the systems are totally centralized and even those that are fairly centralized use varying definitions of abuse and neglect. To get a handle on differences between communities in terms of the demands placed on the system, one can look at reporting rates to protective services alone (see Table Ic). This proxy measure for true reporting rates, coupled with approximate rates of substantiation of reported cases of child abuse to protective services, does suggest great differences between communities. In St. Petersburg in particular, reporting rates are extremely high, substantially overloading the system. While incidence rates may well be similar, reporting rates to the local protective services and rates of substantiation of abuse cases vary greatly, reflecting different levels of awareness of the problem among professionals and the general public, different reporting laws, and quite possibly different intake and diagnostic procedures.

TABLE Ic

Approximate Rates of Reporting to Protective Services and  
Substantiation Rates at Time Demonstration Began

Project	Reporting Rate to Protective Services Per 1000 Children in Reportable Age Group	Rate of Substantiation of Abuse Cases
Adams County	11	32%
Arlington	7	NA
Baton Rouge	1	62%
Bayamon	2	NA
Arkansas	5	60%
Los Angeles	NA	NA
Neah Bay	2	90%
St. Louis	3	40%
St. Petersburg	15	36%
Tacoma	7	96%
Union County	6	68%

3. Coordination

Coordination between key agencies in the community systems (protective services, the court, law enforcement, schools, the medical community) varied dramatically at the time the projects began. (The projects themselves did quite a bit to improve interagency coordination during the demonstration period.) In Adams County, Arlington and Tacoma, coordination between agencies was quite good. While every single key agency was not actively involved in child abuse and neglect activities, sharing of responsibilities on individual cases and on general system problems was apparent. In both Adams County and Tacoma,

a community-wide coordinating body on abuse and neglect existed prior to the demonstration period. In many other communities -- Baton Rouge, Bayamon, Los Angeles, St. Louis and Union County -- agencies appeared to operate quite independently of each other, with resulting duplication and fragmentation of services. The new projects in these communities were, at least initially, hindered by this situation. In Arkansas and Neah Bay, the foundations for coordination were apparent, but the degree of coordinative activities was quite low. Because of the relatively small sizes of these communities, however, the lack of coordinative activities did not greatly hinder the projects.

#### 4. Comprehensiveness

None of the communities had what might be called comprehensive systems in the sense of availability of a full array of treatment services for abusive and neglectful parents and their children as well as preventive services for high risk families. However, when comparing communities, some were substantially closer to being comprehensive than others. Notably, the Bayamon and Arkansas projects began in communities with almost no service resources, whereas projects in Baton Rouge, Tacoma and Union County faced communities with many resources, although the resources were not necessarily being well utilized for abuse and neglect cases.

#### 5. Communication

The amount of communication between agencies and various professional groups in each of the communities, most often a precursor to effective coordination, also varied greatly. In Adams County, Arlington and Tacoma communication was quite good; whereas the projects in Bayamon, St. Louis, St. Petersburg and Union County had to expend a great deal of effort in creating such communication.

#### 6. General Awareness of the Problem

Clearly, at least one agency in all of the communities was aware of the problems of abuse and neglect, as evidenced by the submission

of proposals to establish demonstration projects in this area. However, in some communities (Bayamon and Neah Bay, for example) the awareness did not go beyond simple recognition of child abuse and neglect as a national concern; in other communities (Baton Rouge and St. Louis, for example) awareness was substantial among those who wrote and/or supported the proposal, but almost non-existent among the rest of the community; and in yet other communities (most notably Tacoma, but Arlington and Adams County as well) the awareness of the problem was extensive, the public and professionals alike had received some education about the dynamics of the problem and the prevailing attitudes were those of a non-punitive nature.

C. Summary

Differences in reporting laws, reporting rates, coordination, comprehensiveness, communication and levels of awareness of the problem were noted across the demonstration communities at the time the projects began. These differences appeared to enhance or hinder the projects' initial progress in establishing their programs as well as determining, in part, what community-related activities the projects needed to pursue.<sup>1</sup> During the demonstration period, many changes occurred in these community systems, reducing the magnitude of the differences.

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<sup>1</sup>For a full discussion of this point see the Community Systems Interim Report, March, 1975.

## SECTION II: PROJECT GOALS<sup>1</sup>

In general, the range or scope of the project goals were similar. Seven of the eleven projects had goals pertaining to developing a more coordinated community-wide system, educating or training both professionals and the general public, testing out treatment services for parents and/or children, and researching the effects of these activities. The four other projects, Los Angeles, Arkansas, Neah Bay and St. Petersburg, generally had goals which fell into some, but not all, of these categories. In addition, St. Petersburg and Neah Bay had some different and unique goals pertaining to prevention (see Tables IIa and IIb).

Despite the general similarity in the subject areas of the goals, for each project the specific focus of goals, and more notably the steps or means established for accomplishing these goals, varied dramatically. For example, with respect to professional education, some projects were committed to educating professionals about child abuse as requests came into the project; others, such as Adams County and Arlington, targeted very specific professional groups (e.g., physicians, school teachers) who they felt needed training, and developed plans for reaching out to these groups. Likewise with coordination, some projects, such as Tacoma and Baton Rouge, were anxious to improve upon all aspects of their communities' child abuse and neglect systems; other projects, such as Arkansas and Neah Bay, were rather specific about the kinds of coordinative changes they wanted to bring about. And with treatment-related goals, some projects were most interested in improving the functioning of the clients, while others were more interested in testing the relative effectiveness of some particular approaches to or mixes of services.

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<sup>1</sup>For more detailed discussions of project goals, see The Project Accomplishments: The First Two Years of Operation, July, 1976.

During the first year of funding, most projects shifted their goals from those stated in the original grant proposal, or minimally changed the steps they intended to take to accomplish their goals. Several factors explain these modifications. First, proposal writers did not always clearly understand what the needs of their communities were nor what the community wanted or was willing to accept from the demonstration. As the project got underway, goals were altered to more appropriately reflect these community needs and desires. Second, as projects started to become operational, they became aware of what was actually do-able with the given budget they had; activities were added or deleted depending upon resources available. And finally, related to resources, as projects became fully staffed and cognizant of the skills and interests of individual staff members, goals were altered to more carefully fit what it was that staff members were both able to do and interested in doing. None of the changes in goals were dramatic enough to result in deviations from the federal intentions of the demonstration effort; if anything, the changes resulted in strengthened, more clearly directed projects within the overall mission of the demonstration.

Projects had varying success in accomplishing their goals, even when one takes account of the facts that (a) some projects' goals had a higher degree of difficulty than others, (b) some projects selected goals that were more expansive than others' and (c) some projects settled on only four or five priority goals while others opted for eight or even more.<sup>1</sup> Those projects which appear to have been the most successful in reaching their stated goals had most or all of the following attributes:

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<sup>1</sup>Success in accomplishing individual project goals is not necessarily synonymous with effectiveness and efficiency of a project. Projects may have achieved very important impacts on their clients or communities which, despite extensive goal review and revision, were not articulated in project goals, while failing to accomplish those things specified in goal statements.

- (1) The project was sponsored by an ongoing agency;
- (2) The project began as part of an agency identified in the community as focal in the child abuse system;
- (3) The project's parent agency imparted from the start the authority which comes from being the primary service provider in the community;
- (4) The community had a relatively coordinated service systems to begin with;
- (5) Those who are involved in the management of the project were very instrumental in putting together the original grant;
- (6) The project had consistently strong administrative leadership;
- (7) The project's director was committed to planning and evaluation as part of administrative management;
- (8) Project management was flexible, which means responding to situations and needs as they arise;
- (9) There was clear staff role differentiation, but there are few goal-related activities which are solely administrative functions; all staff share some responsibility across different components;
- (10) The caseload size was stable over time (staff were not faced with crisis overloads);
- (11) The project had low staff turnover.

In general, the projects reported more success with some goals than with others. Goals related to education and coordination seem to be closer to accomplishment, as a whole, than other types of goals. Ten of the eleven projects had a goal related to educating the general community, and all of the ten appeared to be well on their way towards achieving this particular goal by the end of the demonstration period. It is clear that a great deal of staff time and effort went into community education, which has evidently paid off. Of the eight projects that also added a special goal related to educating professionals in the community (either all professionals or special target groups), six demonstrated significant gains as of the end of the funding period.

It appears that setting up a program to educate professionals and the general public about child abuse is initially easier to do than setting up a treatment program.

The five projects that appear to be the nearest to accomplishing the goal of better community coordination have in common relatively compact community systems to coordinate, as contrasted to those projects in St. Louis, Baton Rouge and Bayamon, which are in urban areas, and while having made some progress, still had some problems to overcome before the goal could be met. The Los Angeles project was the least far along with this goal, in part due to the fact that it was in operation too short a time to prove itself to an urban and resistant community system.

The goals related to delivering treatment services and research have had more mixed results. The projects in St. Louis, Arlington, Adams County, Bayamon and St. Petersburg made positive gains in moving toward accomplishing their treatment service goals. Certain projects were successful with one or more aspects of their treatment goals, but less so with others (e.g., Tacoma, Neah Bay, Arkansas and Union County). The remainder of the projects with treatment goals had yet to overcome some service hurdles before meeting these goals. In general, review of progress toward accomplishing research goals indicates serious setbacks in all but Adams County and Arlington.

TABLE IIa  
Project Goals, by Category\*

Goal Category	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County
Community Coordination	I	III	III	III	I, II	II	I	II	VI	I	
Community Education	V	I	V	II	IV		IV	III	I	III	VI
Professional Education	VI	V	IV		IV		IV	IV	II	IV	VI
Treatment Services	II, IV	II, IV	I, II	I	III	I, III IV	V, VI	I	IV	II	II, V
Research	IV	VI		IV				V		V	V
Prevention							VII		V		
Other Goals	III, VII, VIII		VI		I, II III	IV	II, III, VIII		III		I, III IV

\* Roman numerals on this table refer to individual project goals listed on Table IIb.

TABLE IIb: Project Goals

<p><u>The Family Center: Adams County, Colorado</u></p> <ol style="list-style-type: none"> <li>I. To foster a multidisciplinary approach in Adams County for the prevention, detection and treatment of child abuse.</li> <li>II. To improve client functioning by providing responsive intake and treatment.</li> <li>III. To demonstrate the role of a nurse as an important part of a child abuse team.</li> <li>IV. To determine the most effective treatment within the context of a Department of Social Services, for abused children and their families.</li> <li>V. To heighten community awareness about the dynamics and treatment of child abuse and about the need to report.</li> <li>VI. To increase the knowledge of school personnel and their involvement in the child abuse services system.</li> <li>VII. To provide continuing child abuse coordination, referral and treatment services in Adams County after the demonstration funds have been reduced.</li> <li>VIII. To develop a child abuse program model which will be applicable to other Departments of Social Services in the state and around the country.</li> </ol>	<p><u>Pro-Child: Arlington, Virginia</u></p> <ol style="list-style-type: none"> <li>I. To develop public awareness of the problem of child abuse and neglect; by providing education in the detection, prevention, protection and care of the abused child; and to develop a knowledge of services available in the community and an understanding of the alternatives to placement of the child.</li> <li>II. To identify, diagnose, and treat abusive and neglectful families, and those in high risk situations with more innovative, effective and efficient methods.</li> <li>III. To facilitate a more effective coordination and expansion of community resources for the delivery of services to abuse and neglect clients, including better defining respective agency roles.</li> <li>IV. To strengthen family functioning whenever possible and thereby reduce inappropriate placements.</li> <li>V. To increase the medical community's awareness of suspected abuse/neglect situations, the services available, and thereby increase referrals.</li> <li>VI. To conduct evaluation and follow-up studies and participate in research to determine the effectiveness of Pro-Child, and to assess the implications of abuse and neglect on parents and children.</li> </ol>	<p><u>Child Protection Center: Baton Rouge, Louisiana</u></p> <ol style="list-style-type: none"> <li>I. To provide expeditious intervention for and disposition of child abuse referrals.</li> <li>II. To improve client functioning by developing a variety of treatment approaches for abuse.</li> <li>III. To foster coordinated community-wide child abuse services.</li> <li>IV. To integrate physicians and certain other professionals into the child abuse service system by directing education efforts toward these target groups.</li> <li>V. To develop community training programs for greater awareness and understanding of the dynamics of abuse and of child rearing in general.</li> <li>VI. To improve the project's internal management and support the community need for additional services by gathering and maintaining program statistics</li> </ol>
<p><u>Child Abuse and Neglect Demonstration Unit: Bayamon, Puerto Rico</u></p>		
<p><u>General Objective:</u> To determine the relative effectiveness of two models for treating child abuse/neglect cases: the "traditional model" currently being used by the Department of Social Services and the model adopted by the Bayamon Child Abuse and Neglect Demonstration Unit. If the latter model proves to be more effective than the traditional model, recommendations will be made to the Department of Social Services for its implementation island-wide.</p>		
<p><u>Objective Related to Client Impact</u></p>		
<ol style="list-style-type: none"> <li>I. To improve the functioning of those families in which children have been abused or neglected or are likely to be abused or neglected, which have at least one parent in the region and which have a reasonable potential of staying together if social services are provided.</li> </ol>		
<p><u>Objectives Related to Community Impact</u></p>		
<ol style="list-style-type: none"> <li>II. To promote awareness and understanding in the Bayamon Region of the problem of child abuse/neglect.</li> <li>III. To change the overall community system by (1) fostering better coordination among involved agencies and by (2) improving the identification and referral procedures currently being used.</li> </ol>		
<p><u>Objective Related to Research</u></p>		
<ol style="list-style-type: none"> <li>IV. To determine characteristics of abusive and neglectful parents and to develop indicators of potential abuse and neglect specific to Puerto Rican families.</li> </ol>		

