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ABSTRACT

This is an examination of the first two years of this school and community project for abused and neglected children. The program was one of three federally funded demonstration projects designed to serve as a guideline for establishing child abuse and child neglect programs on a national scale. The purposes of the program were: early identification of children who manifested symptoms of abuse or neglect, evaluation of the most appropriate methods for prevention of child abuse or neglect, changing parental attitudes towards themselves and their methods of child rearing, and modifying negative behavior in the parent child relationship by working with the family. The program was staffed by a project coordinator, a full and part-time social work supervisor, two caseworkers, a family worker, and nine social work interns. Two hundred twenty-five children were referred to the program by community public agencies, school personnel, and the Bureau of Child Welfare (BCW). Children referred by the BCW were compared on the variables of age and family background to students referred by the community, schools, and public agencies (non-BCW). Program intervention was evaluated by means of two locally developed rating scales, the Socioemotional Rating Scale, which measures change from early to late program intervention for each child, and the Guardian Attitude Scale, which measures the caseworkers' perceptions of change in attitudes of parents or guardians. The results of these measures were analyzed for the BCW and non-BCW groups. The findings indicate that the families of the two groups did not differ in their initial attitude or final attitude, but a larger attitude change was observed for the BCW group. The program staff perceived a small change in attitude among the parents and guardians with whom they worked. The report concluded that the program is making a contribution to the alleviation of both child abuse and neglect through early identification and prevention. Data collection forms, materials distributed at workshops, parent questionnaires, the two rating scales used, and an annotated bibliography are included in the appendix. (Author/JP)

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FINAL REPORT

PROJECT SCAN

SCHOOL AND COMMUNITY PROJECT FOR ABUSED AND NEGLECTED CHILDREN

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June, 1976

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PROJECT SCAN

SCHOOL AND COMMUNITY PROJECT FOR ABUSED AND NEGLECTED CHILDREN

The child abuse project in Community School District 18 of the New York City Board of Education is one of three federally funded demonstration projects designed to serve as a guideline for establishing child abuse and child neglect programs on a national scale. The SCAN program has evolved into an effective program to help children who are neglected and their parents, and to help teachers and other school personnel understand the unique problems presented by these children.

This report presents the results of the first two years of the program. It is directed to workers in the field of child abuse and neglect, and is intended primarily as a means of sharing our experiences in this project with others who may be establishing or carrying out similar projects in their own communities. To this end, the report presents a description of the several aspects of the project and of the client group.

The SCAN program encompasses the identification of abused and neglected children, the early identification of potential abuse or neglect, assessment of the extent and degree of potential or suspected abuse or neglect; individual and group counseling with children and parents; staff orientation and training in the specific area of child abuse and neglect; and coordination of the resources of the schools, the Board of Education, public and private agencies and the community to prevent, identify and ameliorate child abuse and neglect. Its purposes are to identify, as early as possible, students who manifest symptoms of neglect or abuse; to evaluate the most appropriate method and approach to removing or preventing neglect or abuse; to change parental attitudes towards themselves and their methods of child handling; to modify behavior that is negative in both the parents and the children in the parent-child relationship by working intensively with the family; and to develop an improved level of self-esteem for the child.

The SCAN project is staffed by the Project Coordinator, Mrs. Mattie Anderson, who has a background in classroom teaching, social work, and as an attendance teacher; a social work supervisor with a background in individual and group work, field work, and supervision; two caseworkers with backgrounds in

psychological counseling with individuals and groups; a social work supervisor (part-time) with a background in social work, court referrals, and social work supervision; a family worker with extensive experience in working with families in the district; and nine social work students in the student unit, who are students at three of the New York City schools of social work serving internships with the SCAN staff; and a part-time project secretary. The SCAN staff works under the supervision of the Deputy School Superintendent of the District, Mr. Nathan Gross, and the District Director of Pupil Personnel Services, Mr. Donald Kaplan.

Two aspects of the SCAN program differentiate it from other child abuse programs. One is its emphasis on prevention and early identification of potential abuse or neglect and its commitment to provide service to families who are not referrable as abuse or neglect cases to the applicable preventive services agency. The other is its functioning in a school setting which enhances the ability of program staff to establish ongoing relationships with client children and families in a familiar environment, easily accessible to clients, which does not present the threat of unfamiliarity that some social agencies may present. Because SCAN is a school program in the school setting, it is easier for the school staff to refer clients, and to confer about clients, and SCAN staff can the more easily coordinate the resources of the school and the community for each family.

Flow Chart I on the following pages illustrates the relationships among the several aspects of the program, pointing up the coordination by SCAN staff of school and community services.

Flow Chart I.

School Identification and
Differentiated Referral for Treatment

1. SCAN staff training of school personnel in symptomology of child abuse, identification, and supportive techniques.

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2. School personnel: classroom teacher, paras, school aides, guidance counselors, supervisory staff.
Focus responsibility with one professional staff member in school to be child abuse resource person (CARP) and liaison with SCAN staff.

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3. Identification of possible child abuse or neglect - by school person:
   1) physical
   2) emotional
   3) educational
   4) nutritional
   5) inadequate health care, etc.

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4. Discussion with CARP and specific school and staff member identifying problem. Decision as to strategies and course of action.

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5. Discussion between school CARP, school person identifying problem, and Coordinator of SCAN: detection; appropriate referral; referral to BCW.

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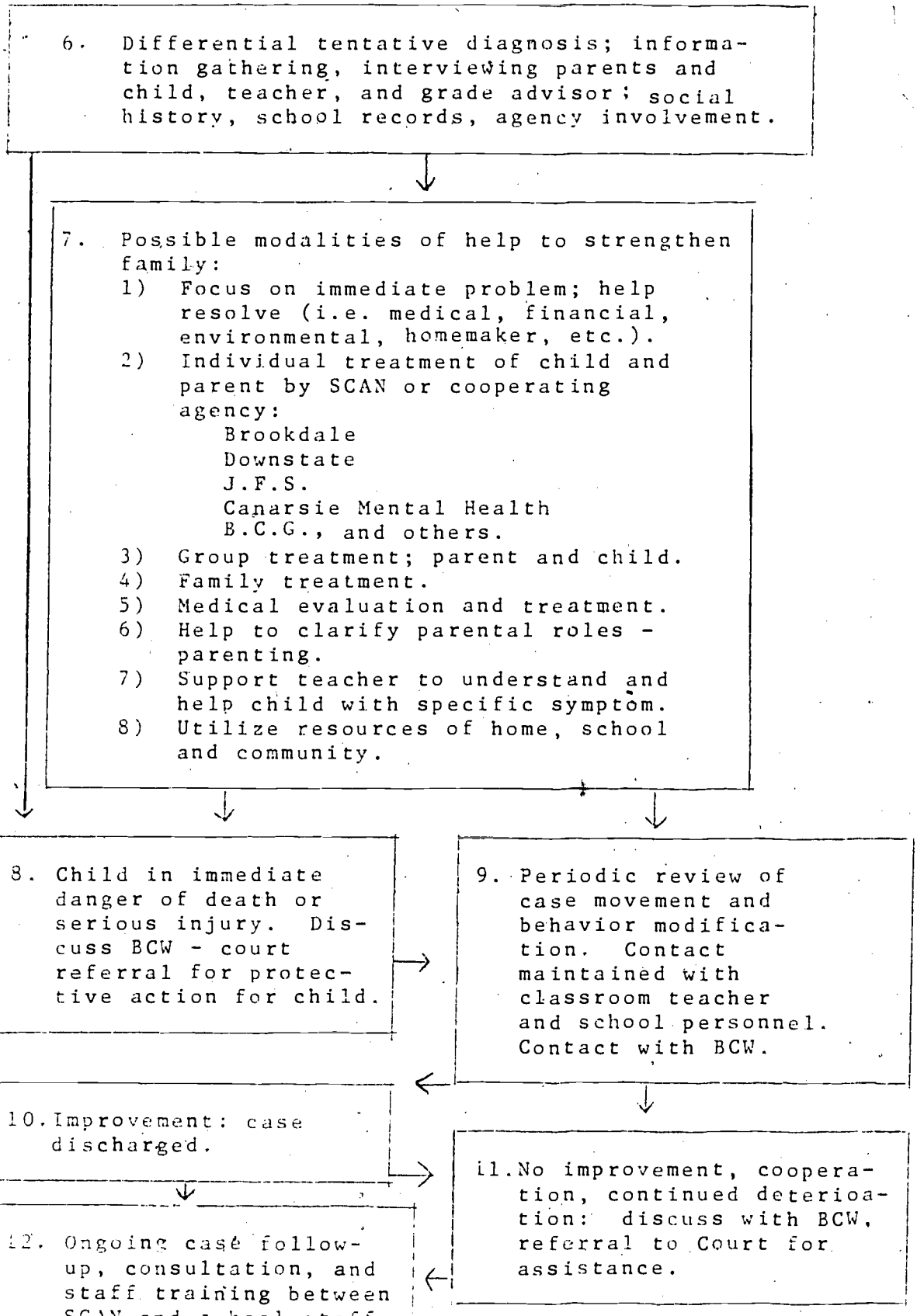

6. Differential tentative diagnosis; information gathering, interviewing parents and child, teacher, and grade advisor; social history, school records, agency involvement.
7. Possible modalities of help to strengthen family:
1) Focus on immediate problem; help resolve (i.e. medical, financial, environmental, homemaker, etc.).
2) Individual treatment of child and parent by SCAN or cooperating agency:
Brookdale
Downstate
J.F.S.
Canarsie Mental Health
B.C.G., and others.
3) Group treatment; parent and child.
4) Family treatment.
5) Medical evaluation and treatment.
6) Help to clarify parental roles - parenting.
7) Support teacher to understand and help child with specific symptom.
8) Utilize resources of home, school and community.
8. Child in immediate danger of death or serious injury. Discuss BCW - court referral for protective action for child.
9. Periodic review of case movement and behavior modification. Contact maintained with classroom teacher and school personnel. Contact with BCW.
10. Improvement: case discharged.
11. No improvement, cooperation, continued deterioation: discuss with BCW, referral to Court for assistance.
12. Ongoing case follow-up, consultation, and staff training between SCAN and school staff.

