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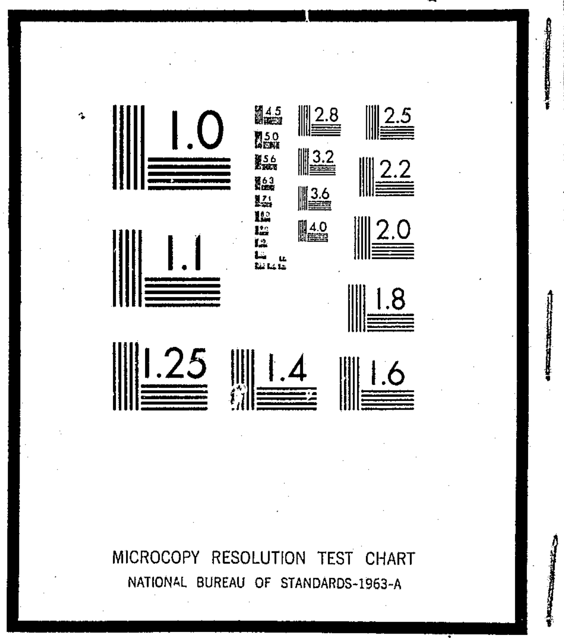

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THE FAMILY RECEPTION CENTER:

EVALUATION OF THE PROGRAM

A Report of Research Conducted under Contract with the Sisters of the Good Shepherd Residences

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September, 1973

Research Center

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FOREWORD

This is the report of a research evaluation of the initial phase of the Family Reception Center program of the Sisters of the Good Shepherd Residences, a program funded in part by the Criminal Justice Coordinating Council. The research was conducted, under contract with the Sisters of the Good Shepherd Residences, by Dr. Edmund A. Sherman, Research Associate, and Miss Renee Neuman, Research Assistant, in the Research Center of the Child Welfare League of America.

The Child Welfare League is a federation of public and voluntary child welfare agencies in the United States and Canada. It is a standard-setting and accrediting agency, whose functions include research designed to extend knowledge of child welfare problems and services. A number of its member agencies have recently developed neighborhood-based multi-service programs, which, like that of the Family Reception Center, are intended to bring service closer to those in need of it and thus to encourage use of service when it can fulfill a preventive, rather than only a remedial role. The League's Research Center welcomed the initial invitation to undertake evaluation of the FRC program as part of a three-year project, for this was seen as an opportunity not only to examine the impact of the various components of the program, but to develop an evaluation model that might be applicable to similar multi-service neighborhood programs elsewhere. The research plan was necessarily modified to accommodate the one-year funding arrangement that eventuated. In fact, the research operation was further constricted by the fact that a contract was not concluded until about ten weeks of the contract year had elapsed.

For any new program, the first question to be addressed is its feasibility. To this question the report provides an emphatic affirmative answer. Most of the planned programs have been fully implemented. A dedicated staff has been assembled, and a substantial number of parents and children have sought and used

these services. And the program is well known and well regarded in the community.

It is too early to answer firmly the questions of effectiveness, though preliminary findings are positive in this respect as well. Conclusions about the overall impact of the program and the differential effects of the program await further information about the services and their outcomes.

Ann W. Shyne
Director of Research

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SECTION 1

THE OBJECTIVES OF THE CENTER AND THE PLAN FOR ITS EVALUATION

One of the core problems that prompted the development of the Family Reception Center Project was the extreme paucity of resources available to the Family Court in New York City for any alternatives to removing children from their homes. Although numerous youth services exist in the City they are often administratively unrelated and are diffuse or poorly coordinated because they lack a community base. This problem has been particularly prevalent in Brooklyn, and the selection of Park Slope by the Sisters of the Good Shepherd Residences as the neighborhood in which to establish the Family Reception Center was based on their assessment of the extreme lack of services to children and youth in that area.

An Overview of the Program and Its Objectives

The objectives of the Project as outlined in the grant application to the Office of Crime Control Planning are as follows: 1) to divert troubled children and their parents from the courts; 2) to serve as a resource which can be called upon immediately, at intake level, in those instances which have already reached the court at a particular time and which require social interventions and relevant family supports; 3) to draw together strategies of immediate assessment, crisis-oriented counseling and treatment, linkages with relevant sources of help, and providing a system of strong family supports including emergency care and the back-up of temporary foster care where necessary.

The specific program components and services that were proposed to deal with the problem and to achieve the above objectives were the following:

> The Family Reception Center, to be open seven days a week, from 8:00 AM to 10:00 PM, as well as overnight or brief residential service to individuals living in the "crash pad" part of the Center. There would be a twofold thrust to the functions of the Center: first, intensive, professional services of assessment of problem and need as well as sustained counseling and

therapeutic help to parents and children; and secondly, moblization of a variety of social and community resources to develop parent effectiveness and rewarding family experiences.

The specific services designed to carry out the functions of the Center would include the following:

a) Crisis-oriented counseling to parents and youth including individual and family casework.

b) Sustained help to families via family group therapy.

c) Family life education discussion groups.

d) Peer group therapy or teenage peer group "rap" sessions with use of professional group leaders according to need.

e) Psychiatric consultation in crisis situations and for diagnostic assessment for both parents and children.

f) Legal advocacy for clients.

g) Educational advocacy via an educational advocate to work with local school system to prevent school drop-outs, expulsions and failures of children served by the program.

h) "Crash pad" residence for overnight or brief stay of children or even an entire family to meet crisis situations while attempting to obtain sustaine help, and providing appropriate remedial help and clinical assessment of the problem.

i) Temporary foster home care for children whose parents are in the Family Center program to be provided under a special foster-care project under the sponsorship of the Edwin Gould Services for Children.

j) Social activities and cultural enrichment programs aimed at promoting family cohesiveness, pleasurable family experience, and the development of social skills in the children and parents. The recruitment of volunteers

and involvement of community residents would provide the leadership for these activities.

k) Referral and steering for outside services and linkage with other community agencies for social, medical, vocational and religious services for clients.

l) Involvement of and sustained discussion groups for community people and organizational representatives of the area for continued assessment of needed services, whether treatment or advocacy. An Advisory Board of citizens would select the leaders for these groups.

The stance of the Family Reception Center toward offering the above services was designed to be an open rather than a restrictive one. Referrals would come from schools, churches, hospitals, police, the Family Courts, or any other community source. Walk-ins or self-referred clients, teenagers wanting to use the recreational facilities, crash pad or other services of the Center, and groups or even "gangs" from the local community would be accepted as long as the services and facilities were available. There would be no restrictions regarding race, religion, age or sex. In instances of particular need, especially those referred by the Family Courts, the Center would take clients from outside the Park Slope area.

It was anticipated that the Center would serve at least 100 families in the first year of operation, as well as 200 children and other family members in crash pad residence, and would provide peer group therapy for 20 youngsters. Specific numbers were not projected for the first year for counseling, educational, referral and linkage services since these would be determined by community need and demand. There would also be an effort to develop the Center as a base for planning by the community for other services such as day care and day treatment.

The Plan for Evaluation

The Research Center of the Child Welfare League of America in its planning with the Sisters of the Good Shepherd Residences proposed, and made its facilities

available for implementation of, a research design for evaluation of the Family Reception Center Project, which was projected for a three-year period beginning October 1, 1972. The research design is directed toward analysis of the characteristics of the children and families served by the Center and the extent, nature and outcome of the services provided.

During the first year of the project, the Child Welfare League was to develop an information system intended to meet the operational needs of the program and to generate the data needed for subsequent analysis and evaluation. The initial year was seen as a pilot phase during which program elements could be more fully delinated and the research forms and procedures developed and modified as needed.

Since the funding of the Family Reception Center Project through the Criminal Justice Coordinating Council was for one year (10/1/72-9/30/73) and the terms of the grant called for an evaluation at the end of that period, adaptations were made in the three-year design to provide for evaluative data relative to the first year of operation.

In order to meet the year-end deadline of 9/30/73 for the evaluation report, an adaptation was made to collect, analyze and report detailed information only on the children and families admitted to the program during the 6-month period from October 1, 1972 to April 1, 1973, and the service received by them up to July 1, 1973, so that there would be a minimum service exposure period of three months. Although many cases admitted into the program during that period would still be active and continue to receive service beyond July 1st, data on the progress made in those cases up to that point would be collected from the service staff of the Center. The July 1st cutoff date would allow three months for the coding, computer runs, statistical analysis and write-up of the data on the users, the input, the nature and outcome of the services provided.

Data on the users, particularly the children, were to include age, sex, race, presenting problem, source of referral, phase of involvement in the juvenile justice

system, selected characteristics of their parents, their school and work adjustment, their drug use, and such behavioral characteristics as impulsiveness, assaultiveness, etc.

Data on service input were to include duration of service, number of contacts or sessions, type of service program and treatment modality (e.g., individual and family casework, peer group therapy, family life education, vocational counseling, lawyer and educational advocacy, etc.).

Data on service outcome would consist of information from the staff on changes in the functioning of the children and their parents, with special attention to delinquent behavior and recidivism, to school and work performance and to the extent to which service objectives are judged to have been attained. The above would include statistics on incidence of school problems, increase and decrease in truancy, and employment, with whatever information could be obtained about the nature of jobs.

Some assessment of the program would also be obtained through an interview survey of representatives from community agencies and organizations that use the services of the Family Reception Center for their clientele or who would otherwise be concerned with the clientele or potential clientele of the program. The purpose of this survey would be to obtain the perceptions of other community agencies and organizations about the effectiveness of the Center's program and services and the relevance of these to the needs of the community.

Finally, a staff survey would be conducted involving interviews with all administrative and direct service (professional and para-professional) staff, observations of and/or discussions about their practice in the various service modalities, and some consideration of their prior training and experience in relation to their program responsibilities. The aim here would be to obtain some assessment of the morale, qualifications, commitment, cohesiveness and other qualities of staff that would affect the functioning of the program.

To recapitulate the foregoing, the objectives of the research evaluation of the program for the first year of operation are, in brief, the following:

1. Describe the users of the program.
2. Describe the service input.
3. Assess the outcome of the service for the participants.
4. Conduct a survey of community agencies and organizations.
5. Conduct a staff survey based on interviews, observations, and discussion with staff.

Data Collection Methods and Instruments

Basic to accomplishing the first three objectives of the evaluation is an informational system that will generate baseline data, service plans and objectives, service in-put, and the practitioner's assessment of outcome. The instruments that were designed to collect the data for this system were intended to serve both operational and research purposes. Therefore, when the practitioners collected the data via these instruments, they were immediately forwarded to the CWLA Research Center where they were coded for IBM machine processing and returned promptly to the practitioners for their use in ongoing work with the children and families involved. The full range of instruments that were designed to accomplish all five of the evaluation objectives identified above are described below.

Form A, Application and Referral Form (see Appendix I) is intended to collect minimal descriptive information on all identified applications or referrals made in person or by telephone. It is filled out at the time of the first in-person or telephone contact. The minimal information includes age, sex, ethnicity, family composition, referral source, services requested and reason for request, disposition of the application, and court adjudication, if it is a court-referred case, as well as an item indicating the "current stage of diversion from the criminal justice system (CJS)," an item used by the Criminal Justice Coordinating Council in its own

data collection scheme.[1] Since CJCC, the grant awarding agency, was interested in systematic court diversion data via this item it was included on Form A, as well as on the baseline and outcome forms of the study.

Form B, Intake and Baseline Data Schedule (see Appendix II) is intended to collect detailed information on the child, family, circumstances and services planned on all cases checked on Form A as "to be continued" (see page 3 of Form A in Appendix I) and not closed within one month. It is to be filled out by the Center worker within one month of Form A. The data on children and parents collected in Form B include behavioral check-lists that have been used in a previous CWLA research effort conducted in several agencies to determine the factors involved in decisions to place children away from home.[2] Since the prevention of institutionalization and other placement of children by the courts and other agenices is so central to the purpose of the Family Reception Center Project, much of Form B was adapted from the baseline form in the factors study, which shed light on the problem of placement.

In addition to information on the behavior and demographic and social characteristics of the children and parents, Form B collects data on service plans (program or treatment modality, length and objectives of service) for each member of the family who is deemed to be in need of service.

Form C, Discontinuation Form (see Appendix III) obtains information on the reason for closing on all cases checked on Form A as "to be continued" but closed within one month. It is filled out by the worker at the time of closing, and in addition to the reason for closing the number of in-person interviews held with the child and with other family members is also recorded. Thus, some sense of the amount of service provided in brief (less than one month) treatment cases can be ascertained.

1. See CJCC Face Sheet "Summary of Client Characteristics--Diversion Projects," Series D-AB, Rev. 3/9/72, p.3. "Juvenile justice system" is a more appropriate term, since children do not in fact enter the "criminal justice system," but rather the Family Cour[t]

2. Michael H. Phillips et al., Factors Associated with Placement Decisions in Child Welfare (New York: Child Welfare League of America, 1971).

Form D, Outcome Form (see Appendix IV) is intended to obtain information on the child, parents, family circumstances and services provided on all cases checked on Form A as "to be continued" and not closed within one month. The form is filled out at the time of closing, but for the purposes of this first year evaluation Form D's were also filled out on all cases opened prior to April 1, 1973 and still receiving service as of July 1st. When these latter cases finally are closed another Outcome Form will have to be completed to provide information on the total service period and the circumstances prevailing at closing.

The Outcome Form recapitulates many of the same items, including the child and parent behavioral checklists, as the Intake and Baseline Data Schedule thereby providing before-and-after data to assess changes in functioning after service. There is also an evaluative scale to be used by the worker in judging the degree to which service objectives were attained. This and other items in Form D were used in the outcome schedule of a recent study by CWLA of services provided to children who were living in their own homes.[3] Thus, there is some basis for comparison of the services provided by the Family Reception Center and those provided by more conventional child welfare programs.

