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16. Abstracts
This report summarizes the finding from a three year evaluation of eleven child abuse and neglect demonstration service projects. Contents include a description of the methodology, project profiles, comparative descriptions of projects, project management aspects, as well as description of other components of the study related to the quality of case management process. Conclusion and recommendations are also outlined. The volumes are titled as follows: Evaluation of Child Abuse and Neglect Demonstration Projects 1974-1977: Volume I. Executive Summary of Final Report; ... Vol. II. Final Report; ... Vol. III. Adult Client Impact; ... Vol. IV. A Comparative Description of the Eleven Projects; ... Vol. V. Community Systems Impact; ... Vol. VI. Quality of the Case Management Process; ... Vol. VII. Cost; ... Vol. VIII. Methodology; ... Vol. IX. Project Management and Worker Burnout; ... Vol. X. A Guide for Planning and Implementing; ... Vol. XI. Child Client Impact; and ... Vol. XII. Eleven Historical Case Studies.

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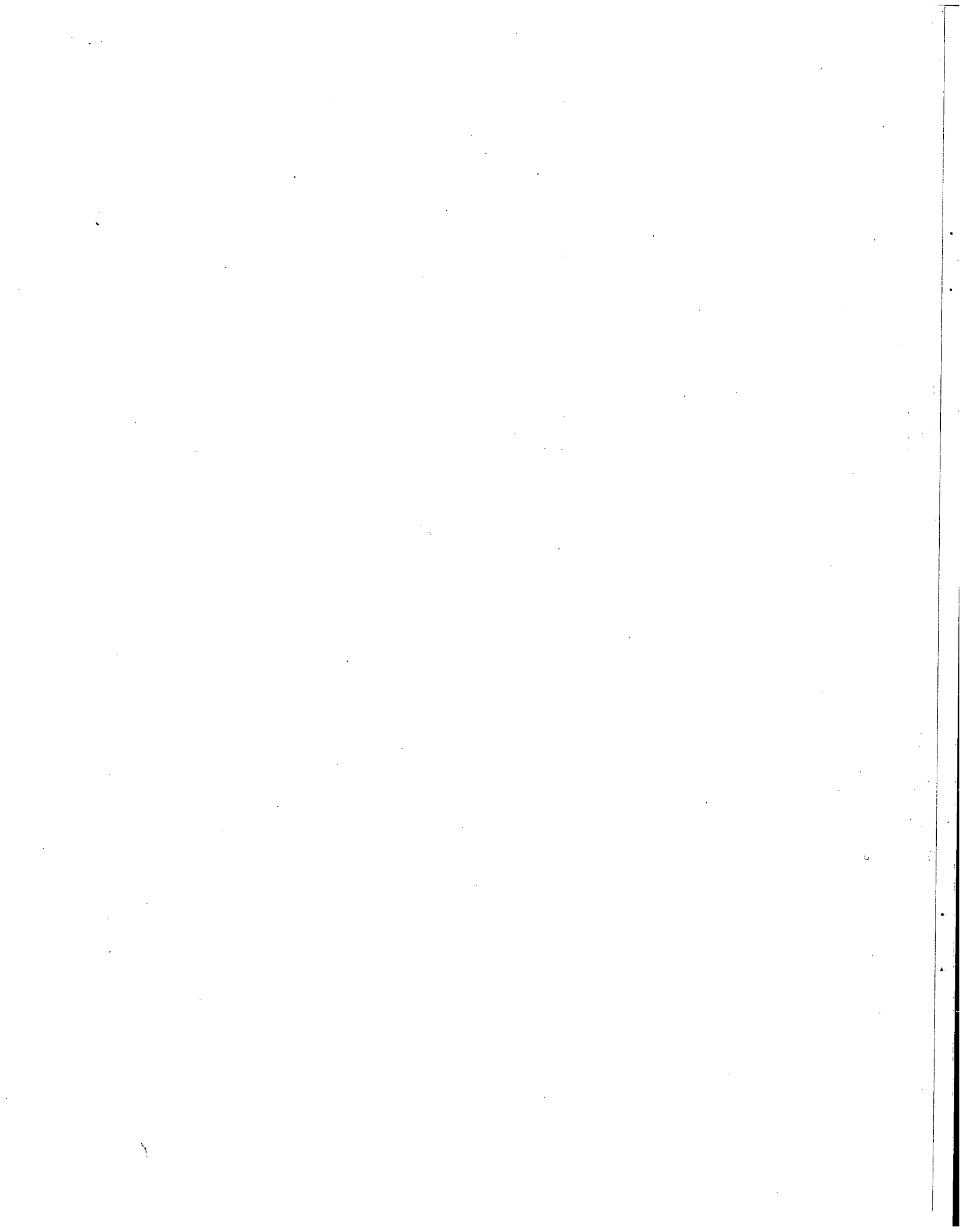
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EXECUTIVE SUMMARY