Table IIb (continued)

<p><b>Arkansas Child Abuse and Neglect Project: Arkansas</b></p> <p><b>Overall Goal Statement:</b> Because the Arkansas Division of Social Services is committed to improving the quality of the family relationship so that a child can be safe in his/her own home, it proposes to demonstrate the feasibility of the volunteer model which utilizes lay therapists in providing protective services to children and families involved in the problem of child abuse and neglect.</p> <p><b>Objectives</b></p> <ol style="list-style-type: none"> <li>I. Identify, develop, expand, contract for, and coordinate county-wide resources necessary for more effective SCAN/Social Services.</li> <li>II. Support the cooperative efforts of public agencies/private agencies/volunteer groups to provide specific services on behalf of clients.</li> <li>III. Ensure immediate delivery of services to project clients and encourage other agencies to accept and provide services to project clients on a more immediate basis.</li> <li>IV. Educate the project community, including professionals, regarding the dynamics of abuse and the necessity of reporting as provided by state law.</li> </ol>	<p><b>Family Care Center: Los Angeles, California</b></p> <ol style="list-style-type: none"> <li>I. To physically and emotionally reintegrate client families at the earliest possible date.</li> <li>II. To develop cooperative working relationships with DPSS and the judicial system.</li> <li>III. To expand the project's facility and services so as to include more families than can presently be accommodated at one time.</li> <li>IV. To sustain the project beyond the federal grant period.</li> <li>V. To add new children's services, including a day care center, pre-school program, and a day/night crisis nursery.</li> </ol>	<p><b>Child Development Center: Neah Bay, Washington</b></p> <ol style="list-style-type: none"> <li>I. Develop more communication among community leaders, between parents, school staff and other community workers in order to achieve a consensus on the priorities for meeting social service needs.</li> <li>II. Emphasize the need for long-range social service plans by encouraging discussion with community workers and residents in the area on the subject of community development.</li> <li>III. Obtaining recognition by community leaders and workers and the public of the Child Development Center as one of the vehicles for discussing, planning, and educating in the areas of nutrition, child development and family planning, as well as becoming a center for information and referral to appropriate agencies.</li> <li>IV. To encourage and foster the training of Makahs as social workers and counselors, in such areas as counseling in child development, marital relations, adolescents, parenting, and substance abuse.</li> <li>V. Provide counseling for individuals in the Neah Bay community, in order to assist them in coping with problems relating to child behavior and fragmentation of families.</li> <li>VI. Educate and encourage the education of parents and prospective parents on child development and parent effectiveness in order to improve their parenting ability.</li> <li>VII. Encourage the development of programs to provide recreational activities such as ceramic studios, exercise classes, participation in school programs, professional education for individuals of the Neah Bay community.</li> <li>VIII. Assure that children who cannot remain in their natural homes are placed in the most suitable environment.</li> </ol>
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Table I Ib (continued)

<p><u>Family Resource Center: St. Louis, Missouri</u></p> <ol style="list-style-type: none"> <li>I. To develop a family treatment approach which will reduce the incidence of abuse in FRC families by providing an educational and therapeutic environment for both parents and children.</li> <li>II. To improve the child abuse service network in the metropolitan St. Louis community through establishing referral procedures with agencies for FRC families, identifying the nature and scope of FRC services for the agency network, involving agency staff in FRC meetings and initiating with agencies to expand services for abusive families.</li> <li>III. To provide a community education program which will develop greater awareness of the problem, improve the process of identifying and reporting suspected cases, improve attitudes toward abusive parents and their children, and encourage community support for programs servicing this population.</li> <li>IV. To organize training programs for professional, student and lay workers involved with abused children and their parents.</li> <li>V. To expand the relevant knowledge base pertaining to child abuse by (a) participating in the national evaluation, (b) developing a process for conceptualizing program components for dissemination of the FRC model to the field, (c) determining methods for measuring behavior change in parents and children, (d) testing and diagnostic assessment of target child, (e) identification of characteristics of our clients, and (f) formulation of admission criteria.</li> </ol>	<p><u>PACER: St. Petersburg, Florida</u></p> <ol style="list-style-type: none"> <li>I. To provide educational programs and community information aimed at the public in general and at high risk groups in particular.</li> <li>II. To provide training programs for professionals and paraprofessionals for the purpose of increasing their knowledge of child abuse/neglect and of their professional responsibility.</li> <li>III. To enhance case finding and treatment planning for both children and their families through the development of child trauma teams, a law intern program, and a child trauma medical registry.</li> <li>IV. To develop new treatment services for identified abusers/neglectors and potential parents at risk, including Parents Anonymous and Parent Aides.</li> <li>V. To initiate a procedure for early identification of high risk families and a method for follow-up and referral to service resources.</li> <li>VI. To provide the impetus for a coordinated community system of combined preventive and corrective efforts aimed at minimizing child abuse and neglect in Pinellas County.</li> </ol>	<p><u>Panel for Family Living: Tacoma, Washington</u></p> <ol style="list-style-type: none"> <li>I. To provide a method of developing coordinated community services in child abuse and neglect.</li> <li>II. To provide direct services to parents in order to reduce the incidence of abuse and neglect in their families.</li> <li>III. To promote and improve community awareness and attitudes regarding abuse and neglect.</li> <li>IV. To provide training resources for involved professionals and paraprofessionals in the recognition and appropriate handling of cases of real and suspected abuse and neglect.</li> <li>V. To develop ongoing research and evaluation of PFFL's activities.</li> </ol>
<p><u>Union County Protective Services Demonstration Project: Elizabeth, New Jersey</u></p> <ol style="list-style-type: none"> <li>I. To focus on internal project workings in order to function more effectively as a project, particularly with regard to improving communication, improving the quality of supervision and establishing standardized program procedures.</li> <li>II. To achieve better delivery of services for abuse/neglect clients.</li> <li>III. To establish and/or use effective training programs to improve services and maintain them at a high level.</li> <li>IV. To have parents and other agencies view us as a helping agency, rather than punitive, legalistic, or for crisis intervention only.</li> <li>V. To develop and explore various service modalities and assess their effectiveness.</li> <li>VI. To educate society, including professionals, in child rearing methods and in the cause of abuse and neglect.</li> </ol>		

### SECTION III: PROJECT STRUCTURES

The projects represent very different ways in which child abuse and neglect service programs might be organized and the kinds of activities they might pursue (see Table III). They do not, however, represent the range of models that currently exist in the field, nor that might be tested out. While the details of differences across projects in terms of organizational, staff, client and service characteristics are presented in subsequent sections of this report, here we discuss the more general differences and similarities in order to capture a sense of what structures the projects do represent.

#### A. Organizational Base

Six of the projects were housed in protective service agencies, and as such represent variations of the Protective Services Model. Adams County began by testing the merits of establishing specialized intake within protective services, and then evolved into a treatment unit for parents and children; Arlington and Baton Rouge demonstrated the benefits of expanding the capabilities of a protective services unit to a more interdisciplinary model for both intake and treatment; Bayamon represented the implementation of a specialized unit within protective services in which professionally trained social workers worked with special cases; Arkansas' model was that of protective services contracting with a private agency to provide services to all abuse cases using lay therapists; and Union County showed the possibilities of a protective services agency providing comprehensive services to clients through the use of purchase of service contracts with local public and private social services.

TABLE III: Dimensions of What Projects Were Demonstrating

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County
Host Agency	CPS	CPS	CPS	CPS	CPS	Hospital	Tribal Council	Hospital	Private agency	Private Agency	CPS
Affiliation With Host Agency	Direct	Direct	Direct	Direct	Contractual	Direct	Direct	Indirect	Direct	Direct	Direct
Service Orientation	Treatment	Treatment	Treatment	Treatment	Treatment	Treatment	Secondary preventive	Treatment	Secondary preventive	Treatment	Treatment
Client Orientation	Parents & children	Parents & children	Parents	Parents	Parents	Families	Parents	Families	Parents	Parents	Parents
Staff	Mixed professional & lay	Primarily professional	Primarily professional	Primarily professional	Primarily lay	Mixed professional & lay	Primarily community workers	Mixed professional & lay	Primarily professional	Primarily volunteer	Primarily professional
Where Housed	In own space	In host agency	In own space	In own space	In own space	In own space	Within host agency	In own space	Within host agency	Within host	In own space
Setting	Informal office & residential	Formal, office	Formal, office	Formal, office	Informal, office	Formal office & residential	Formal, office	Informal, residential	Formal, office	Informal, office	Formal, office

Two of the projects had hospitals as their host agencies. In Los Angeles, the concept of a residential, therapeutic program for children was tested out; in St. Louis, where ties with the hospital became more indirect over time, a family-oriented therapeutic program was demonstrated.<sup>1</sup>

Two of the projects were housed in private agencies. In St. Petersburg, a county-based juvenile welfare board sponsored a project which tested the possibilities of implementing preventive and treatment services through community organizing strategies. Tacoma's project was a private agency which relied heavily on volunteers to implement a community-wide coordinating body, which also provided educational and treatment services.

Finally, the project in Neah Bay was housed in a Tribal Council; it tested a variety of preventive and community-oriented treatment services.

While all projects were tied to an agency as their organizational base, for a few of the projects the agency either was or became the community-wide coordinating body for the local child abuse and neglect system. The Panel for Family Living in Tacoma, the clearest example of this, was Pierce County's Advisory Board or coordinating body for abuse and neglect. In this sense, the project was strategically based within the community -- not a single agency. The Panel's membership was made up of all the key child serving agencies in the county. The Panel's staff served these agencies as well as serving Panel clients. The St. Petersburg project developed such a strategical base during the demonstration period, and as the demonstration period came to a close and the project itself closed down, the Advisory Board established by the project emerged as its own agency, maintaining the name of PACER. Several of the other projects spawned such community-wide Advisory Boards that became coordinating bodies or agencies in their own right, notably Arlington and Union County.

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<sup>1</sup>It is interesting to note that while Baton Rouge and Tacoma were not hospital-based projects, both were housed on hospital grounds.

## B. Service Orientation

The kinds of services offered by a project defines, in part, the overall structure being tested. Services may be grouped into primary preventive (services oriented toward the community in general), secondary preventive (services for potential abusers or neglectors), and direct treatment. Of the eleven projects, none -- because of the design of the overall demonstration effort -- focused on the delivery of primary preventive services, although each, through various educational and coordinative activities, contributed to primary prevention. Two projects, Neah Bay and St. Petersburg, primarily pursued a variety of secondary preventive services as far ranging as community-wide recreational programs for teenagers and mothers, and maternity ward monitoring activities. The remaining projects focused on treatment services, although each did serve some number of potential abuse and neglect cases.

## C. Client Orientation

The kinds of clients served also helps to define the structure a program represents. Most of the projects were oriented toward providing direct treatment services to parents with backup supportive services that benefited the whole family. These projects include: Baton Rouge, Bayamon, Arkansas, St. Petersburg, Tacoma, Union County and Neah Bay. Two projects, Adams County and Arlington, provided services both to parents and children but not necessarily parents and children from the same family. And finally, two projects, Los Angeles and St. Louis, served entire families through the provision of both children's and parents' services.