The above mentioned instruments comprise the total package of data collection forms that serve internal operational as well as research purposes. They are collected and maintained on a case-by-case basis and they are filed in case records in the Family Reception Center. The next two forms to be described were designed specifically for the first-year evaluation of the Center program.

The Community Agency Interview Schedule (see Appendix V) was designed for research staff, rather than Family Reception Center workers, to conduct interviews with representatives of agencies and organizations in the Park Slope area or that serve the Park Slope area to get their perceptions of the service program and effectiveness of the Family Reception Center. The interview schedule was designed to be brief so

3. Edmund A. Sherman et al., Service to Children in Their Own Homes: Its Nature and Outcome (New York: Child Welfare League of America, 1973)

that the interviews could be conducted by telephone or in-person, according to the preference of the agency representative to be interviewed. A form letter (also in Appendix V) was sent to the representative indicating the name of the interviewer who would be calling and indicating that the representative could call the Family Reception Center or the Research Center of the Child Welfare League to verify the fact that an evaluation was being conducted by CWLA and that it would be appropriate to provide information in an interview, if so desired. The assigned interviewer would wait a week or two after the letter had been sent and then call for an interview. Generally, the interviews were conducted by telephone at the time of that call, but some appointments were made for in-person interviews when the agency representatives indicated that preference.

The list of agencies and their representatives was obtained primarily from the Community Resource Coordinator of the Family Reception Center, since one of her responsibilities is to maintain liaison with all relevant agencies, organizations, and groups in the Park Slope community. The intent was to obtain interviews from representatives who would be able to speak with some authority for their organizations, but who also had some knowledge of the Family Reception Center and the services it was providing. It was, of course, not always possible in the very large organizations, such as the School District, Bureau of Child Welfare, or the Family Court, to find high level administrators who also had substantial knowledge of the FRC program and its services. So interviews were held with administrators, supervisors and sometimes direct-service staff of the relevant agencies and organizations, depending on their knowledge of FRC.

The types of agencies and organizations contacted included the following: courts, public schools, parochial schools, police precincts, hospitals, social agencies, drug programs, churches, and neighborhood programs or groups (e.g., Head Start, day care centers, etc.). Generally, one representative from each organization was interviewed, but in the very large and complex organizations it was necessary

to interview a representative from each of the relevant bureaus. For example, three representatives were interviewed from Family Court: 1) the supervisor of intake, 2) the supervisor of the Rapid Intervention Program, and 3) the supervisor of the Continuing Service Program. Each of these units or programs had somewhat different relations with and perspectives on the FRC program based on their own different functions and purposes.

The Community Agency Interview Schedule contained essentially five different areas of questions. The first was whether the community agency had occasion to make referrals to FRC and, if so, which of the various services of FRC had been utilized. If no referrals had been made yet, the respondents were asked which of the FRC services their clients might be apt to need. The second area concerned the need in Park Slope for the type of program and services provided by FRC, and the representative was asked to rate the need on a four-step scale going from "a very great need" to "little or no need." The third area concerned the question of whether there were any services not being provided in Park Slope that FRC might be able to undertake, or populations not being provided for that FRC might try to reach, and, if so, what services or populations they might be.

The fourth area of inquiry asked for an evaluation of FRC based on the representative's experience and information. This evaluation was scored on a seven-point scale which has been utilized in studies or organizational effectiveness.[4] Finally, the fifth area was an open-ended question requesting any other comments or observations the representatives might want to make about FRC and its program.

The Staff Interview Schedule (see Appendix VI) was designed for research staff to conduct interviews with the administrative, supervisory and direct-service staff of FRC. The direct-service staff include paraprofessionals and field placement students, as well as professionals. (Maintenance and kitchen staff were not interviewed.) In addition to background information on the staff members' education and

4. James L. Price, Handbook of Organizational Measurement (Lexington, Mass.: D.C. Heath & Co., 1972), p. 104.

prior experience, the Schedule includes questions about the size and makeup of their workloads, their perceptions about the workloads, the allocation of time for various tasks, their views of the goals of the FRC program, staff relationships, and working relations with other agencies. This Schedule, along with observations of program activities and discussions with staff members, was intended to provide information on the qualifications, morale, distribution of functions, and attitudes toward the program of staff members.

SECTION 2

THE BACKGROUND AND DEVELOPMENT OF THE PROGRAM

The Beginnings and Evolution of the Program

In many respects the development of the FRC program was a natural outcome of the prior experience with and exposure to the problem of children and youth in New York City on the part of the sponsoring organization, the Sisters of the Good Shepherd Residences. It is a non-profit organization incorporated in New York State in 1947, and it has conducted several programs for children and their families in the City.

The first of these, the Euphrasian Residence at 337 E. 17th Street in Manhattan, is a crisis-oriented diagnostic study service in which a youngster can remain in residence up to three weeks during which the child and family are helped to identify their problem areas and needs based on a comprehensive assessment, including psychosocial, medical, psychological, psychiatric and academic evaluation. They are then helped to reach a source of sustained service.

Located on the same premises at 337 E. 17th Street is Marian Hall, an open, treatment-oriented residence for 20 adolescent girls. Individual and group therapy are provided within the Hall, as well as a range of services in the community, including the schools.

A program that is similar to Marian Hall, but located at 120 W. 60th Street in Manhattan is St. Helena's Residence. It is also designed to provide therapeutic services and mobilization of community resources for 20 adolescent girls and their families.

Project Outreach is a day school and day treatment center which was developed as an alternative to institutionalization for troubled adolescents. It serves 35 to 40 youth with casework and therapy for them and their families and provides them with vocational placement and counseling. It is located at 622 Avenue of the Americas

in Manhattan, and like FRC its initial operation is funded by LEAA money through the Criminal Justice Coordinating Council. It is now funded by the City of New York through Title IV A of the Social Security Act.

Based on its experience with these programs and its acknowledged success in dealing with troubled children and youth in New York (The Euphrasian Residence was cited by the Committee on Mental Health Services Inside and Outside the Family Court in the City of New York in its report, Juvenile Justice Confounded: Pretensions and Realities of Treatment Services as a "... jewel in the child-care system, providing the type of innovative programs so desperately needed by the children who are brought before the Court."), the Sisters of the Good Shepherd Residences planned to develop a neighborhood-based multi-service program for children and their families in a locality of high need and insufficient service. Brooklyn was known to have particular high-risk areas for juvenile delinquency, and of those areas Park Slope appeared to be remarkably lacking in services to deal with the problem.

Therefore, the Sisters of the Good Shepherd together with representatives of the Edwin Gould Services for Children undertook a series of meetings with various community groups in Park Slope, including the local health and welfare council, the membership of the South Brooklyn Development Council, clergy of various denominations and judges of the Family Court of Brooklyn. Meetings were also held with relevant legislative leaders for the area: the state assemblyman, state senator, the federal congressman and the majority leader of the city council. There was a very strong concensus among all these parties of the need for the proposed program in the Park Slope area. Community representatives were invited to make suggestions about possible locations for the program and to inspect the site that was finally proposed.

The building site which was finally selected is located on the corner of 9th Street and 4th Avenue, Brooklyn, and is a four-story building with a basement that was renovated to house the kitchen, dining area and rooms for various therapy sessions and groups. The building is quite centrally located as far as Park Slope is concerned and is easily accessible by public transportation, with exits for two subway lines on near corners and two bus lines which pass the building. Although the repairs and renovations had not been completed at the time, the Center accepted its first cases for service on October 1, 1972.

The Service Components of the Program

In any demonstration project of this nature the initial proposals and projections for service delivery tend to be somewhat altered or redefined in response to intake trends, the staffing situation, community need and other forces that could not entirely be foreseen. Therefore, in discussing the service components as they have evolved to this point an attempt will be made to describe the circumstances that led to any changes in the projected services as they were outlined earlier on pages 2 and 3.

The Family Reception Center has since its inception in October 1972 remained open seven days a week from 8:00 AM to 10:00 PM as planned. It has accepted not only referrals from other agencies but has accepted and encouraged self-referred, walk-in applicants, including even members from two local teenage gangs. The Center has by far exceeded its initial projection of serving 100 families in the first year of operation. As of April 1, 1973, after only six months of operation the Center had already accepted 142 cases for service. This figure does not include 37 telephone requests for service to children in which the Center made an immediate referral on the phone to another agency for the requested service, either because the request was from out of the area or because the service was not available at the Center.

There were also 12 other "walk-in" cases given referral service within the same time period in which the applicants wanted financial assistance, residential care for the elderly, or some other service not directly provided by the Center. Thus, it should be clear that the Center has provided referral and steering services in relatively high volume that were not picked up and reflected in this research evaluation data collection system.

The following description of the service components will be concerned with the development and current content of each component rather than the number of individuals and families served in them, which will be covered in Section 4 of this report.

The first of the components, the crisis-oriented counseling to parents and youth, has been very much the "hub" of the treatment service network in that this includes the intake phase of service as well as the locus for determining the need for other services within and without the program. The counseling is generally provided through individual or family casework. It should be noted that "family casework" differs from "family group therapy," another service component, in that persons within the family unit may be seen individually or together with other family members at various points in the treatment process and as the situation requires. One of the most common examples of this is the situation in which a child is referred by the school or the court and is seen individually but in which it is determined that it is necessary to have at least periodic sessions in which the child, parents and perhaps siblings have to be seen together to accomplish the treatment objectives. Although the individual and family counseling is crisis-oriented it is not necessarily "brief" or ended immediately upon resolution of or action on the presenting crisis. In fact, by far the majority of cases receiving this counseling service have received it for more than one month and for more than just a half-dozen interviews or sessions, as will be seen in Section 4.

The family group therapy component is seen as a form of sustained help to the family as a unit. The treatment goals and objectives are defined in terms of the family group rather than primarily in terms of the individual members involved, and sessions are almost invariably held with family groups rather than any individual family member. A number of family therapy groups were formed in the early months of the Center's existence, and this modality has developed largely as projected at the start of the project.

The family life education component has, as its name implies, an educational rather than a treatment focus. However, as it has developed at the Center the sessions have been held in a group rather than a class form, allowing for greater opportunity for discussion as opposed to didactic learning. There is no specific "curriculum" as such; rather, the interests and educational directions are determined by the groups themselves. For example, a group of mothers engaged in a six-week "course" including films and discussion in the area of sex education. After the course, they strongly recommended that their children undertake the same course, separately. In addition, they were concerned about how to discuss the matter of sex with their children so a whole new family life education group was planned to consist of these parents and their teenage children for mutual discussion and exploration of the subject area. The Family Life Education service component got started somewhat later than the family therapy and counseling components because it was dependent upon them and on the social activities program for recruitment into the educational groups, but it is currently well established with new groups and "spin-off" groups in the offing.

Peer group therapy was envisioned as an important service component from the beginning because it was recognized that the peer group is so central and influential in the lives of teenagers. The leadership of these groups, whether it comes basically from certain of the peers themselves or from a staff professional has been

very much dependent upon the stage of involvement in the Center of the group members. Sometimes an individual child who is receiving one of the Center's counseling services may indicate that some of his friends want to come in and "rap" about issues of concern to them. In some instances several children may come in from the street (this in fact happened with two local street gangs) out of curiousity about the Center and its program and decide to have continued group sessions. The social and recreational activities and facilities might also provide opportunities for groups to form that would develop into therapy groups.

Psychiatric consultation in crisis situations and for diagnostic assessment of of children and parents was another projected service of the Center. This service has been provided as projected with a psychiatrist giving 14 to 20 hours per week to the program for crisis consultation, and diagnostic assessment as planned. In addition, however, the psychiatrist conducts family therapy sessions and provides supervision in this modality to caseworkers on the staff. He has also become involved in staff development in terms of leading clinical staff meetings.

The original plan to have a staff lawyer for advocacy functions was dropped prior to project funding, on the advice of CJCC because of probable delay in obtaining necessary approval from the Apellate Division of the Court. However, the Center has found lawyers who have volunteered their services for the Center's clientele. They have provided legal services in situations of severe marital conflict where support and the protection of children were concerned, representation of teenagers at the Family Court and the Criminal Court, and cases of possible evictions.

Educational advocacy for children in the program has been provided by an educational advocate from the very beginning of the program in October 1972. The advocate has been able to prevent the suspension of some students by virtue of the services they are receiving in the Center. Some children who were inappropriately moved into

or earmarked for CRMD classes or "600" classes were retained in regular classes aft[illegible] testing and evaluation at the Center demonstrated the inappropriateness of the transfers. There has been a continuing liaison with the school system, public and parochial, that has undoubtedly served to keep a number of children from the FRC program in shcool who might otherwise have dropped out or been suspended.

The crash pad residence was envisioned as a central service component of the Center from its inception. The original conception was that it would provide a residence for overnight or brief stay of children or even an entire family to meet crisis situations while attempting to obtain sustained help for the residents. Arrangements for the funding for service in the crash pad were made even before the opening of the Center with the Bureau of Child Welfare, Charitable Institutions Budget, and the office of Mrs. Barbara Blum, Assistant Commissioner for Special Services to Children, Human Resources Administration.

The crash pad has in fact been a central service component of the FRC program, but the service was not available until the end of November and the overnight or "brief" stays have been very much the exception rather than the rule. It has been much more difficult to get the outside supportive services, the alternate placement facilities, and the involvement of some of the parents in planning for early return of the child residents to their own homes than had been anticipated. Consequently, nowhere near the projected figure of two hundred youngsters and family members will have been in crash pad residence in the first year of operation. In fact, as of August 10 the residence had not been used at all for whole families, because it was found that there were legal restrictions on having adults (parents) in residence with children. A total of 58 children, including two readmissions, had been admitted to the crash pad as of August 10th. Many of these children stayed much longer than anticipated, six months in one instance and several months

in others. However, 47 of the 58 children were planned for in the context of their own families, which indicates a good rate of diversion from potential placement and institutionalization via the Courts or other agencies.

