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Impact of the Children at Risk Program: Comprehensive Final Report II

EXECUTIVE SUMMARY

193897

Adele V. Harrell
Shannon Cavanagh
Sanjeev Sridharan
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HIGHLIGHTS FROM THE EVALUATION OF THE CHILDREN AT RISK PROGRAM: RESULTS ONE YEAR AFTER THE END OF THE PROGRAM

WHAT IS THE *CHILDREN AT RISK* (*CAR*) INITIATIVE?

Children At Risk (CAR) was a comprehensive intervention designed to prevent drug use and delinquency among high risk youth and promote healthy development among vulnerable children. The program focused on high risk environments--small, well-defined neighborhoods characterized by extreme poverty, high crime, and intense social distress. It sought to reduce the overall exposure of youth to crime and drug activity. Within these neighborhoods, CAR identified high risk youth with the help of schools or the justice system and delivered a set of intensive core services across a two year period. The youth had to be 11 to 13 years old at the time of recruitment and attend middle school in the neighborhood.

CAR was tested in a demonstration setting in six sites: Austin, Texas; Bridgeport, Connecticut; Memphis, Tennessee; Savannah, Georgia; Seattle, Washington; and Newark, New Jersey. Research on CAR includes qualitative documentation of program implementation by The National Center on Addiction and Substance Abuse at Columbia University, and cost and impact evaluations by The Urban Institute.

The effectiveness of CAR was tested in all sites except Newark using an experimental design. For this evaluation, 654 youth in particular schools in the target neighborhoods were randomly assigned either to a treatment group (who received CAR participant in addition to the benefits of a safer neighborhood) or to a control group (who benefited only from the safer neighborhood). In addition, 203 youth from other high risk neighborhoods in each CAR city were included in the study as a comparison group. Data for the evaluation comes from interviews with

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Box 6000
Rockville, MD 20849-6000

the sample youth at the time of program entry, two years later at the end of the intervention period, and one year after the end of the program. A parent or primary caregiver was interviewed before the start of the program and at the end of the program period. Records from schools, police and courts were collected annually on each youth in the sample.

HOW DID CAR IDENTIFY HIGH RISK YOUTH?

Adolescents living in severely distressed neighborhoods are among the most vulnerable of all children and one of the hardest groups to help. According to substantial theoretical and empirical research, those who exhibit certain signs of distress referred to as risk factors are vulnerable to problems in later adolescence. In addition to the risks inherent in the neighborhood, risks associated with family, peer group, or the individual child are associated with future delinquency, drug use, school dropout and other negative outcomes. To focus the substantial program resources on those youth at highest risk, eligibility for CAR is limited to youth identified by the schools or courts on the basis of the following indicators of risk.

School Risk. Youth were eligible if they showed three of seven indicators of school risk (one of which had to be acting-out behavior): special education, grade retention, poor academic performance, truancy, tardiness, out-of-school suspension, or disruptive behavior in school.

Family Risk. Youth were also eligible if they showed any one of five family risks in the past five years: family violence or disintegration; or any family member known to have used or dealt drugs, been convicted of an offense (including as a juvenile), or been a gang member.

Personal Risk. Youth were also eligible if they or a family member showed one of six personal risks: known or suspected drug activity, under juvenile court supervision,

delinquency or mental illness, membership in a gang or other delinquent peer group, victim of abuse or neglect, or being pregnant or already a parent.

Many CAR youth were vulnerable in more than one area and faced substantial problems, as these two case profiles show.

Joel was 13 years old when recruited for CAR. He had a history of fighting other students and teachers and was on probation for possessing a gun. His stepfather, who had lived with the family, had died four years before. His mother, who was functionally illiterate and terminally ill, required home care and frequent visits to the doctor. Joel, the oldest male in the family, felt responsible for protecting his mother and siblings--a sense of responsibility, case managers felt, that was often why he got into trouble. Joel was actually released from CAR because he shot a man who was making unwanted sexual advances to his 15-year-old sister.

Lisa had a history of fighting in school when she wasn't being truant. While still very young, she became involved in prostitution, apparently after pressure from her mother who needed extra money to support a drug habit. Lisa had walked into the bathroom at home and discovered her mother and a boyfriend having sex. Her mother encouraged her to stay so that she could "learn the ropes." When the mother "reformed" she pulled Lisa out of prostitution. But 14-year-old Lisa missed the extra money and began working in a local strip club. The mother only found out because a police raid caught Lisa working there. Case managers say she did not realize she was doing anything wrong.