The details of eachof the several concurrent phases of the program are presented in ensuing sections of this report. Each activity is described in the report of the data pertaining to that part of the program. First, the data collection procedures are described. The community-wide training in identification and referral of possible abuse or neglect cases is then presented. Next, a description of the SCAN client population is given, followed by the details of SCAN staff work with clients. A separate description follows of the working relationship between SCAN and the New York City Bureau of Child Welfare, the protective service agency to which suspected abuse or neglect cases are reported, and of the subgroup for whom such reporting was relevant. The evaluation procedures and results are then presented, followed by a concluding summary.

DATA COLLECTION

The data presented below are from referral forms completed by the project staff for each child at the time of referral and from summary data forms completed by project staff during March and April of 1976, from the project files. A summary form was to be completed for each child referred to the project, for each workshop with community agency personnel, and for each peer group conducted by project staff. A copy of each of these forms is included in Appendix A. Information from the forms was then coded by project staff and summarized for analysis by the research staff.

The referral form consists largely of open-ended questions. A coding sheet was developed on the basis of the responses to the first 60 referral forms and was used to code all information from those and subsequent referral forms. These were sent to the research office and were assigned identification numbers as they were received. They provide information that was available at the time of referral or first contact with the family; they represent, therefore, the information that was most relevant for a given child or family at the time of referral, but they do not include as complete information as if they had been filled out later in each family's contact with the SCAN staff. Responses to the referral forms will be used to develop a precoded data form for use next year, which will be limited to the most useful data and directed toward the differentiation of suspected abuse cases from others referred. This will be the major use of some of the items on the referral form.

The summary data form for each child was designed to provide certain information not included on the referral form or not

relevant at the time of referral, such as the number of SCAN staff contacts with each child and the disposition of each case. Each staff member completed the forms for the families he or she had been working with. However, project staff did not have time to complete a form for every child. We have more summary data forms for earlier referrals to the project than for later referrals. As summary forms were completed each was given the identification number of the corresponding referral form. In the case of two or more children in the same family, only one summary data form was retained.

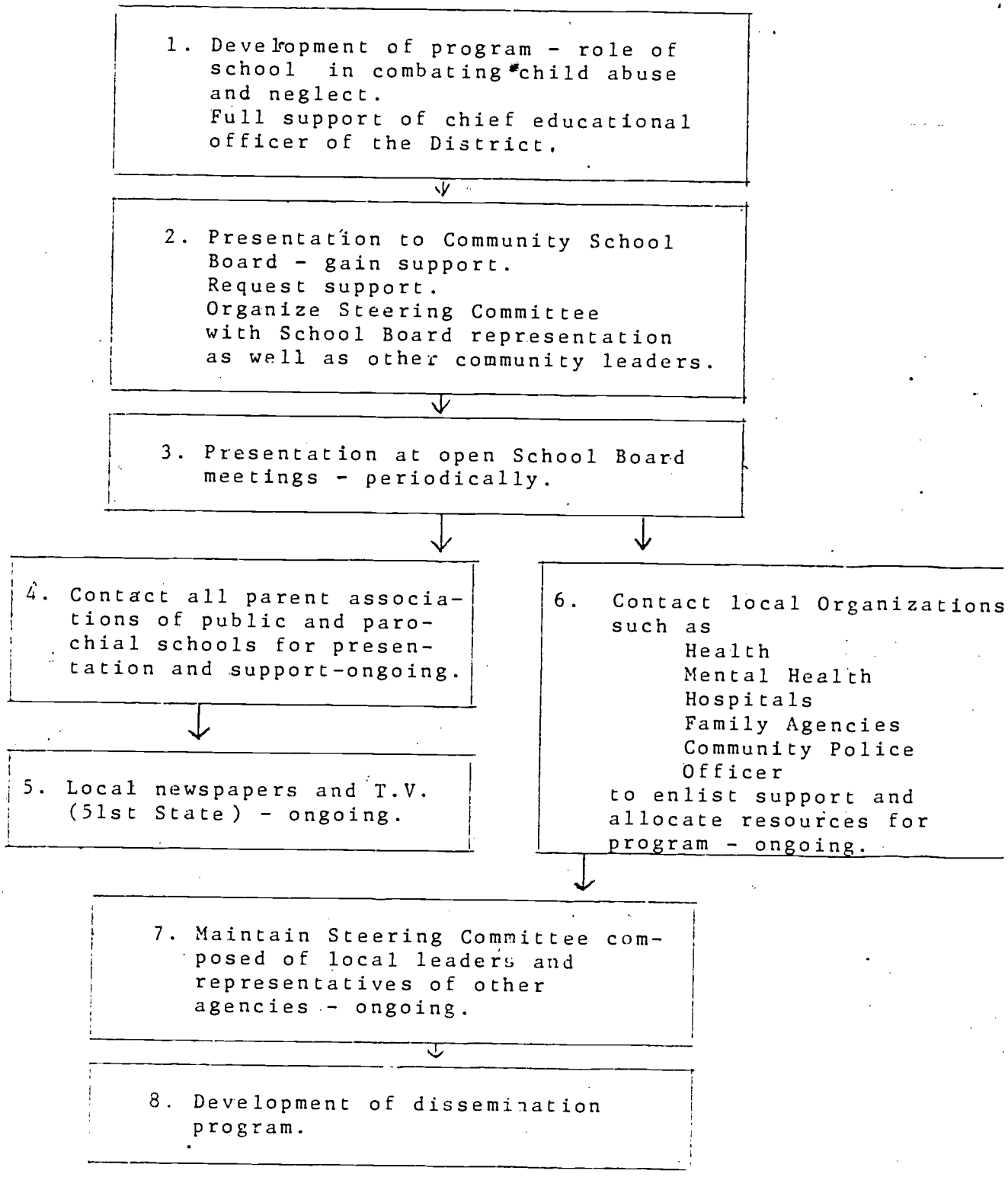
In April of 1976 a summary form was completed for each workshop for school and community agency staff, by one of the SCAN staff members conducting the workshop, and for each peer group, by the staff member meeting with that group.

COMMUNITY INVOLVEMENT AND IDENTIFICATION

The workshops presented by the SCAN staff were an integral part of both the development and the ongoing operation of the SCAN program. This relationship is illustrated in Flow Chart II on the next page.

Flow Chart II

Community and School Involvement for SCAN Program



The effectiveness of a program such as SCAN depends upon the involvement of these community and school groups. The workshops are described in detail below.

A total of 37 workshop meetings have been held for staff of schools and community agencies in the District area. Workshops dealt with identification of abused and neglected children and referral procedures and requirements. They served to increase community awareness of the problem, to clarify the meaning of abuse and neglect in the minds of community personnel and enhance their ability to identify potential or suspected cases, to orient them in referral procedures, and to provide a background in both psychological and legal aspects of the problem. SCAN staff held a workshop series of six meetings of District school guidance counselors and teachers; six community-wide or district-wide workshops for school and other agency personnel; 19 workshops for school staff in the 14 elementary and five junior high schools of the District; five workshops for school staff of the Catholic schools in the District area; and six at nursery schools and day care centers.

Workshop Series. The series of six workshops for District teachers and guidance counselors was initiated in April of 1975. The six participants and three SCAN staff members met weekly in two-hour sessions at the District Office. The workshop dealt with many aspects of child abuse: historical background - myths and realities; identification; symptoms; behavior; family relations and peer relationships; role of the teacher, counselors, paraprofessionals, and others; treatment resources; and legal aspects. The sessions included lectures, discussions, role play situations, and experiences of participants.

The purpose of the teacher-training workshops was to help the teachers identify the less obvious cases of abuse and neglect, since too often, the emotionally battered child goes unrecognized. The focus was on the identification and assessment of the specific symptoms of potential abuse and on the psycho-social dynamics of the family that is troubled or in trouble. The presentation of cases by the seminar participants was an integral and vital aspect of the workshops.

A meeting-by-meeting account of the workshop series is provided here for readers who may be planning such training sessions, and for the sake of comparison among training approaches.

The purpose of the first meeting was to clarify and define child abuse and neglect. Several of the counselors and teachers expressed concern and confusion about what was, in their minds, a vague concept. The discussion centered around these issues, and the SCAN staff presented illustrative cases. The following materials were distributed (these are attached in Appendix B):

New York City Special Services for Children reprint including "Guidelines for Bases of Suspicions of Child Abuse or Maltreatment";

New York City Special Services for Children Form DSS-2222lA, Report of Suspected Child Abuse or Maltreatment;

New York State Department of Social Services "Report of Suspected Child Abuse or Maltreatment," including a definition of child abuse, a definition of maltreatment, reporting procedure, immunity for liability, and penalties for failure to report.

At the second meeting the focus was on the early identification of child abuse or neglect and on prevention. Materials distributed were:

A comprehensive list of symptoms and clues which would aid school personnel in the detection of possible abuse or neglect cases (from Fontana 1973);

Child Abuse: How do you know when a child has been abused? (Sorensen, 1974);

A Public Affairs Pamphlet on child abuse and neglect (Irwin, 1974).

Participants discussed the cues and symptoms listed in these materials and suggested other possible signs of beginning or potential abuse or neglect.