One major reason for the backup of residents in the crash pad has been the lack of foster home facilities for those residents who required such placement on a short-term basis. A "Cluster-of-Foster-Homes Project" was supposed to be a major adjunct to the overall FRC service system. This was to consist of special foster homes for the temporary care of children whose parents would be unable for the moment to continue or resume the responsibility for care of their children. Recruitment and training of the foster parents in the Park Slope area to work with older children and adolescents would also be part of the program, as would intensified services to foster parents already caring for troubled children, to sustain the children in foster care and prevent institutionalization. Parent education programs for foster parents and natural parents of children in foster homes through group meetings was also part of the plan.

It was projected that the Cluster-of-Foster-Homes Project would eventually (but not necessarily within one year) provide twenty foster homes for a total of eighty children. The cost of the care in the foster homes, and the social services provided by the FRC staff, would be reimbursable to the Edwin Gould Services for Children under existing funds from the Charitable Institutions Budget of the City of New York. However, recruitment of potential foster parents has been very difficult, and no foster home has yet been opened for the placement of children under this project. However, one home is ready except for formal certification.

The social activities and cultural enrichment programs of the Center have been fully as productive and extensive as had been projected. This service component was intended to promote family cohesiveness through the provisions of pleasurable family and group experiences. For example mothers who have been housebound or isolated by their parental responsibilities have been given some respite by having a night out at the movies with other mothers in the same circumstances, while arrangement for the care of their children has been arranged through the Center. Since the middle of April, 1973, there has been a "Parents' Night" every Wednesday evening in which attendance ranges from 15 to 35 parents who come together for social and recreational activities which they plan themselves. The activities have included cards, bingo, arts and crafts, cookouts, an international food night, etc. The same type of format has been adopted since May for a "Teenage Night" which is held every Tuesday evening and includes bike trips and swimming as well as games and crafts. From 25 to 60 teenagers regularly attend. Although involvement in the treatment program is not seen as a necessary outcome of participation in the social program, a number of parents and children who have become familiar with the Center through the social program have developed enough confidence in it and its staff to become involved in the clinical program so as to deal with personal and family problems that are troubling them.

Linkage with other community agencies for social, medical, vocational and other services for Center clients was considered so important a component of the FRC service system that a full staff position, a Community Resource Coordinator, has been devoted to liaison work with other community agencies and organizations. Much ground work was done on this even before the opening of the Center. For example, the administrator and department heads at Methodist Hospital, which services the Park Slope area, gave assurance of availability of the clinics and facilities

of the Hospital to the clients of FRC. The hospital viewed the FRC project as a needed resource for the kinds of personal and family problems they see in their clinics, drug programs, etc. As a result of this groundwork and subsequent community liaison there has been substantial referral and steering for outside services. The quality and extent of the relationship of FRC and other community agencies and organizations is more fully covered in the findings reported in Section 5.

The last projected component of the program mentioned earlier (item "1", page 3) was the development of discussion groups for community people and organizational representatives to plan for and assess needed services, with an Advisory Board of citizens to select leaders for the groups. As of this date an Advisory Board has been formed, and in addition to community citizens, professionals, and organizational representatives in its membership, it also includes parents and youth who are clients (consumers of service) of FRC. However, the discussion groups have not as yet come to pass. The parents and the teenagers have done their own planning of activities in the social program, but the clients and other community people have not as yet moved into the area of planning or advocacy for needed services or reform of services in the community. The community development activity originally planned as part of FRC is to be a focus of a newly funded project that will be carried out in close coordination with FRC.

A number of services and programs other than those originally proposed have been developed in the first year of the Center's operation. One of these has been the provision of material goods for persons in need, such as clothing and furniture, regardless of whether the persons are involved in the clinical or social programs of the Center. The Center staff have obtained donations of furniture and clothing in order to provide these goods to needy applicants.

Another service which was not specifically mentioned among the projected services above is psychological testing. This is, of course, an integral part of the diagnostic services of the clinical program. However, it is worth mentioning that in addition to the contribution of testing to the clinical assessment of clients, a number of misplacements of children into CRMD classes in the school system have been avoided. The more thorough and individualized testing provided in the Center has shown that certain children who were earmarked for placement in CRMD classes were in fact of normal intelligence. Then, through the intervention of the educational advocate the children were retained in regular classes.

A summer program was launched at the end of the school year (June 1973) in which approximately 80 children are being provided services and activities all day long for each week throughout the entire summer. In addition to free lunches, the children engage in such activities as swimming, nature walks, city field trips, arts and crafts, guitar lessons, judo, etc. They are also receiving instruction in Spanish, remedial reading and math. The counselors for this program are older teenagers who have been clients of the Center, and they are being paid through funds from the Neighborhood Youth Corps.

One particularly innovative program that developed during the first year was a special group treatment project for children who were particular behavior problems in Public School 282 in the Park Slope area. Through arrangements with the Principal of P.S. 282, the educational advocate and one of the social workers from the Center staff held regular Tuesday morning (9:30-10:30 AM) sessions beginning in January 1973 with two groups of 9 to 10 children each selected from the 4th, 5th, and 6th grade classes of P.S. 282 and its annex. The sessions were held in "portables," quonset huts in back of the main school building, and a special teacher was also assigned by the principal to work with each of these groups. The teachers were present and took part in the Tuesday sessions. There was also an attempt to

get the parents of these children involved but despite repeated attempts by the educational advocate through home visits and other contacts, the parents did not attend scheduled group meetings. However, the group sessions continued with some gains until May 1st when a fire destroyed the portables. Then the children were put into one large class, rather than the two smaller ones, in the main building of P.S. 282.

When school ended an effort was made to get these children involved in the Center's program and visits were made to each parent to get their approval and involvement, if possible. Many of the children registered themselves at the Center and fully half of them entered the special summer program. In addition, a smaller group of these same children will be seen in group therapy on a regular basis at the Center. There has also been some preliminary discussion with the principal of P.S. 282 of undertaking a similar joint venture again in the fall.

The Project Staff

There are 27 staff members, including full-time and part-time administrative, professional, paraprofessional, clerical, housekeeping and maintenance staff employed in the Center. Since it is the professional and paraprofessional staff who provide the direct services of the Center, this description will focus on their functions and their relevant training and experience.

The Project Director who is in the Order of the Sisters of the Good Shepherd is a professional social worker with a Master's degree from Catholic University School of Social Work. She is also a doctoral candidate at the Columbia University School of Social Work, having completed all requirements for the doctorate except for the dissertation. She has extensive background in psychiatric social work and in administration of social service departments or residential treatment centers, a diagnostic center, and a day treatment program. Specifically, she was Director of Social Services for Sisters of the Good Shepherd Residences, and as such she

headed up the Euphrasian Residence (study center), St. Helena's Residence (residential treatment), and Project Outreach (day treatment) all of which were described above.

She provides half-time service at the Family Reception Center and has overall responsibility for program leadership and development, recruitment of staff, and accountability for service. She is also responsible for staff development and the organization of staff roles in accordance with the objectives of the program.

The Program Coordinator-Supervisor is a full-time live-in director of the residential (crash pad) and social activities programs of the Center. She has immediate responsibility for the supervision and training of the paraprofessional child care, community and family workers as well as volunteers. As a live-in administrator, she has some responsibility for emergency intake when the (non-resident) casework staff are not on hand and thus has to coordinate the residential and social program activities with the casework treatment activities of the Center, providing liaison and feedback between the residential/social program piece and the treatment services. She is in the Order of the Sisters of the Good Shepherd and was group-life director of the Euphrasian residence for three years prior to the inception of the FRC project. Beyond the bachelor's degree she has taken graduate studies in black and Puerto Rican cultures, Spanish language, family life education, group dynamics, etc. She also had eleven years experience as a child care worker in residential settings, as well as considerable experience with volunteer service in the community.

There are three other Sisters of the Good Shepherd residing in the Center who are in the following roles: a Supervisor of Child Care who supervises one full-time worker and two part-time workers in the crash pad; and two Activity Directors who are responsible for leading and coordinating some activity groups, some recreation work, tutoring, and treatment of adolescents in peer groups. Two of these Sisters

have bachelor's degrees and one is finishing her last semester of undergraduate work. The two who have their degrees are taking part-time graduate courses in social work. The three Sisters have had experience as child care workers in residential settings for from 5 to 9 years.

There is one full-time lay Child Care Worker who is working on her bachelor's degree and has three years of experience as a child care worker. There are also two part-time child care workers, one male and one female.

There are two Family Workers, both of whom are women, who have varying backgrounds. As paraprofessionals they do not have professional or graduate degrees, but one is currently working on a bachelor's degree and the other is a high school graduate. One had $2\frac{1}{2}$ years prior experience in a Family Day Care Center, and the other had no previous experience in a social agency. One is Hispanic and the other is black and Haitian, and therefore quite appropriate to the community in which they serve. Their responsibilities include accompanying children and parents to court, house hunting, shopping, in making applications for welfare, etc. They make home visits during the intake process, and for Puerto Rican families provide translating service vis-a-vis the other Center staff and outside agencies and organizations. They also provide escort services, friendly visiting and a general range of case aide activities.

The Casework Supervisor-Coordinator has responsibility for direct supervision of the casework treatment services offered to families and children. She is also responsible for coordination of the work of the total clinical team of caseworkers, psychiatrist and psychologists, as well as receiving intake requests for service. She has also had to supervise two field work students from the Fordham University School of Social Work and has coordinated the collection of data on the research evaluation forms. In addition to her master's degree in social work she had had eight years of experience in social agencies.

There are three staff members designated as <u>Caseworkers</u>, but each of them is expected to work with groups as well. In addition to individual and family casework, they handle family therapy groups and peer groups. All three have master's degrees in social work and their experience in social agencies ranges from three to seven years in the following kinds of settings: residential treatment, foster care mental hospital, medical, and community-based drug and delinquency programs.

The <u>Family Life Educator</u> is responsible for the development and conduct of family life education groups. However, she also does individual and family casework, group therapy, and in general does auxillary work with other workers on their cases. She has a master's degree in social work and has had $6\frac{1}{2}$ years of experience as a caseworker and group worker in both a casework agency and in a multi-service community store-front operation.

The <u>Community Resource Coordinator</u> is responsible for liaison with community agencies--letting them know of the services of the Center and keeping track of any newly emerging community groups, services and organizations and for the development of community resources. A major responsibility of the Coordinator was for the recruitment of foster homes for the Cluster-of-Foster Family Homes Project in conjunction with the Edwin Gould Services for Children. She also does some casework, employment counseling, and helping clients obtain continuing education. She has a master's degree in social work and has $4\frac{1}{2}$ years' social agency experience in a foster care agency, BCW Day Care, and a prenatal/family planning satellite center.

The <u>Educational Advocate</u> is primarily responsible for the linkage of children and families with appropriate educational personnel and institutions or schools. She provides assistance to children and families in obtaining special educational opportunities. Her intervention with the school system in terms of preventing suspensions, "push-outs," inappropriate educational transfers (e.g., to CRMD and 600 classes) has already been described above under the educational advocacy

service component. In addition she carries a number of cases in individual counseling, a family group, and the group of students in the special program at P.S. 282 described above. She is a trained teacher with a bachelor's degree, and she had two years of experience with the Mayor's Office of Education doing community educational liaison between the office and the schools, plus one year in a VISTA Headstart program before joining the Center staff.

The two <u>Field Placement Students</u> were both second year students in the Fordham University School of Social Service and they both had prior social agency experience, including protective work in children's agencies. They were assigned cases in individual and family casework as part of their field work assignments.

The <u>Psychiatrist</u>, as mentioned above, has provided psychiatric consultation in crisis situations for diagnostic assessment of parents and children. He conducts family therapy sessions and supervises the staff caseworkers in family therapy. As part of his staff development responsibilities he leads clinical staff meetings. He is on a part-time basis and gives 14 to 20 hours per week to the Center program. His prior psychiatric experience includes work in a community counseling center and a residential treatment center.

There are two <u>Psychologists</u> who are part-time staff members, one giving 15 hours per week to the program, and the other giving about 10 hours per week. The first is involved primarily in testing and diagnostic consultation and evaluation. The second devotes his time primarily to family therapy and to consultation.

These, then, are the functions, the educational backgrounds and experience of the various staff members at the time of the staff survey, which will be discussed in Section 6. Of twenty professional and paraprofessional just described sixteen are women and four are men. In terms of ethnicity, sixteen are white, three are black, and one is Hispanic. Their age range runs from 23 to 53 years. Since the survey was completed a Puerto Rican caseworker with a master's degree in social work has been added to the staff and a male West Indian recreation worker was employed for the summer of 1973.

SECTION 3

THE CHILDREN SERVED BY THE PROGRAM

The following description of the children served by the Center is based on that group of children admitted into the program during the period from October 1, 1972 to April 1, 1973 on whom an Intake and Baseline Data Schedule (Form B) had been filled out. There were 181 such children. Not included among this number were 37 children who were accepted for service, but who for various reasons had their cases closed within one month and on whom Form B was not completed. These were cases in which a Case Discontinuance Form (Form C) was filled out because the child or parent either withdrew from or would not get involved in the program, the child or parent had to be referred elsewhere, the immediate need was met, or for some other reason the contact was very brief.