WHAT IS THE CAR PREVENTION STRATEGY?

Building on growing evidence that programs with a combination of strategies have better outcomes than single-strategy initiatives, particularly for at-risk youth, CAR was designed around a central core of eight required service components designed to reduce neighborhood, family, peer group and individual risk factors. Sites had substantial flexibility in how they met these requirements.

Core Component #1: Community-Enhanced Policing/Enhanced Enforcement

To give participating youth a real chance to change, CAR's first core component was designed to improve neighborhood safety--thus applying to youth in "treatment" and "control" groups alike. All CAR programs had to include direct participation of police officers, in particular increased police presence in and around school grounds and on the way to school. In addition,

depending on the site, community police officers worked with residents on crime prevention activities, such as establishing safe houses and drug-free school zones, attended community meetings on safety issues, and gave presentations at CAR family events. The community police officers also worked directly with youth, serving as role models and mentors, in the course of teaching Drug Awareness and Resistance Education (DARE), participating in recreational programs and special events, working with case managers on problems with specific youth, and occasionally making home visits.

The closest collaboration between CAR and police occurred where there was high-level police support for community policing, where the police department was willing to devote special attention and resources to the target neighborhood and the program, and where individual officers saw involvement in planning program activities for the CAR neighborhood as part of their responsibilities. Although ratings of neighborhood safety or quality at the end of the program were not higher in CAR areas than in the comparison neighborhoods, youth or the caregivers in several CAR areas knew more police officers by name and reported more different kinds of positive contacts with police.

Core Component #2: Case Management

For maximum effectiveness, a multiple-intervention strategy must have services that are well-integrated to ensure that participants do actually get the specified program "treatment." Case managers were the lynchpin of the CAR strategy for service integration. They assessed the service needs of the participating youth and his or her family and developed and implemented plans to meet those needs. In order to ensure that this role was effectively performed, CAR caseloads were kept small, 13-18 families.

The CAR case manager's role included both traditional and nontraditional case management functions. Case managers recruited, assessed, planned, linked, monitored, and advocated. They also mentored, planned and led activities, and provided transportation. In some CAR programs, case managers developed strong individual relationships with families. In others they focused more on the youth participants. In most CAR programs, far more time was spent on crisis intervention and less on ongoing case management than originally anticipated.

Case managers also played a central role in coordinated service delivery, working to build relationships with staff in other agencies serving youth and their families, including criminal/juvenile justice authorities, the recreation department, the housing department, and mental health providers.

Core Component #3: Criminal/Juvenile Justice Intervention

Case managers worked with the criminal/juvenile justice authorities when CAR youth became involved with the courts. The particular intent was to ensure enhanced supervision and to provide community service opportunities as a constructive learning experience for youth while in the justice system. Depending on the site, case managers worked collaboratively with the juvenile probation department, shared information about individual youth, and undertook joint service planning.

Core Component #4: Family Services

CAR planners identified the goal of reducing family risk factors as fundamental. Case managers were charged with working with all members of the family to address a wide variety of problems that could impair the home environment and support for the youth. Family services included a wide range of therapeutic services and skills training to help families and adult caregivers improve their functioning. At the end of the program, CAR caregivers reported

significantly more use of services by household members across the past two years than caregivers in the control or comparison groups.

Case managers also helped caregivers with their responsibilities by providing transportation to and reminding families about appointments, acting as family advocates with other agencies, and assisting or substituting for parents by checking the participant youth's school attendance, homework, and behavior. Extreme examples of family assistance by case managers include retrieving a runaway from another town and testifying in court on behalf of a family.

The initial CAR vision was that case managers would work intensely with the families for a period of months at the beginning of the program, to address their most pressing needs. Then, once a family situation became stable, the case manager would make less frequent home visits and assume a service monitoring function. But programs found the families of CAR participants had such serious and multiple needs that their whole lives were bound up in crises, one after another--making it impossible in many cases to establish anything that could be called a regular pattern of services.