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Introduction

In May of 1974, prior to expenditure of funds appropriated to the Child Abuse and Neglect Prevention and Treatment Act, Public Law 93-247, the Office of Child Development and Social and Rehabilitation Services of DHEW jointly funded eleven three-year child abuse and neglect service projects in order to develop and test alternative strategies for treating abusive and neglectful parents and their children and alternative models for coordination of community-wide child abuse and neglect systems. The projects, spread throughout the country and in Puerto Rico, differed by size, the types of agencies in which they were housed, the kinds of staff they employed, and the variety of services they offered. Health Resources Administration awarded a contract to Berkeley Planning Associates to conduct a three-year evaluation of the projects. The overall purpose of this evaluation was to provide guidance to the federal government and local communities on how to develop community-wide programs to deal with problems of child abuse and neglect in a systematic and coordinated fashion. The study, which combined both formative (or descriptive) and summative (or outcome/impact-related) evaluation concerns, documented the content of the different service interventions tested by the projects and determined the relative effectiveness and cost-effectiveness of these strategies. Specific questions, addressed with quantitative and qualitative data gathered through a variety of collecting techniques, notably quarterly five-day site visits, special topic site visits and information systems maintained by the projects for the evaluators, include:

- What are the problems inherent in and the possibilities for establishing and operating child abuse and neglect programs?
- What were the goals of each of the projects and how successful were they in accomplishing them?
- What are the costs of different child abuse and neglect services and the costs of different mixes of services, particularly in relation to effectiveness?
- What are the elements and standards for quality case management and what are their relationships with client outcome?
- How do project management processes and organizational structures influence project performance and, most importantly, worker burnout?

- What are the essential elements of a well-functioning child abuse and neglect system and what kinds of project activities are most effective in influencing the development of these essential elements?
- What kinds of problems do abused and neglected children possess and how amenable are such problems to resolution through treatment?
- And, finally, what are the effectiveness and cost-effectiveness of alternative service strategies for different types of abusers and neglectors?

This document summarizes the findings of the evaluation with respect to the above questions.

I. Methodology

The study was divided into discrete study components, each with a different methodological approach:

General Process Component. In order to determine the problems inherent in establishing and operating child abuse and neglect programs and to identify the range of management and service strategies for such programs, all aspects of the projects' operations were carefully monitored, primarily through the quarterly five-day site visits by BPA staff. During these structured site visits, interviews, group discussions, record reviews and observation techniques were used. All of the problems and possibilities encountered both in setting up and running different project components were documented. Historical Case Studies of each of the projects, detailing all their activities over the three-year demonstration period, were prepared. Analysis of common experiences across projects resulted in the development of a Handbook for Planning and Implementing Child Abuse and Neglect Programs.

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

Cost Analysis Component. To determine the costs of different services, approximately one month out of every four project staff monitored their time and resource expenditures in relation to a set of discrete project activities or services on cost accounting forms developed by BPA. Donated as well as actual resources were accounted for, as were the number of units of service provided in each of the service categories. Calculations were then made for the percentage distribution of all resources to discrete activities and the

unit costs of different services provided by each project in the sample months and on average for the operational phase of the project. The value of donated resources was added to unit costs to determine the total value of services provided. And, once adjustments were made for regional wage and price differences, comparisons were made across projects to determine both the average costs and the most efficient methods of delivering services.

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

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

Community Systems Component. In order to determine the extent to which the projects had an influence on their local communities in establishing a well-functioning, community-wide child abuse and neglect system, data on the functioning of the eleven communities' child abuse and neglect systems were collected. A series of interviews with personnel from the key agencies (protective services, hospitals, law enforcement, schools, courts and foster care agencies) in each community were conducted to determine the status of the community system before implementation of the project, including the services available, coordination mechanisms, knowledge of state reporting laws, resources committed to child abuse and neglect, the ways in which agencies functioned with respect to individual cases, and how agencies worked together around specific cases or general system problems. These people were re-interviewed at yearly intervals to collect information about the changes which had occurred or were occurring in each community. Each project also maintained data for this evaluation on the educational and coordination activities which project staff undertook to improve their community systems, and the nature and results of these activities. In addition to the above data, supplemental information about changes in each community system was obtained during each site visit from project personnel, project advisory board

members, and knowledgeable individuals in the community. Analyses of the information gathered included comparing the essential elements of a well-functioning community-wide system with changes seen in project communities.