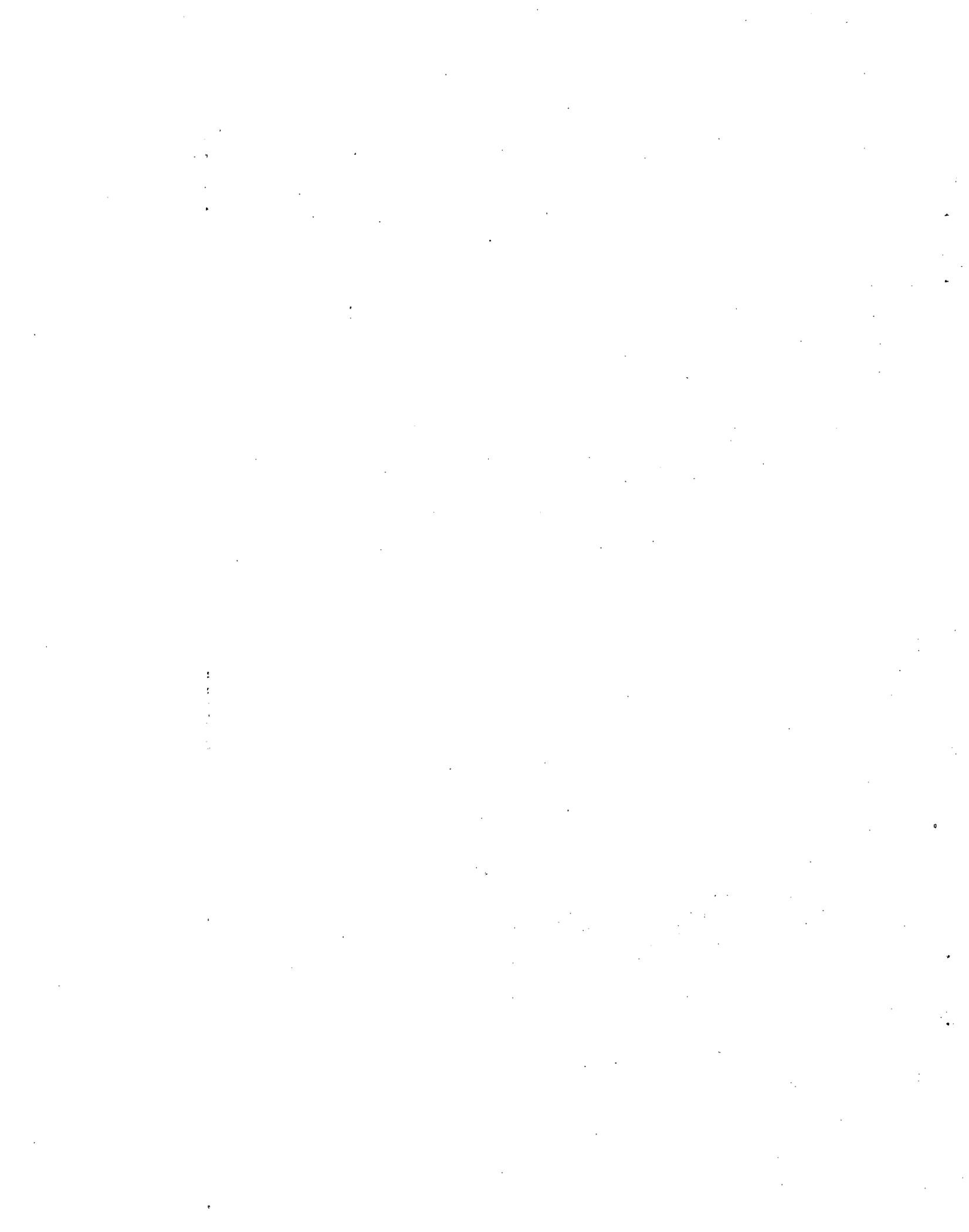
## D. Staff

The kinds of staff used help to define a program's structure. The eleven projects represent four distinct models here: the primarily professional one seen in Arlington, Baton Rouge, Bayamon and Union County; the primarily volunteer or lay model seen in Arkansas and

Tacoma; the primarily community worker model seen in Neah Bay; and the mixed model seen in Adams County, Los Angeles and St. Louis.

E. Facility

The setting of a project--where it is housed--also defines the program structure being tested. The extremes are (a) the formal office setting within the host agency as seen in Arlington, St. Petersburg and Neah Bay, and (b) the informal residential setting outside of the host agency as seen in Adams County, Los Angeles and St. Louis. The major differences here are the degree to which the host agency actually can oversee the day-to-day activities of the project and the degree to which clients can feel comfortable in the space because of its ambience. The remaining projects represent variations of this theme, with Baton Rouge, Bayamon and Union County in their own spaces, outside of the host agency, but in a formal office setting; and Arkansas and Tacoma in more informal office settings, one of which, Arkansas, was in its own space.



#### SECTION IV: ORGANIZATION AND MANAGEMENT STYLES

While the projects themselves, given their demonstration status, were all relatively small, informal and unstable compared to most existing state and local social service agencies, one sees diversity among them on certain organizational and management characteristics. These differences influenced the kinds of activities the projects pursued and, at times, how effectively they pursued them. Notable among the organizational and management characteristics of the projects are size, complexity, formalization and centralization.

##### A. Size

Size may be defined in many ways; depending upon the definition, different projects appear as large, medium or small in relation to the others. In considering budget alone, for example, Union County was clearly the largest project, with an annual budget of close to three times greater than any of the others. In terms of staff size, as shown on Table IV, when one combines both core staff with volunteers and consultants, Arkansas, St. Louis and Tacoma may be regarded as large projects, even though the paid staff of each of these projects was relatively small. The sheer numbers of people involved in various capacities was substantially greater than any of the other projects, even if many of these persons were part-time or unpaid. However, when one considers numbers of cases as a dimension of size, Arlington, Baton Rouge, Bayamon and Union County emerge as the largest.

##### B. Complexity

The complexity of a project has to do in part with size (the larger the organization, the more complex, or at least the more demanding the management requirements), but also with the diversity of activities pursued, the diversity of disciplines or professions involved and the numbers of other agencies or organizations the project works with. All

of the projects pursued a variety of activities -- educational, coordinative and direct service. Some may be regarded as more complex in terms of activities because of the types of clients served; Adams County, Los Angeles and St. Louis, for example, not only served abusive and neglectful parents but children as well. And, some projects may be regarded as more complex because of the diversity of groups they attempted to educate; for example, Tacoma sought to provide a broad range of educational services (seminars, workshops, classes, individual consultations, speeches) to every kind of audience. However, the more relevant factors which differentiate complexity across these projects are (a) the number of disciplines or professions actively involved in the project and (b) the number of agencies actively worked with. Tacoma stands out as the project with the greatest diversity of disciplines and Union County with the greatest number of agencies worked with.

#### C. Formalization

The formalization of an organization can be defined in part by the amount of flexibility or autonomy workers have in their jobs, the amount of required or voluntary rule observation, the specificity of job descriptions, and the formality of recruitment procedures. Once again, as displayed on Table IV, the projects varied in relation to each other on these characteristics. Relative to the others, five projects (Arlington, Baton Rouge, Arkansas, St. Petersburg and Tacoma) are regarded by the staff to have a high degree of flexibility or autonomy in the jobs. In other words, workers are allowed to make decisions on their own about how to respond to individual cases or carry out certain tasks. It is interesting to note that these five include both public and private agencies. Observation of rules, on the other hand, is quite high in Adams County and Los Angeles, followed by St. Petersburg and Union County. This likely has to do not only with the formalization of the host agency, but the orientation of the project director as well. Neah Bay, a project with low flexibility in jobs and low rule observation, is the only project with a high degree of specificity in job descriptions. Written descriptions of jobs,

outlining all of a worker's responsibilities, exist in this small and otherwise informal project, in a more formal way than elsewhere. Only three of the projects (Bayamon, Los Angeles and St. Petersburg) used informal procedures for recruiting staff, whereas all the other projects followed carefully articulated steps in searching for, screening and hiring new staff.

#### D. Centralization

The centralization of a project refers to the degree to which decision making and control rests with those at the top of the organizational hierarchy as opposed to being a shared function among all levels of the staff. The projects varied in relation to each other on this attribute, in part depending upon whether they were housed in public or private agencies. As indicated on Table IV, the perceptions of staff members were that in all projects except Bayamon and Arkansas, most decisions pertaining to the organization as a whole were made by the director, the advisory board and/or the host agency. However, it was in Los Angeles and Tacoma that workers felt they made the most job-related decisions. Irrespective of who made organizational or job-specific decisions, the span of control (i.e., the number of staff supervised by the treatment coordinator) influenced the amount of centralization in the projects. In Arkansas, St. Louis and St. Petersburg, for example, 15 or more core staff or volunteers and consultants were supervised by one person, whereas in Baton Rouge, Los Angeles, Neah Bay and Union County the numbers were five or fewer.

Prototypes of these projects do not emerge as one studies different aspects of their organizational and management characteristics. Within the categories of size, complexity, formalization and centralization, projects varied in relation to each other. Indeed, any given project which appeared high in one aspect of a category did not necessarily appear high in others. Despite commonalities across projects in terms of their general purpose, each had a unique constellation of organizational and management characteristics.

TABLE IV: Organizational and Management Characteristics

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County
<u>Size</u>											
Staff size, including volunteers and consultants	Medium	Small	Small	Small	Large	Small	Small	Large	Medium	Large	Medium
Caseload size	Small	Large	Large	Large	Medium	Small	Small	Medium	Small	Medium	Large
<u>Complexity</u>											
Diversity of disciplines represented	Low	Moderate	Low	Low	Moderate	Low	Low	Moderate	Moderate	High	Moderate
<u>Formalization</u>											
Amount of flexibility in jobs	Low	High	High	Low	High	Low	Low	Low	High	High	Low
Rule observation	High	Low	Low	Low	Low	High	Low	Low	Medium	Low	Medium
Specificity of job descriptions	Medium	Medium	Medium	Medium	Medium	Medium	High	Medium	Low	Low	Medium
Formality of recruitment procedures	Formal	Formal	Formal	Informal	Formal	Informal	Formal	Formal	Informal	Formal	Formal
<u>Centralization</u>											
Who makes most organizational decisions?	Director	Director	Board/ host agency	Staff	Staff	Director	Host agency	Director	Board	Director	Board/ host agency
Who makes most job-specific decisions?	Supervisor	Supervisor	Supervisor	Supervisor	Supervisor	Worker	Director	Director	Director	Worker	Director
Number of staff supervised by treatment coordinator	10	7	5	11	16	3	3	15	21	12	4

KEY

Staff Size: small = under 25; medium = 25-55; large = 56+

Caseload Size: small = under 26; medium = 26-55; large = 56+

Complexity: low = under 5 disciplines; medium = 5-7 disciplines; large = 8+

Formalization scores based on responses to standardized scales.

## SECTION V: STAFFING PATTERNS AND STAFF CHARACTERISTICS

It is difficult to compare the staffing patterns and staff characteristics of the eleven projects with specificity. Staff sizes were relatively small; turnover was relatively high. Neither the individuals employed by the projects nor their roles, responsibilities and positions were static. The numbers of core staff varied over time; core staff worked both full time or part time. In addition to core staff, projects used consultants and volunteers in a myriad of different capacities, for varied amounts of time. Thus, in order to depict the staff of the eleven projects, we must talk about averages and approximations (see Tables Va and Vb).

Of all the project directors, most were professionally trained social workers and had several years of experience working in the social service area; fewer than half had been working directly with child abuse/neglect at the time the projects began. Most did not have total control over project operations, but were accountable to a supervisor in the host agency and/or advisory board.

All of the projects had a small number of core staff, ranging from three (in Neah Bay) to about 25 (in Union County), with a mean of 10 across projects. However, the actual number of people participating regularly in the projects including consultants and volunteers varied dramatically, from five (in Neah Bay) to around 134 (in Arkansas). The average number of people participating in the projects was close to 30, or about two consultants and volunteers for every core staff member. The total person-years spent on project activities in a year varied from approximately 3.4 in Neah Bay and 8.1 in St. Petersburg to 18.8 in Los Angeles and 23.7 in Union County; the average number of person-years spent annually was approximately 13.4. The logistics of managing the projects varied greatly, depending both on the numbers of core staff and volunteers and consultants, as well as on the variety of tasks performed by these individuals. Volunteers do not come to these projects for free, even if they remain unpaid and unreimbursed.

They need to be supervised and directed, coordinated, and in some cases monitored. This all takes core staff time which would otherwise be directed toward other activities.