At the third meeting the focus was on the etiology of child abuse and neglect, from a psychodynamic point of view. Causal factors in the child abuse syndrome, as described in recent publications by Fontana (1974) and Green et al (1974) were discussed, including environmental as well as familial factors permitting insight into the present pathological pattern of interaction within the family. Participants brought up other contributing factors, not considered in this approach. A short bibliography of recent literature was distributed.

At the fourth meeting the focus was on "treatment" of the family and the role of teachers and counselors in the treatment or remediation process. SCAN staff outlined its treatment capability and the treatment resource pool within the community, and described the working relationships that SCAN has with the public and private social service agencies in the community. The discussion provided a picture of the kind of cooperation and integration of community resources essential to a successful treatment plan.

At the last two meetings of the group, participants presented cases from their experience and continued the discussion of the several aspects of child abuse and neglect which had been introduced at earlier sessions. These meetings served to round out the participants' understanding of the problem and the possibilities for prevention and treatment.

Community and School Workshops. The six community or district-wide workshops are described separately since they varied in some respects. On April 24, 1975 SCAN staff members participated in an institute conducted by Jewish Family Service for the District 18 staff, allied agencies, parent associations, and community residents. The institute was held in one of the junior high schools in the District and was attended by approximately 300 people. The SCAN workshop, "The Turn Toward Violence" was attended by approximately fifty participants.

SCAN conducted a child abuse workshop at a health conference sponsored by the Brookdale Hospital Community Relations Department for staff representatives and personnel from School Districts 18, 19, and 23. SCAN staff members showed a film on child abuse and led a discussion of the film and the general topic. The discussion was enlivened by a neighborhood youth group who participated in the discussion of parental rights to punish, and when punishment becomes excessive.

The SCAN staff coordinator conducted a child abuse and neglect workshop for new teachers in District 18 and teachers at a special school in District 23. It was a two-hour, after-school session attended by 28 teachers. The workshop dealt primarily with identifying the abused and/or neglected child, with special emphasis on the non-physical aspects. The group was advised of steps to take in cases of suspected abuse or neglect, procedures for direct reporting, the legal aspects of reporting, and the penalty for failure to report. The meeting ended with a question-and-answer session.

In September of 1974 project staff held a meeting with the Department of Child Psychiatry staff at Brookdale Hospital.

Participants were three SCAN staff members, four Brookdale staff members, and 15 junior high school guidance counselors and District Office staff. The purpose of the meeting was to introduce the SCAN program and designate a counselor at each school to serve as liaison between that school and SCAN project staff. Participants discussed types of cases to be referred to SCAN, legal obligations regarding referral, and procedures to be followed in referring suspected cases to SCAN and during SCAN's involvement in the case.

A similar meeting was held for 15 elementary school guidance counselors and other school staff, at one of the District schools. Liaison persons were designated and responsibilities of school staff and SCAN staff were outlined.

In March of 1976 SCAN staff described the SCAN project to 29 guidance counselors in District 19, a neighboring school district. The discussion emphasized the several roles of SCAN staff, guidance counselors, school administration, teachers, in working with the child and family. The film on child abuse, "The War of the Eggs" (Paulist Productions) was shown, and the Public Affairs Pamphlet (Irwin, 1974) was distributed.

SCAN staff contacted each of the non-public schools within the District area during the fall of the first year of the project to describe the program, advise staff of the availability of services, and offer to present a workshop for the school staff. The offer was accepted and presentations made at the five Catholic schools and several day care centers. Average attendance was 11. These meetings were similar to the school staff meetings at the public schools, for which attendance ranged from 54 to 130, with an average attendance of 84. Two or three members of the SCAN staff made a SCAN presentation at each meeting. They described ways of identifying possible abuse or neglect cases, with special emphasis on emotional abuse and neglect. They reviewed the New York State law on child abuse, including legal obligations to report suspected cases, and they described procedures for referring suspected cases to SCAN and the SCAN procedures for working with the family, the school, and other community agencies during the family's involvement with SCAN.

DESCRIPTION OF THE CLIENT POPULATION

The total number of children referred was 225. This number includes three second referrals of the same child and four referrals of siblings of children previously referred.

Age and Family Background. The mean age of the 200 children for whom age was reported on the referral form is 11.7 years; the median is 12 years, and the range is from 6 to 17 years, which corresponds to the ages of the school population.

Birthplace and family makeup do not differentiate the SCAN client group from the population in general. Birthplace was reported for 136 children. Of these, 95, or 70 percent, were born in New York City; 7, or 5 percent, in the United States outside of New York City; 2, or 1 percent, in Puerto Rico and 32, or 24 percent, in other places. The "other" category consists largely of children born in the Carribbean. Family size was reported for 173 children. Of these, 12, or 6 percent, are from one-child families, 94, or 55 percent have one or two siblings, and 67, or 39 percent, are from families with four or more children. At the time of referral, 71 children were living with both parents, or 33 percent of the children for whom this question was answered; 100 children (47 percent) were living with their mothers, 9 children (4 percent) with their fathers, 11 children (5 percent) with grandparents, 10 children (5 percent) with an aunt or uncle, 5 children (2 percent) with an older sibling, 3 children (1 percent) with a guardian, and 3 with a neighbor.

Personal Relationships. The referral form called for an evaluation of each child's relationships with his or her peers, and with adults. These responses are summarized in Table below.

Table 1

Peer and Adult Relationships of the Client Population

	Peer Relations		Adult Relations	
	N	Percent*	N	Percent*
Excellent	8	5	13	8
Good	36	21	38	22
Satisfactory	32	18	39	23
Poor	99	57	83	48
Total	175	100	173	100

*Percentages add to more than 100 because of rounding errors.

The preponderance of poor personal relations among the SCAN client population may reflect the effects of abuse or neglect or potential or "quasi-abuse or neglect," or it may be a more direct antecedent of the referrals to SCAN of these children. That is, the poor personal relations observed by the teachers and guidance counselors who referred the children to the SCAN project may be the reason for the referral, whether or not it reflects abuse or neglect.

Appearance and Behavior. The referral form called for brief descriptions of the child's physical appearance and of his or her behavior. The code most frequently used for behavior was for "disruptive," which appeared for 57, or 28 percent, of the 206 children for whom this question was answered. Also frequent were "truant," 35 children, 17 percent; "disciplinary problem," 51, or 25 percent; "aggressive and hostile," 39, or 19 percent; "quiet and withdrawn," 25, or 12 percent; and others. For physical appearance of the child, we have responses for 191 children. The most frequent response code used were "typical appearance" and "attractive," each used for 47, or 25 percent of these children, "neglected appearance," 46 children, 24 percent, "average weight" for 42 children, 22 percent; "average height," 38 children, 20 percent; "sloppy," for 21 children, 11 percent. Nineteen of the children, or 10 percent, were observed to be thin; 30, or 16 percent, short; 18, or 9 percent, tall; 26, or 14 percent, heavy; 9, or 5 percent, had an angry look and 15, or 8 percent, came to school in torn clothing. Percentages add to more than 100 because of multiple responses to these questions. Responses to these questions will be used to develop questions for use next year on the physical appearance and school behavior of children referred.

Prior Efforts to Help. The referral form asked about prior efforts by the school to help these families, including referrals to other agencies. For 115 of the children referred, information was available on prior involvement with social agencies. Of these, 93, or 81 percent, had been involved with at least one other agency; 55, or 48 percent, with more than one; and 22, or 19 percent, had had no prior agency involvement. The agency most frequently noted - 38 times - was the Bureau of Child Guidance, an agency of the New York City Board of Education.

The Bureau of Attendance had been involved in 14 cases, suggesting that truancy had previously been suspected or determined. The Department of Social Services was noted for 21 children, in most cases indicating that the family received welfare payments. Social Security was mentioned 9 times. Prior contact with the Bureau of Child Welfare was indicated

for 13 children, and 5 had been involved with the Brooklyn Family Court, but not in child protection cases.

The two nearby general hospitals, both of which have outpatient psychiatric clinics and provide psychiatric, psychological, and social services, were mentioned 9 and 18 times, respectively. Ten of the children had been involved with Jewish Family Services, and 31 with other social service agencies.

The referral form asked what efforts had been made within the school to help. A total of 254 responses was given, for 178 children, an average of 1.4 responses per child. By far the most frequent school effort noted was guidance counseling: 125 of the children (70 percent of those for whom the question was answered) had previously been referred to the school guidance counselor. The next most frequent category was "other," 51 children (29 percent), which included changing classes, special programs, testing, referrals to community agencies, and other special efforts by the school or teacher on behalf of the child. Children had been referred to the school system's Bureau of Child Guidance, the District Health and Nutrition Program, Jewish Family Services, nearby Brookdale Hospital, among other school efforts. This information will be used to develop a question to be asked of next year's data to yield a clearer picture of the relationship between school and child for these troubled families.

The child's difficulties had been discussed with the parents for 156 of the children (80 percent of the 195 for whom this question was answered); and had not been for 22, or 11 percent. The school had been unable to contact the parents of 17 of the children (9 percent). The parents' perception of the problem was observed for 188 of the children. Of these, parents refused to acknowledge the problem or cooperate in 56 cases (30 percent). In other words, at the time of referral, the school had had little success in establishing a working relationship with families suspected of abusing or neglecting their children, for a substantial portion of the referred population.

For 44 of the children (23 percent) the parents agreed with the school's findings (although not necessarily that the cause of the child's difficulties was parental neglect or abuse). Other responses to this question were coded as parents' being overwhelmed, or overburdened, having emotional problems or economic problems, feeling that the child is

abused by his or her peers or that he "lies" and must be punished; the mother's blaming the problem on the father; or the parents' being very supportive of the child.