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

Adult Client Component. Central to the entire study was the effort to determine the effectiveness and cost-effectiveness of alternative service strategies for different types of abusers and neglectors. Clinicians at the projects maintained complete records, on forms developed by BPA, on 1724 adult clients receiving treatment during 1975 and 1976, from the time of intake through termination. Data included: basic demographics, information on the nature and severity of the maltreatment, the amount and type of services received by the client, and outcome information including improvements in parents' functioning and recurrence of abuse or neglect. These data were first analyzed by project and for the whole demonstration program to determine relationships between client characteristics, services received and outcome. Then, data from other parts of the study, including case management and program management information, were included to determine the extent to which these other variables help explain outcome. Finally, data on service costs were used to determine the cost-effectiveness of alternative strategies.

Limitations. The evaluation was concerned with projects selected because of the unique or different approaches they intended to demonstrate, not because they were representative of child abuse and neglect programs across the country. The methods used were largely developed for this study, given it was the first of its kind in the field. No control groups were studied. Thus, the findings cannot be generalized to all child abuse and neglect programs, nor can they be viewed as conclusive. They are, however, suggestive of directions child abuse and neglect treatment programs might take.

II. Project Profiles

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

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

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

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

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

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

The Arkansas Child Abuse and Neglect Program: Little Rock, Arkansas. In Arkansas, the state social services agency contracted to SCAN, Inc., a private organization, to provide services to all identified abuse cases in select counties. SCAN, in turn, demonstrated methods by which a resource poor state, like Arkansas, could expand its protective services capability by using lay therapists, supervised by SCAN staff, to provide services to those abuse cases.

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

The Child Development Center: Neah Bay, Washington. This Center, housed within the Tribal Council on the Makah Indian Reservation, demonstrated a strategy for developing a community-wide culturally-based preventive program, working with all those on the reservation with parenting or family-related problems.

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

Parent and Child Effective Relations Project (PACER): St. Petersburg, Florida. Housed within the Pinellas County Juvenile Welfare Board, PACER sought to develop community services for abuse and neglect using a community organization model. PACER acted as a catalyst in the development of needed community services, such as parent education classes, which others could then adopt.

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

The Union County Protective Services Demonstration Project: Union County, New Jersey. This project demonstrated methods to expand the resources available to protective services clients by contracting for a wide variety of purchased services from other public and, notably, private service agencies in the county.

III. Comparative Description of Projects

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

Project Structures. The projects represented different ways in which child abuse and neglect service programs might be organized and the kinds of activities they might pursue. Six of the projects (Adams County, Arlington, Baton Rouge, Bayamon, Arkansas and Union County) were housed in protective service agencies; two in hospitals (Los Angeles and St. Louis); two in private agencies (St. Petersburg and Tacoma); and one in

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

Implementation. The projects implemented the programs they intended to demonstrate with varying difficulty and in varying amounts of time (in as few as four months in Arlington and Baton Rouge, and over 18 months in Neah Bay and Los Angeles). Critical determinants of this appeared to include: relationship of proposal writers with project administration; relationship of host agency to other community agencies; complexity of the proposed demonstration; and the degree to which the organizational framework for the project was in place when funding occurred.

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

Staffing Patterns and Staff Characteristics. It is difficult to describe and compare staffing patterns and staff characteristics given the relatively small staff sizes, the high turnover rates and the constant flux in number and types of staff positions and program participants. Core staff sizes ranged from three to 25; the average number of individuals (including consultants and volunteers) participating in a project ranged from five to 134. The majority of staff members across all projects were female. Some projects had a high proportion of professionally trained staff or staff with several years of experience in the field; others had very few. All projects used volunteers in a wide range of treatment, educational and support capacities. While volunteers were important additions to the projects, they did not come "free" but cost a project in terms of management, supervision and consultation time. Six projects (Arlington, Bayamon, Baton Rouge, Neah Bay, Tacoma and Union County) experienced a turnover in directors. Projects that hired new directors from existing staff (all but Baton Rouge and Tacoma) appeared to have many fewer problems of continuity and "down time" than

projects that hired new directors from the outside. Because of the multiple demands on projects like these, treatment projects (including all but Bayamon and Neah Bay) benefitted from sorting out the functions of directing a project from those of supervising the treatment activities into two separate staff positions (a project director and a direct services coordinator). Projects with active advisory boards (Arlington, Arkansas, St. Petersburg, Tacoma and Union County) had an easier time solving problems as they arose, or anticipating them in advance, than did projects without such boards.

Project Activities and Resources. While the amount of time spent on different project activities and the magnitude or volume of the activities varied across projects, projects did pursue many of the same things.

The demonstration projects as a group, staffed by approximately 450 people (including volunteers), spent \$2.21 million annually, which was matched by over \$330,000 a year in donated resources. With an average of 800 cases in treatment per month over 2200 new cases were opened by the projects each year. Countless others received minimal, supportive services from the projects. Direct treatment services focused on the abusive or neglectful parent, with individual counseling being the most widely offered service, supplemented by crisis intervention, multidisciplinary team review and lay therapy services. Fewer than 175 children received direct treatment services from the projects each year. However, over 50,000 professional and lay people annually received direct education or training in matters pertaining to child abuse and neglect.