Although Form A, Application and Referral Form, had been filled out on these 37 children, information on their circumstances and backgrounds was understandably often sketchy, incomplete or almost non-existent. Because of early withdrawal or non-involvement of the child or parent it was simply not possible to get much if any information. For this reason these children are not included in most of the descriptive statistics in Section 3. However, as a considerable amount of effort and time was put in by the Center staff in attempting to serve these children, brief consideration will be given to these cases at this point before the main study group is described.

Brief Discontinued Cases

In 21 of the 37 brief discontinued cases the client declined service by withdrawing or refusing to become involved in treatment, while the remainder accepted service but their cases were closed within one month. Table 3.1

provides a picture of the disposition of these cases based on the reasons for closing.

Table 3.1

Reasons for Closing in Discontinued Cases

Reason for Closing within One Month	Client Accepted Service Number of Children	Client Declined Service Number of Children	Total
Couldn't involve child	--	5	5
Couldn't involve parents	--	5	5
Could involve neither child nor parent	--	9	9
Child withdrew	--	1	1
Referred elsewhere	3	1	4
Immediate need met	8	--	8
Other	5	--	5
	16	21	37

Half (8) of the cases in which the client accepted service were closed because the immediate need was met. In three of these cases children were provided with crash pad residence, and new living arrangements or reconciliation between the child and family were worked out. In other instances the immediate emotional or interpersonal crisis was met and the case closed by mutual agreement between client and worker. When the three cases involving referral elsewhere are added to those in which the immediate need was met, it becomes apparent that some substantial service was provided to a number of children in these brief discontinued cases. Table 3.2, which indicates the number of in-

person interviews conducted in these cases, is also reflective of service effort from another perspective.

Table 3.2

In-Person Interviews Conducted in Discontinued Cases

Number of Interviews	Interviews with Child	Interviews with Others in Family
0	15	12
1	13	13
2	3	6
3	2	3
4	--	1
5 or more	4	2
Total cases	37	37

There were 9 children with whom in-person interviews were carried out beyond the initial interview, and in the cases of 12 children in-person interviews beyond the initial one were carried out with others in the family. Some of these cases involved five or more in-person interviews, a fairly substantial number by family service agency standards.

Background and Demographic Features of Continued-Service Cases

Recognizing that considerable service effort and some accomplishment of crisis-treatment objectives went into the brief service cases just described, the remainder of the description and analysis of data will be concerned with the 181 children who received service beyond one month, the continued-service cases. These are the cases in which an Outcome Schedule (as well as the Intake

and Baseline Data Schedule) was filled out at the time of case closing or at the end of June, if the case continued to be active beyond July 1st. Thus, these cases had both outcome and baseline data with which to assess any change that might have come about in the course of treatment or service in the Center. The availability of data at both points is another reason why the analysis of data and assessment of program effort and effectiveness are based primarily on these continued-service cases.

The sources of referral for these cases are shown in Table 3.3.

Table 3.3

Source of Referral of Study Children

Source of Referral	Number of Children	Percentage of Children
Self	39	21.5
Mother only	12	6.6
Police	4	2.2
School	78	43.1
Social agency	10	5.5
Court	21	11.6
Church	6	3.3
Other	11	6.1
Total	181	100.0*

The school is clearly the single most frequent source of referral, with twice as many referrals as the next most frequent, self referrals. The third most frequent source of referral was the courts, and together these three sources

*Throughout this report percentage totals are shown as 100.0, even when a column adds to slightly more or less because of rounding.

reflect the "open intake" policy of the Center. While some preference was given to court referrals, particularly in taking court-referred children from outside the Park Slope area, it is evident that the schools, which tend to be the first place that children's problems become known to the community, used FRC very readily. It was found by the Center staff that considerable numbers of children who were not court-referred had been involved with the juvenile justice system. However, it was not possible for the Center to verify this court involvement, either for the child who was initially referred or for any siblings who also received Center services, except in specific cases of court referral.

Of those 21 children who were specifically court-referred, 17 were adjudicated as PINS cases, one was adjudicated neglected, and three were not yet adjudicated but referred from court intake. As far as was known of the children's history of involvement in the CJS or juvenile justice system, 112 of them had no present or past involvement, 23 were currently (at time of Center intake) involved, and 14 were known to have a past history of involvement, but were not involved at the time of intake. The status of 32 children was not known.

Since FRC intake was not restricted to cases within the juvenile justice system, and since so many referrals came from the schools, the question arises as to whether the Center's caseload is more of a child welfare agency type of caseload than a delinquency or pre-delinquent program caseload. One way of getting some sense of this is to look at the types of problems or reasons for referral to FRC as compared with regular child welfare agencies. Studies done recently by the Child Welfare League provide data from three large public child welfare agencies[1] and from 150 CWLA member agencies[2] on the reasons for referral, comparable with the FRC data presented below.

1. Phillips et al., op cit., p. 10.
2. Barbara L. Haring, 1972 Census of Requests for Child Welfare Services (New York: Child Welfare League of America, 1972), p.24

Table 3.4

Primary Reason for Request for Service

Reason	Number of Children	Percentage of Children
Behavior of child	113	62.4
Neglect of child	5	2.8
Abuse of child	--	--
Parental unwillingness to care for child	1	0.6
Physical illness of caretaking parent	--	--
Emotional or behavioral problem of parent	8	4.4
Parent-child conflict	32	17.7
Need for socialization	9	5.0
Financial need or inadequate housing	9	5.0
Other	4	2.2
Total	181	100.0

The primary reason for request for service was determined and classified by the Center workers, as was also the case in the CWLA studies. The predominant reason for service for the FRC children was clearly behavior of the child. This is in marked contrast to the child welfare agency cases in the CWLA studies. The child's emotional or behavioral problem accounted for only 6% of the cases in the study of factors associated with placement decisions and 30% of the cases in the Census of Requests, as compared to the 62.4% in the FRC group. In this regard the FRC children would appear to be more like children in delinquency or pre-delinquency programs than those in conventional child welfare programs. Another difference is in the relative frequency of abuse and neglect cases. Less than

3% of the FRC children were in either the neglect or abuse category as contrasted with 9% in the Census of Requests and 25% in the placement factors study.

Another feature of the children in the FRC program that is not comparable to children receiving services from child welfare agencies is the age distribution. Table 3.5 gives a breakdown of the age groupings of the FRC children.

Table 3.5

Child's Age at Referral to FRC

Age Interval	Number of Children (or Youth)	Percentage of Children (or Youth)
Under 7	7	3.9
7 through 15 years	145	80.9
16 through 18 years	18	9.9
19 through 20 years	3	1.7
21 years and over	3	1.7
No information	5	2.8
Total	181	100.0

Four out of five of the children or youth served by the Center fall into the age category of 7 through 15 years. This is, of course, a gross category, but it is the one used in the legal definition of juvenile delinquency: "A person over seven and less than 16 years of age who does any act which, if done by an adult, would constitute a crime." The median age of the FRC children was 12.7 years, a marked contrast to the median age of 8.5 years found in the CWLA survey of member agencies.[3] Thus, on the basis of the age factor the FRC children are again more like those in a delinquency program than those served by child welfare agencies.

3. *Ibid.*, p. 11.

Other demographic characteristics on which data are available on the FRC children are sex, ethnicity and religion. Of the children served in the first six months of the program's operation 107 (59.1%) were male and 74 (40.9%) were female. The ethnicity of the children served was: 69 (38.1%) white; 46 (25.4%) black; and 66 (36.5%) Spanish surnamed. This is an important set of figures, not only because Puerto Ricans make up a large proportion of the population of Park Slope but also because it provides some measure of the commitment of the agency to serve minority populations. As may be seen, the majority (about 62%) of the children served were from "minority" groups.

As a basis for comparison, population figures for the 72nd and 78th precincts, which together cover all of the Park Slope community, show the following percentages: 72nd precinct--Hispanic 23.5% and black 3.0%; 78th precinct--Hispanic 27.6% and black 28.6%. It is clear that the FRC's figure of 61.9% minority children served compares quite favorably with the 26.5% combined Hispanic and black figure for the 72nd precinct and 56.2% for the 78th precinct. This is explained in large part by the fact that only 6% of the white children served by the Center came from outside of Park Slope, whereas 33% of the black children and 24% of the Spanish surnamed children came from outside of Park Slope. Willingness of the Center to take minority children that are court referred from outside Park Slope is reflected in the above figures.

The distribution of the children by religion was as follows: 120 (66.3%) Roman Catholic; 28 (15.5%) Protestant; 3 (1.7%) Other; and 30 (16.6%) no information. It should be noted that "other" does not include Jewish or Muslim, so those two religious groups were not represented. The large proportion of Roman Catholics in the group is more a reflection of the population characteristics of the cummunity than a function of the religious auspices of the Center, for the white and Hispanic populations of Park Slope are predominantly Roman Catholic.

Practically none of the children served by the program were employed at the time of referral, because the overwhelming majority of them were too young (under 16). There was only one youth employed full-time on a regular basis, two employed part-time on a regular basis, and one employed part-time on an irregular basis. The distribution of the children according to school grade is given in the following table.

Table 3.6

Child's Grade in School

Grade	Number of Children	Percentage of Children
Not yet in school (or in Kindergarten)	4	2.2
First, second and third grades	22	12.2
Fourth and fifth grades	38	21.0
Sixth and seventh grades	35	19.3
Eighth and ninth grades	37	20.4
10th, 11th and 12th grades	15	8.3
Not applicable (ungraded, CRMD class, etc.)	8	4.4
No information	22	12.2
	181	100.0

In accordance with the general age distribution of these children, the largest numbers of them are in fifth through the ninth grades.

Behavioral Characteristics of the Children

The Intake and Baseline Data Form incorporated a behavioral check-list which had been found very useful in the CWLA study of Factors Associated with Placement Decisions in Child Welfare.[4] It is readily completed by a caseworker and provides a helpful behavioral profile of the child. We will be particularly concerned here with those behaviors that might fall into the definition of a PINS case: "A boy or girl under 16 who doesn't go to school as required or who

4. Phillips et al., op. cit.

is incorrigible, ungovernable, or habitually disobedient and beyond the lawful control of parent or other lawful authority." Of course, a child must be adjudicated as a PINS case to be so regarded, but, if we are to view FRC as at least in part a diversion program to prevent such adjudication, it is of interest to see the frequency of behaviors in the total check-list as given in Table 3.7.

The behavioral items in Table 3.7 that appear to be closest to the PINS definition are among those with the highest percentages of "true" (child exhibits that behavior) responses: behavior problem at school (48.6%), cuts classes (45.9%), hard to handle (45.9%), aggressive, fights (31.5%), has temper tantrums (35.4%). These percentages tend to be as high or higher than those found to be associated with placement decisions in child welfare agencies.[5] Another PINS-type behavior, "runs away from home" (true for 22.7%), is not high relative to some of the other behaviors in the distribution, but it is remarkable that over one out of every five of the children served by FRC had tried to run away from home prior to intake. This 22.7% figure compares with the figure in the Phillips study of 19% of the children for whom placement decisions were made and only 4% of the children served in own home by child welfare agencies.[6]

Another measure of the behavioral or emotional state of the children admitted into the FRC program was a caseworker judgment of the child's emotional state at intake. This was not part of the behavioral check-list but is generally descriptive of the same area of interest. The children's emotional states were described as: normal 42 (23.2%); somewhat disturbed 88 (48.6%); markedly disturbed 18 (9.9%);

5. Ibid., p. 47.

6. Ibid.

Table 3.7

Child's Behavior as Described by Worker at Intake

Description of Behavior	True #	True %	Not True #	Not True %	Not Applicable #	Not Applicable %	No Information #	No Information %
Has physical disability	7	3.9	160	88.4	--	--	14	7.7
Difficulties with school work	116	61.4	47	26.0	8	4.4	10	5.5
Behavior problem at school	88	48.6	74	40.9	7	3.9	12	6.6
Cuts classes	83	45.9	76	42.0	7	3.9	15	8.3
Hard to handle	83	45.9	79	43.6	4	2.2	15	8.3
Fights with siblings	82	45.3	62	34.3	7	3.9	30	16.6
Refuses to help around the house	60	33.1	74	40.9	3	1.7	44	24.3
Steals from parents	26	14.4	104	57.5	1	0.6	50	27.6
Runs away from home	41	22.7	107	59.1	1	0.6	32	17.7
Has few or no friends	51	28.2	112	61.9	--	--	18	10.0
Aggressive, fights	57	31.5	108	59.7	--	--	16	8.8
Sexual behavior problem	9	5.0	137	75.7	--	--	35	19.4
Is withdrawn	50	27.6	116	64.1	--	--	15	8.3
Has temper tantrums	64	35.4	99	54.7	--	--	18	9.9
Has speech difficulties	13	7.2	155	85.6	--	--	13	7.2
Wets bed	8	4.4	123	68.0	--	--	50	27.6
Lies	34	18.8	112	61.9	--	--	35	19.3
Does not accept responsibility	67	37.0	91	50.3	1	0.6	22	12.2
Is easily influenced by others	69	38.1	81	44.8	--	--	31	17.1
Picked on by others	51	28.2	110	60.8	--	--	20	11.1
Is immature	81	44.8	73	40.3	--	--	27	14.9
Demands attention	79	43.6	74	40.9	--	--	28	15.5
Does not get along with other children	58	32.0	96	53.0	--	--	27	14.9

severely disturbed, psychotic 2 (1.1%); insufficient or no information 31 (17.2%). The fact that only 23.2% were considered to be normal is a rather startling figure, and although based on worker perceptions it is indicative of a quite disturbed population of children to be served.

Characteristics of the Children's Families

Over half of the children served came from non-intact families (either father or mother missing from the household), as is indicated in Table 3.8.