The extent of efforts by the school prior to referral to the SCAN project demonstrates that these are children and families that have been known to be troubled or in trouble, but families with whom the school has not been able to establish a helpful relationship. The relatively small number of prior BCW contacts, however, suggests that the trouble has typically not been abuse or neglect.

Referral Source. By far the largest source of referrals to SCAN were school guidance counselors, consistent with the fact that 38 of the children had previously had contact with school guidance staff, and guidance counseling was the most frequently mentioned of the efforts within the school to help. In addition, the community workshops/identification phase of the SCAN project concentrated somewhat more on guidance staff than teaching staff, and the Child Abuse Resource Person who served as liaison with SCAN staff in each school was, in most cases, the guidance counselor. The preponderance of guidance counselors among referral sources is, therefore, to be expected.

Of the 161 children for whom the referral source is given, guidance counselors referred 111 to the SCAN project, or 68 percent. Teachers referred 22 children, or 13 percent; School District staff referred four, or two percent; the District Health Program referred 10, or six percent, and 17 children, or 10 percent were referred by other sources, including school principals and assistant principals, attendance teachers, and paraprofessional teaching assistants.

The kinds of abuse or neglect suspected are presented in a later section, comparing children referred to BCW and not referred to BCW. The most frequent reasons for referral to SCAN were educational neglect, emotional neglect, and lack of supervision. These are also the most general categories, the categories for which the "evidence" is most subject to different interpretations, and the categories most likely to be a result of different child-rearing theories and expectations between the school staff and parents. Recall that the referral forms had indicated that the children referred to SCAN tended to be children whose disruptive behavior, truancy, hostile attitudes, or withdrawn behavior had led the school to make various efforts to help the child and to contact the family. These are families with whom the school has not been able to establish a working relationship. However, if there is any neglect, it may be neglect not of the child but of the school. These are children who appear

to be troubled, and whose trouble appears to be related to their family situations as well as school, but whose troubles are not necessarily abuse or neglect.

SCAN INVOLVEMENT

The SCAN staff works with families referred to the project in a number of ways. An initial contact is made as soon as possible after the referral to SCAN. The SCAN staff makes several decisions on the basis of conferences with the referral source, and if necessary, one or more contacts with the child and family. The staff determines immediately whether or not there is reason to suspect abuse or neglect requiring a referral to the Bureau of Child Welfare (BCW) or whether the problem is clearly a school or family adjustment problem; and they decide whether the service required is best provided by the SCAN staff or by another agency. A SCAN staff member is assigned to the case. The child may be invited to join one of the SCAN counseling groups, peer groups formed in each school which include but are not limited to children in SCAN's client population.

Whether or not the BCW report is made, the SCAN staff worker may then work with the family providing supporting services to help the family in improving their situation and in coping with their problems, or to facilitate the referral to another agency (including BCW) if a different kind of help is needed. In either case, SCAN may work with the family for an extended period of time. If a referral is to be made for psychiatric treatment, for instance, SCAN staff may spend quite a bit of time in preparing the family, educating them, as it were, about psychotherapy and the procedures of the agency to provide the service, and the need for the service. A case to be referred to another agency remains an "open case" until it has been determined by consultation with the family and the other agency that a working relationship has been established between the family and the assigned worker at the other agency. In some cases a referral may be made rather promptly and the case may be closed in a month of less. SCAN staff has a close working relationship with personnel in other community agencies, as well as BCW, and has frequent case conferences, both by telephone and in person, with other agency personnel. SCAN staff and the other agency staff work together with each family who is referred.

SCAN maintains an informal and occasional telephone follow-up relationship with the family after the case has been "closed" in the SCAN files in those cases where such continued contact is indicated.

SCAN contacts with the children and their families are given separately for the 38 cases still open at the time the data

were summarized, the 27 cases closed because the family moved out of the school district, 34 cases closed because the family situation had improved enough to make further intervention unnecessary, and 52 cases closed and referred to other agencies. In the cases "closed" because the family moved, contacts were made with the new school and with an appropriate community agency if indicated. Telephone contact was maintained as required, but such cases are classified as closed since they could not receive as active attention as families residing within the school District. In some cases this information is not available or not applicable, for instance, because the referral to SCAN was not appropriate or the child was 17 years old and he or she and the family refused intervention.

Table 2 below shows the means and standards deviation of the duration of each family's contact with SCAN in terms of the numbers of months the cases were open, and the total number of contacts and average contacts per child in each category. Contacts include home visits to the family and meetings at school or telephone calls with the family, the child, or school or other agency personnel.

Table 2

Client Contact

Case Disposition Category	N	%	Contact Duration in Months M	SD	Number of Contacts Total	M	SD
Open	38	25	5.5	3.95	448	11.9	8.62
Closed:							
Improved	34	23	3.6	2.62	290	8.5	7.42
Moved	27	18	4.2	3.12	292	10.8	13.20
Referred	52	34	3.3	3.03	596	11.5	9.54
Totals	151	100	4.1		1626	10.8	

As is indicated by the large standard deviations shown in the table above, there is substantial variation from family to family in months of contact duration and in number of contacts. Contact duration ranges from a month or less to a year or more, in each category. Number of contacts per family ranges from one to 45 in the "moved" category, to 31 in the "improved" category, to 49 in the "referred" category, and to 35 among cases still open when data were summarized.

That the contact duration appears to be longer on the average for the cases still open than for the closed cases is a function of the data collection procedures and probably does not reflect differences in the nature of the cases or the staff handling of the cases: we have case contact information for more early referrals than recent referrals. The more recently referred cases, under-represented here, are more likely to be still open, and among the open cases these are the ones that have been open for a shorter time - simply because they were recently referred to the SCAN project. Therefore, no statistical test is reported for the mean differences between open and closed cases. Differences in contact duration among the closed cases are not statistically significant, nor are the differences in numbers of contacts per child.

In addition to the contacts summarized above, there were 72 unsuccessful home visits, where a SCAN worker went to the home but found no one there, or was refused admittance, or found that the family had moved. This occurred 21 times among those whose cases were later closed because the family moved (for 5 cases within this group); 27 times (for 14 cases) among those whose cases were later referred: 20 times (6 cases) among open cases; and only 4 times (for 2 cases) among those whose cases were later closed because the situation improved.

Approximately half the contacts between SCAN staff and client families were meetings in the child's school, with the child, the parents, or school or other agency staff. Some twenty percent were in the SCAN office and between fifteen and twenty percent were home visits. Others were telephone contacts with the family or other agencies, letters and notes sent to the family or received from the family, group meetings, or encounters on field trips or in the neighborhood.

Peer Groups

The SCAN staff formed peer groups for counseling and discussion, both with parents and with children.

Child Groups. Twenty peer groups met during 1975-1976, consisting of 140 children referred by school personnel or SCAN staff. Of these, approximately 40 were also members of the SCAN client population described earlier in this report. The groups were led by members of the SCAN social work student unit who were supervised by social workers on the SCAN staff. The groups had varied purposes and focuses but, in general, were designed to assist group members in social adjustment and peer group relations.

There were eight groups of girls, 11 of boys, and one co-ed group; members of each group were of the same age. The twenty groups met weekly in eight of the District schools. Three of the groups began meeting in October of 1975, ten in November, four in December, and one each in January, February and March of 1976.

Nine social work students met with the groups, each meeting on an ongoing basis with one, two, or three groups. Group sizes ranged from two to 12 members, with an average of seven. There was relatively little turnover of group membership. With the exception of one group, which encountered scheduling problems and was substantially changed in the middle of the year by the addition of five new members and the loss of four, only eight groups added new members during the year: one added four, and six added one or two. There was even less attrition of membership, and all groups had full or nearly full attendance at most meetings. This stability of membership permitted each group to establish an ongoing group relationship, necessary for the development of improved peer relations and for the ability of the group to provide group support to its members.

Of the 140 children involved in SCAN groups, 70, or half, were referred by school guidance counselors. Ten were referred by teachers, 12 by grade deans, and 16 by SCAN staff members. Two were brought into the group by other group members, five heard about the group and asked to join, and 21 had been members of SCAN peer groups the previous year.

Some of the groups were homogeneous with regard to reason for referral to the group. The members were classroom discipline problems and hostile toward authority; or they appeared to be getting insufficient attention and emotional support at home although the home situation was not an abuse or neglect situation; or they were referred because of poor peer relationships and difficulties at home. One of the groups is a diagnostic group of which the purpose is to evaluate several aspects of the functioning of each member, in the group situation. One is a play therapy group designed to provide a supportive environment for the members. Six have the rather general purpose of improving social and psychological functioning of the members; and 12 have the somewhat more specific purpose of improving peer relations and school functioning.

These goals are pursued in the groups through discussions of group concerns and group and individual problems. Conflicts and confrontations are dealt with and in some cases resolved. Groups develop the ability to plan and carry out activities and discussions of topics chosen by the group. They share

their personal and family and social problems and the group provides support to individual members as it makes demands on its members. Emphasis has been on the development of the group as a group and in each case progress has been made in group feeling and the "sense of groupness". As the groups develop, members show development in self-understanding and self-esteem.

Parent Groups. Two parent groups have been formed as part of the SCAN program. Each meets with a member of the SCAN staff to discuss experiences as parents and concensus of parents and parenting skills. Both groups are an outcome of a SCAN presentation to a Parent Teachers' Association by the SCAN project coordinator, at the invitation of the PTA president. As a result of that presentation, SCAN staff met with the school principal and guidance counselor and 12 mothers of children in the lower grades who had volunteered in response to the PTA presentation and a general notice sent home from school with all children. At this meeting participants discussed the nature of the group or groups that might be formed and set the date and time for the next meeting.