The personal characteristics of the core staff varied greatly across projects on all but one attribute -- 83% of all core staff across projects were female. At all projects, the majority of staff were female. At any time during the demonstration, no more than two projects had male directors. This appears to be a close reflection of the child abuse field in general, both in terms of who works in programs and who receives services. The professional training of core staff members varied across projects with as many as three out of four possessing graduate degrees in some projects (Baton Rouge and Bayamon) and as few as one out of four in others (Arkansas, Neah Bay and Union County). Years of experience in the social service area prior to employment in the projects likewise varied from as many as three out of four (in St. Petersburg) with at least three years experience to as few as one out of five (in Arkansas). These differences reflect the different emphases of projects in terms of what they were demonstrating and how they chose to demonstrate it, as well as certain regulations and situations that governed the hiring process. Very few staff members in any of the projects had had direct experience with child abuse and neglect cases; this is reflective of the state of the child abuse field in 1974 more than anything else.

Every project had some core staff whose function was primarily concerned with direct treatment services for parents and/or children. In all projects, these individuals were assisted by consultants and volunteers. In order to manage direct treatment services, most of the projects separated the function of direct services coordination or supervision from that of the project director. Such a separation of functions appeared beneficial, since in general the demands placed on a director in projects such as these, which were attempting to accomplish many different kinds of goals, simply did not allow the director time to be concerned with the details of treatment program management. Many projects, including Adams County, Arlington, Baton Rouge and Bayamon,

chose to rely primarily on professionally trained social workers who were part of their core staff as their treatment providers. Others, notably Los Angeles, St. Louis and Tacoma, preferred to use a mixture of professional and lay treatment workers on a routine basis. Union County, by virtue of state and county regulations, employed primarily inservice trained social workers as their main treatment providers. In both Arkansas and St. Petersburg treatment was primarily provided by lay persons who were not considered part of the "core" staff.

In addition to project directors and treatment workers, all projects had some staff and consultants or volunteers filling important functions in the areas of coordination, training and education. Some projects, notably Baton Rouge, Bayamon, St. Petersburg and Tacoma, established full time positions for community educators, community liaison specialists, and the like. Other projects assigned these responsibilities to core staff who also provided treatment services or to other individuals participating with the project. Those projects that did establish special positions or minimally special committees for these functions seem to have been able to at least take a more planful approach to these activities if not a more successful one.

The turnover rate across projects was relatively high, which is reflective of the child abuse field in general although it may also be reflective of demonstration projects. The overall turnover rate (of individuals, not positions) was about 38% over the lifetime of the demonstration, a figure comparable to other social service programs. These rates did vary greatly across projects, from as low as 1/9 in Bayamon to 2/3 in Baton Rouge, St. Louis and Tacoma, and 1/1 in Los Angeles. The departure of staff members in these relatively small projects put a considerable burden on the rest of the staff members who had to pick up additional responsibilities until a new person could be hired and trained. Almost all changes in staff caused significant disruption of project activities. Six of the projects experienced turnover in the director's position;<sup>1</sup> one of these, Arlington,

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<sup>1</sup>In Arkansas, while the titular director of the demonstration project from state protective services did turnover, the State Director of SCAN did not, and therefore Arkansas is not included as one of the six.

experienced two such changes. While the loss of a director was disruptive, four of the projects chose to hire a new director from within the existing staff; this greatly facilitated continuity. The two projects (Tacoma and Baton Rouge) that sought new directors from outside lost at least six months to transitional activities -- a great disadvantage for a 36 month project.

In general, volunteers and consultants were used by the projects in a variety of capacities. Some projects, notably St. Louis and Tacoma, used these non-core staff in many more roles than others, but some roles are common across almost all of the projects.

Most projects used volunteers to complement their own core staff in the provision of treatment services. All projects but Baton Rouge, Bayamon, Los Angeles and Neah Bay used volunteers (or reimbursed volunteers) as lay therapists/parent aides. In some projects, notably Arkansas, these lay therapists played a role in actually managing cases and making sure they got the services needed; in others, such as Adams County and Arlington, the lay therapists provided additional supports to cases being managed by core staff members. All projects used consultants to advise on individual cases and, in all projects but St. Louis, consultants (often unpaid) were used on multidisciplinary review teams (for some projects, Adams County, Tacoma and St. Petersburg for example, these teams reviewed more than just the projects' own cases). In addition, volunteers were used to supply babysitting and transportation for clients and other similar support services.

All projects except for Bayamon used consultants and/or volunteers on an Advisory or Community Board. The viability and responsibilities of the boards varied dramatically from projects such as Arkansas, St. Louis and Tacoma where the board actually had veto power over the directors' decisions, to Adams County or Neah Bay where the boards were strictly advisory. In some projects, Tacoma, Baton Rouge and Union County for example, the board met regularly and made major contributions to the functioning of the project; in other places, Los Angeles, for example, the Board met infrequently.

Many of the projects used volunteers to assist in training and education activities, as members of an organized Speakers Bureau, to

promote the project through various publicity activities and to assist project staff in activities designed to bring about a more coordinated community system. A few of the projects, notably Adams County, Tacoma and St. Louis, were fortunate in securing volunteers to assist with office clerical work and even in project research.

TABLE Va  
Project Resources and Staffing Patterns

Project	Average Number Core Staff*	Average Number Individuals Participating	Estimated Hours Per Year	Approximate Annual Expenditures
Adams County	13	47	37,680	\$169,000
Arlington	15	22	29,600	226,000
Baton Rouge	10	14	20,620	176,000
Bayamon	9	12	17,710	151,000
Arkansas	7	134	34,280	129,000
Los Angeles	12	23	39,170	236,000
Neah Bay	3	5	6,970	56,000
St. Louis	6	73	26,440	160,000
St. Petersburg	6	55	16,860	122,500
Tacoma	8	110	24,660	156,000
Union County	25	29	49,340	670,000

\* Reflects average number of core staff employed during three select months of project operations.

TABLE Vb: Additional Staff Characteristics

Project	Number of Directors During Three Years	Approximate Turnover Rate in Core Staff	Approximate Ratio of Males to Females	Approximate Ratio of Staff With Graduate Degrees to Those Without	Approximate Ratio of Core Staff With More Than Three Years Experience in Social Services to Those With Less	Description of Treatment Workers, Including Non-Core Staff	Existence of an Advisory or Community Board	Existence of a Treatment Supervisor Other Than Project Director	Use of a Multidisciplinary Diagnostic Team	Use of Lay Therapists
Adams County	1	1:3	1/3	1/2	1/3	Primarily professionally trained social workers	✓	✓	✓	✓
Arlington	3	1:2	1/15	1/2	1/2	Primarily professionally trained social workers	✓	✓	✓	✓
Baton Rouge	2	2:3	1/8	3/4	1/3	Primarily professionally trained social workers	✓	✓	✓	
Bayamon	2	1:9	1/6	3/4	1/2	Professionally trained social workers			✓	
Arkansas	1*	1:2	0/12	1/4	1/5	Primarily lay persons	✓	✓	✓	✓
Los Angeles	1	1:1	1/2	1/2	1/3	Mixture of professional and lay persons	✓	✓	✓	
Neah Bay	2	1:3	0/6	1/4	1/4	Inservice trained community workers	✓		✓	
St. Louis	1	2:3	1/4	1/2	1/3	Mixture of professional and lay persons	✓	✓		✓
St. Petersburg	1	1:6	1/5	1/2	3/4	Primarily lay persons	✓	✓	✓	✓
Tacoma	2	2:3	1/4	1/3	1/3	Mixture of professional and lay persons	✓	✓	✓	✓
Union County	2	2:5	1/3	1/4	2/3	Primarily inservice trained social workers	✓	✓	✓	✓

\*While the director of the state SCAN office did not turnover, in fact the titular director of the demonstration project from state protective services did, as did many of the county directors.

## SECTION VI: PROJECT SERVICE ACTIVITIES AND RELATED COSTS<sup>1</sup>

While the projects did pursue many of the same activities, the amount of time spent on these activities, the magnitude or volume of the activities, and their related costs varied considerably across projects. Very few patterns emerge which allow for the neat grouping of projects into one or two categories.

### A. General Activities

In addition to general day-to-day management functions, all projects provided some staff development and training as well as devoting time to program planning and development (see Table VIa). The average amount of time reported spent on general management was 11%, with projects spending as little as 4% and 6% (St. Louis and Arlington, respectively) and as much as 17% (Union City).<sup>2</sup> Most projects spent about 5% or less of their time on program planning and development and an average of 12% on staff development and training. When one combines these different project operation activities, the tremendous variance across projects becomes apparent, with as little as 15% spent in Arlington on these functions and as much as 49% in Neah Bay; the average across all projects was 26%. While the variation does not appear to be related to whether an organization was top-heavy, problem-laden, well-run or poorly-run, it does rather directly reflect a consumption of resources in one area which allows for more or less activity in the areas of services to the community or services to clients.

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<sup>1</sup>For more detailed discussions of project time and resource allocations to different activities, see evaluation cost reports, listed in Appendix A.

<sup>2</sup>Varying interpretations by projects of exactly what constituted "general management" may account for some of the variation.

TABLE Via: Project Percent Time Allocations

	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County	Average Across Projects Doing Activity	Average Across All Projects
Prevention	--	--	--	7	--	--	--	--	9	--	--	8	1
Community Education	2	1	4	16	5	2	5	4	5	12	1	5	5
Professional Education	2	3	9	5	3	2	4	2	10	8	2	5	5
Coordination	3	1	4	7	5	3	7	2	4	14	3	5	5
Legislation & Policy	--	--	--	--	1	--	7	--	1	1	--	3	1
Staff Development/Training	9	7	13	8	16	9	19	10	9	17	11	12	12
Program Planning & Development	1	1	1	1	4	2	16	6	5	4	2	4	4
General Management	8	6	15	14	9	13	14	4	14	11	17	10	10
Project Research	6	1	--	10	3	1	--	4	3	8	3	4	4
BPA Evaluation	1	3	1	2	4	--	8	3	4	2	5	3	3
Outreach	--	1	1	--	--	--	--	2	--	--	1	1	--
Intake & Initial Diagnosis	7	8	5	2	5	--	--	4	--	1	5	4	3
Case Management & Regular Review	4	26	28	10	13	2	2	7	--	5	24	12	11
Court Case Activities	1	4	1	2	2	--	--	1	--	--	4	2	1
Crisis Intervention During Intake	--	1	--	--	--	--	3	1	--	--	1	2	1
Multidisciplinary Team Review	5	2	3	2	6	--	7	--	3	2	3	4	3
Individual Counseling	1	7	1	7	2	1	5	2	--	4	7	4	3
Parent Aide/Lay Therapy Counseling	5	2	--	--	20	--	--	4	23	3	1	8	5
Couples Counseling	1	--	--	--	--	--	--	1	--	2	--	1	--
Family Counseling	1	1	--	3	--	--	--	1	--	--	1	1	1
Alcohol, Drug & Weight Counseling	--	--	--	1	--	--	--	--	--	--	--	1	--
24-Hour Hotline Counseling	--	--	--	--	--	--	--	--	--	--	--	--	--
Individual Therapy	2	--	--	2	--	--	2	2	--	--	--	2	1
Group Therapy	1	1	--	1	--	--	--	4	--	2	--	2	1
Parents Anonymous	1	--	--	--	2	--	--	--	3	--	--	2	1
Parent Education Classes	1	--	--	1	--	--	1	2	--	--	1	1	1
Crisis Intervention After Intake	--	1	--	2	--	--	--	1	1	3	1	2	1
Day Care	--	12	--	--	--	--	--	--	--	--	--	12	1
Residential Care	--	--	--	--	--	44	--	--	--	--	--	44	4
Child Development Program	2	--	--	--	--	18	--	--	--	--	--	1	--
Play Therapy	1	2	--	--	--	--	--	1	--	--	--	1	--
Special Child Therapy	--	--	--	--	--	--	--	--	--	--	--	--	--
Crisis Nursery	29	--	--	--	--	--	--	--	--	--	--	29	3
Homemaking	--	1	9	--	--	--	--	--	--	--	--	5	1
Medical Care	2	2	2	--	--	--	--	--	--	--	--	2	1
Babysitting/Child Care	--	--	--	--	--	2	--	5	2	--	--	3	1
Transportation/Waiting	2	8	1	--	--	2	--	4	--	--	3	3	2
Psychological & Other Testing	--	--	1	1	--	--	--	1	--	--	--	1	--
Follow-Up	--	--	--	1	--	--	--	--	--	--	--	1	--
R & R	2	1	1	1	2	--	--	1	2	1	1	1	1
Summary Information:													
Project Operations	20	15	29	23	31	23	49	21	30	33	31	27	27
Community Activities	7	5	17	35	14	7	23	8	29	35	6	17	17
Treatment Activities	66	76	53	30	48	69	20	64	34	22	55	49	49
--Direct services to children	32	14	0	0	0	62	0	23	0	0	0	33	12
--Case management functions	17	42	39	24	26	2	12	16	3	9	38	21	21
Research & Evaluation	7	4	1	12	7	1	8	7	7	10	8	7	7

Please note that columns do not add to 100% owing to rounding.