Table 3.8

Household Composition of Children's Families

Adults Present	Number of Children	Percentage of Children
Mother only	89	49.2
Both parents (including non-legal)	71	39.2
Both parents & other adults	3	1.7
Father only	7	3.9
Mother and other relatives	4	2.2
Other adults only	6	3.3
No adults	1	0.6
Total	181	100.0

The children also tended to come from relatively large families as evidenced by the number of children in the household, shown in the following table.

Table 3.9

Total Number of Children in the Households of Children Served

Total Children	Number of Children	Percentage of Children
One	21	11.6
Two	24	13.3
Three	31	17.1
Four	30	16.6
Five	18	9.9
Six - seven	31	17.1
Eight - nine	8	4.4
Ten or more	13	7.2
Unknown	5	2.8
Total	181	100.0

It can be seen that three-quarters of the children came from families with three or more children in the household. The children not only had large families but were for the most part in very poor economic circumstances as evidenced by the fact that 58.0% of the children came from families that were known to be receiving public assistance at the time of intake.

The families did not appear to be faring much better emotionally, as reflected by Table 3.10, which gives a picture of the emotional climate in the homes of the children as judged by the workers.

Table 3.10

Worker's Rating of Emotional Climate in the Homes of the Children

Emotional Climate	Number of Children	Percentage of Children
Excellent	--	--
Good	19	10.5
O.K.	44	24.3
Poor	71	39.2
Not applicable, home not visited	20	11.0
Unknown	27	14.9
Total	181	100.0

The fact that the largest single group of children in Table 3.10 came from families with a poor emotional climate in the home is again indicative of considerable disorganization in the families of children served by the Center. Another caseworker judgment item attempted to assess the degree of family cohesiveness. For well over half of the families in which the workers could make a judgment, the family relationships were described as having considerable tension or lack of warmth or as having severe conflict and/or absence of affectional ties.

SECTION 4

THE SERVICE MODALITIES AND THEIR EFFECTS

The 181 children who were admitted into continued service from October 1, 1972, to April 1, 1973, and members of their families received various kinds of services or treatments within the several service modalities in the FRC program from the time of their admission to the July 1, 1973 cut-off date for collection of service and outcome data. It should be noted that 137 of them were still receiving service at that time. Furthermore, within any one modality there were variations in the frequency with which the service was received by different clients. The intent of this section is to indicate the numbers served in each modality, the frequency of service by modality, and some assessment of the effects of these modalities on the children, their families and their situations.

Incidence and Frequency of Service by Modality

Among the various treatment modalities the one that was most often used in direct work with the children and youth themselves was individual casework or counseling. A total of 113 or 62.4% of the 181 children received individual casework services. The frequency with which these 113 children or youth received these services varied, of course, with the length of time they were in the program, which ranged from one month to eight months. The average (mean) amount of time in the program for the 181 children up to July 1 was 3.6 months. The frequency of individual in-person casework interviews with the children and youth is given in Table 4.1.

Table 4.1

Frequency of Individual Casework Contacts with The Children

Number of Interviews	Number of Children	Percentage of Children
None	68	37.6
1 to 4	55	30.4
5 to 9	29	16.0
10 to 14	12	6.6
15 to 19	7	3.9
20 to 24	3	1.7
25 to 29	4	2.2
30 to 34	3	1.7
Totals	181	100.0

It should be noted that the enumeration of children in the category of "None" was not the result of failure to provide service to those children, but rather that some alternative service modality was used for the child, most commonly peer group therapy but also other services or combinations of services. The largest single frequency interval is from 1 to 4 interviews provided to 55 of the 113 children who received individual casework treatment. It should be noted, however, that the bulk of the children who received individual casework services were also involved in family casework sessions, and the contacts with the children in these two modalities were mutually exclusive as far as counting is concerned. That is, an interview with a child in individual casework counseling was counted separately from an interview with the same child in conjunction with other members of the family. The frequency of family casework interviews with the children is given in Table 4.2.

Table 4.2

Frequency of Family Casework Contacts with The Children

Number of Interviews	Number of Children	Percentage of Children
None	84	46.4
1 to 4	62	34.3
5 to 9	19	10.5
10 to 14	10	5.5
15 to 19	6	3.3
Totals	181	100.0

The majority of children (53.6%) were seen in family casework sessions at least once, and about a fifth were involved in five or more family casework sessions. The children had an average (mean) of 3.3 individual or family casework sessions per month, as compared with an average of 3.2 sessions for the mothers. The amount of direct service contact with the children in the two modalities, individual and family casework, is quite impressive in comparison with the frequency of direct service contacts with children in child welfare agencies. The Child Welfare League study of Service to Children in Their Own Homes indicated that in only 39% of all service contacts of all kinds were the children directly interviewed, whereas the mother was interviewed in 86% of the contacts.[1] Again, this is a reflection of the difference in the FRC program, which is geared toward direct service to children who tend to be somewhat older than the traditional child welfare agency's child clientele. Yet, as will be seen shortly, the family emphasis of FRC does not slight direct service to mothers or fathers in comparison to child welfare agencies.

The extent of direct service to children was not, of course, restricted to individual and family casework interviews, for many of the children were involved

1. Sherman et.al., op. cit., p. 53.

in the other service modalities like peer group therapy. The actual frequency of peer group therapy sessions with the children is given in Table 4.3.

Table 4.3

Frequency of Peer Group Therapy Sessions with The Children

Number of Sessions	Number of Children	Percentage of Children
None	114	63.0
1 to 4	15	8.3
5 to 9	20	11.0
10 to 14	8	4.4
15 to 19	14	7.7
20 to 24	5	2.8
25 to 29	4	2.2
30 to 34	1	0.6
Totals	181	100.0

It can be seen that fewer children were involved in peer group therapy than in individual or family casework. Yet, over one-third of the children in the program did receive service through this modality, and the frequency of sessions in which the children were seen tended to be higher than in the other modalities. This fact appeared to have an effect on the achievement of service objectives for these children, as will be shown shortly.

The only other service modality in which the proportion of children participating was anywhere nearly as large as in the three just described was the social and cultural activities program of FRC, in which 100 or 55.2% of the children were involved. Twenty-one or 11.6% of the 181 children were admitted to the crash pad. A total of 20 or 11% of the children participated in family group therapy, while 28 or 15.5% received psychiatric consultation. There were direct service contacts by the educational advocate with the child in the cases of 48 children, and educational advocacy contacts were made with other organizations (largely schools) in behalf of 76 children. No children were yet in

family life education classes or groups on the closing date for data collection, although a group on sex education for teenage girls was in the offing, as mentioned in Section 2. In addition, 12 children received psychological testing and consultation and four were receiving tutoring at the Center.

The involvement of the mothers in the treatment program of FRC as far as these 181 continued-service children were concerned was quite remarkable. In the cases of 131 or 72.4% of these children the mothers were receiving individual casework counseling, and in the cases of 109 (60.2%) the mothers were involved in family casework. When it comes to the frequency of contact in these two modalities combined, as previously noted the figure for the mothers is not far behind that for the children (3.2 vs. 3.3 sessions per month). These figures are markedly higher than that obtained in the CWLA study of Service to Children in Their Own Homes, which showed a mean of only 1.5 in-person interviews per month with all family members for the four agencies studied.[2] The voluntary child welfare agency figure was higher than the public agency figures in that study, 2.6 and 1.1 interviews per month respectively, but the FRC figures have a marked edge over the voluntary agency figure. It will be recalled that the bulk of the direct service work in the child welfare agencies was done with the mothers, but by either standard--direct service to the children or to the mothers--FRC obviously demonstrates considerably greater volume and intensity of service.

The numbers of children whose mothers participated in other aspects of the FRC program were as follows: family group therapy - 21; family life education - 13; adult group therapy - 28; psychiatric consultation - 14; and social and cultural activities - 58.

2. Ibid., p. 54.

Although the fathers' involvement was considerably less than the mothers', a number of fathers participated in the program. For over half (99) of the 181 children the father was not a member of the household, and so not apt to be involved in the treatment program. Nevertheless, the fathers of 40 (48.7%) of the remaining children did participate in family casework sessions, and the fathers of 23 children participated in individual casework sessions. It should be noted that the fathers in the CWLA study were participants in only 18% of the in-person contacts.[3] No fathers were involved in family life education, but the fathers of nine of the children served participated in family group therapy and fathers of five received psychiatric consultations.

The above pattern of use of the various service modalities followed rather closely the objectives of service identified by the workers at intake and the service modalities they intended to use to achieve these objectives. Thus, the most common objective for the use of individual casework with the children was to improve the child's emotional adjustment. For both family casework and family group therapy it was to enhance family functioning (parent/child relationship, etc.). For peer group therapy three objectives were very close to one another in frequency: 1) enhancement of social functioning, 2) reduction of acting out and delinquent behavior, and 3) emotional adjustment. For psychiatric consultation the objective was most frequently better emotional adjustment; for educational advocacy, improvement in school behavior; for social and cultural activities, enhanced social functioning. For crash pad residence the objective was most frequently not related to the child per se but to the child's living arrangement.

3. Ibid., p. 53.

Attainment of Service Objectives According to Service Modalities

One reason for outlining the most common objectives for the various service modalities planned by the workers at intake is to place one of the major outcome variables of this study in perspective. The workers were asked to indicate on the Outcome Schedule the extent to which the service objectives were attained. This was a four-point judgment scale which had been used in the study of Service to Children in Their Own Homes. The four positions on the scale were: 1) objectives attained to a very great extent, 2) to a considerable extent, 3) to a limited extent, and 4) not at all.

When the workers evaluated the attainment of service objectives on this scale for the 181 children who received service beyond one month, the resulting distribution looks as it does in Table 4.4.

Table 4.4

The Degree to Which Service Objectives Were Attained

Degree of Attainment	Number of Children	Percentage of Children
A very great extent	9	5.0
A considerable extent	47	26.0
A limited extent	107	59.1
Not at all	17	9.4
No answer	1	0.6
Totals	181	100.0

The first two positions can be considered positive outcomes, and just 31% of the children fall in those categories. This is in contrast to the caseworkers' reports in the CWLA study, which showed that in 6% of the cases the objectives were attained to a very great extent, in 39% to a considerable extent, in 37% to a limited extent, and in 18% not at all.[4]

4. Ibid., p. 84.

Thus, 45% of the outcomes were in the two positive categories, as compared with 31% in the FRC program. However, the cases in that study had received service for a much longer period of time, a mean of 8.5 months of service as compared to the 3.6 months in this group, and in a majority of the cases service had been completed at the time of the rating while this was true for only 44 or 24.3% of the children served by FRC.

The main reason for presenting the findings concerning the extent to which objectives were attained is that this variable provides an outcome measure on which service modalities can be compared. To make this comparison chi-square tests were run to see whether there was a significant statistical relationship between the incidence and frequency of use of a particular service modality and the attainment of service objectives. As far as direct service to the children themselves was concerned, there was no significant relationship between frequency of individual casework interviews and attainment of objectives, between frequency of family group therapy and objectives attained, between admission to the crash pad and objectives attained, nor between the child's involvement in the social activities program and objectives attained. There did not appear to be significantly more children for whom objectives were attained to a "very great" or "considerable" extent (positive outcomes) among those who engaged in social activities (31) as opposed to those who did not (25). However, as the social activities program was not designed to be a therapeutic modality, it may be inappropriate to anticipate any relationship to attainment of overall service objectives.

One modality in which there was a statistically significant relationship between the frequency of children's involvement and objectives attained was family casework. Table 4.5 indicates this relationship. (It should be noted that for one child an objectives-attained rating was not obtained from the worker, so that the child[illegible] total 180 instead of 181 in Table 4.5.)

Table 4.5

Frequency of Child's Family Casework Contacts and The Degree to Which Service Objectives Were Attained

Frequency of Contacts	Degree of Attainment of Objectives: "Very Great" or "Considerable Extent" Number of Children	Degree of Attainment of Objectives: "Limited" or "Not at all" Number of Children
None	31	53
1 to 4	7	54
5 to 9	9	10
10 or more	9	7
Totals	56	124

$X^2 = 19.35$, 3 df, $p < .001$

The salient point of the table is that most of the cases that fall into the more negative outcome categories of "limited" or "not at all" had fewer than five family casework interviews, whereas there were proportionately more cases in the positive outcome categories that had five or more family casework interviews.

Another service modality in which the frequency of use and the attainment of objectives showed a statistically significant relationship was peer group therapy. This relationship is shown in Table 4.6.

Table 4.6

Frequency of Child's Peer Group Therapy Sessions and The Degree to Which Service Objectives Were Attained

Frequency of Sessions	Degree of Attainment of Objectives: "Very Great" or "Considerable Extent" Number of Children	Degree of Attainment of Objectives: "Limited" or "Not at all" Number of Children
None	27	87
1 to 4	6	9
5 to 9	4	16
10 or more	19	12
Totals	56	124

$X^2 = 17.81$, 3 df, $p < .001$

Once again the frequency of positive outcomes increases markedly with the frequency of contacts, particularly in those cases of ten or more therapy sessions.

It had not been anticipated that the fathers' participation in the various service modalities would show a significant relationship to attainment of service objectives because of the relatively small numbers of fathers involved, and there were in fact no such significant relationships. With the mothers, however, there was some possibility of a significant relationship. As with the children, the frequency of the mother's individual casework contacts and her family therapy sessions did not show a significant relationship to objectives attained. Neither did the frequency of her adult group therapy sessions or her family life education sessions. What was significant, however, was the frequency of family casework sessions and the attainment of service objectives. As in the case of the children's participation in family casework sessions, there was a larger proportion of mothers in cases with positive outcomes who had five or more family casework sessions than those who had fewer sessions. The difference

was most marked in the cases in which there were ten or more family casework sessions ($X^2 = 12.20$, 3 df, $p < .01$).