This group of 12 has continued to meet weekly with the SCAN family worker; ten or eleven members have been present at each meeting. The group discusses particular and general problems and concerns of parents, parenting skills, examples of good and bad parenting in both stressful and peaceful conditions, and incidents in the lives of the participants. They made use of a parent questionnaire drawn up by the SCAN project coordinator as a basis for discussion (the questionnaire is attached as Appendix C). The questionnaire was very useful in initiating discussion and providing a framework for ongoing group direction. Group members shared the questionnaire with their husbands and discussed their husbands' responses with the group. In April the group began making plans to continue without a professional leader and will probably continue beyond the school year.

The second group began as a "spin-off" of the first group and is similar in its purpose and function. It has five members who meet biweekly in the school building, with attendance of four or five at each meeting. A member of the SCAN social work student unit meets with this group, under the supervision of SCAN staff.

REFERRALS TO THE BUREAU OF CHILD WELFARE

Of the 225 children, 72, from 60 families, were reported to the Bureau of Child Welfare (BCW) as suspected abuse or neglect

cases. Data reported below are, except as noted, based on a population of 60, since the variables of interest are family variables or are the same within families. In many instances, when one child in a family is referred to SCAN, SCAN staff then discovers that other children in the family are in the same situation - the problems, in other words, tend to be family problems.

SCAN staff calls BCW immediately if there is a reason to suspect abuse or neglect. Many of these families are already known to BCW, either as prior, inactive, cases, or as currently active cases. Twenty of the cases were new to BCW, and SCAN staff filed the required report (Form DSS-221-A, attached in Appendix B, pg. 51). If BCW already has such a report, and the information is readily available to BCW, as is true for a currently active or recently inactive BCW case, then a duplicate report is not filed. This was true for 20 currently active BCW cases and 14 inactive cases. If updated information is required, for instance if the information BCW has is old, then SCAN staff files the report with current information. Five such reports were filed. These children are described below in comparison to the group as a whole and the group of children not reported to BCW.

Description of the BCW Group

Age and Family Background. There are a number of differences in age and family make-up between the two groups. The groups differ in age, family size, and family type (responsible person with whom each child was living at the time of referral to SCAN).

The age distributions for the children referred to BCW and the group not referred to BCW (BCW and non-BCW groups) are shown in Table 4, along with the percentages of children at each age level in each of the two groups.

Although the two groups are similar in range, mean, and median, the age distributions show some unexpected differences. Relatively more children of ages 8, 15, and 16 were referred to BCW, and fewer in the middle age range, 11-14. The two frequency distributions differ at a statistically significant level, according to a chi square analysis ($\chi^2 = 34.937$, df = 11, $p < .001$). The probability is less than one in one thousand of obtaining frequencies which differ to the extent that these differ from the frequencies that would be expected if the two distributions were in fact the same.

Table 4

Age Distribution of BCW and non-BCW Groups

	BCW		Non-BCW	
Age	N	%	N	%
6	2	3.5	3	2.0
7	3	5.3	11	7.5
8	10	17.5	7	4.8
9	2	3.5	12	8.2
10	5	8.8	12	8.2
11	3	5.3	18	12.2
12	3	5.3	18	12.2
13	5	8.8	27	18.4
14	3	5.3	22	15.0
15	10	17.5	11	7.5
16	9	15.8	5	3.4
17	2	3.5	1	0.7
Total	57*	100	147	100
Mean	11.8		11.7	
Median	13		12	

*There was no response for 15 children

Family size was reported for 57 of the 60 BCW families. Of these, 11 are one-child families, in comparison to one such child in the non-BCW group (n=116 for this question for the non-BCW group). In the BCW group, 30 families have two or three children and 16 have four or more, in comparison to 64 and 51 respectively, in the non-BCW group. A chi square analysis of the two distributions shows that the differences are statistically significant (χ^2 = 21.267, df=2, $p < .001$). One-child families are much more likely to appear in the BCW group, and large families are somewhat less likely, than in the non-BCW group.

At the time of referral to SCAN, relatively more of the BCW children than the non-BCW children were living with their fathers, older siblings, an aunt, uncle or grandparent, or other guardians (e.g. neighbor or family friend), and relatively fewer with both parents. These frequencies are reported in Table 5.

Table 5

Family Type for BCW and Non-BCW Groups

	Child Living With						
Group	Both Parents	Mother	Father	Sibling	Aunt, Uncle Grandparent	Other	Tot
BCW	14	26	5	4	8	2	5
Non-BCW	57	74	4	1	12	1	14
Total	71	100	9	5	20	3	20

The largest discrepancies between observed frequencies and frequencies that would be expected if there were no differences between the groups are in the "father," "sibling," and "other" comparisons. The numbers of children in both groups living with their mothers are relatively similar. The overall differences between the two groups are statistically significant ($\chi^2 = 16.221$, $df=5$, $p < .01$).

It appears that abuse or neglect is more likely to be suspected in families of only one child, families where the mother is not present (although older relatives are an exception), and, perhaps, for older rather than younger school-age children. We should emphasize that these generalizations have many exceptions in the data reported, and they do not describe a "typical" suspected abuse or neglect case. Certainly they are not in themselves grounds for suspicion. Intuitively, it is not surprising that the mother's absence may either constitute or lead to neglect; and the surge of suspected abuse or neglect of adolescents may reflect the increased stresses of parent-child relationships as children grow up and assert their independence. The older age group also includes the few suspected cases of sexual abuse (which were accusations by adolescent girls of either a step-father, or a surrogate father, usually a male friend of the mother who came to the home on a regular basis). It may also be easier for a parent either to ignore (neglect) or make excessive demands on (including abuse) an only child than several children. Perhaps there is safety in numbers for children.

Prior Efforts to Help. As is true for the group as a whole, the most frequent efforts within the school to help are by school guidance counselors and the Bureau of Child Guidance. Of the 59 responses for the BCW group, 46, or 78 percent, were seen by guidance personnel. More than one response was given for 20 of these children. In 9 cases, referral to the

project was the first effort. Eight children had been referred to other social service and mental health agencies, 7 had been referred to special classes within the school, 6 to other school pupil service programs (e.g. The School Health and Nutrition Program). Class changes had been made for 3 children, and in 5 cases there was no answer.

The child's problems had been discussed with the parents for 44 of the BCW children, 72 percent of the 61 children for whom this question was answered. There had been no prior discussion with parents for 8 of them (13 percent), and in 9 cases the school had been unable to contact the parents. These relative frequencies do not differ significantly from the non-BCW group ($\chi^2 = 3.9015$, df=2).

Prior efforts to help, based on these data from the referral forms, do not differentiate the BCW from the non-BCW groups. This is consistent with the large number of referrals to SCAN for which there was no basis for suspicion of abuse or neglect; and this consistency suggests again that referrals to SCAN are referrals of children with whom the school has been unable to establish a helping relationship, rather than specifically children who are abused or neglected. It also suggests that children who may be abused or neglected are not the ones who attract the concentrated attention of school personnel in the absence of a program such as SCAN, and this inference in turn points to the value of having a child abuse program in a school setting.

Referral Source. The predominant source of referral to the SCAN project, for this group as for the group as a whole, was guidance counselors. Guidance counselors referred 30, or 62 percent, of the 48 BCW children for whom this information is available. They referred 68 percent of the group as a whole. Percentages are also comparable between the BCW group and the group as a whole for referrals by teachers (seven, or 15 percent) and by District staff (one, or 2 percent). Five of these children (10 percent) were referred by school principals or assistant principals. This is probably somewhat more than for the group as a whole, for which principals and assistant principals were included in the "other" category, which accounted for 10 percent of the referrals for the whole group. Two of the BCW group were referred by class deans, one by another social agency in the community, and two by the District Health and Nutrition Program.

Kinds of Abuse or Neglect Suspected. SCAN staff used the codes provided by the New York City Special Services for Children (Bureau of Child Welfare) to categorize the kinds of abuse or potential abuse suspected. The list of codes and their descriptions is attached in Appendix B (pg.49).

Some of the kinds of abuse or neglect occurred relatively more or less frequently for this group as compared to the group not referred to BCW, suggesting that among kinds of abuse suspected, as a basis for referral to SCAN, some are more likely to have some basis and some are more likely to be problems other than abuse or neglect. These differences reflect the difficulty of identifying abuse or neglect or potential abuse or neglect. Since two or more categories were recorded for 40 of these children, no statistical tests of these differences were made. Given that 34 percent of families referred to SCAN were then reported to BCW, if there were no differences among categories, then approximately 34 percent of the referrals in each category would have been reported to BCW. As Table 6 shows, on the following page, such was not the case.

The more readily definable kinds of abuse, namely physical and sexual abuse and excessive corporal punishment, were relatively more frequent in the group referred to BCW than in the group not referred. All families referred to SCAN for reasons classified as code "d," for lacerations, bruises, welts, were referred by SCAN to BCW. Excessive corporal punishment, code "f," accounted for 23.7 percent of the BCW group but only 3.6 percent of the others. In 14 of the 18 referrals to SCAN, there were grounds for suspicion. Sexual abuse, code "k," was referrable to BCW more frequently than not, 8.5 percent as opposed to less than one percent. Five of the suspected cases were realistically suspected; one was clearly a made-up story.

The kinds of abuse or neglect that were relatively more frequent as a basis for referral to SCAN than as a basis for report to BCW were those that are harder to define and more readily confusable with other family and school adjustment problems. Educational neglect, code "l," was the basis of referral to BCW for only 11.9 percent. Of the 43 referrals to SCAN in this category, only 11 were then referred to BCW.