Programs also found that, although parents were willing to enroll their children in CAR , engaging parents themselves in program-sponsored activities was one of the most difficult aspects of the program to implement successfully. Although CAR caregivers were significantly more likely to report participation in a parenting class or group than caregivers in the control and comparison groups, most did not participate in these activities, which were one of the core components of the CAR model. At all sites it was common for parents not to follow through on referrals for mental health services or substance abuse treatment, even when reminded about appointments. Despite problems in getting parental participation, CAR families were significantly more likely to participate in individual, group, or family counseling and drug or alcohol treatment

compared with control and quasi-experimental group families.

CAR strategies for reducing the family risks faced by youth included encouraging family members, particularly caregivers, to take part in organized activities to help them become better parents and a positive influence in their community. These activities ranged from community clean ups to organizing safe houses for students after school. On the end-of-program interview, CAR caregivers reported significantly higher participation than the control group caregivers.

Core Component #5: After-School and Summer Activities

Early adolescence is a time when parent-child relationships are being renegotiated, if not transformed, and youth are selecting and becoming closer to peer groups. Peer group influence, therefore, assumes increasing prominence as a potential risk factor. CAR addressed the interaction of participant youth with their peers through requiring programs to implement after-school and summer activities.

After-school and summer activities were made available to participating youth, both by increasing access to existing local programs and by developing special CAR-sponsored activities. Activities varied widely in intensity, frequency, duration, and content; but all offered alternatives to hanging out without adult supervision in neighborhoods rife with gangs and drug dealers.

Recreational activities included sports, games, arts, crafts, theater, and music. Peer group activities to enhance personal social development included self-esteem and life skills workshops; structured discussions around such issues as sex, grooming, and social problems; and special events to foster cultural identity and pride. The Savannah program was particularly outstanding in the last category, centered around African American culture and commitment to the principle that "it takes a village." Activities there included Harambee Circles and Rites of Passage for youth

participants and four-day PRAISE[1] workshops for parents. Savannah was unusually successful in getting parental participation in CAR activities generally. On a number of indicators, including total number of activities, the hours per week spent on after-school activities, and the hours per week spent on activities organized by an adult, CAR youth reported significantly more participation than youth in the control or comparison groups.

Core Component #6: Education Services

Since academic failure, poor attachment to school, and early rebelliousness are all strongly associated with future delinquency, CAR program designers included activities designed to address these problems. CAR programs offered tutoring and homework assistance to all participating youth and referrals to other services as needed, including educational testing and special education classes. But getting youth to use tutoring and homework assistance proved extremely difficult. Only one program was able to get over 50 percent of its youth participants to use after-school tutoring assistance, for example, by offering tutoring in the form of a computer lab, games led by local college students, or individual help.

Some programs offered work preparation opportunities--a potentially significant factor in helping youth succeed--under this core component. These programs offered modest stipends for such activities as assisting at the local library, working up to 10 hours a week in local businesses, or participating in vocational exploration programs. Austin, for example, offered six job preparation choices that youth were able to sign up for at a job fair. A particularly noteworthy option was a five-week summer camp offering science and technology training, which paid $60 a week and was sponsored jointly by CAR, the school system, and the Austin Interfaith Council.

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[1]Parents Reclaiming African Information for Spiritual Enlightenment

Core Component #7: Mentoring

CAR originally intended to match any youth participant who had no caretaking adult in the household with a volunteer mentor. Only one program, Austin, was able to provide this one-to-one relationship, however, in large part because one of CAR's partner agencies was Big Brothers/Big Sisters (BB/BS) of Austin. BB/BS operated a large, highly structured, and closely supervised mentoring program. And it made room for CAR participants, even though they were older and had more problems than the other children it served.

Other sites shifted to group mentoring, in which a group of youth participate in activities led by a smaller group of mentors. Memphis, for example, turned to the Family Life and Revised Real Men Experience, a program at LeMoyne-Owen College. Girls and boys met together with college student mentors, along with parents and other adult volunteers, on Saturdays during the school year and for five weeks during the summer. The sessions focused on self-esteem, conflict resolution, and decision-making as well as education and trips. In addition, mentors were required to telephone mentees at least twice a week and to talk with parents as well.