These positive findings concerning both the children and their mothers in relation to participation in family casework sessions speaks to the efficacy of the family emphasis in the service philosophy of FRC. The positive finding with respect to the use of peer group therapy is important in the light of the expressed objectives for that modality: improved social functioning, reduction of acting out and delinquent behavior, and better emotional adjustment. This modality holds promise, as had been hoped, in dealing with the problems that bring children into the juvenile justice system. Thus, it can be a critical service in achieving one of the major goals of the FRC program, i.e.--diversion of children and youth from the court system.

Behavior Variables Before and After Service

Inasmuch as there were baseline data on the behavior of the children and on their circumstances at intake, it was possible to consider a comparison of these baseline data with parallel data from the Outcome Schedule as a basis for assessing the effect of FRC service on these variables. This comparison would not be a true before-and-after measure, because the "after" data would not really be after service had been concluded, since less than one quarter of the cases had actually been closed and service completed at the time the Outcome Schedules were completed. Furthermore, the workers were concerned that the Outcome Schedules would reflect the fact that they learned more (usually of a negative nature) about the family situations and particularly about the behaviors of the children and their parents after the Intake and Baseline Data Forms were completed.

On the behavioral checklists the behaviors were stated in a negative fashion (e.g.--"cuts classes, skips school", "shows little concern for children", etc.) and the worker would have to check off whether the behavior was true or not true

of the child or parent. Some workers would check off "not true" if the individual was not known to exhibit the behavior. If the workers learned about negative characteristics after the Intake and Baseline Data Form had been filled out, they had to check off "true" on the Outcome Schedules for the same items they had checked "not true" initially, even though there had been no real change in the behavior. Consequently, the workers were concerned that there would be more negative behaviors shown after service than before, not because of actual negative change in behavior but because of greater knowledge concerning the behavioral variables.

This did appear to happen on some of the parents' behavioral variables. There were significantly more negative changes (not true before-true after) than positive changes (true before-not true after) in four behaviors of the mothers: acting impulsively(7% vs. 1%) , managing money poorly(17% vs. 6%), having unwarranted feelings of being picked on by the community(10% vs. 1%), and being suspicious or distrustful(13% vs. 1%). With respect to the fathers, there were significantly more negative changes on acting impulsively (14% vs. 0%), and having temper outbursts(21% vs. 2 %), but significantly more positive changes on excessive drinking(0% vs. 21%). Why this last finding occurred it is not even possible to speculate on, but even though it appears to be a positive finding it should not be given any more credence than the apparent negative changes concerning parental behaviors that appear to be artifacts of the post hoc checking system.

This problem did not seem to occur in regard to the children's behavioral checklist. This was probably due to the fact that more information was known about the behavior of the children from the referral sources (primarily the schools), so that the chance of reflecting greater negative behavior after service simply on the basis of greater information was not so great as with the

parents. At any rate, when the McNemar Test for Significant Changes was applied to the children's behaviors as it had been to the parents', no significant changes in behavior of either a positive or negative nature were found. Table 4.7 shows the complete checklist of behaviors on the children from the Intake and Baseline Data Forms and the Outcome Schedules.

There is little that can be said about the data in Table 4.7, except that comparable but small numbers of children were checked as better and as worse on the various items. No tendencies can really be discerned, even short of statistical significance. This again could be a function of the fact that three-fourths of the children were still in the midst of treatment and service at the time the Outcome Forms were filled out and that the average length of service was only 3.6 months.

This same situation would be true of some other items checked before and after by the workers. One of these was an item called the "child's emotional state". Very similar numbers of children were rated as normal, somewhat disturbed, markedly disturbed, and severely disturbed both before and after service, so that the Sign Test when applied to the data showed no significant changes. This same finding held true for the emotional climate in the home before and after service.

On other non-judgment items there were some minor changes of a positive nature. The child's employment status showed that there were small increases in the numbers of children employed on either a full-time or part-time basis. A total of 14 children were employed after service as compared to four before. However, the numbers employed were too small to show a statistically significant difference.

Table 4.7

Child's Behavior as Described by Worker Before and After Service

Percentage Distribution

Description of Behavior	Changes in Child's Behavior: Improved	No Change		Worse	
	True before; not true after	Not true before and after	True before and after	Not true before; true after	(N)
Has physical disability	1	96	3	--	(156)
Has difficulties in his school work	2	25	69	4	(157)
Behavior problem at school	10	38	46	6	(153)
Cuts classes, skips school	5	37	47	10	(150)
Is hard to handle, does not listen	12	37	39	12	(155)
Fights with siblings	8	34	50	7	(134)
Refuses to help around the house	6	48	40	6	(122)
Steals from parents	6	70	16	8	(120)
Has run away from home	4	66	25	5	(141)
Has few or no friends own age	12	60	19	8	(154)
Is aggressive, gets in many fights	3	62	30	4	(158)
Gets in trouble because of sexual behavior	2	92	4	2	(132)
Is withdrawn	8	59	23	9	(159)
Has temper tantrums	7	53	32	8	(156)
Has speech difficulties	4	89	4	2	(161)
Wets bed	3	92	3	2	(118)
Lies a lot	4	73	20	3	(130)
Does not accept responsibility	10	52	33	5	(147)
Is easily influenced by others	9	46	38	8	(136)
Is picked on by other children	10	61	23	6	(151)
Is immature for age	5	36	50	9	(145)
Demands a lot of attention	10	39	41	10	(145)
Does not get a long with other children	7	56	31	6	(142)

As far as current or past involvement in the juvenile justice system was concerned, there were no significant changes in the numbers of children involved. At intake there were 112 children who had no involvement, 23 who were currently involved, and 14 who had a past history of involvement, as compared to the after period in which 111 children were reported as having no involvement, 23 who were currently involved and 24 who had a past history. The number of children on whom information was not available dropped from 32 to 23. Thus the increase from 14 to 24 with past histories of involvement was apparently due to workers' finding out later on (after intake) that some children had past histories. This item, which has relevance for the major program goal of diversion of children from the court system, was not helpful in assessing that diversion because FRC did not have access to information from the courts on cases that were not referred from the court, and the reports by the children or their parents cannot be accepted as valid data concerning this.

The overall impression of the data concerning services rendered and their effects is that an impressive combination of direct service is being provided to the children and youth in the program, particularly in the individual casework, family casework, peer group therapy, and social activities modalities. A high proportion of the mothers are also receiving considerable service via the individual and family casework modalities. Although it was too early in the treatment or service process to gain a final assessment of the extent to which case-by-case service objectives have been attained, there was evidence of positive attainment according to worker assessments in almost one-third of the cases. And, by this criterion, it appears that family casework treatment and peer group therapy are showing early potential for dealing with the family and child behavior problems that lead to family breakdown and child involvement in the juvenile justice system. On the other hand for most of the children it was too soon in the service process to assess the effects of service based on before and after behavioral data.

SECTION 5

RESULTS OF THE SURVEY OF COMMUNITY AGENCIES AND ORGANIZATIONS

A description of the data collection procedures and instrument ("Community Agency Interview Schedule"--Appendix V) for the community agency survey has already been given in some detail in Section 1. To recapitulate briefly, the intent of the survey was to obtain the perceptions of other community agencies and organizations serving Park Slope about the effectiveness of the Center's program and services and their relevance to the needs of the community.

A total of 43 introductory letters requesting an interview were sent to the agencies and organizations that were identified for the community survey. A total of 33 interviews were actually obtained, for a response rate of 77%. Of the ten instances in which interviews were not obtained, seven were situations in which the designated agency person could not be reached and did not return repeated calls, and three were situations in which the designated person had left the agency. In each of these instances it was claimed by the person answering our telephone inquiries about the designated person that no one else knew anything or enough about the Family Reception Center. However, the overall response rate in terms of interviews obtained was quite substantial, and of those interviewed only three out of 33 had not as yet made referrals to the Family Reception Center. Moreover, each of those three expected to be making referrals or making the FRC services known to their clients or constituents in the near future.

The 33 interviews that were obtained were with representatives from the following types of settings: 18 schools (11 public, 6 Catholic parochial, 1 Protestant), 3 churches (2 Catholic, 1 Protestant), 4 court divisions and police precincts, 3 social agencies, 1 hospital, 1 children's institution, and

3 community programs (day care, manpower, services center). Thus, just over half of the respondents were from schools.

Respondents' Report of Services Provided by Family Reception Center

The thirty respondents who reported that they had already referred clients to FRC indicated that the services provided to the referred clients were those enumerated in Table 5.1.

Table 5.1

Services Provided for Clients Referred to Family Reception Center

Service	Number (N = 30)	Percentage of Respondents
Individual Casework or Counseling	23	76.7
Family Casework	22	73.3
Family Group Therapy	13	43.3
Peer Group Therapy	7	23.3
Family Life Education	4	13.3
"Crash pad" Residence	11	36.7
Temporary Foster Care	5	16.7
Psychiatric Consultation	5	16.7
Legal Advocacy	5	16.7
Educational Advocacy	7	23.3
Social Activity and/or Cultural Enrichment	7	23.3
Referral or Steering for Outside Service	8	26.7

It can be seen that the two services reported most frequently as provided by FRC were individual and family casework. The third most frequent was family group therapy, although it was indicated by less than half of the respondents. The "Crash pad" residence program followed closely, in fourth place. It should be noted that individual and family counseling are the "hub" of the FRC service network and are of necessity an inherent part of a substantial proportion of

the intake work. The other services could have been provided in greater proportions than reported here, but the provision of these services might not have taken place until after the need for them was determined in individual or family counseling during the intake phase at the Center. The referring agencies therefore might not have occasion to know the full range of services provided. Some of the agencies, in fact, reported that service was not as yet completed on the cases referred, so they could not report on the effectiveness or the range of services provided.

The respondents were generally aware of the full range of services provided by the Center, but it is clear that they generally perceived the Center as an agency geared primarily toward providing crisis-oriented treatment for children and their families. It is this treatment that is seen as most needed by the schools, both public and private, who accounted for just over half the respondents in the survey. The large proportion of school respondents might also explain why educational advocacy was not one of the more frequent services reported as provided. Requests for that service are much more likely to come from outside the school system.

The three respondents who had not made any referrals at the time of the interview were asked what services their clients might need. One respondent indicated all the services listed; one would refer for individual and family casework as well as family group therapy; and the third would refer for family casework.

Respondents' Perception of Community Need For FRC Services

The respondents were asked to indicate on a four-point scale how they would describe the need in Park Slope for the type of program and services provided by the Center. The distribution of responses to that question is shown in Table 5.2.

Table 5.2

Need in Park Slope Area for Type of Service Provided by Family Reception Center

Need	Number	Percentage
Very great need	27	81.8
Considerable need	3	9.1
Some limited need	2	6.1
Little or no need	--	--
Unknown	1	3.0
Total	33	100.0

The responses overwhelmingly indicate "a very great need" for the FRC services. Conversely, none of the respondents indicated that there was "little or no need" for the services, although two respondents indicated "some limited need." Thus, the initial impression on the part of the Sisters of the Good Shepherd Residences as to the great need for the services provided by the Center is clearly shared by the agencies in this survey.

After the question about the need for the type of services provided by FRC the respondents were asked whether to their knowledge there are any services not currently being provided in the Park Slope area that an agency like the Center could provide. A number of the suggestions that were made were for services already being provided by the Center, but the respondents apparently saw the need for an increase in the scope or extent of the services. For example, three respondents noted the need for some of the same services for the elderly in the area. Three identified the need for extended recreation services, particularly facilities for athletic activites. Three respondents saw the need for a more extensive remedial education program for children outside the school system.

Two respondents felt that a service program geared to the increasing Haitian population in the area was important. One saw the need for a community organization program to promote advocacy for better and more extensive social and health services in the area, while another noted the lack of sufficient outreach efforts in the community. One saw the need for legal service, but this was before the volunteer legal services were available through FRC. Another respondent reported the need for more intensive and continuous outpatient psychiatric service in the community.

One respondent indicated a pressing need for "youth advocates"--male father surrogates recruited from local non-professional residents to work with young adolescent males. Such a program exists in Bushwick and a real need was seen for this service in Park Slope. Finally, one respondent indicated the need for "crash pad" facilities for whole families, as had originally been intended in the FRC plans. However, this respondent recognized that this could not be worked out because of the legal and other problems.

Respondents' Perceptions of the Quality of FRC Services

The respondents were asked to rate the quality of the service received by the clients they had referred to FRC. The rating was made on a seven-point scale, as indicated in Table 5.3. A third of the respondents were unable to evaluate the program at the time of the interview because it was too soon to know the outcome of the service in the referrals they had made.

Of the 22 respondents who rated the quality of service, only 1 rated the service as poor, while all the others gave a rating of "good" or better. The most frequent single rating was "excellent" (7) and the next most frequent was "very good"(6). Clearly, then, the findings in Table 5.3 reflect an almost uniformly positive view of the quality of FRC services.

Table 5.3

Quality of Service Provided by Family Reception Center*

Quality	Number	Percentage
Overall service is outstanding	3	9.1
Excellent	7	21.2
Very good	6	18.2
Good	5	15.2
Fair	--	--
Rather poor	1	3.0
Overall service is poor	--	--
Unable to evaluate	11	33.3
Totals	33	100.0

*Above scale is the "organizational effectiveness scale" from James L. Price, Handbook of Organizational Measurement, cited in Section 1.