On an average, 25% of the projects budgets were used for community-oriented activities, 65% for direct treatment services and 10% for research. The allocation of project resources to different activities was quite stable during the period when projects were operational.

The unit costs of direct treatment services varied considerably with lay and group services being about the least expensive (with an across project average of \$7.25 per lay therapy counseling contact; \$9.50 per person for a parent education class; \$10.50 per person for a group therapy session). Individual counseling cost about twice as much as lay therapy counseling (\$14.75 per contact). Multidisciplinary team reviews cost the projects an average \$54.75 per review; however, when the volunteered time of consultants is ascribed a dollar value, the cost per review rises to \$125.50. Comparisons across projects revealed that projects with larger service volumes provided group services at lower unit costs; unit costs of individual-client services were not a reflection of service volume.

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

The projects did serve a heterogenous group of clients, who, as a group, differ from cases routinely handled by public protective services departments in that a somewhat greater proportion are physical abuse (as opposed to neglect) cases; and they tend to have somewhat larger families, higher educational levels and suffer from financial and health problems as well as social isolation. While household conflict is not a problem among this study population as it is with protective services cases in general, the study cases are more likely to have been abused as children.

The most frequently offered service to clients was that of one to one counseling (including individual counseling and individual therapy). This service was most often complemented with crisis intervention, multidisciplinary team reviews, lay therapy, couples and family counseling, child care, transportation and welfare assistance. All other services were offered to 15% or fewer of the clients. Clients, on average, received three different types of services, were in treatment six to seven months, and had contact with service providers about once a week. Approximately 24% of the clients received a service package which included lay services (lay therapy counseling and/or Parents Anonymous) along with other services. Only 13% received a group treatment package (including group therapy or parent education classes as well as other services); and over half (57%) received a social work model package (individual treatment and other services but no lay or group services).

Service receipt varied somewhat depending upon the type of maltreatment; cases designated as serious (in terms of the severity of the assault on the child) were more likely to receive multidisciplinary team case review couples/family counseling and crisis intervention. Some client characteristics appear to have been relevant in decisions to provide clients with certain mixes or models of service.

Approximately 30% of the cases in the study population were reported to have severely reabused or neglected their children while they were in treatment. By the end of treatment, 42% of the clients who at intake appeared to be likely repeaters were reported to have reduced propensity for future abuse or neglect. A somewhat smaller percent (36%) were said to have improved somewhat in aspects of daily functioning indicated to be a problem at intake.

Handling of Cases. More than one-half of the cases were contacted within three days of the initial report. Before coming to a decision on the plan of treatment for a client, usually at least one more meeting with the client in addition to the first contact was made; treatment services then would typically begin within two weeks of first contact with the client. Despite the interest and attention in the field to multidisciplinary review of cases, the typical case in the sample was not reviewed by a multidisciplinary review team at any time in the process. Use of outside consultants on the management of the case also was not the norm. On the other hand, whereas case conferences or staffings usually were not used on the case at intake or termination, there was a likelihood that such a conference was held sometime during the treatment phase of the case. The manager of the case was usually the person who also carried out the intake, and further, the typical case had only one case manager. Other than the primary case manager there was likely to be at least one other person in the project working with the client, and, at the same time, the client usually also received services from an outside agency. Evidence of communication and coordination with the source of the report and with outside treatment providers (if the client was receiving such services) was also the norm, but active client participation in treatment planning and reassessment was not the usual practice. On average, throughout the history of the case, the case manager would meet with the client about once or twice a month. After a case was terminated, usually a follow-up contact was made either with the client or with another service provider still working with the client. Many of these practices can serve as minimal case handling standards for others in the field.

Community Contexts and Constraints. The communities in which the projects were located varied by size and key demographic characteristics; these community characteristics did not seem to affect the implementation or short term operation of the projects as much as the nature of the local child abuse and neglect delivery system.

Attempts to better coordinate local child abuse and neglect systems took the form of organizing community-wide multi-agency coordinating groups and developing formal coordinative agreements with various agencies around the handling of specific case-management functions. Although there was no relationship between the project's sponsorship (e.g., public agency or independent) and their success in developing coordinating bodies, there was a relationship between sponsorship and a given project's ability to stimulate formal coordinating agreements between agencies on a system-wide basis. Thus, those projects that were protective service agency-affiliated developed more coordinative agreements between themselves and other agencies than independent projects.

The development of multi-disciplinary teams, either community-wide or agency-specific (project or hospital teams) was the primary method of securing interdisciplinary input for case review and management, although several projects also hired staff or consultants of various disciplines to extend the primary social work orientation of most community systems.