Table 6

Kinds of Abuse Suspected, or Bases for Suspicion

Code	Kind of Abuse	Total Group (1) N	%	Referred to BCW (2) N	%	Not Referred to BCW (3) N	%	% BCW
a.	DOA/Fatality	-	-					
b.	Fractures	-	-					
c.	Internal Injuries	-	-					
d.	Lacerations, Bruises, Welts	7	4.1	7	11.9	0		100.0
e.	Burns, Scalding	2	1.2	1	1.7	1	0.9	50.0
f.	Excessive Corporal Punishment	18	10.5	14	23.7	4	3.6	77.8
g.	Child Drug/Alcohol Use	1	0.6	-	-	1	0.9	-
h.	Drug Withdrawal	-	-					
i.	Lack of Medical Care	14	8.2	3	5.1	11	9.8	21.4
j.	Malnutrition, Failure to Thrive	1	0.6	-	-	1	0.9	-
k.	Sexual Abuse	6	3.5	5	8.5	1	0.9	83.3
l.	Educational Neglect	43	25.2	7	11.9	36	32.1	16.3
m.	Emotional Neglect	56	32.8	11	18.6	45	40.2	19.6
n.	Lack of Food, Clothing, Shelter	21	12.3	4	6.8	17	15.2	19.1
o.	Lack of Supervision	43	25.2	11	18.6	31	27.7	25.6
p.	Abandonment	5	2.9	2	3.4	3	2.7	40.0

(1) N = 171 families for whom this information is available.
(2) N = 60 families referred to BCW by SCAN.
(3) N = 112 families not referred to BCW for whom this information is available.
(4) Percent of children in each category who were referred to BCW.

Percentages in first three column-pairs add to more than 100 because of multiple entries for some children.

Emotional neglect, code "m," was indicated for 32.8 percent of the cases referred to SCAN, but was suspected in only 18.6 percent of cases reported to BCW. Of the 56 cases referred to SCAN, only 11 were reported to BCW. Code "n," lack of food, clothing, and shelter, was also a somewhat "fuzzy" category. This category included 12.3 percent of cases referred to SCAN and 6.8 percent of cases referred to BCW. Of the 21 cases referred to SCAN, only four were referred to BCW. Code "i," lack of medical care, was similar, 14 referrals to SCAN, 8.2 percent, and 3 to BCW, 5.1 percent. Numbers were very small in the other categories.

These more vague categories were also the categories most frequently noted for the group as a whole, as reasons for referral to SCAN. It is easy to see how a child, for instance, who is troublesome in school or seldom comes to school, and whose parents are not very cooperative in this regard, may be referred to SCAN as potentially neglected "emotionally" or "educationally." Such referrals did indicate family and school troubles, and potential neglect. But they did not typically reflect any reason to suspect current abuse or neglect. Potential neglect, of course, is even less readily definable than actual neglect.

SCAN Involvement

As would be expected, the families referred to BCW received more attention from the SCAN staff than the group as a whole. SCAN provided services to these families in several ways: by facilitating the referral to BCW for BCW action and follow-up; by making, in consultation with BCW, a referral to another agency and facilitating the establishment of a working relationship between the family and the other agency; or by providing the necessary services to the family.

Table 7 on the following page shows the means and standard deviations of the duration of each family's contacts with SCAN and of the number of SCAN contacts with these families, for cases still open at the time of data collection and cases closed because the situation improved or because the family moved (one of these families moved to Puerto Rico and one to Connecticut), or because the referral to another agency was successful.

Table 7

Client Contact

Case Disposition Category	N	%	Contact Duration in Months M	SD	Number of Contacts Total	M	SD
Open	11	23	8.1	5.0	195	17.7	15.9
Closed:							
Improved	13	27	4.6	5.2	168	12.9	9.5
Moved	2	4	5.5	-	13	6.5	-
Referred	22	46	4.7	3.7	373	17.0	14.9
Totals	48	100	5.3		749	15.6	

These cases have received relatively more attention than the group as a whole, both in terms of contact duration and in number of contacts. BCW cases have been open for an average of 5.3 months as compared to 4.1 months for the whole group; and the number of contacts per case averages 15.6 for the BCW group, 10.8 for the whole group. As is true for the group as a whole, cases still open at the time of data collection have been open for longer than the "closed" cases were open. Again as is indicated by the large standard deviations, there is substantial variation from family to family both in contact duration and in number of contacts.

It is to be expected, of course, that SCAN staff would concentrate their attention on working with these families since for these families, in comparison to the non-BCW group, the troubles did appear to be abuse or neglect. SCAN staff reports signs of improved family functioning for many of these families, suggesting that the "reaching out" approach of SCAN and the coordination of efforts of other community agencies and the protective services and casework services of BCW, can help to alleviate family situations of abuse or neglect.

PROGRAM EVALUATION

The design for evaluation of the program calls for the assessment of two principle objectives: (1), that participating students would demonstrate improvements in self-concept, interaction with peers and adults, attitudes towards school and home, and relationships with their parents; and (2), that parents or guardians of client families would demonstrate increased acceptance of the program and program personnel and improved attitudes towards their children.

Objective 1. Socioemotional Functioning

A locally prepared Likert-type summated rating scale, the Socioemotional Rating Scale, was used to evaluate the first objective. Responses are recorded on a four-point scale ranging from "strongly agree" to "strongly disagree". It is a 40-item instrument with six subtests (factors) measuring the various components of this program objective. It was anticipated that there would be a statistically significant difference (gain) between pre- and posttest raw score means on the two administrations of the instrument. The scale is attached in Appendix D.

Socicemotional Rating Scales were to be completed by the child's teacher or the guidance counselor who had referred the child to SCAN. SCAN staff made the request at the time of referral, for the pretest rating, and again after the case had been closed. However, both pretest and posttest ratings are available for only 32 of the children referred. We know of no reason to suppose that these children differ from the group as a whole. For an additional 107 children, one Socioemotional Rating Scale is available. The mean total score of a sample of this group does not differ from either the pretest or the posttest mean score of the group for whom both are available. The assumption that the smaller group is representative of the group as a whole appears tenable.

The scales were scored in the District research office. Each item was scored in either a positive or a negative direction, such that a higher score indicates more positive, or more successful, socioemotional functioning. Items describing positive attributes were scored from 5 for "strongly agree" to 1 for "strongly disagree". Items describing negative attitudes were scored in the opposite direction. Mean scores were computed for each child for each subtest and the total test.

Because of the several subtests within the Socioemotional Rating Scale, an internal consistency reliability estimate is not applicable; however, for six children the pretest and

posttest administrations of the scale are less than one month apart. This, of course, diminishes the likelihood of showing results of project intervention, but it permits us a rough check on the test-retest reliability of the instruments. For these six cases, the correlation between pretest and posttest scores is .85 ($p < .01$), which we consider to suggest an acceptable level of reliability for a set of scores with the small variances of these scores. For these six total scores the variances are .200, pretest and .322, posttest. The pretest mean of 3.21 does not differ significantly from the posttest mean of 3.20.

A previous use of another, very similar, version of the Socioemotional Rating Scale permits an inference about the validity of the scale. The scale was used to evaluate another District 18 special program, a bilingual school, for which one of the objectives was that participants would show improvement in attitudes toward teachers and the school setting, interaction with other children, self-concept and self-esteem, motivation, and curiosity and creativity. There were French-speaking, Spanish-speaking and English-speaking children in the bilingual school. Pretest and posttest Socioemotional Rating Scale data were available for 70 children. It was, of course, a very different group from the SCAN client population. Children in the bilingual program are those whose parents apply for the program; the children, therefore, are from families who, by applying, have demonstrated interest not only in their children and their children's education, but also in the school system. Families referred to SCAN differ in the relationship between parents and school and between parents and children. This difference in selection into the group makes the comparison between the two sets of scores particularly relevant as an indicator of the validity of the instrument.

For the bilingual program evaluation, the scale consisted of five subtests totalling 35 items. For the SCAN program, a sixth subtest was added, consisting of five items on relationship with parents or guardians. This is the only difference between the two tests. For the bilingual group the mean score for the whole test was 4.26 at pretest and at posttest. Only the Reaction to Teacher and School Setting subscore changed significantly from pretest to posttest (from 4.22 to 4.33). On a scale of 1 to 5, pretest scores above 4 leave very little room for improvement, which meant that any increases in these variables that may have occurred as a result of that program would not have shown up. For the SCAN group, on the other hand, mean scores for the five subtests that were included in the bilingual program evaluation ranged from 2.59 to 3.58 at the pretest and from 2.83 to 3.79 at posttest. This substantial difference between the two groups in mean scores gives us at least a gross check on the validity of

the scale: as expected, children referred to the SCAN project for reasons related to suspected abuse or neglect are judged lower on these socioemotional variables than children referred to another program for different reasons.

Results. The pairs of Socioemotional Rating Scales were analyzed separately for the BCW and non-BCW groups. Of the 32 pairs of scales, 24 were for non-BCW children and 8 were for BCW children.

The results for the 24 non-BCW children are given in Table 8, which shows, for each subtest and the total test, the mean score of the group of 24 children, with its standard deviation, at pretest and at posttest; the mean difference from pretest to posttest, the corresponding t value, and the level of statistical significance associated with that t value.