The final question on the Interview Schedule was open-ended to allow the respondents to make any further comments or observations about the Family Reception Center not covered in the previous questions. One recurring comment was that the Family Reception Center has done an excellent job of reaching out to the Park Slope community. The Center has been very aggressive; the workers have visited the different schools and organizations to introduce their program to the community. One respondent was impressed with the very positive attitude of the workers toward their work. Another individual observed that the agency followed up quickly after referrals had been made. Another respondent stated that there had been noticeable change in a family that she had referred to the Center.

Many respondents felt that the services were very important to the community and wanted the program and staff expanded. In relation to expanding service, one respondent wanted the catchment area expanded to include children

outside of the designated area. On the less positive side, one comment was the fact that transportation costs presently are a problem for people who live a distance from the agency. Another respondent felt that some children were not able to receive needed service because they did not meet the criteria set by the funding agency (Criminal Justice Coordinating Council). They felt that all children who have problems should be able to be helped by the Family Reception Center.

Although there were those who were impressed with the Family Reception Center, there were several comments that indicated dissatisfaction with the program. Two respondents said that intake was so limited that they would no longer make any referrals to the Center. Another respondent indicated he had been initially enthusiastic but, after a long period of time had passed until a family could be helped, he had lost his excitement about the program. A comment was made that the Center was unable to take families who needed help.

There was one observation made that the communication between the Family Reception Center and an agency was so poor that the agency was not aware of the referred client's present situation.

These negative comments were mostly attributable to two respondents who were generally negatively disposed toward the Center, but one observation made by a number of those who were positively disposed toward FRC was the need for more Spanish-speaking workers in the Center because of the large number of Puerto Rican families in the area.

The open-ended comments, with the exceptions listed above, were generally positive in nature. The quality of the treatment services was remarked upon, with one respondent claiming that they were excellent, "on a par with Jewish Board of Guardians." Even the tone of some of the less positive comments was that there was a need for more of the essentially good services being provided.

SECTION 6

RESULTS OF THE STAFF SURVEY

Although most of the information to be reported in this section comes from the interview survey and the data obtained on the Staff Interview Schedule, the responses to the Schedule items will be supplemented here with appropriate observational or other information from staff discussions and communications. Much of the data from the survey concern the perceptions and attitudes of staff toward their practice, workloads and responsibilities, staff relationships, and the goals of the program. These attitudinal data in conjunction with factual information about workload, responsibilities, etc., should serve to give some impression of staff morale, commitment and cohesiveness--factors that are essential for the effectiveness of human service programs in general and this one in particular.

Current Workloads and Allocation of Time

Some sense of the diversity of caseloads in terms of the various treatment modalities and service functions handled by each staff member was indicated in the material reported in Section 2 under "The Project Staff". Even the supervisory staff members handle some direct service to clients in addition to their responsibilities for supervision and coordination. Because of this diversity, the numbers reported by workers when asked about the size of their workloads are meaningful only if related to the nature of their responsibilities. For example, a worker in the social activities program works with 75 people per week, taking into account large-group recreational activities, while another worker is responsible for service to a total of 20 people in various combinations of individual casework and family group therapy. The intensity of the service or treatment, in short, is not apt to be reflected in overall numbers.

More important than the absolute size of the workload is the worker's perception of the manageability. Each worker was therefore asked whether the workload

is "too large," "too small," or "just right". The responses to this question were as follows: "too large"--4; "too small"--2; "just right"--11; "no answer"--1. It should be noted that these figures total to 18 rather than 22, the number of project staff reported in Section 2. This is because one of the part-time psychologists, a caseworker and a recreation worker were not yet on staff at the time the interviews were completed, and the Project Director was not included in the interviews because she did not have a workload in the sense of a "caseload."

It is clear that the majority of the staff did not feel that their workloads were too large. The interviews were completed in the eighth month of operation of the program when the rapid build-up of the total program caseload was reaching its apex, and the pressure was beginning to be felt in terms of the need to limit intake somewhat. Although the staff were asked at the end of the year whether they wished to change or add anything to their earlier interview responses, no staff member specifically changed his response on this workload item.

When asked whether the kind of workload they actually had was the kind they anticipated, 13 of the staff said "yes" and 5 said "no". Thus, most got the kinds of workloads they anticipated. Further, all but one of the "no" responses were actually positive in nature. That is, when they were asked how the load was different from what had been expected, they indicated that it was more diversified, which they generally felt quite pleased with.

When asked whether they thought their background, experience and education made it easier or harder to work with the type of workload they had, 16 responded that it was easier, 1 responded that it was harder, and 1 responded that the question really did not apply to her situation. Clearly, the staff felt that their experience and educational background equipped them for their job responsibilities and that they were not given unduly difficult assignments.

It would appear on the basis of more than just their own perceptions that the backgrounds of the staff are commensurate with their work responsibilities.

As a group the staff had appropriate formal professional education. All of the caseworkers plus the Family Life Educator and the Community Resource Coordinator have master's degrees in social work, while the Supervisor of Child Care has taken some graduate courses. Even the paraprofessional Family Workers are relatively well trained, with one a high school graduate and the other taking college work. These all compare quite favorably with the professional educational levels of staff in child welfare agencies accredited by the Child Welfare League of America.

Although the staff generally felt well equipped for their work at the Center, most of them (13 of 18) felt that there were certain skills they were currently lacking that would enable them to be more helpful to their clients. Among the most frequently mentioned skills that were seen as lacking or insufficient were: skill in spoken Spanish (mentioned by 5 workers); greater skill in family therapy (5 workers); more knowledge of group therapy, group work or group dynamics (also 5 workers); casework skills (3 workers); and developing crafts programs (2 workers). Given the large proportion of Spanish-speaking clients and the heavy use of family therapy and group modalities in the program, the expressed areas of interest in developing new skills appear well directed.

When asked what they found most satisfying about their workloads, the most frequent response was the satisfaction in client contact, the providing of service to the children and their parents. This was the almost universal response, while the next most frequent one was the satisfaction in the interesting variety of work (working in the different modalities) they had been assigned.

When asked what they found most dissatisfying about their current workloads, the most frequent response by staff was their felt inability or lack of resources for dealing with the very severe environmental problems and material needs of

many of the clients. The next most frequent source of dissatisfaction, but mentioned by only three staff members, was the resistance on the part of some parents to getting involved in the treatment or service plan for their children.

In addition to the foregoing questions about workloads, the staff were asked to indicate on an activities chart whether the time presently allocated for their various tasks was: "too little time," "just enough," "too much time," or whether the task was "not applicable" to their workloads. The responses are presented in Table 6.1.

Table 6.1

Worker's Perception of Allocation of Time for Specific Tasks

Tasks	Too Little Time	Just Enough	Too Much Time	Not Applicable
Interviews in office	4	11	--	3
Interviews outside office	4	8	--	6
Telephone conversations with clients	1	13	--	4
Writing letters to clients	1	8	--	9
Contacts with collaterals	6	8	1	3
Letters to collaterals	2	9	--	7
Telephone conversations with collaterals	2	14	--	2
Conference with supervisor	3	12	--	3
Case consultation	4	13	1	--
Traveling	5	8	--	5
Case recording	8	6	--	4
Preparing statistical reports	6	6	1	5
Reading records	2	14	--	2
Supervising others	2	8	--	8
Staff meeting	2	12	3	1
Professional development	7	8	--	3
Court activities	--	8	1	9
Informal activities	5	12	--	1
Other	7	5	--	6

A majority of the staff members appeared to think that there was enough time allocated for most of the tasks listed on Table 6.1. However, there were two task categories on which a majority of the respondents for whom the tasks were applicable thought that there was too little time. The first of these is case recording and the other is the category listed as "Other" in which staff identified tasks not listed. Among those "Other" tasks for which it was felt there was not enough time were: talking with other staff, consultation with the Project Director, individual reflection on cases, and meetings of treatment teams. Three other tasks for which a substantial number of the staff members thought there was too little time were: professional development, preparing statistical reports, and contacts with collaterals. Generally, however, the time allocated for tasks involving the central activities of direct interviews and contacts with clients was seen as sufficient by most of the respondents.

Staff Views of Agency Program

The staff members were asked what they saw as the major goals of the FRC program. There were 24 responses that could be clearly identified as discrete goals, with some of the staff members identifying more than one goal. Sixteen of the staff identified as a major goal meeting the critical problems of families and children to prevent individual and family breakdown. Six staff members saw diversion of children from the court system as a major goal. These first two major goals are of course not mutually exclusive, in that by preventing individual or family breakdown one may divert children and families from the court system. However, the question on goals was an open-ended one and the responses were understandably rather general and not amenable to tight classification. One other response identified prevention of placement of children as a major goal, and the final response identified "preventing community breakdown" as a major goal for the Center.

The staff were then asked whether the identified goals were being met or would be met. Thirteen of the 18 respondents gave an unqualified yes to this. However, four others qualified their yes answers. Two indicated that the goals would be met if program funding continued, or if the staff could be enlarged as client population grows. A third considered that the goals were being met in most cases but that sometimes intervention was too late to prevent breakdown. Finally, one staff member said that the goals were not being met because the Center was not able "to effect changes in other systems."

When the staff were asked to identify some of the problems and impediments to achieving the goals of the Center, there was an evident breakdown among staff into discernible sub-groups. Further discussions with the staff confirmed the impression concerning sub-groups. The social work and educational professionals tended to see the need for more vigorous community organization and action to combat environmental problems impinging on the clientele and detracting from achievement of the goals. They identified the "child care staff," namely the Sisters of the Good Shepherd who run the crash pad residence and social programs, as another sub-group with a somewhat different focus on goals. The third sub-group were the clinical specialists--the psychiatrist and psychologist, who were seen as identifying program goals largely in clinical or treatment terms, with no particular emphasis on community involvement.

It appeared that the first two sub-groups, the lay and the religious, had common goals in terms of eventual community involvement, but they differed on the means and the timing. In contrast to the social work staff who tend to favor more immediate organization of community individuals and groups as advocates and indigenous workers, the Sisters appear to favor an approach that begins with the development of the Center's treatment and social programs.

When the clients and other community residents come to see the value of the Center to themselves and to the community, the Center will be in a much better position to take a leadership role in community organization and action work. In the meantime, a cadre of indigenous workers and leaders can and are being developed from among the clients and participants in the Center's various programs. However, the Sisters apparently feel that these clients have many of their own personal problems and needs that will have to be met first by the Center before they are able or even interested in taking on community action work.

Staff Relationships

The staff were asked to describe their working relationships with their colleagues in the Center. This was an open-ended question, but the responses seemed to fall into quite clearly determined categories, most of them positive. Three respondents thought staff relations were "very good," while eight described them as "good" or "cooperative and helpful." Two described them as "OK" or "fairly good," but there were five who described relations as "strained," "sometimes strained," "some difficulties," and "some problems--being worked on." Thus, there were eleven clearly positive responses and five somewhat negative or mixed responses.

When the staff who responded in negative or mixed terms were asked why they felt the way they did about staff relationships, they mostly indicated the differences between the religious and lay staff mentioned above, as well as their differences in "patterns of communication." Interestingly, most of those who indicated some problems in staff relationships stressed the issue of communication between religious and lay staff even more than substantive matters dealing with ideology or approaches to clientele. Terms such as "semantic

differences," "different communication styles," and even "interaction based on stereotypes," were indicated as being at the base of some of the staff relationship problems. Consequently, when these respondents were asked what could be done to improve the relationships, most of them indicated that through more and freer communication between lay and religious staff improvement would come about and that it had already started.

The staff were also asked whether they felt free to make suggestions about administrative decisions which affect their work. Again, the response was predominantly positive, with 13 unqualified "yes's," 4 qualified "yes's" and 1 "no." It should be noted that the single "no" response to most of the foregoing and following questions came from the same staff member. The four qualified "yes's" indicated that they felt perfectly free to make suggestions about administrative decisions, but they felt that non-administrative staff should be involved more in the final determination of agency policy and programs. Here again, it is the lay, mostly social work, staff who qualify their positive positions and are apt to be somewhat more critical in their comments. In practically all of the preceding questions the religious staff responded in an unqualified positive way. In fact, some of the lay workers contend that it is this uncritical acceptance of administration, authority and hierarchy that distinguish the religious workers from the lay staff who wish to be more assertive and influential in determining agency policy and program. However, all of these observations must be recognized as qualifications within an essentially positive context. In other words, even those who have been somewhat critical have shown an overall positive set of responses.

Since members of the research evaluation staff have had the opportunity to attend staff meetings we have seen that the staff are quite free and in

fact do make suggestions about decisions, question others, and generally make their input felt. There is considerable contention on some issues, but never on personalities, to our knowledge. Consequently, the morale is not negatively affected by whatever staff contention does go on. Neither does one get the impression that there is competition or "ego trips" among staff members, and many of the staff members commented on the fortunate lack of competitiveness and enmity among staff when they were asked to compare their experiences at the Center with their experiences in other agency settings. Another comment that was frequently offered in comparing their Center experiences with other agency experience is the high degree of commitment of their fellow staff members at the Center. Regardless of whether they are lay or religious staff they see one another as very committed and putting a great deal of themselves into their work.

Another area that was covered in the staff interviews was the area of staff development with respect to supervision, staff meetings, etc. There have been regularly scheduled staff meetings every Monday afternoon, which have been concerned with administrative, policy and clinical matters in varying amounts. Generally, the staff see the need for more case-oriented, clinical sessions. Although they have found psychiatric and psychological consultation helpful, a number of staff feel that they need more outside specialists for staff development, as well as more consultation and training from the current part-time staff consultants. As mentioned earlier, the staff psychiatrist has undertaken direction of more clinical staff meetings in response to the staff desire for more case consultation and in-service clinical training.

Working Relations with Other Agencies

The survey of community agencies reported in the previous section gave some impression of how other agencies in the community viewed FRC. In the staff survey we were interested in obtaining information from staff about the extent and quality of contacts they have had with other community agencies.