Centralized reporting systems and 24-hour coverage for the receipt of reports appear to have been solved satisfactorily in each of the demonstration communities except one. State legislation was clearly the major input to development of a centralized reporting system, and most often to the development of 24-hour coverage as well.

Each of the demonstration projects resulted in increased amounts and types of services available in their communities for dealing with child abuse and neglect cases, but the projects were generally unable to effect the provision of additional services by other community agencies. Many of the projects added relatively innovative services such as self-help programs, counseling hotlines, or educational services; since these services were generally available to only project clients, however, unless the projects were affiliated with the local protective services agency, the services were provided to only a small proportion of the community's cases. Preventive services were generally inadequate in the communities and only a few projects addressed these problems in any way. There was little proliferation of services for abused and neglected children. The utilization of community resources besides the demonstration projects and protective service agencies was generally poor. And, except for communities where the demonstration projects were housed in, or affiliated with, the local protective service agency, little change in the quality of case management, system-wide, was observed.

All of the projects provided extensive education and training to both professional and community residents. This education and training, although mostly focused on professionals, reached a wide audience; between 3,000 and 28,000 people in each community were educated during the course of the demonstration.

In summary, although the projects did have success in correcting many of the deficiencies in the community systems, especially problems of coordination, expansion of services under the projects' auspices, and professional education, several problems remain in the project communities at the end of the demonstration period. Coordination among both public and private agencies is inadequate; interdisciplinary input, while provided for in some cases, is not afforded the majority of the communities' cases; existing community resources have not been fully utilized in the provision of services; child neglect and high risk cases are provided minimal services; preventive services and therapeutic services for children are inadequate; and the case management function, particularly with respect to adherence to appropriate termination procedures and the provision of follow-up, is generally less than optimally carried out.

IV. Program Management and the Work Environment: The Causes of Worker Burnout

In order to gain insights into those organizational, management and personnel factors that contribute toward a positive work environment and thus reduce the likelihood of worker burnout (workers becoming separated or withdrawn from the original meaning and purpose of their work, estranged from their clients, their co-workers, the agency they work for such that they cannot and do not perform well on the job), each of the eleven projects' management processes and the attitudes of all workers at the projects were studied in detail. Data were collected from 162 workers. After identifying worker characteristics, management descriptors and organizational structure descriptors at each of the projects, these sets of factors were studied independently in terms of their relationship with the degree to which workers were burnt out. The most salient worker, management and organizational variables were then considered in combination to determine which had the stronger effects on burnout.

With structured, supportive program leadership standing out as the most influential management factor with respect to worker burnout, all of the following variables were found to have substantial or important effects: supportiveness; strength of program leadership; amount and clarity of communication; whether or not a worker had supervisory responsibility; degree of innovation allowed; age of worker; caseload size; the experience and sex of workers; and the degree to which rule observation was formalized.

It appears that burnout is not merely a function of a workers' own personal characteristics but also of the work environment. In order to avoid or diminish burnout among workers, and thus to enhance the longevity of worker and project performance, it would seem that a program needs to have quality leadership, clear communication, shared supervisory responsibility or supportive supervision, and smaller caseload sizes. A program should permit innovation as well as lack of adherence to certain formalized rules when it is in the best interest of clients. And programs should work carefully with younger, less experienced workers to help them avoid burnout.

V. The Essential Elements of a Quality Case Management Process

In order to determine the feasibility of measuring the quality with which cases were handled and to begin to identify the essential elements of quality case management, a representative sample of case managers' cases at nine of the demonstration projects were studied with respect to the case handling practices used, characteristics of the case manager, characteristics of the case and overall expert ratings of quality. Data on over 350 cases were analyzed with the following results:

Feasibility of Measuring Quality. It was found that reviewers can reliably collect factual information about case handling and that while acknowledged experts in the field generally rate quality in the same way as persons knowledgeable about child abuse but not "clinical experts," judgments about quality cannot be finely distinguished. At this point in the development of the field, judgments can only reliably be made between "good practice" and "less good practice."

Factors Associated with High Quality Intakes. The factors most highly associated with expert-judged quality intakes include: use of a multidisciplinary review team; minimal time (within one day, preferably) between the report and first client contact, use of outside consultation, and use of the same case manager for conducting the intake and managing ongoing treatment. The more education and experience the case manager has, the more likely that the intake will be of higher quality. Responsiveness of clients is also a factor in quality intakes.

Factors Associated with High Overall Quality Case Management. The factors most highly associated with expert-judged overall quality are: minimal time between the report and first client contact; use of outside consultants; frequent contact (ideally once a week) with client during the history of the case; a longer time in process (over six months). Clients perceived as responsive to treatment are more likely to receive quality case management. Factors with less significant but substantively interesting effects on quality include: contacting the reporting source for background information on the case; using multidisciplinary review teams and following up on clients after termination.