Core Component #8: Incentives

CAR specified that case managers and organizers of program activities were to build in immediate small rewards for good behavior. Program incentives were incorporated to reward both participant youth and family members who cooperated with CAR program activities and objectives. To reward youth participants, programs used both monetary and nonmonetary incentives. Examples of nonmonetary rewards included trips to sporting events, and vouchers for pizza, sports shops, and movies. Monetary awards included paying participants $10 stipends at the end of each week if they attended after-school activities and wrote in their journals each day, and stipends for community service performed during summer months. One program found that getting participants involved in decisions

about incentives was effective in maintaining interest in the program. Family incentives that were particularly effective included providing food for events in which these extremely poor families were expected to participate.

WHAT DID CAR ACHIEVE?

One year after the end of the program, CAR resulted in significantly less involvement in drug use, drug selling and violent crime, and improved educational attainment as follows:

- CAR youth were less likely to have used gateway drugs (including marijuana, alcohol, inhalants, or, for past month only, cigarettes) or stronger drugs (including psychedelics, crack, other cocaine, heroin, or non-medical prescription drugs) in the past month compared with youth in the control group. CAR youth were also less likely to use gateway drugs in the past year (Figure 1).
- CAR youth were less likely to have sold drugs in the past month and in their lifetime compared with youth in the control group (Figure 2).
- CAR youth committed fewer violent crimes in the past year compared with youth in the control group. (Figure 3)
- CAR youth were more likely to be promoted in school (Figure 4). However, CAR youth did not have significantly higher grades or rates of attendance.

These results were consistently found in analysis of the direct and indirect effects of CAR using a range of methodologies and hold when corrections for attrition bias were included in the models.

At the end of the program period one year earlier, a lower rate of past month drug use among CAR youth compared to the control group was the only significant effect found. During the intervention period, CAR youth were as likely as the control group to become involved in problem behaviors. However, as noted in the study of program implementation, CAR case managers responded to problems among participating youth with services. It is only in the year after these responses that effects on subsequent involvement in drug use and delinquency become evident. Thus, CAR functioned mostly as a secondary prevention program for youth experiencing problems, rather than as a primary prevention program.