Table 8

Socioemotional Rating Scale, Non-BCW Group

Subtest	n Items	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Mean Difference	t*	p**
A. Reaction to Teacher and School Setting.	9	3.06	0.58	3.15	0.51	0.09	1.17	ns
B. Interaction with other children	8	3.34	0.50	3.47	0.50	0.13	1.22	ns
C. Self-Concept and Self-Esteem	8	3.10	0.69	3.22	0.55	0.12	0.87	ns
D. Motivation	4	2.59	0.93	2.83	0.87	0.24	1.26	ns
E. Curiosity and Creativity #	6	2.79	0.85	2.97	0.76	0.18	1.46	$p < .10$
F. Relationship with Parents or Guardians ##	5	2.62	0.81	2.63	0.74	0.01	.05	ns
Total Test	40	2.98	0.53	3.11	0.49	0.14	1.45	$p < .10$

#N=23
##N = 22
* for correlated data
**one-tailed

For one subtest, Curiosity and Creativity, and for the total test, the differences approach statistical significance, but do not reach the level of significance established in advance. For these two scores, the probability is less than ten in one hundred of obtaining differences of this magnitude by chance alone. In general, we cannot say that the observed differences are due to program intervention.

Table 9 shows the comparable data for the 8 children in the BCW group for whom both pre- and posttest Socioemotional Rating Scales are available.

Table 9

Socioemotional Rating Scale, BCW Group

ubtest	n Items	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Mean Difference	t*	p**
. Reaction to eacher and chool Setting	9	3.34	0.71	3.60	0.73	0.26	1.43	<.10
. Interaction ith other hildren	8	3.58	0.51	3.79	0.72	0.41	2.37	<.025
. Self-Concept nd Self-Esteem	8	3.29	0.70	3.66	0.72	0.37	1.49	<.10
. Motivation	4	2.88	1.10	3.53	0.86	0.65	1.77	<.10
. Curiosity and reativity	6	3.11	0.91	3.42	0.93	0.31	1.39	ns
.Relationship with arents or uardians	5	2.58	0.88	3.18	0.97	.0.60	1.61	<.10
otal Test	40	3.20	0.53	3.60	0.66	0.40	2.00	<.05

N=8 *for correlated data **one-tailed

All changes from pretest to posttest are in the expected direction, and, for the total score and one subscore, the differences are statistically significant beyond the .05 level. These children, in general, improved in general socioemotional functioning and and in peer interaction to an extent that would be unlikely to be observed by chance alone. With the exception of Curiosity and Creativity, where the standard deviations are larger than the others relative to the mean difference, the remaining four sub-score changes would have occurred by chance alone fewer than ten times in a hundred.

There are a number of interesting comparisons between the BCW and the non-BCW groups. The differences between the two groups are in the posttest scores, not the pretest scores. The BCW group was very slightly above the non-BCW group at pretest. The differences, however, were not significant, as is shown in Table 10. Table 10 shows the difference between the mean scores of the BCW and non-BCW groups for each subtest and the total test, for the pretest and posttest scores. The corresponding t values and levels of probability are included.

Table 10

Mean Differences between BCW and non-BCW Groups on the Socioemotional Rating Scale

Subtest	Pretest			Posttest		
	Md	t*	p**	Md	t*	p**
A. Reaction to Teacher and School Setting	.28	1.28	ns	.45	1.90	<.10
B. Interaction with other Children	.24	1.18	ns	.32	2.29	<.05
C. Self-Concept and Self-Esteem	.19	0.68	ns	.44	1.82	<.10
D. Motivation	.29	0.72	ns	.65	1.97	<.10
E. Curiosity and Creativity	.32	0.89	ns	.45	1.33	<.20
F. Relationship with Parents or Guardians	- .04	0.14	ns	.55	1.65	<.20
Total Test	.22	1.03	ns	.49	2.25	<.05

N is 8 for the BCW group and 24 for the non-BCW group.

* For independent data.

** Since there was no prediction of the direction of differences, probability levels are for two-tailed tests.

The BCW group started out at a level of socioemotional functioning the same as, or slightly above, that of the others, but they showed some improvement due to program intervention, whereas the other group did not. The posttest differences between the two groups are larger than the pretest differences. For the total score and one subtest, the differences are significant at the .05 level, and for the other subscores the differences approach but do not reach this level.

The relatively greater change for the BCW group as compared to the non-BCW group reflects the fact that the BCW group received more of the services of the SCAN staff. This difference indicates that services provided by and in cooperation with the SCAN project may be helpful in improving the socioemotional functioning of these children.

Objective 2: Guardians' Attitudes

The Guardian Attitude Rating Scale was developed for this program to record case workers' impressions of the attitudes of the parents or guardians at the beginning and end of program intervention. The scale consists of 19 descriptors to be used to describe impressions of contacts. Responses were indicated on a five-point Likert-type scale ranging from "strongly agree" to "strongly disagree". The instrument was completed by the staff worker at or after the end of program intervention, so that it records the social worker's perception of any change in the guardian or guardians' attitudes. Responses were recorded for one parent or guardian or two, depending on the SCAN contact with the family. The rating scale and instructions for its use are attached in Appendix D.

The scale responses are available for 91 parents or guardians of 85 children referred to SCAN. It was not completed for cases where beginning-and end-of-intervention responses were not applicable, for example, cases that were closed promptly either because they were inappropriately referred to SCAN or because they were promptly and successfully referred to another agency, or because the family moved; or cases still open when the data collection period ended for this report.

The scale was scored as follows: descriptors were scored in either a positive or a negative direction, such that a higher score indicates a more positive or favorable attitude. Descriptors of positive attitudes were scored from 5 for "strongly agree" to 1 for "strongly disagree". Descriptors of negative

attitudes were scored from 1 for "strongly agree" to 5 for "strongly disagree". Where a response was indicated for a given descriptor for either the early or the late attitude and not the other, a score of 3, "neutral," was assigned to that descriptor for the other side of the scale. This correction was made to avoid the distortion of the comparison that would otherwise result, and on the assumption that lack of response to a given descriptor is equivalent to "neutral," since both indicate that the descriptor is not relevant or not of interest for that guardian. Mean scores were computed for each guardian.

One descriptor, "curious," was omitted during the scoring process because its meaning changes from early to later in the contact between staff and guardian: being curious at the initial contact is expected, and would be scored in a positive direction; it is difficult to interpret being curious at the end of the contact duration. The scale was scored, therefore, with 18 descriptor items.

As a check on the internal consistency reliability of the Guardian Attitude Rating Scale, correlations were computed, for a random sample of 20, between the first nine and last nine items of the responses for initial attitudes, and between the first nine and last nine items for the final attitudes. These coefficients, corrected by the Spearman Brown formula (Guilford and Fruchter, 1973), are .77 for the initial attitudes, and .85 for the final attitudes. We consider these to represent a minimally acceptable level of reliability given the small variances* of the test scores, which limits the magnitude of correlation between scores.

Results. The results were analyzed separately for the group of clients referred to Bureau of Child Welfare (n=24) and clients not referred to the Bureau of Child Welfare (n=67). These groups did not differ in means or variances in responses for initial attitude or final attitude, nor in change from initial to final, but a larger attitude change was observed for the BCW group. These data are summarized in Table 11 which shows the initial and final mean scores and standard deviations for the two groups, the mean differences, and the corresponding t values and probability levels.

*For the reliability sample, the variances are: initial attitude, .34 for the first nine items and .12 for the last nine; final attitudes, .67 for the first nine items and .28 for the last nine.

Table 11

Guardian Attitude Scale

	Initial Scores M	Initial Scores SD	Final Scores M	Final Scores SD	Mean Difference	t*	p**
BCW Group	3.36	0.59	3.69	0.55	0.33	3.56	<.005
Non-BCW Group	3.36	0.57	3.51	0.66	0.15	2.25	<.01

N is 24 for the BCW group, 67 for the non-BCW group

* For correlated data

**one-tailed.

Both groups show small but significant perceived attitude changes in the predicted direction from initial contact to the end of contact duration. The average scale scores change from 3.36 for both groups, just above the "neutral" point, to 3.69 and 3.51 respectively, approaching the "agree/disagree-positive" point. The probability of obtaining differences of this size are less than five in one thousand (BCW group) and one in one hundred (non-BCW group) if there is no real difference.

In general, SCAN staff perceived a small change in attitude among the parents and guardians with whom they worked. However, project staff apparently did not perceive initial attitudes as particularly low, nor final attitudes as particularly high (assuming that a score of 3 does represent a subjective "neutral" to responders). Relatively more change was perceived among the BCW group, which, again, reflects the fact that these families received relatively more of the time and attention of the SCAN staff, in cooperation with BCW and the other agencies involved.

SUMMARY AND CONCLUSION

The SCAN project put a strong emphasis on early identification and on potential abuse and neglect. This emphasis in the workshops for school and community staff, combined with the ready accessibility of the project staff in the school setting, led to the referral of 225 children to the project.

However, for two-thirds of the children referred, there was no reason to suspect abuse and neglect; these were children who had long demonstrated school adjustment problems and family problems, and they were, in general, families who required the kind of social services that SCAN staff can provide and enlist. They were seen to be potential cases of abuse or neglect, in need of preventive support.

Several differences were observed between the BCW group (the 60 families for whom abuse and neglect were suspected and reported to the Bureau of Child Welfare) and the non-BCW group (for whom there was no reason to suspect abuse or neglect). Chief among these differences was the reason for referral to SCAN. Educational neglect and emotional neglect, the most frequent reason for referrals to SCAN, were less frequent as reasons for reporting as suspected abuse and neglect. Project staff attention was relatively more concentrated on the BCW families, in terms of months of contact duration and numbers of case contacts.

Program intervention was evaluated by means of two locally developed rating scales: The Socioemotional Rating Scale measuring change from early to late in program intervention for each child; and the Guardian Attitude Scale measuring the caseworkers' perception of change in attitudes of parents or guardians. Small changes in the predicted direction were observed, relatively larger for the BCW group than the others, reflecting the more concentrated efforts of the project staff in working with and on behalf of these families as compared to the others.