The Relationship between Elements of Case Management and Clinician-Reported Client Outcome. Of all the case management processes studied, the two with a direct relationship to clinician-reported client outcome are: smaller caseload size (under 20) and longer time in process (over six months). While quality case management greatly facilitates service delivery, and thus presumably client outcome, quality case management per se in this study was not shown to have a direct relationship with outcome.

VI. Treating Abusive and Neglectful Parents

In order to assess the relative effects of alternative service strategies for different types of abusers and neglectors, data on 1724 parents who received treatment from the projects were studied both by project and for the whole demonstration. The findings include:

Reincidence While in Treatment. Most client characteristics are not highly associated with reincidence. The type of abuse or neglect that brought the case into treatment in the first place and the seriousness of that maltreatment, however, are useful predictors in whether or not there will be reincidence. The services a client receives may be a function of whether or not reincidence in treatment has occurred or may help explain why there is or is not reincidence. Keeping this in mind, specialized counseling is the service most highly associated with severe reincidence; receipt of parent education classes is least associated with this outcome. Seriousness of the assault that brought a case into treatment has a much stronger relationship with reincidence than these or any other services, or service models.

Improvement in Select Areas of Daily Functioning. Clients who both physically abuse and neglect their children, emotional maltreaters and clients with severe household situations (including a history of abuse and neglect) are less likely to improve on the functioning indicators used in this study. Other client descriptors have either very small or no relationship to whether or not such improvement is reported. Clients who are in treatment for at least six months, and clients who received lay services (lay therapy counseling or Parents Anonymous) are the clients most likely to show improved functioning (in those areas cited as a problem at intake) by the end of treatment. While no one discrete service stands out as having a strong effect on this outcome when others are controlled for, the lay service model (receipt of lay therapy and/or Parents Anonymous after professional intake does have the strongest effect of the service models studied. The lay model also has the strongest effect on improvement in each of the select areas of functioning, followed by the group model (receipt of group therapy or parent education classes along with other services).

Reduced Propensity for Future Abuse or Neglect. While potential and physical abusers are reported to be somewhat more likely to have reduced propensity for future abuse and neglect than other types of maltreaters, there do not appear to be any client descriptors that have a strong effect on this outcome. Clients assigned to lay services (Parents Anonymous and lay therapy) were reported to be those more likely to have improved by the end of treatment than clients receiving other services. Length of time in treatment appeared to have a strong effect on outcome; frequency of contact had a small but substantively interesting effect. The only client descriptors which helped to explain outcome when considered along with service provision were the absence of substance abuse as a problem and the absence of severe recurrence during treatment. When cases are studied by type of maltreatment, the lay model continues to appear as having a stronger effect than other services for all groups except physical abusers, for whom the group service model has a slightly stronger effect.

Outcome Findings and Implications. Given that about 30% of the clients served were reported with severe recurrence while in treatment, the initial intervention strategies of the projects are called into question, suggesting that projects were not successfully protecting families' children. Also only 42% of the projects' clients who were reported at the beginning of treatment to be likely repeaters, many of whom did severely reabuse or neglect during treatment, were found to have reduced propensity for future abuse or neglect by the end of treatment. Comparisons with findings from other studies to determine the validity of this finding are not possible, given the paucity of other evaluation studies in the field and lack of comparability between those completed to date. These findings do suggest that (a) more effective, early intervention strategies for protecting the child must be identified, and (b) irrespective of the success of early intervention, most child abuse and neglect programs currently can probably not expect to have much more than a 40-50% success rate. It should be kept in mind that lay treatment services followed professional intake and lay therapists had training and supervision on an ongoing basis.

Treatment Outcome Findings and Cost Implications. It was learned in this study that relative to any other discrete services or combinations of services, the receipt of lay services -- lay therapy counseling and Parents Anonymous -- combined with other services is more likely to result in positive treatment outcome. Group services (group therapy, parent education classes) as supplements to a treatment package also have a notable effect particularly for the physical abuser. Providing treatment for more than six months also appears to contribute toward treatment success.

These services which proved more effective also tend to be those which are the least expensive. For example, providing lay therapy counseling to a client for one year is estimated to cost \$377 as contrasted with \$546 for group therapy and \$767 for individual counseling. The annual cost for a client in a program emphasizing lay services is \$1380 as contrasted with \$1691 in a program emphasizing individual counseling. The cost per successful outcome in a lay-oriented program is \$2590 per client year, the most cost-effective treatment program. Comparable costs per successful outcome in a program emphasizing non-lay individual counseling is \$4662 and \$4081 in a program emphasizing group services. The group model is more effective and less costly than the social work model. In addition, it is more cost-effective to keep a client in treatment over six months.