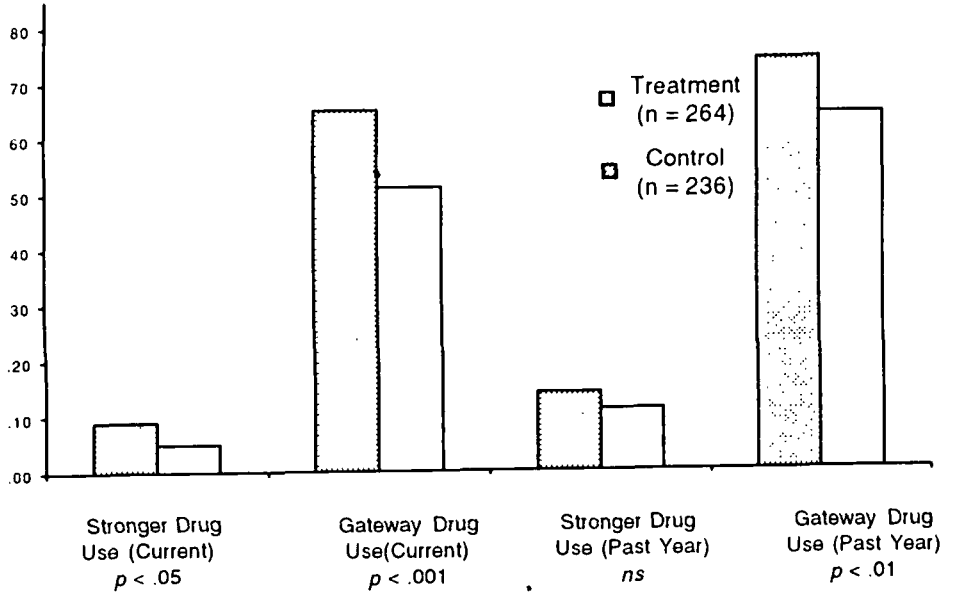

Figure 1 Percentage of CAR and Control Youth Reporting Drug Use: Five Cities

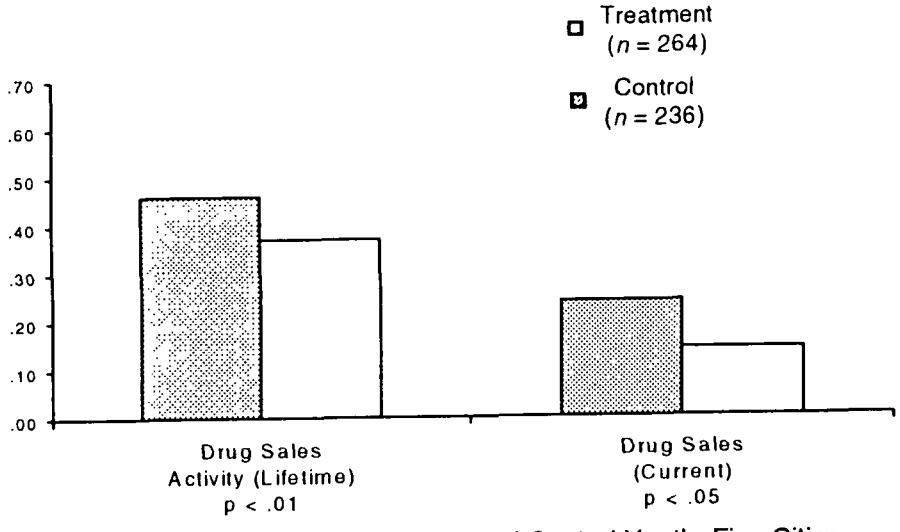

Figure 2 Drug Sales for CAR and and Control Youth: Five Cities

Figure 3 Criminal Activity in Past Year[a] for CAR and Control Youth: Five Cities

a. Least square means

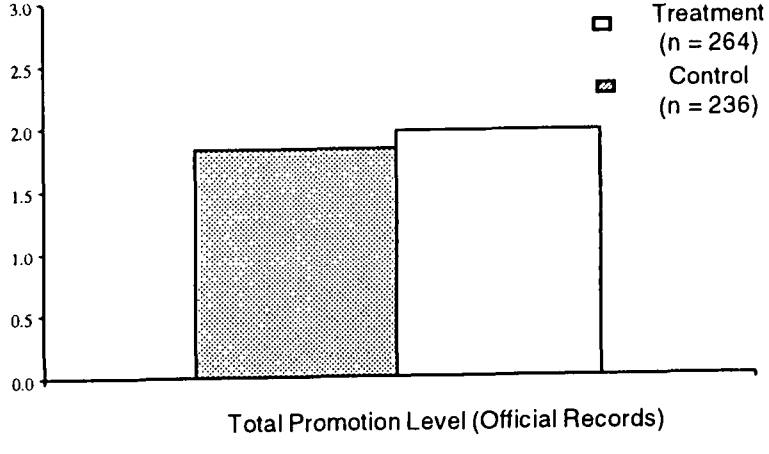

Figure 4 Promotion Level for CAR and Control Youth: Five Cities

While CAR showed significant impacts on the primary goals of preventing drug use and delinquency, several other problem behaviors, including property crimes, running away, and sexual activity were not prevented. In addition, records from courts and the police showed no difference between CAR youth and others in the frequency or likelihood of involvement with the justice system.

CAR was designed to reduce risk factors faced by youth. In the domain of peers influences, CAR youth had significantly lower levels of risk during the year after the end of the program.

- CAR youth had more positive peer support compared with youth in the control group (Figure 5).
- CAR youth associated less often with delinquent peers compared with youth in the control group (Figure 6).
- CAR youth were less frequently urged by peers to behave in antisocial ways compared with youth in the control group (Figure 6).
- CAR youth felt less peer pressure compared with youth in the control group (Figure 6).

The reductions in some family risk indicators observed at the end of the program did not carry over to the year after the end of the program. No reductions in individual risks were observed at either point in time.

Lessons on Program Implementation from the Process Evaluation

The central operational goal of CAR was to implement a highly collaborative program to address problems at the youth, family, peer group, and neighborhood levels simultaneously. What lessons do they have for communities seeking to set up their own CAR-like programs for at-risk youth?

Implementation works best when the lead agency is already part of a wider agency network.