Each of the projects pursued some number of activities with respect to their local communities. Only two, Bayamon and St. Petersburg, formally identified these activities as including those which were preventive in nature. Indeed, the community and professional education, coordination, and legislative and policy activities of all the projects had implications for the prevention of child abuse and neglect. Five of the projects (Adams County, Arlington, Los Angeles, St. Louis and Union County) spent well under 10% of their time on these community-oriented activities. These projects might be regarded as the more heavily direct treatment-oriented projects. Their goals, their staffing patterns, their whole orientation was more to demonstrate methods for working with clients than methods of working with community systems. Three other projects, Bayamon, St. Petersburg and Tacoma, each spent close to 30% of their time on community activities, reflecting clear mandates in their goals to try to change the local child abuse and neglect systems either through coordinative or educational activities. The remaining projects had more mixed priorities.

The differences among projects become most clear in analyzing both the time allocated to direct treatment services, in general, to specific kinds of treatment, and the variations in caseload size and service unit volumes. Four of the projects (Adams County, Arlington, Los Angeles and St. Louis) spent well over 60% of their time on services to clients. Four others (Bayamon, Neah Bay, St. Petersburg and Tacoma) spent under 40%. The remaining three spent approximately half their time on direct client services. Of the eleven projects, only three (Adams County, Los Angeles and St. Louis) spent less than one-third of this direct services time on general case management functions (intake, diagnosis, review, referral, etc.) as opposed to the actual provision of services. These three projects additionally spent significant portions of the direct services time on the provision of treatment services to children (32%, 62% and 23%, respectively). These are the few projects out of the eleven which are regarded as having operational programs for children; Arlington also provided some direct services to children, but did not have a specific, identifiable

group of children enrolled in these treatment services over time. Thus, at a macro-level, one sees variations across projects in terms of how much effort overall was devoted to direct treatment services, how much of that was spent on management functions as opposed to the actual provision of services, and how much was spent on services to children as opposed to services for adults or support services for families.

#### B. Specific Service Activities

The specific services offered and their volume reflects variations across projects (see Table VIb). First, projects had different caseload sizes.<sup>1</sup> Los Angeles and Neah Bay typically had fewer than 10 families in treatment; in Los Angeles the capacity of the residential facility for children and various management and staffing difficulties kept the caseload size small; in Neah Bay the community size (approximately 1000 people) the staff size (three people) and a basic orientation toward serving the community in general rather than specific families resulted in the small caseload size. St. Petersburg had, on average, 18 families in treatment; this project did not regard itself as a direct treatment program, but rather developed a small lay therapy program to test its feasibility in the community as one of many "community-oriented, community-organizing" activities. Of the remaining projects, six are regarded as having medium sized caseloads ranging from 26 to 83. Two of these, Baton Rouge and Arkansas, served all of the identified abuse, but not neglect, cases coming into the county protective services system and their caseload sizes were determined accordingly. Adams County and Bayamon, both parts of protective services, selected more interesting or serious cases coming into protective services; the number of cases selected was limited to meet internal criteria of desirable worker caseload size. Finally, St. Louis and Tacoma, private programs functioning as adjuncts to local protective services, received cases from a variety of sources and limited numbers depending upon their treatment capacity. In other words, all projects with medium or small caseload sizes selected out certain types or numbers of cases and did not service all "identified"

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<sup>1</sup> Caseload size refers to the number of clients the project considered to be formally receiving services by the project at any point in time.

TABLE VIb: Typical Average Monthly Service Volume<sup>1</sup>

	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	Los Angeles	Neah Bay <sup>2</sup>	St. Louis	St. Petersburg	Tacoma	Union County	Average Across Projects Pro- viding Service
Caseload Size	26	179	83	70	73	9	8	40	18	42	294	77
Intakes/Initial Diagnosis	22	32	27	8	44	--	2	13	--	8	30	22
Cases with Court Activities	6	19	3	4	7	4	--	4	--	4	6	6
Multidisciplinary Team Case Reviews	38	6	6	2	10	4	--	--	--	3	49	14
Individual Counseling or Therapy Contacts	81	284	68	92	19	55	19	94	--	114	392	118
Lay Therapy Contacts	79	20	--	--	368	5	--	28	135	18	119	96
Family/Couples Counseling Sessions	26	32	--	34	--	4	--	27	--	58	53	33
Crisis Intervention Contacts	22	55	37	7	21	6	--	45	--	12	249	50
24 Hour Hotline Calls	--	12	--	--	--	--	--	12	--	--	--	12
Group Therapy Person Sessions	44	72	--	4	--	--	--	106	--	20	28	46
Parents Anonymous Person-Sessions	54	--	--	--	45	--	--	--	98	--	--	66
Day Care Child-Sessions	--	153	--	--	8	--	--	22	--	--	492	166
Crisis Nursery or Residential Care Child-Days	127	--	--	--	--	207	--	--	--	--	--	167
Child Development Program Child-Sessions	22	--	--	--	--	155	--	285	--	--	7	117
Child Play or Other Therapy Sessions	10	30	--	--	--	10	--	16	--	--	7	15
Homemaking Contacts	--	8	20	--	--	--	--	--	--	--	191	40
Babysitting Hours	--	222	--	--	--	--	--	87	15	--	11	84
Transportation Rides	14	293	19	--	114	42	--	423	--	--	148	150
Psychological & Other Tests	8	9	6	10	--	4	--	18	--	12	3	9
Follow-Up Contacts	5	11	4	--	4	6	--	5	--	10	5	6

<sup>1</sup>Does not include services a project may have provided sporadically.

<sup>2</sup>By October 1976, Neah Bay also offered court-case activities, multidisciplinary team reviews, and a crisis nursery and crisis intervention.

cases in the community. The two projects with "large" caseloads, Arlington with an average of 179 cases and Union County with an average of 294, however, were set up to serve all cases referred to the local protective services.

In addition to caseload size, there are many other variations across projects with respect to type and volume of services offered. All of the projects except St. Petersburg performed intake and initial diagnoses on cases (St. Petersburg generally worked with cases which had already been through this process at the local protective services department). The average number of "intakes" per month varied across projects (from two in Neah Bay, eight in Tacoma and Bayamon, to 44 in Arkansas) with the protective services based or affiliated projects handling significantly larger numbers. These projects had less choice in accepting cases for intake than did the private agency-based projects. The seemingly large number of intakes in Adams County relative to caseload size is explained by the fact that the project did intakes on many cases that were then referred on to another protective services unit for treatment.

All of the projects except for Neah Bay and St. Petersburg performed certain court-related functions for their cases; the number of cases per month with court-related activities was generally small, with an across-project average of about six (Arlington was the exception here, with 19 per month).

During most of the demonstration period, all projects but Neah Bay, St. Louis and St. Petersburg provided multidisciplinary team reviews for their cases. The different numbers of cases reviewed by such teams not only reflects different project caseload sizes but also differences in the kinds of teams and how cases were reviewed. In Adams County, for example, with an average of 38 reviews per month,

all new intakes into the protective services department, not all of which were seen by the project itself, received a review as mandated by state law. Thus, eight or 10 cases may have been reviewed at a single two-hour weekly meeting of the team. In Arlington and Baton Rouge, workers identified particularly problematic cases to bring to the team; the team reviewed two to three cases per meeting, thereby often spending a full hour on one case. Similarly in Tacoma, cases received very intense, thorough review; here, however, not only did project treatment workers present cases but any worker in the county was free to do the same. This team met more sporadically than did the one in Arlington, explaining the smaller number. In Los Angeles, with four team reviews per month and an average caseload of nine, it becomes apparent that cases were brought back to the team often for review (approximately every other month), whereas in projects such as Adams County or Union County, more than one team review per case was the exception rather than the rule. The most salient difference between team reviews seems to have been the amount of time spent per case, and thus the amount of detailed attention any case received from the team.

All of the projects except for St. Petersburg offered individual counseling or therapy to their clients.<sup>1</sup> The St. Petersburg clients received individual counseling from the local protective services department. Individual counseling or therapy served as the core treatment services provided to clients in these projects. Almost all clients received individual counseling or therapy and one or two other services. However, the amount of individual counseling or therapy provided to clients did vary across projects. On average, eight of the projects (Adams County, Arlington, Bayamon, Los Angeles, Neah Bay,

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<sup>1</sup>Other than multidisciplinary team reviews, a content analysis of the services offered by these projects showed that same-named services were actually delivered in the same way (if individual counseling and individual therapy are merged into one category), i.e., consisted of the same thing, across projects. See BPA Adult Client Working Paper #1.

St. Louis, Tacoma and Union County) provided individual counseling or therapy to cases more than once a month. Of these, only Los Angeles, Neah Bay and Tacoma provided, on average, more than two such contacts a month. This does not imply that in the other projects cases were not seen by the projects as often as twice a month, but rather that on average they received individual counseling or therapy, which was typically offered by the primary case manager, that infrequently. Of course, cases in the early stages of treatment were probably seen at greater frequency; cases which had been in treatment quite a while were probably seen less frequently.

Lay therapy or parent aide counseling was offered by all but Baton Rouge, Bayamon and Neah Bay. In most projects lay therapy counseling was provided to a subset of the projects' caseloads. In some of these projects, notably Tacoma and Union County, the lay therapy counseling was considered a primary service for these cases; the lay therapist or parent aide functioned very much as a case manager. In other projects, it was provided as an ancillary service. In Arkansas, however, lay therapy was provided to all clients, and it was the primary service offered.

All but Arkansas, Neah Bay and St. Petersburg offered family or couples counseling. In Adams County, St. Louis and Tacoma this particular service was used more frequently with clients than in any of the other projects, but not as frequently as individual counseling.

In terms of crisis oriented services, all projects but Neah Bay and St. Petersburg formally provided crisis intervention contacts. In addition, Baton Rouge, Arlington and St. Louis received crisis calls on a 24-hour basis. The amount of crisis intervention performed by projects did vary considerably, with Adams County, St. Louis and Union County providing on average about one per month per client, and Arlington, Baton Rouge, Bayamon and Tacoma providing less than one per client every two months.

All projects except for Baton Rouge and Los Angeles provided some form of group services for clients. In each of these projects only a small percentage of the clients received these group services,

however. Group therapy was offered in Adams County, Arlington, Bayamon, St. Louis, Tacoma and Union County. All but St. Louis had difficulty keeping this as a viable service with a constant group of six or more meeting once a month. Adams County, Arkansas and St. Petersburg offered Parents Anonymous as part of their programs; Tacoma also helped to sponsor such a group but not necessarily for their own clients. Parent education classes were offered directly to clients by Adams County, St. Louis, Tacoma and Union County. Arkansas, Bayamon and Neah Bay provided such classes for the community in general; St. Petersburg played a significant role in getting such classes started in local schools.

In looking specifically at which projects offered children's services, we concern ourselves with very few of the projects. As mentioned earlier, only Adams County, Los Angeles and St. Louis had fully developed treatment programs for children. In Adams County, the core of the program was a residential crisis nursery complemented by a child development program and play or other therapy for children. In Los Angeles, the core of the program was longer-term residential care for children which included child development-oriented group and individual services. And, in St. Louis, a therapeutic day care and child development program with specialized child therapy was provided. In Arlington, day care was provided in conjunction with a local private agency to a small number of children with some play therapy back-up, and in Union County day care was purchased for children from other agencies.

All of the projects were organized to be able to provide a variety of supportive or advocacy services to their clients; once again, however, some projects did so much more frequently than others. For example, Arlington, Arkansas, Los Angeles, St. Louis and Union County were all big providers of transportation, with St. Louis providing far more than any of the other projects, primarily through the use of their own bus. Arlington, Baton Rouge, Neah Bay and Union County all provided homemaking services, with Union County providing, through purchase of service, significantly more than the others. Arlington exceeded the other projects in directly providing clients with babysitting.

As a final note on specific treatment services offered, none of the projects offered very much in the way of follow-up contacts in a typical month. Although all projects acknowledge the importance of this activity and many say that in theory they do it, it does not appear very often in project records as a service offered.

### C. Costs of Services

As seen in Table VIc, the costs of different activities was not the same at all projects. The average cost to the project for one hour of work at the projects ranged from \$4.00 or less in each of the Arkansas counties to \$11.00 in Bayamon and Union County. In general, those projects with a lower average cost per hour of work were those that relied more heavily on unpaid or modestly reimbursed volunteers. Likewise, the average monthly cost per case ranged from \$105 in Arlington (a project with a large caseload) to \$2,188 in Los Angeles (a project providing intense residential care to a small number of cases). The average monthly cost per case across projects of \$225 is probably quite close to what the typical protective services department can anticipate spending.