The Center has had very extensive contacts with the courts regarding referrals and intakes, which is to be expected since a primary objective of the program is to divert children from the court system--to prevent further court involvement and recidivism. It is the impression of the research team that the Center has made its services well known to the Courts, has encouraged referrals whenever possible, and has showed a willingness to accept children in relatively large numbers from outside the Park Slope area when they are court referred. While the workers report a generally positive and cooperative attitude on the part of the probation and other court officers, they also report that the latter are not very helpful in providing data on the clients referred. An ironic feature of the relationship between the Center and the Courts is that, although the Center is an LEAA funded and CJCC sponsored project, it has not been possible to obtain information about possible court involvement of Center clients who have not been referred from the courts. While this is understandable from the point of view of confidentiality of court records, it is clear that the Center is probably doing more specific court diversion work than it can get credit for because it has no way of identifying non-court referred clients' involvement in the juvenile justice system via the courts.

The Center has had more extensive contacts with the schools than any other kind of community agency. The large proportion of referrals to FRC from the schools has already been commented on. The schools by and large have a

very positive view toward the Center because their students so desperately need service.. Therefore, their attitudes have been cooperative toward the Center and its staff. However, some staff are concerned with a certain amount of indiscriminate referral or "dumping" of children on the Center. Referrals sometimes appear inappropriate and the school personnel do not always assess whether the child and/or family want help. There have been referrals of children without any attempt to clarify the referral with the parents, who promptly refuse to get involved in treatment or allow their child to. Yet, the positive regard in which the Center is held among the schools and the work of the Educational Advocate have served to establish a good foundation for future relationships and cooperation.

The churches in the area, as distinct from the church schools, have made relatively few referrals, and these have been largely from Spanish-speaking congregations. They have a positive attitude toward the Center, although they have not always been very knowledgeable about the problems and circumstances of the people they refer.

The local hospitals (primarily Methodist) too have not made extensive referrals. In such referrals as they have made, they have been very cooperative in providing background and clinical information on the persons referred. On the other hand, Methodist has rather poor community relations, due in part to taking over local housing for building plans and for its reputedly poor quality of care.

The relations with Department of Social Service-Public Assistance were described as "awful" by several Center staff workers. DSS is not currently "service oriented" and their cooperation around financial and housing problems

of Center clients has been less than enthusiastic, if not at times actually obstructive. The familiar "red tape" of public assistance has been too much in evidence throughout.

The Bureau of Child Welfare has been helpful and cooperative on referrals made by them to the Center. However, most of the contacts with BCW are around crash pad admissions. In such cases the Center was usually in touch with BCW with regard to reimbursement for crash pad residence and joint service planning. There have been occasions in which BCW workers have made different service plans for children in the crash pad without consulting or planning jointly with the appropriate Center staff.

There has been contact with the local police, particularly the community relations officers from Precincts 72 and 78. Some referrals have come from the Youth Aid Division and, in these instances, the police have been quite cooperative in providing the Center with information about the youth they have referred. Although the number of referrals has not been great, the relations between the two agencies have been quite good. The Center would like to develop a closer relationship with more frequent contacts because it is clear that there are many youth in the area who could be diverted from police apprehension or arrest and adjudication if the service of the Center could be brought to bear. Some of the local police know this and value the Center as a resource. There are plans to enhance this relationship even further through the efforts of the Center's community resource coordinator.

SECTION 7

CONCLUSIONS AND RECOMMENDATIONS

The plan for the evaluation of the first year of FRC by the CWLA Research Center was designed to provide information on the Center's program from three major vantage points: 1) a statistical description of the users and services of the program based on intake in the first six months of operation, and some assessment of the efforts toward achievement of the objectives of the various service components and the overall program itself; 2) a survey of community agencies and organizations to get their perceptions of the function and effectiveness of the Center's program and its relevance to the needs of the Park Slope community; and 3) a staff survey to assess the backgrounds and qualifications, morale, commitment and cohesiveness of staff that could have an effect on the functioning of the program. Conclusions based on the findings concerning these three aspects will be developed in this section to be followed by recommendations emanating from them.

Conclusions

The description in Section 3 of the users of the program reflects the initial philosophy of the Center as an open service system. Intake in the first six months was quite open and responsive to referrals from multiple sources including schools, courts, police, social agencies, hospitals, and churches as well as to self-referrals of individuals and natural groups or gangs. The age distribution of the children served indicates the caseload is somewhat older than the caseloads of conventional child welfare programs and in that regard is closer to a youth or delinquency program population. However, the Center's caseload has a more preventive flavor than most restricted youth programs because of the presence of fairly large numbers of younger children and pre-teens. It should be added

parenthetically that many of the pre-teens were described as exhibiting considerable predelinquent, PINS-type behavior than might be anticipated as common at this age level. Much of the children's behavior reflected in the behavioral checklists indicates acting-out, anti-social behaviors that are highly correlated with court involvement in the community and with foster placement in child welfare agencies.

Another evidence of the non-restrictive intake policies was the high proportions of minority group children and families, particularly blacks and Hispanic persons, exceeding their proportions in the Park Slope community. This high minority representation is explained in part by a willingness to accept court-referred cases from outside the Park Slope community. However, some of it is also explained by the greater need for the program's services among the minority groups in the community. Thus, there is a kind of distributive justice in the allocation of services by FRC as far as community need is concerned.

This expression and actual practice of an open service system is to be highly commended, for there has been a largely unanswered call for such community-based service systems in the fields of social welfare and community mental health. Yet, the Center has recognized and attempted to accommodate within its more open stance the requirement for a narrower focus on the already court-involved children who are at risk for recidivist activity. In the early stages of the program, court referrals were taken from outside the community, and now that the services are being used to capacity court-and police-referred cases are being given priority. In fact, if this statistical description of the clientele had not been restricted by necessity to the first six months of intake, it would undoubtedly reflect much higher proportions of court-referred cases in the last six months of the first year of operation.

An overview of the service components during the first year of operation reflects two salient features of the program--innovation and growth. The program innovations have come about as a response to and recognition of particular needs in the community or in the Center's clientele. The P.S. 282 program for problem boys in that school is an example of such innovation, and the proposals for the mini-school and the new small group program in the building next to the Center are also examples of this innovative and growth orientation. The social and cultural activities program has been particularly prolific in the development of new programs since the opening of the Center: Teen Night, Parents' Night, family and youth trips and outings, and the numerous employment and recreational opportunities in the Summer Program are all exemplary of this growth.

The crash pad program has been a very active element in the total service system of the Center. It has had to take on a dual charge which had not been anticipated at its inception, and it has met this charge admirably. At first it was envisaged as primarily providing overnight or otherwise brief residential care, but, partly due to the fact that the Cluster-of-Foster Homes as a short-term foster care resource has not been developed, the crash pad had in addition to take on responsibility for children who might otherwise have been provided short-term care in a Cluster home. The range of time in residence in the pad reflects this dual charge, with some children indeed staying only one night or a few days and some staying several months as their particular service needs dictate. Yet, the crash pad has met its obligation to get the children back to their families and to prevent long-term foster care as attested to by the fact that 47 of the 58 children who were in residence at one time or another in the first nine months of its operation were planned for in the context of their own families.

The other service components, the various treatment modalities, are also working in high gear. The statistical findings on the numbers served and frequency of contact in these modalities indicate a volume and intensity of service that is impressive indeed when compared with published figures on similar service provided by Child Welfare League member agencies. Most new programs have to be evaluated in terms of effort rather than outcome because usually not enough time has elapsed to gain a valid measure of effectiveness based on service input relative to program outcome.[1] Certainly on the basis of the criterion of effort, the program is demonstrating a high level of service delivery.

Although it was too soon to assess the service program in terms of behavioral and situational changes in the clientele, a global worker measure of the degree to which service objectives had been attained was used to assess some of the relative effects of the various treatment modalities. The family casework modality and peer group therapy showed statistically significant and promising intermediate outcomes in relation to the frequency of contact in these modalities. In general, an analysis of the service objectives outlined in service plans at intake and the delivery of services in the various modalities show a strong correspondence, and there is indication of a strong service effort directed toward those behaviors and circumstances that could lead children into the court system or into substitute placement. Thus, the service objectives at the case level correspond closely to the program objectives of diversion from the court system. As far as the program objective of prevention of placement is concerned only 15 children (8%) were placed in foster care from FRC usually following crash pad residence, out of the 181 children served in the program. Directly comparable

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1. Tony Tripodi et. al., Social Program Evaluation: Guidelines for Health, Education and Welfare Administrators (Itasca, Ill.: F.E. Peacock Publishers, Inc., 1971), p. 45.

data are not available; however, this rate of 8% compares favorably with the finding of another CWLA study that 13% of the children receiving preventive child welfare services designed specifically to avert placement were in fact placed within a year.[2]

The findings from the survey of community agencies and organizations indicate that the Center's early efforts to make its program known in the community bore fruit. The agencies generally either knew about the Center's program in considerable detail or they had already made referrals to the Center. They indicated that there was a very great need in the community for the kinds of services the Center was providing, and those who had already referred clients to the Center assessed the quality of the service provided by the Center as generally "very good" or "excellent." The one substantive need of the Center in the view of several of the community agencies was for more Spanish-speaking workers because of the large number of Puerto Rican residents in the Park Slope area who could use the Center's services. In regard to this it should be noted that since the survey of community agencies was completed, a Puerto Rican caseworker with an M.S.W. degree was added to the professional staff of the Center. Also, a male West Indian recreation worker was added for the summer of 1973.

The findings from the staff survey indicate that the Center staff is well prepared in terms of educational and professional backgrounds for their jobs. They are a uniformly young staff, as indicated by the fact that the ages of non-administrative personnel range from 23 to 33. Yet, despite their youth they have considerable prior experience, particularly experience that is pertinent to their functions in the Center. Along with their youth is a strong sense of

2. Sherman et al., op. cit., p. 46.

idealism and commitment to their work and the clients they serve. Morale is quite high, despite heavy workloads, cramped quarters, and somewhat different orientations of the lay and religious staff.

The expressed differences in approach to the community on the part of lay and religious staff are by no means unique to the Center, as such differences are common among both faculty and students in nearly every professional school of social work. It would be surprising indeed if such differences of orientation did not occur among a young, committed staff in a community program such as this one. The answer to the issue of communication between lay and religious staff lies in more openness and sharing of positions, rather than less, as has already been recognized and acted upon by various staff members.

Further, the issue of community action among staff has now become a largely academic one, since a new community development and prevention program meeting many of the specifications of the staff social workers for particular action strategies and methods will be undertaken under the YDDPA grant. As things have turned out, the Center has established itself in the eyes of the community as a valuable and practical resource for children and families. It is thus in a good position to take on a more vigorous community organization and action function with some legitimacy and sanction from the community.

Recommendations

Given the generally positive evaluation of the program up to this point, not a great many recommendations readily come to mind to enhance or improve the program. Yet, there are some areas in which the findings from this evaluation suggest particular effort could be put. One of these is the need for more Spanish-speaking staff. Despite the recent addition of one Puerto Rican staff member, there is a continuing need for more staff who can communicate first-hand and

effectively with Hispanic clients. Recruitment of such workers should be a priority, if and when staff slots are available. The Center certainly cannot be faulted on this for it has tried consistently to find such staff; it is simply recommended that this search continue unabated.

Secondly, there are some difficulties with current quarters and facilities. For example, there are no offices available for three staff social workers, and the offices that are available are too small to accommodate files. The telephone switchboard is inadequate in that there are only three outside lines for 27 staff members, and having calls cut off is a common occurrence. Finally, the crash pad's location in the building has created some difficulty in keeping children housed in the pad out of the offices while interviews and therapy sessions are going on. Yet, it is not realistic to expect that the residents of the pad can be restricted from most areas of the building. The addition of the next door property should help to alleviate some of the problem, although new staff will be hired for that program and housed there. Insofar as possible, it is recommended that interview and therapy areas be out of the mainstream of crash pad traffic.

The social activities program is a rich source for information on children and families that might not come to light in an interview or group therapy situation. It is also an important buttressing service that can help, if coordinated with clinical activities, to make a more total impact on the children and families involved. The two components together can make for a more complete treatment milieu. Consequently, it is most important that there be open communication and sharing of information between lay and religious staff, who happen to be assigned respectively to these two service components, in order to capitalize on this unique opportunity for more total treatment and service. Our interviews in the

staff survey indicated that members of both lay and religious staff saw this potential and this need and were in fact doing something about it. This recommendation, too, is in the form of saying "let's have more of the same."

No research report, not even an evaluative research effort, can end without a recommendation for further research. This one will not end without such a recommendation. The initial research proposal was for a three-year study, and it is recommended that that proposal be followed, if funding allows. Specifically, however, there is a need for some analysis and study of the interactive effect of the various service modalities. Some promising findings concerning the family casework and peer group therapy modalities came out of the current analysis. However, each modality was looked at separately in relation to one rather general outcome variable. What is recommended is that after more data have been collected on before and after measures and other outcome data, say at the end of one year of service, a multivariate analysis be done of the interactive effect of various service modalities on the adjustment and circumstances of the children and families served by them. It is, after all, the multi-service approach of the Center that promises the greatest gain for its clients.

Finally, it is recommended in the strongest possible way that the Family Reception Center program be continued and refunded. It has proven to be an innovative, responsive and committed program that should not only make an impact on the reduction of recidivism among delinquent youth but has already gone far in establishing a preventive program in a community that is sorely in need of such a program.

APPENDIX

The separate Appendix comprises the data collection forms used in this Project. A limited supply of the forms is available on request to CWLA.

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7 [illegible]