VII. Treating Abused and Neglected Children

In order to determine the characteristics and types of developmental, emotional and psycho-social problems which abused and neglected children have, and the effects of providing therapeutic interventions to ameliorate these problems, the children receiving direct services at three demonstration projects were followed from intake through termination. Data on 70 children, and 44 of their parents, were analyzed with the following results.

Problems of Abused and Neglected Children. Children who entered the projects for treatment displayed a wide variety of problems; there was not one area in which all children were deficient, nor were there specific types of problems or behaviors which clustered together. The greatest number of children had problems in the following area: (1) physical problems -- hyperactivity, erratic eating patterns, excessive crying behavior, and the presence of tics and twitches; (2) socialization problems -- poor interaction with peers and adults, over-reaction to frustration and very short attention spans; (3) family interaction problems -- inappropriate perception of child's needs and response to these needs, child's differences from parent's expectations and child's provocative behavior; (4) cognitive/language/motor skill problems -- the majority of the children tested below one standard deviation under the mean on several standardized tests, placing them in the clinical "dull normal" range.

Progress While in Treatment. Many children made some progress on their problems while in treatment; the problems of 50% of the children were reported to be completely ameliorated in areas of malnutrition, delayed height and head circumference, eating patterns, ability to gain and receive affection, hypermonitoring, and ability to protect themselves, apathetic behavior, general interaction with peers and the parent's use of harsh discipline on the child. At the time of termination, most children

had significantly higher scores on the standardized tests administered (meaning cognitive, language and motor skill) although they were still at the low end of the "normal" range. Many children's problems, however, remained unchanged, and a small proportion were reported to have regressed during treatment.

Factors Associated with Progress in Treatment. The seriousness of the case at intake, the presence of abuse or neglect recurrence while in treatment, and the length of treatment were not shown to be good predictors of how a child will progress in treatment. Children appeared to have scattered success in overcoming their problems in much the same way that they exhibited a wide variety of problems, and intensity of problems, at the time they entered treatment.

VIII. Conclusions and Recommendations

In conclusion, it would appear that child abuse and neglect services are maximized:

- if they are closely linked with or housed within public, protective services agencies;
- if the program participates cooperatively with law enforcement, local schools, hospitals and private social service agencies in the community in the identification and treatment of abuse and neglect as well as the education and training of professionals and the general public;
- if the program has strong, supportive leadership, a variety of disciplines on the staff, decentralized decision making, clearly specified rules but allowance for flexibility of the rules as clients' needs dictate;
- if the program stresses certain aspects of case management including prompt, planful handling of cases, frequent contact with cases, small caseload sizes, coordination with other service providers and use of multidisciplinary review teams and consultant input for the more complex or serious cases;
- if the program utilizes more highly trained, experienced workers as case managers, but stresses the use of lay services (lay therapy) and self-help services (Parents Anonymous) as part of its treatment offerings, as well as 24-hour availability;
- if careful supervision is available to lay workers, particularly during the first few months they are working with a case.
- if therapeutic treatment services are provided to the abused or neglected child

Even the more successful child abuse and neglect service programs should not expect to be completely effective with their clients. To successfully treat half of one's clients, so that they need not become protective service cases in the future, appears to be a norm for the field.

IX. Annotated Bibliography of Final Reports from the Evaluation

- (1) A Comparative Description of the Eleven Joint OCD/SRS Child Abuse and Neglect Demonstration Projects: This report is a descriptive analysis of eleven demonstration child abuse and neglect services projects, spread across the country and in Puerto Rico. It includes discussion of the projects' goals, the major activities they pursued, how resources were used, their organizational base and management structure, staffing patterns, services provided to clients and to the rest of the community, the types of clients served and how cases were managed. The report stresses the similarities and differences across projects and the kinds of problems they encountered in implementing their programs.
- (2) Historical Case Studies: Eleven Child Abuse and Neglect Projects, 1974-1977: A detailed description of each of eleven demonstration child abuse and neglect service projects is provided in this report. Contents include discussion of: the community context; the project's history; organization and staffing patterns; project components; implementation and operation problems; project goals and how well they were accomplished during three years of federal funding; project management and worker satisfaction and burnout; clients served and the impact of services on those clients; impact of the project on the local community; resource allocation and service volume and costs; and plans for continuation after federal funding.
- (3) Cost Report: This report provides an analysis of the utilization of resources (both dollars and personnel) in eleven demonstration child abuse and neglect service projects. The overall demonstration effort is analyzed in terms of what it bought. The allocation of individual project and overall program resources to different service and treatment activities are presented. The unit costs of different treatment services and the consequent costs of alternative service program models are discussed. The reports includes analysis of service volume economies and the factors associated with cost efficiency in child abuse programs. Also included is a detailed discussion of the cost analysis methodology.
- (4) Community Systems Impact Report: This report presents an analysis framework for studying the impacts of eleven demonstration child abuse and neglect projects on their local child abuse and neglect service systems. In the context of this framework, the impact of individual projects on their community systems and a comparative analysis of impact are discussed. Central to the analysis are factors associated with improvement in the following areas: community coordination mechanisms; interdisciplinary input at all treatment stages; a centralized and responsive reporting system; availability of a comprehensive set of services; the quality of case management through out the system and the level of community education and public awareness.