Unit costs for different services also varied across projects. One review by a multidisciplinary team cost a project as little as \$25 in Adams County and as much as \$189 in Bayamon. With an average cost per hour of individual counseling across projects at \$14.75, one county in Arkansas was well above the average at \$35.50, and the St. Louis project was well below the average at \$7.00. Variations across projects for lay therapy were not as great, with an average cost per hour of \$7.25. Group therapy unit costs (the cost per person session) were quite different across projects, as were parent education class unit costs. Differences here are largely explained by the credentials of the person(s) running the session, and thus the salary they command, as well as attendance (higher attendance results in substantially lower unit costs). The unit costs for transportation (cost per ride) also vary dramatically across projects. These differences are also explained by the credentials or position of the person offering the service ( in some projects it was the social worker) as well as the number of persons provided with rides at the same time (St. Louis used a bus to transport many people at the same time, greatly reducing the unit costs).

TABLE VIc: Project Costs

	Average Across Projects	Adams County	Arlington	Baton Rouge	Bayamon	Jeff. Co Arkansas	Wash. Co Arkansas	Los Angeles	Neah Bay	St. Louis	St. Petersburg	Tacoma	Union County
Average Monthly Expenditures	\$15,720	15,558	18,832	14,627	12,576	5,142	5,213	19,690	4,657	13,339	10,206	12,985	55,812
Average Cost/Hour	\$ 7.50	5.00	9.50	8.25	11.00	3.25	4.00	5.25		9.00		7.75	11.00
Average Monthly Cost/Case	\$ 225	598	105	176	180	120	174	2,188	582	333	851	309	190
Unit Costs of Select Services*													
Cost/Multidisciplinary Team Review	\$ 4.75	25.00	137.00	125.50	189.00	54.75	76.75	31.75	--	--	--	98.00	51.25
Cost/Hour: Individual Counseling	\$ 14.75	8.25	11.00	14.50	28.75	14.75	35.50	9.75	24.75	7.00	--	7.75	18.50
Cost/Hour: Lay Therapy	\$ 7.25	7.75	7.75	--	--	4.50	5.75	--	--	10.50	8.50	17.00	10.50
Cost/Person: Group Therapy Session	\$ 10.50	3.75	9.00	--	69.25	--	--	--	--	9.50	--	27.25	9.00
Cost/Person: Parent Education Session	\$ 9.50	5.75	--	--	--	--	--	--	41.50	32.75	--	31.25	19.25
Cost/Ride: Transportation	\$ 8.75	30.00	10.50	30.75	--	2.50	--	14.25	--	2.25	--	4.00	21.75

\*These figures have been adjusted to account for regional wage and price differences.

## SECTION VII: CHARACTERISTICS OF FAMILIES SERVED<sup>1</sup>

While a study of the characteristics of the families served by the projects does suggest both similarities and differences in the kinds of communities and agencies where the projects were situated as well as in projects' intake or admissions criteria, most revealing is the fact that all projects served a variety of cases; community type did not totally dictate the kinds of cases served, nor were the projects totally influenced by the kinds of admission policies they had established for themselves (see Table VII).

### A. Source of Referrals

Cases were referred to the projects from a wide variety of sources, and very often more than one source. The largest percentage of cases across all projects were referred by a public social service agency; other agencies referred cases in the following order: schools, hospitals and law enforcement. Close to 10% of the cases were referred by acquaintances or neighbors; another 10% were self-referrals. Only 3% of the referrals were from private physicians. Notable variations in individual projects include: Arkansas and Tacoma received relatively higher percents of referrals from private physicians (11% and 7%); Arlington and Bayamon received very few referrals from the medical community; Baton Rouge had quite a high rate of referral from the schools (27%) as well as law enforcement (18%); St. Louis and Tacoma had high rates of self-referrals (33% and 26%). Los Angeles reports that most of their cases were referred by the medical community; St. Petersburg reports that close to one-third of their cases were self-referrals.

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<sup>1</sup>For more detailed discussion of project clients, the services they received and the relative impact of these services, see Adult Client and Children's reports, listed in Appendix A.

TABLE VII: Information on Cases Served by the Projects During 1975 and 1976\*

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	St. Louis	Tacoma	Union County	All Cases
<b>Source of Referral**</b>									
Private physician	3%	2%	2%	--	11%	4%	7%	1%	3%
Hospital	15	5	17	4	14	19	17	19	14
Social service agency	12	13	11	75	12	35	20	17	19
School	21	22	27	3	11	1	5	15	16
Law enforcement	9	6	18	2	3	--	3	11	8
Court	--***	7	1	--	3	3	8	3	3
Parent	3	8	5	2	2	1	3	4	4
Sibling	1	1	--	--	1	--	--	--	.5
Relative	5	6	16	2	11	1	10	7	7
Acquaintance/neighbor	11	17	8	3	17	3	7	7	10
Self	11	7	2	4	6	33	26	5	9
Anonymous	4	3	5	--	9	--	1	2	3
<b>Case Status</b>									
Abuse established	29%	10%	42%	29%	37%	41%	34%	21%	26%
Neglect established	3	14	5	24	11	6	14	18	12
<b>Type of Maltreatment</b>									
Potential abuse/neglect only	46%	30%	9%	25%	15%	13%	18%	23%	28%
Emotional maltreatment only	8	21	6	22	11	17	19	14	14
Sexual abuse	5	2	14	2	4	1	2	5	4
Physical abuse	37	14	49	20	51	60	39	27	31
Physical neglect	4	31	18	28	11	4	16	28	20
Physical abuse and neglect	--	4	4	3	8	5	6	4	3
<b>Severity of Case</b>									
Serious assault on child	18%	24%	27%	42%	43%	37%	32%	33%	28%
<b>Previous record/evidence of maltreatment</b>									
	23%	29%	21%	63%	62%	32%	23%	32%	29%
<b>Responsibility for Maltreatment</b>									
Mother	47%	54%	50%	48%	52%	73%	49%	52%	52%
Father	31	20	35	25	25	12	16	22	24
Both	16	23	13	14	20	14	34	22	29
Other	6	3	3	13	2	1	1	5	5
<b>Legal Actions Taken</b>									
None	40%	38%	25%	44%	19%	19%	15%	30%	31%
Court hearing	11	7	10	1	15	12	33	5	10
Court supervision, child home	2	4	15	--	4	5	7	1	4
Temporary removal	5	3	15	1	4	4	43	7	8

(Legal Actions Taken continued on next page)

\* Individual statistics for Los Angeles and St. Petersburg clients have not been included because of the small number of cases on which we have data, 12 and 11, respectively; information on these cases has been included in calculations for the "Total" column. Individual statistics for Neah Bay clients have not been included because they were not made available to the evaluator. Numbers in any of the variable sets may not add to 100% owing to rounding.

\*\* Numbers do not add to 100% since more than one category may have been checked for a given case.

\*\*\* Indicates less than one-half percent.

TABLE VII (continued)

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	St. Louis	Tacoma	Union County	Al Cases
<b>Legal Actions Taken (continued)</b>									
Foster care	6%	5%	6%	2%	9%	21%	18%	11%	9%
Permanent removal	--	<1	--	--	--	--	1	1	<1
Criminal action for adult	3	1	4	1	1	5	5	5	3
Reported to mandated agency	56	32	21	5	70	47	24	60	46
Reported to central registry	21	40	30	--	48	18	3	40	30
<b>Information on Children</b>									
Premature child	6%	4%	5%	1%	5%	8%	13%	4%	5%
Mentally retarded child	2	6	5	6	1	1	7	4	4
Physically handicapped child	4	3	2	10	5	4	4	3	4
Emotionally disturbed child	3	6	18	2	2	1	12	6	6
Adopted/foster child	4	8	1	1	4	8	4	4	5
Unwanted pregnancy	4	4	5	5	6	3	7	6	5
<b>Information on Household: Composition</b>									
Mother/mother substitute present	98%	76%	87%	100%	97%	98%	91%	98%	92%
Father/father substitute present	71	44	59	71	69	51	60	54	58
Families with one adult	25	39	32	23	22	36	36	37	31
Families with 3 or more adults	3	15	10	9	9	12	8	7	8
Average number children in family	2.3	2.0	2.6	3.3	2.3	2.3	2.5	2.7	2.4
Families with one child	27%	45%	26%	11%	32%	26%	33%	26%	30%
Families with 4 or more children	19	12	23	41	18	10	22	30	21
Families with pre-schoolers	78	57	66	83	89	97	88	65	73
<b>Information on Household: Education</b>									
Mother: post-high school	8%	23%	21%	19%	8%	24%	26%	10%	15%
Father: post-high school	19	34	25	40	21	28	26	15	23
No high school degree in family	58	50	73	63	69	41	70	71	61
<b>Information on Household: Race/Ethnicity</b>									
Mother: Caucasian	80%	69%	63%	48%	80%	56%	92%	42%	65%
Father: Caucasian	84	72	66	41	79	65	84	45	68
No minorities in family	75	66	59	38	78	55	81	39	59
<b>Information on Household: Employment</b>									
Mother employed	36%	49%	30%	27%	31%	22%	17%	27%	34%
Father employed	80	84	85	66	80	79	76	74	79
No employment in family	23	19	31	35	29	44	42	38	30
<b>Information on Household: Income</b>									
Average total family	\$8100	\$10,000	\$7400	\$5000	\$5400	\$5500	\$6000	\$7500	\$7700
Income <\$5500	42%	46%	57%	73%	77%	73%	69%	67%	56%
Income >\$12,000	15	24	17	5	5	6	7	13	15
<b>Information on Household: Age</b>									
Average age of mothers	27 yr	32 yr	30 yr	31 yr	25 yr	26 yr	26 yr	31 yr	29 yr
Average age of fathers	31	36	33	39	29	30	28	36	33

TABLE VII (continued)

Variable	Adams County	Arlington	Baton Rouge	Bayamon	Arkansas	St. Louis	Tacoma	Union County	All Cases
<b>Problems in Household Leading to Maltreatment</b>									
Marital	44%	38%	41%	58%	40%	44%	40%	33%	40%
Job related	21	20	24	8	18	18	24	10	18
Alcoholism	9	17	8	36	8	6	5	15	13
Drugs	4	8	2	3	4	5	7	8	6
Physical health	14	20	16	32	18	14	28	18	19
Mental health	29	34	24	38	23	31	13	29	29
New baby	11	8	11	7	17	9	23	9	11
Argument/physical fight	21	21	18	50	15	22	18	14	20
Financial problems	41	42	46	57	57	49	65	43	46
Mentally retarded parent	1	3	5	3	5	--	1	4	3
Pregnancy	4	2	2	2	6	6	5	4	4
Heavy continuous child care	32	21	39	38	39	56	51	27	33
Physical spouse abuse	12	10	10	23	11	10	10	7	11
Recent relocation	18	16	16	1	24	10	36	10	16
Abused as child	41	8	16	8	21	36	38	9	21
Normal discipline	26	12	14	20	31	21	31	19	21
Social isolation	35	28	15	14	38	50	19	24	29
N =	349	267	131	95	180	78	93	370	1686

\* More than one item may have been checked for a given case.

## B. Nature of the Problem

Of the cases seen by the projects, over one-quarter were labeled as cases in which the alleged abuse was established, and over one-tenth in which the alleged neglect was established. Baton Rouge, St. Louis and Tacoma had consistently higher substantiation rates for abuse than other projects; Bayamon had considerably higher substantiation rates for neglect.

In terms of type of maltreatment, the projects served a wide variety of cases. Twenty-eight percent were labeled as potential abuse or neglect cases, with Adams County seeing a substantially higher proportion of these than other projects. An additional 14% were labeled as cases of emotional maltreatment, with Adams County and Baton Rouge seeing the fewest of these. For the remaining 58% of the cases, typically more than one type of maltreatment was identified. In sorting out the most serious of the actions toward the child, 4% were categorized as sexual abuse cases (many of which were in the Baton Rouge caseload) 31% were categorized as physical abuse, 20% as physical neglect and 3% as both physical abuse and neglect. Thus, overall, the projects served more abuse than neglect cases, with St. Louis, followed by Baton Rouge, serving the highest proportion of such cases. Projects with the most varied caseloads included Arlington and Union County; this is likely explained by the projects' existences as the local protective services agencies responsible for serving all identified cases in the county. Other projects were more likely to hand-pick the cases they served.