> The lead agency in more successful sites had well established collaborative relationships with other agencies prior to the start of the demonstration. CAR was able to benefit from a community wide service network already in place because agency staff were accustomed to sharing ideas, plans, and, in some cases, resources.

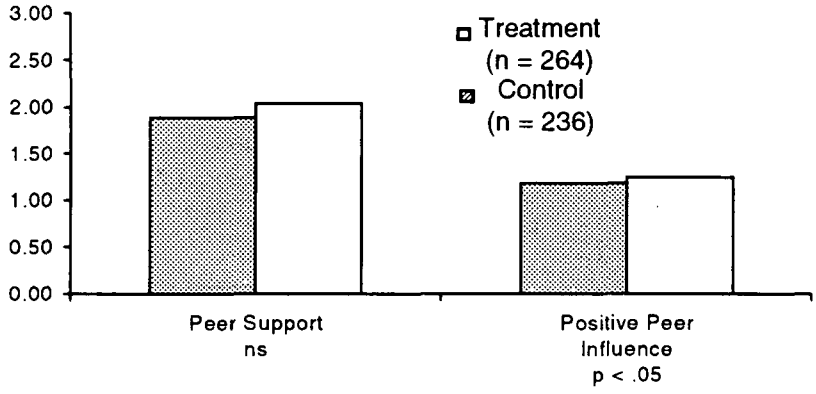

Figure 5 Association with Positive Peers[a] for CAR and Control Youth: Five Cities

a. Least square means

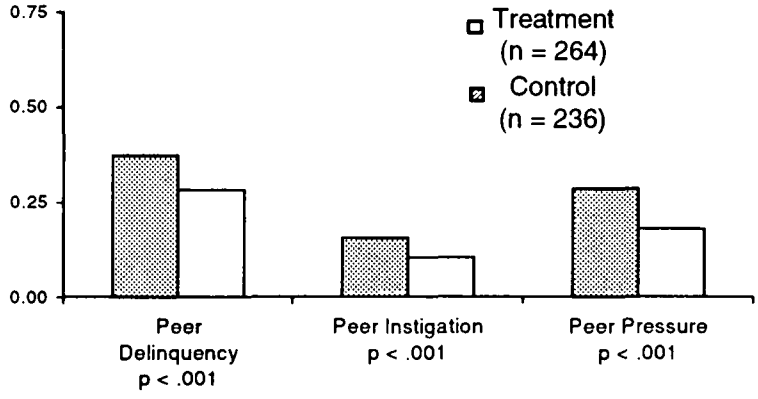

Figure 6 Association with Delinquent Peers[a] for CAR and Control Youth: Five Cities

a. Least square means

Agency collaboration works best when the program uses both horizontal and vertical integration.

Horizontal integration involves coordination of services across traditional agency boundaries. Three primary forms of horizontal integration were prominent in successful sites: integrated case management, in which staff of multiple agencies work together, physical co-location, and community organizers. Vertical integration involves explicit lines of communication up and down the chain of authority-front-line, middle management, and executive staff--around issues of policy, funding, and service delivery. Such a structure permitted concerns to be identified by the project and carried up to key decision-makers and also issues decided at the top to be transmitted down effectively for implementation at the line-staff level.

The demonstration found no evidence that some staffing patterns work better than others.

There are two crucial ingredients for operational success:

- The lead agency must have a clear collaborative mission.
- The program must have clear channels of communication across agencies and up and down the chain of authority.

As long as these two ingredients are present, the particular staffing pattern does not appear to make much difference. A program can be successful no matter which combination of direct staff, contracted staff, and in-kind donated services it chooses. These decisions are probably best governed by the characteristics of the particular community and program environment.

CAR Replications

Several of the CAR demonstration sites have continued their CAR programs under local sponsorship. The demonstration has also stimulated several communities to set up their own versions of CAR, called START[2] programs, with seed money from The National Center on Addiction and Substance Abuse and the Department of Education. These STARTs are based on the original CAR concept, as refined in light of implementation lessons learned from the CAR demonstration and the particular culture and program needs of the community.

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[2]Striving Together to Achieve Rewarding Tomorrows.

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National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

The Urban Institute
2100 M Street, N.W.
Washington, D.C. 20037
Phone: (202) 833-7200 Fax: (202) 659-8985 Internet: http://www.urban.org