(5) Adult Client Impact Report: In addition to describing the kinds of clients served, the kinds of services provided and the impacts of services on clients at eleven demonstration child abuse/neglect projects this report presents an analysis of the effectiveness of alternative service strategies for abusive and neglectful parents. Several different kinds of impact measures are used, including recidivism while in treatment and reduced propensity for future maltreatment by the time services are terminated. The analyses include: the relationship between different client characteristics and impact; the relationship between different mixes of services received and impact; and the combined relationships between client characteristics, services received and impact. Analyses are presented for individual projects and for the whole demonstration program. The report includes a detailed discussion of the methodology.

(6) Child Impact Report: The kinds of children served and the progress made by these children during treatment at three of eleven demonstration child abuse and neglect service projects are discussed. Information on the problems abused and neglected children had at the time they entered treatment and the progress made on those problems during the treatment process forms the basis for the analysis. Categories of problem areas include: physical development; socialization skills; and interaction with peers, adults and family members. The report includes a discussion of the difficulties in studying abused and neglected children with the use of standardized tests and the methodology used in this study.

(7) Quality of the Case Management Process Report: This report describes the development of a methodology for determining the quality of the case management process in child abuse and neglect service programs as well as the application of this method to nine of eleven demonstration child abuse and neglect service projects. Included in the report are: a detailed discussion of the methodology; an assessment of the feasibility of collecting reliable data on this subject in the child abuse field; a description of the case management process at the demonstration projects; and an analysis of the factors associated with high quality case management. Suggested minimal standards of case management for the field are presented as well. The method used is adapted from the medical care quality assessment field.

(8) Project Management and Worker Burnout Report: This report describes the organization and management of eleven demonstration child abuse and neglect projects and analyzes the relationships between salient organization, management and worker characteristic variables with the presence and degree of worker burnout in these projects. Worker burnout is defined and a list of indicators of burnout is presented. In addition to determining which of a number of factors appear to be most highly associated with burnout, the report presents a series of recommendations to local child abuse and neglect projects on ways to avoid worker burnout. The findings are equally applicable to other kinds of social service agencies. A detailed discussion of the methodology used is also provided.

(9) Methodology for Evaluating Child Abuse and Neglect Service Programs:

This report presents a detailed discussion of the methodologies used in evaluating eleven child abuse and neglect demonstration service projects. These methods, which should be adaptable to non-demonstration child abuse and neglect projects as well, include: measuring project goal attainment; monitoring project resource allocation and service costs; determining the quality of the project's case management process; analyzing project organization and management and their relationships with worker job satisfaction and burnout; assessing the effectiveness of alternative service strategies for abusive and neglectful parents; monitoring the progress of abused and neglected children while in treatment; and assessing the impact of a project on its local child abuse and neglect system. In addition to describing the evaluation process, problems encountered and the methods used, the report contains all relevant data collection instruments and instruction manuals.

(10) Guide for Planning and Implementing Child Abuse and Neglect Programs:

This guide describes the process of planning and implementing child abuse and neglect service programs. It begins with a description of the planning process and the essential elements of a well-functioning community-wide child abuse and neglect service system. The steps involved in conducting a community needs assessment are presented as well as the kinds of problems typically encountered in setting up a new program. Methods for identifying project goals and examples of realistic goals are presented. Alternative program designs are described as are alternative treatment strategies a program may wish to provide. Methods for monitoring case management practices, client progress and project resource allocation are talked about and sample case record and program record instruments are supplied. The guide concludes with a discussion of ways to ensure cooperative working relationships with other community agencies and among program staff and ways to avoid worker burnout, as well as summary comments about how to enhance the likelihood of establishing an effective program.

(11) Child Abuse and Neglect Treatment Programs: Final Report and

Summary of Findings: This report summarizes the findings from a three-year evaluation of eleven child abuse and neglect demonstration service projects. Contents include: a description of the eleven demonstration projects in terms of their goals, service activities, organization and management styles, staffing patterns, resource allocations and service costs, types of clients served, methods of case management used and community activities; the factors associated with worker burnout; the essential elements of a quality case management process; the factors associated with program efficiency; the relative effectiveness of alternative service strategies for abusive and neglectful parents and the cost-effectiveness of different services; the effects of treatment for abused and neglected children. Recommendations regarding the elements of successful child abuse and neglect projects are also presented.