Twenty-eight percent of all cases were those in which a serious assault on the child occurred. Bayamon had a greater proportion of such cases in its caseload, followed by St. Louis, Union County and Tacoma. Approximately the same percent of cases were identified as those with a previous record or evidence of maltreatment. Once again, Bayamon had the greatest proportion of such cases.

Across all cases mothers were labeled as responsible for the maltreatment in 52% of the cases, fathers in 24% and both parents in 20%. This pattern generally holds up in individual project caseloads; the

most significant exception is St. Louis, where mothers were labeled as responsible much more frequently than in other projects.

In 31% of the cases overall no legal action was taken (including reporting the cases to the designated mandated agency or the central registry, as well as court intervention). The differences are interesting, with Arkansas, St. Louis and Tacoma, three essentially private agency programs, ensuring legal intervention for a higher proportion of their cases than the other projects. Beyond the reporting of cases to legally mandated agencies (46%) or central registries (30%), the legal actions taken are rather minimal, with 10% or fewer of the cases going through a court hearing and/or having a child removed on a temporary basis. This is reflective of the small number of severe abuse or neglect cases. Permanent removals rarely occurred. In Baton Rouge, Arkansas and Tacoma one sees these activities occurring more frequently; this has mostly to do with the legal systems in these projects' communities since these projects did not have significantly higher proportions of severe cases than other projects.

### C. Demographic Information

First we look at the composition of the households. Across all projects, 92% of the families served had a mother or mother substitute present in the household. All of the individual projects, except for Arlington where only 76% of the families had a mother figure present, were close to this average. The overall percentage of families with a father or father substitute present was substantially lower -- 58%. Data from individual projects suggest that in Adams County, Bayamon and Arkansas a father figure is more likely to be present than in the other projects. Irrespective of a client's actual legal marital status, an important factor for these families is whether there is only one adult in the household. In 31% of the families this was the case, with cases in Adams County, Bayamon and Arkansas less likely to have only one adult in the home.

The size of households also varied by the number of children present. While 30% of the families overall had only one child, close to

one-half of the families in Arlington had only one. Twenty-one percent of all families had four or more children; a large proportion of these larger families were in Bayamon and Union County. The average number of children per family was 2.4 overall. Across all projects 73% of the families had pre-schoolers; families with pre-schoolers appear with greater frequency in the caseloads of Arkansas, St. Louis and Tacoma. One hundred percent of Los Angeles' families had pre-schoolers.

Next, we look at certain demographic characteristics of the members of the household. Educational attainment across all projects is generally low, with 15% of all mothers possessing post-high school education and 23% of all fathers, and 61% of the families with no high school degree. Families in Adams County, Arlington and St. Louis are most likely to have at least one adult with a high school degree, although Tacoma's caseload represents the largest proportion of more highly educated mothers and Bayamon's the largest proportion of more highly educated fathers.

Approximately 60% of all families in the projects' caseloads were Caucasian. Higher percents of Caucasian families were seen in Adams County, Arkansas and Tacoma. (In addition, St. Petersburg's caseload was 100% Caucasian.) Projects serving the greatest proportions of minorities were Bayamon and Union County. (And Los Angeles, whose caseload was 100% Black.)

The average age of parents across all projects was 29 years for mothers and 33 years for fathers. Adams County, Arkansas, St. Louis and Tacoma tended to serve younger mothers as well as younger fathers. Los Angeles also served very young parents.

In close to 80% of all families across projects at least the father (if present) was employed; in addition, 34% of the mothers were employed. However, in 30% of the families, no adult was employed. The highest employment rate among males was seen in Baton Rouge, followed by Arlington. The lowest rate was in Bayamon (St. Petersburg and Los Angeles also had very few employed males). The highest employment rate among women was seen in Arlington. Tacoma had the

lowest. The overall highest employment rates were in Arlington. Closely related to employment rates was annual family income. The overall project average was \$7700, with Arlington highest at \$10,000 and Bayamon lowest at \$5500. (The average family income in Los Angeles was even lower, at about \$3800.)

Finally, we look at the prevalence of different kinds of problems in the households which appeared to be precursors to or causes of the maltreatment that brought cases to the projects' attention. The most frequently cited problems as leading to the maltreatment across all projects are: marital problems; financial problems; and problems arising from heavy, continuous child care responsibilities. Other salient problems include mental health problems and social isolation. These items appear to be significant problems in each of the individual projects' caseloads with minor exceptions. Marital problems appeared less frequently in Union County; mental health problems appeared less frequently in Tacoma; heavy, continuous child care responsibilities were less prevalent in Arlington (the project with the largest proportion of families with only one child); and social isolation did not seem as problematic for the families of Baton Rouge, Bayamon and Tacoma. In Bayamon, arguments, physical fights including physical spouse abuse are cited more frequently as problems than in other projects; in Tacoma recent relocations appear more frequently than elsewhere.

APPENDICES



## APPENDIX A

### Listing of Major Evaluation Reports and Papers

#### Reports

- (1) A Comparative Description of the Eleven Joint OCD/SRS Child Abuse and Neglect Demonstration Projects; December 1977.
- (2) Historical Case Studies: Eleven Child Abuse and Neglect Projects, 1974-1977; December 1977.
- (3) Cost Report; December 1977.
- (4) Community Systems Impact Report; December 1977.
- (5) Adult Client Impact Report; December 1977.
- (6) Child Impact Report; December 1977.
- (7) Quality of the Case Management Process Report; December 1977.
- (8) Project Management and Worker Burnout Report; December 1977.
- (9) Methodology for Evaluating Child Abuse and Neglect Service Programs; December 1977.
- (10) Guide for Planning and Implementing Child Abuse and Neglect Programs; December 1977.
- (11) Child Abuse and Neglect Treatment Programs: Final Report and Summary of Findings; December 1977.

#### Papers

"Evaluating New Modes of Treatment for Child Abusers and Neglectors: The Experience of Federally Funded Demonstration Projects in the USA," presented by Anne Cohn and Mary Kay Miller, First International Conference on Child Abuse and Neglect, Geneva, Switzerland; September 1976 (published in International Journal on Child Abuse and Neglect, Winter 1977).

"Assessing the Cost-Effectiveness of Child Abuse and Neglect Preventive Service Programs," presented by Mary Kay Miller, American Public Health Association Annual Meeting, Miami, Florida; October 1976 (written with Anne Cohn).

"Developing an Interdisciplinary System for Treatment of Abuse and Neglect: What Works and What Doesn't?", presented by Anne Cohn, Statewide Governor's Conference on Child Abuse and Neglect, Jefferson City, Missouri; March 1977 (published in conference proceedings).

**"Future Planning for Child Abuse and Neglect Programs: What Have We Learned from Federal Demonstrations?", presented by Anne Cohn and Mary Kay Miller, Second Annual National Conference on Child Abuse and Neglect, Houston, Texas; April 1977.**

**"What Kinds of Alternative Delivery Systems Do We Need?", presented by Anne Cohn, Second Annual National Conference on Child Abuse and Neglect, Houston, Texas; April 1977.**

**"How Can We Avoid Burnout?", presented by Katherine Armstrong, Second Annual National Conference on Child Abuse and Neglect, Houston, Texas; April 1977.**

**"Evaluation Case Management", presented by Beverly DeGraaf, Second Annual National Conference on Child Abuse and Neglect, Houston, Texas; April 1977.**

**"Quality Assurance in Social Services: Catching up with the Medical Field", presented by Beverly DeGraaf, National Conference on Social Welfare, Chicago, Illinois; May 1977.**

APPENDIX A

MILESTONES IN THE DEMONSTRATION/EVALUATION EFFORT

- 1973 October: Issuance of request for proposals from communities interested in establishing a demonstration program.
- 1974 January: Congress passes Child Abuse Act, Public Law 93-247, establishing National Center on Child Abuse and Neglect (NCCAN).
- April: Issuance of request for proposals for evaluation contract.
- May: Award of three-year evaluation contract to Berkeley Planning Associates.
- July: Presentation of evaluation plans to OCD, SRS and HRA -- Rockville, Maryland and Colorado Springs, Colorado.
- August: First meeting of projects, federal monitors and evaluators -- Alexandria, Virginia.
- September: First round of site visits to projects; collection of baseline data.
- November: Begin second round of site visits to projects.
- 1975 January: NCCAN funds 20 additional three-year demonstration projects.  
Ten of eleven projects fully operational.  
Projects begin record keeping for BPA.
- February: Workshop on strategies for assessing quality -- Berkeley, California.
- March: Third round of site visits.  
Meeting with projects -- Washington, D.C.
- May: Projects receive second year of funding.
- June: Begin fourth round of site visits.
- July: Quality assessment pre-test.
- September: Six projects assigned new Project Monitor.  
First year of evaluation work completed.

1975 November: Evaluation assigned new Project Officer.

December: Second year of evaluation work funded.

1976 January: Begin fifth round of site visits.  
Meeting with projects -- Atlanta, Georgia.

March: Begin quality assessment visits.

April: Meeting with projects -- Berkeley, California.

May: Begin sixth round of site visits.  
Projects receive third year funding.  
Finalization of high priority evaluation questions.

July: Projects receive additional funding for third year.

August: Begin project management/worker burnout data collection visits.

September: Seventh round of site visits.  
Third year of evaluation funded.

November: Meeting with projects -- Annapolis, Maryland.

December: Begin final quality assessment visits.  
End of data collection on projects' community-related activities.  
End of adult client data collection period.

1977 January: Begin eighth and final round of site visits.  
Final community systems data collection.

April: Formal end of demonstration period.  
End of process data collection.  
End of child client data collection period.  
Meeting with projects -- Houston, Texas.

September: Draft evaluation reports completed.

December: Final evaluation reports completed.

## APPENDIX C

### PROGRAM IMPLEMENTATION AND CONTINUATION EFFECTS

The projects implemented the programs they intended to demonstrate with varying difficulty in and different amounts of time (see Table C). Critical determinants of this appear to include: relationship of proposal writers with project administration; relationship of host agency to other community agencies; complexity of proposed demonstration; and the degree to which the organizational framework for the project was in place when funding occurred.

#### A. Relationship of Proposal Writers with Project Administration

In general, those projects which implemented their programs within the first six months were those in which the writers of the original grant proposal were actively involved with project staff in setting up the project or were the project staff themselves. Thus, the translation of proposed ideas into working activities, even if those ideas later proved unworkable, was relatively clear. The notable exception to this was the St. Louis project, in which the eventual staff was the proposal writing group and which took approximately 10 months to become operational; other factors, particularly the initial relationship of the project with other community agencies, explain the slower implementation period.

#### B. Relationship of the Host Agency to Other Community Agencies

Getting referrals from and making referrals to other agencies, establishing an Advisory Board, a multidisciplinary review team, a community-wide coordinating body, all depend upon good working relationships between agencies. To the extent a proposed project's host agency was already well tied in with the community's child abuse/neglect system and had strong working relationships with those agencies the project intended to interact with, the implementation period was relatively easy and short. In all projects that took more than six months to

TABLE C

Timing of Implementation and Operation of Program with Reference  
to What Projects Intended to Demonstrate

Project	Months in Start-Up*	Months in Full Operation	Interim Months of Transition/ Change	Months Winding Down**	Portion of Project Continued After Federal Funds***
Adams County	6	28	--	2	75%
Arlington	4	29	--	3	60%
Baton Rouge	4	24	8	--	90%
Bayamon	8	26	--	2	75%
Arkansas	6	30	--	--	100%
Los Angeles	19	16	--	1	0%
Neah Bay	20	14	--	2	100%
St. Louis	10	21	--	5	90%
St. Petersburg	12	18	--	6	20%
Tacoma	5	21	6	4	40%
Union County	12	21	3	--	60%

\* Counting from May 1, 1974.

\*\* Counting to April 30, 1977.

\*\*\* Projecting to at least September 1977.

become operational, weak community systems, or minimally weak linkages within that system, were apparent at the time of federal funding. The projects in St. Louis, St. Petersburg and Neah Bay were each very much new programs for the local communities' child abuse and neglect system; linkages with protective services, law enforcement, the schools and other key agencies had to be created. Developing the trust and respect to make such linkages workable takes a lot of time and yet the existence of those linkages was essential to the full operation of each of these projects. In Bayamon and Union County, while the host agency was the protective services unit and thus a central element of the local child abuse system, in both communities (as in Los Angeles and St. Louis) the system was replete with a variety of inefficiencies (lack of communication, duplicative services, etc.) that inhibited easy implementation of the program.

#### C. Complexity of Proposed Demonstration

It appears that those projects which planned a complex program (i.e., one which depended upon very close working relationships with a wide variety of agencies or professionals) took longer to implement their programs. Union County planned to establish purchase of service contracts with a number of local public and private social service agencies. Roles, responsibilities and accountability mechanisms had to be individually worked out with each agency. Los Angeles planned a residential facility for children complemented with day-time services for adults. The activities of a wide variety of people -- child psychiatrists, foster grandparents, social workers, cooks, houseparents, transportation workers, doctors, therapists -- had to be planned and coordinated. The St. Louis project, which planned a slightly less complex family-oriented program than Los Angeles (activities for St. Louis children were on a day-time basis rather than residential), still found that it took a relatively long time to plan out and coordinate the variety of planned activities for parents and children.

D. Degree to Which Organizational Structure Was in Place

Projects that had to concern themselves with establishing an organizational structure, as well as a program of services, took longer to implement the planned program. St. Louis, St. Petersburg, Los Angeles and Neah Bay each began what is considered to be a brand new program within the host agency. Staff roles, personnel policies, decision-making procedures all had to be established; the host agency was either not "expert" in child abuse and neglect services or not readily available to assist in the development of organizational and structural matters. All of the other projects were housed in agencies that had previously been working actively in the child abuse and neglect area and had most of the structure in place for housing the project.

E. Project Continuation Efforts

The whole termination process (i.e., continuation after federal funds) the degree to which it was planned, and the variety of problems it posed varied considerably across projects. Some projects began preparing for the ending of federal funds before the beginning of their third year; at least one, the Arkansas project, laid plans for continuation at the very outset. Other projects, however, left their active planning for the last three to four months. Some projects began to wind down, stop, or spin off discrete activities a full six months before federal funds expired; others never faced the need to stop certain activities or minimally continued their full program to within one or two months of the end of federal funds. And finally, some projects were successful in securing continuation funds for all or most of their activities to continue beyond the federal funding period; others secured little or no additional funds and had to completely or nearly completely close down.

Why the differences in experiences and outcomes? Does the quality of the project explain this? Does the personality or character of the project director, or the general attitude of the community toward

the project explain this? Does the local contribution to the project during the demonstration period or the degree to which the project was or became an integral part of the community system explain this? Given the small number of projects, it is difficult to generalize; but it appears that no one of the above are salient issues. Instead, it appears that systematic strategizing, particularly in conjunction with an active, broadly-based Advisory Board, is the key and that the earlier a project began to think about and actively plan for termination, the more likely the project was to secure local funding for continuation for at least 75% of the project activities.

## APPENDIX D

### SOME THOUGHTS ON THE FUTURE FUNDING AND MANAGEMENT OF CHILD ABUSE AND NEGLECT SERVICE PROJECTS

#### A. Community Contexts and Constraints

The way in which the local child abuse and neglect community system functions, the degree to which it is coordinated and efficient, the amount of communication among agencies, and its comprehensiveness greatly influence (a) the ease with which a new program can be implemented; (b) the kinds of services a new program ought to provide; and (c) the degree of success the program will have in meeting its goals. Any new program ought to concern itself with becoming integrated into the local system and helping to improve it. The following elements of a well-functioning system ought to be pursued by a new program, in the order presented:

- (1) A multi-agency, multidisciplinary, community-wide child abuse and neglect coordinating or planning body;
- (2) A centralized, 24-hour reporting and response system;
- (3) Formal, clearly articulated methods (including written agreements) for all key agencies to work together around both individual cases and general system problems;
- (4) A sorting mechanism at the front end of the system (i.e., at the referral receiving agency) to ensure thorough intake and diagnosis, sorting cases both on the basis of immediacy and type of needs, promptly followed by immediate referral of the case to the most appropriate service provider/agency;
- (5) Provision for handling the full range of child maltreatment cases, including physical and emotional abuse and neglect, sexual abuse, and both high risk or potential cases as well as actual cases;
- (6) Availability of a full complement of treatment services for both adults and children;

- (7) Recognition of and adherence to standards of quality case management throughout the system, particularly with respect to avoidance of duplication and delays.

New programs should actively conduct a needs assessment in their communities to determine which of the above do not exist and plan their programs so that the focus is on the missing elements. Clearly, training and education of both professionals and the general public is critical for a system to function well. However, new programs should approach the provision of training and education with caution, making sure that the type and amount of education given is consistent with the capabilities and level of functioning of the system.

#### B. Project Models

While the projects do represent a variety of models of child abuse and neglect treatment programs, there are many models which seem well worth studying that are not represented in the Joint Demonstration nor in the 20 NCCAN projects. These kinds of treatment program models include:

- (1) A school or educational system-based treatment project: such a program might draw on teachers and school nurses for identification and public personnel social workers and counselors for the provision of special services to abused and neglected children -- the very service that child protective services is most often unable to provide.
- (2) A law enforcement-based treatment project: a program perhaps oriented toward working with the most serious abuse and neglect offenders against whom criminal action is brought and for whom child protective services are often insufficient or unavailable (particularly if the parent has been incarcerated).
- (3) A public health department-based treatment project: this kind of program might draw on the skills and accessibility of public health nurses to assist in the identification of potential and actual cases and to supplement protective services with in-home counseling and training on a wide variety of health and child development issues.
- (4) A mental health facility treatment project: a program that provides primarily individual and group therapeutic

services to parents and children as a supplement to protective services.

- (5) A residential program: a program which provides a wide variety of services to some or all family members in a residential setting (while the Los Angeles project was funded to demonstrate such an approach, it really was not operational long enough to be studied).
- (6) A counseling hotline program: a program, perhaps more focused on potential than actual cases, that has 24-hour telephone counseling services available with crisis intervention back-up.
- (7) A home crisis intervention program: a program which has the capacity to intervene in family situations on an emergency basis, to live in the home for a few days or minimally provide 24-hour crisis support for several days

The lack of these models among the demonstration projects currently funded by OCD leads to the recommendation that future demonstration and/or evaluation activities in the field include these models. Several of these program types already exist under private auspices and could conceivably be studied without the federal government having to spend the money to set them up.

#### C. Characteristics of the Families to Be Served

At the beginning of the demonstration effort most projects identified the kinds of clients they intended to serve and to some extent planned their treatment programs accordingly. Each project's caseload does generally reflect the kinds of cases that were anticipated; after all, intake or admissions criteria established by the projects did influence the kinds of cases accepted. However, in all projects, as with the program in general, one does see a diversity of families on all characteristics. Projects were not rigid about which kinds of cases they would accept -- they did not want to be and they could not be. First, families in need of services are not easy to turn away. Second, families and individuals are not simple or static entities with clearly defined characteristics, and while at intake a case may appear to fit a project's intake criteria, later on, because of family

changes or as more information about the case becomes known, the case no longer fits the intake criteria. This leads to several recommendations about future demonstration programs:

- (1) While it may be desirable to fund programs on the basis of the particular target groups or client groups they intend to serve, program funders and managers should fully expect that no project's entire caseload can or will be homogeneous, only that a majority of the caseload might be.
- (2) Projects may choose to establish treatment programs on the basis of expected needs of clients, but given that lack of total predictability of or control over the kinds of cases one will serve, all projects should be prepared to somewhat alter treatment service offerings as client needs become known or minimally be prepared to refer cases elsewhere.

#### D. Project Goals

The existence of clear and realistic goals for a project is important in both project self direction and monitoring by funding agencies. Experience with the eleven joint demonstration projects suggests that:

- (1) Funding agencies should anticipate that a demonstration project's goals may shift and change considerably during the first year of funding, particularly as project staff become aware of the limitations placed on the project by the community context in which it operates and by the amount of resources and skills the project has. Project goals should, however, stabilize by the second year of funding.
- (2) Related to the above, projects should be encouraged to clarify and reclarify their goals during the first year to ensure that they are realistic and unambiguous; project officers should take an active role in this process.
- (3) Funding agencies should encourage projects to identify the specific steps they intend to take to accomplish their goals and to determine, at the end of each year, the extent to which these goals have been carried out and movement toward intended goals has been made.

E. Organizational Structures/Management Styles/Staffing Patterns

In addition to certain qualities of the project director, the critical ingredients for a well-run project appear to have less to do with the actual organizational structure or lines of authority, and more to do with the following:

- (1) Coordination through the existence of clearly defined mechanisms for the interaction between staff members, particularly those performing different tasks.
- (2) Communication through the existence of constant communication from decision makers to the rest of the staff which includes explanation of why certain decisions were made and how it will affect other program operations.
- (3) Autonomy for workers through the existence of opportunities for workers to make decisions based on the individual, unique needs of particular cases rather than a requirement that workers adhere to a pre-specified set of procedures for all cases; roles and expectations need to be clearly specified, but workers need, at the same time, flexibility in their jobs to make independent judgments.

In addition to the above, the following appear critical for new programs:

- (4) The existence of an active, although not necessarily decision-making, advisory board, to assist staff in reviewing project plans and decisions and anticipate problems before they occur.
- (5) The existence of task leaders or coordinators to manage discrete aspects of a project's activities, particularly a direct treatment services coordinator who is not the project director. These coordinators or task leaders appear to be most effective when they manage or supervise no more than 10 workers including volunteers and consultants (workers, in turn, appear to be most effective when they manage no more than 20 cases).

Burnout is a tremendous problem in this field, not only among paid workers but also among volunteers. Burnout and turnover result in poor quality service as well as program inefficiency. No one factor produces burnout but rather a combination of personal characteristics, management processes and organizational structures are the causes. Solutions to the problem of burnout for new programs to consider include:

- (1) More careful manpower planning and recruitment; helping applicants and new employees to be more explicit about their goals, expectations and capabilities to do the job by being more clear about what the job entails.
- (2) More flexibility and adaptability in the procedures for getting work done so that workers can respond more appropriately to the variety of needs of their clients.
- (3) And finally, opportunities for all workers to pursue a variety of tasks so that they do not get "burned out" by any one.

Six of the eleven projects experienced turnover in directors; four recruited new directors from within their current staff and had continuity in their programs; two recruited new directors from the outside and experienced at least six months of "downtime." This is hardly desirable in a three-year demonstration. We conclude that demonstrations should be encouraged to always have a second-in-command in training for the director's job or that, minimally, new directors should be recruited from current staff.

#### F. Project Activities

There are a few implications for the funding, monitoring and operation of child abuse and neglect service programs that one can draw from the way these eleven projects allocated their time and the volume and types of services they provided:

- (1) It can be expected that approximately 25% of a project's staff time will be spent on general management functions including program planning and staff development and training.
- (2) Treatment focused projects can anticipate that approximately 20% of staff time will be spent on general case management functions including intake, diagnosis, ongoing case review and follow-up.
- (3) Treatment focused projects should plan to spend approximately 10% of staff time on community-oriented activities including training, education and consultation. Such activities are essential for ensuring that the treatment activities of a project, particularly referrals to and from the project, can function smoothly.

- (4) Given the above, treatment focused projects can be expected to spend only 45% of staff time on the direct provision of treatment services to clients.

G. Implementation

The ease of implementing a new program appears to have something to do with the involvement of the proposal writers and the host agency. Proposal screening and funding practices for demonstration service projects could include the following:

- (1) Proposals should both identify and reflect a commitment on the part of the proposal conceptualizers and writers to work with a newly funded project at least through the implementation period, if not in a staff position at least in an advisory capacity.
- (2) Proposals should reflect a commitment on the part of the host agency to support and work with the project during its implementation period, minimally through the provision of adequate space, secretarial help, and other administrative services, but preferably including consultation on the content of the proposed program.

Three additional factors appear critical in determining the length of time it will take a new program to become operational:

- (1) The degree to which the local child abuse and neglect system functions well (i.e., has in place those critical elements of a well-functioning system cited earlier).
- (2) The degree of complexity of the proposed demonstration (projects that are proposing to pursue a wide variety of activities or involve many different agencies or disciplines will take longer to implement their programs).
- (3) The degree to which the structure of the proposed demonstration is already in place (projects which will consider additions to or modifications of ongoing agencies can be implemented much more rapidly than projects that will be entirely new).

The resulting recommendation is that the federal government consider providing demonstrations with implementation funds for varying lengths of time, depending upon the presence or absence of the above.

## H. Continuation

Given the experiences of the eleven demonstrations, if the federal government has some commitment to ensuring the continuation of projects after federal funds are spent, the following recommendations seem relevant:

- (1) Projects should be provided with technical assistance, from the time of initial funding, in strategizing for continuation when federal funds are depleted.
- (2) By the end of the first year and at the end of subsequent years, projects should be required to submit to the project officer a written plan for continuation after federal funding; this plan could be updated each year.
- (3) It might be well for federal funds to be gradually tapered off such that the federal share of the project's budget decreases on a percentage basis over time, with local communities gradually picking up a larger and larger share.