SCAN's "reaching out" to client families, making as many home visits as necessary, staying in close touch with client families by telephone, and working closely with other community agencies, has evidently permitted SCAN staff to establish helpful relationships with these families who have histories of being known to be troubled but have not been reachable in the past. It seems fruitless to try to differentiate between potential abuse or neglect and family and school adjustment problems (as for the non-BCW group) and more useful to take the approach that if intervention and supportive services can be provided which help the child and family who need help, then the services should be provided, and protective services enlisted where actual abuse or neglect is suspected (the BCW group). It is reasonable to conclude that project SCAN is making a contribution both to the alleviation of abuse and neglect and to its prevention - both for the children involved in the SCAN program and, later for the children of these children.

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APPENDIX A. DATA COLLECTION FORMS

Referral Form

Summary data form for each child

Summary data for each child group

Summary data for each parent group

Summary data for each community and school staff workshop

Name _____ Sex Present School _____

Address _____ Apt. Zip Boro _____

Telephone No. (Home) _____ Work _____

Birthplace _____ Years in N.Y.C. _____ D.O.B. _____

Child living with _____ Relationship to child _____

Father's Name _____ Adress _____

Mother's Name _____ Address _____

Siblings:

Name	Date of Birth	Grade & School

Physical Appearance of Child:

Description of Behavior (What does he/she do)

How does the school perceive the problem:

Efforts Within the School to Help the Child: (testing information etc)

Have child's difficulties been discussed with parents?

How does parent(s) perceive the problem?

Information about the family (Economic social cultural discipline interrelationship)

Child's Relationships:

1-With Peers

2-With Adults

Other Agencies Involved (S. S. E.)

Other schools attended (Reason for leaving other than family relocation)

Project SCAN, School District #18
P.S. 233 Brooklyn, New York 11236

Summary data for each child referred. Today's Date_____

Child's Name _____

Referred to SCAN by (title, or position or other)_____

_____ on (date) _____

Kind of neglect or abuse suspected, and reason for suspicion (use alphabet codes from Central Registry "Guidelines for bases of suspicions"). _____

Please list all SCAN contacts with this child and family and with other agencies and personnel about this child and his family (include group meetings, appointments with other agencies, and any Court contact, with outcome.

Date	Place	With Whom	Comment

Case Closed?_____ Date _____

Reason (check) Transferred to another school Moved_____ Promoted___

No further intervention necessary because _____

Referral to another agency _____

To be followed up - When?_____

AT:eds (March, 1976)

AT:eds

Project SCAN, School District #18
P.S. 233, Brooklyn, New York 11236

Summary data for each ongoing child group Today's date _____

Child Group _____ Grade or Age Range _____

Assigned Worker _____ Boys ____ Girls ____ Co-ed _____

Meets where and when _____

Aim or purpose of group _____

Group Members:

Name	How and by Whom Referred	Date Referred	First Meeting Date

Child Group Summary
Page -2-

Date _____

Group Meetings

Meeting Date	Number Present New	Number Present Continuing	Comments

Please give a brief narrative description to provide a qualitative idea of this group.

Project SCAN, School District #18
P.S. 233, Brooklyn, New York 11236

Summary Data for Ongoing Parent Group Today's Date _____

Parent Group _____

Assigned Worker _____

Meets where and when _____

Aim or purpose of group _____

Meeting's Date	Members Present New	Members Present Continuing	Comments

Please give a brief narrative description of this group. How and by whom and when were members selected and referred (list if applicable). What are the usual topics of discussion? What else is of interest about the group? _____

Project SCAN - School District #18
P. S. 233, Brooklyn, New York 11236

Summary Data for each Workshop Today's Date _____

Workshop for _____
(Parents, teachers, others? Also specify school and district.)

Date of Workshop _____ Time _____

Place _____

SCAN staff present _____

Purpose or aim of the meeting _____

Attendance _____

Please give a brief description of the meeting and participants, (if same as another, refer to the other), agenda, materials distributed, major topics of discussion, activities and interest expressed, etc. _____

March, 1976

APPENDIX B. MATERIALS DISTRIBUTED AT WORKSHOPS

New York City Special Services for Children Subject: Report of Suspected Child Abuse or Maltreatment.

New York City Form DSS-221-A, Report of Suspected Child Abuse or Maltreatment.

The City of New York

SPECIAL SERVICES FOR CHILDREN

HUMAN RESOURCES ADMINISTRATION

80 LAFAYETTE STREET, NEW YORK, N. Y. 10013

February 28, 1975

TO: N.Y.C. Board of Education
Private, Public and Parochial Schools
Council of Voluntary Child Care Agencies
Voluntary Social Agencies
N.Y.C. Department of Hospitals
N.Y.C. Department of Health
N.Y.C. Chief Medical Examiner
Medical Examiners
Greater New York Hospital Association
Hospital Administrators, Chief of Pediatrics, Chief of Pathology
United Hospital Fund
County Medical Societies of N.Y.C.
New York Academy of Medicine
Medical Society of the State of N.Y.
N.Y.C. Osteopathic Society
Dental Societies, First, Second and Eleventh District
Chiropractic Association of N.Y., Inc.
New York State Optometric Association
Podiatry Society of the State of New York
New York State Nurses Association
13th and 14th Districts
N.Y.C. Visiting Nurse Service Association
Christian Science Committee on Publications
Supreme Court, 1st and 2nd Departments
Criminal Court
Civil Court
Family Court
Department of Agriculture and Markets
Department of Correction
Department of Finance Administration
Police Department
Office of Probation
State Commission of Investigation
Sheriff's Office
Long Island Railroad Office of Security
S.P.C.C.
A.S.P.C.A.
Mental Health Associations
Day Care Council of New York

SUBJECT: Report of Suspected Child Abuse or Maltreatment

Ladies and Gentlemen:

In accordance with our practice of keeping you informed of important modifications in the procedure for reporting suspected child abuse or maltreatment, this Department is bringing to your attention that the New York State Department of Social Services now requires the use of a new Form DSS-2221-A. "Report of Suspected Child Abuse or Maltreatment", for reporting child abuse or maltreatment situations. This new form replaces Form DSS-2221 about which we issued instructions in our letter to you of November 30, 1973. Those instructions are now obsolete. Form DSS-2221-A is prepared in triplicate on "no carbon required" paper so that it will reproduce without the use of carbon paper. After the oral report by telephone to 431-4680 is made to the Central Registry, the complete set of forms DSS-2221-A should be mailed within 48 hours to:

Central Registry for Child Abuse and Maltreatment
241 Church Street
New York, N. Y. 10013

Oral reports may be made on a 24 hour, 7 days a week basis.

A set of guidelines defining the bases of suspicions is attached to assist in designating the most appropriate selection(s) when that part of the form is completed.

(over)

50

Instructions for Completing Form DSS-2221

Oral Rpt. Date; Time - Enter the date and time that the report was telephoned to the Central Registry.

State Registry No.; Local Registry No.)
Local Case No. ; Local Agency) Leave these boxes blank.

Subjects of Report - Complete all of the known information in this section, listing first the adults responsible for the household and/or the alleged perpetrator(s). Please note that the codes for the "Ethnic" and "Susp. or Relations" columns are given on the back of the pink copy.

If the childrens' birthdates or ages are known, list them in consecutive order of their birth beginning with the oldest child.

If more than 7 lines are required in the Subjects of Report section, check the "more" box and use another set of Form DSS-2221-A. On the second set, enter the complete names of the adults responsible for the household and/or alleged perpetrators on the same lines as on the first set. Immediately following, list the names and relevant information for the remaining children. It is important that the line numbers for the remaining children on the second set be crossed out and sequential numbering from the first set be continued by writing in the numbers in the "Line No." column.

Basis of Suspicions: Enter the child's(ren's) line number(s) not name(s) from the "Subjects of Report" section on the appropriate line describing evidence of abuse or maltreatment.

Complete the reasons for the suspicion in the space provided for narrative explanation.

Sources of This Report: Complete the information required in this section. The individual signing the report enters the date that the form was prepared and mailed.

An initial supply of Form DSS-2221-A is enclosed. Additional supplies of the form and these instructions may be requested from:

Special Services for Children Supply Room
80 Lafayette Street - 15th floor
New York, N. Y. 10013
Tel: 433- 3195

Thank you for your kind cooperation.

Sincerely yours,

[illegible]
Assistant Administrator

Encls.
Guidelines
Forms DSS-2221-A

GUIDELINES FOR BASES OF SUSPICIONS

Bases of Suspicions

1. List of descriptive symptoms, facts, opinions, diagnoses or alleged consequences or evidence of abuse or maltreatment may include but are not limited to the following. Give child(ren)'s line number(s). If a suspicion applies to all children, write "ALL":

   a. DOA/Fatality - the consequence of abuse or maltreatment was so severe as to result in the child's death.

   b. Fractures - the nature of the fractures or the conditions under which the fractures were incurred are such that there is reasonable cause to suspect such fractures were the result of abuse or maltreatment.

   c. Subdural Hematoma, Internal Injuries - medical evidence indicates the nature of these injuries or the conditions under which these injuries were incurred are such that there is reasonable cause to suspect such injuries were the result of abuse or maltreatment.

   d. Lacerations, Bruises, Welts - the nature of the lacerations, bruises or welts or the conditions under which they were incurred are such that there is reasonable cause to suspect they were the result of abuse or maltreatment.

   e. Burns, Scalding - the nature of the burns or the conditions under which the scalding was incurred are such that there is reasonable cause to suspect such burns were the result of abuse or maltreatment.

   f. Excessive Corporal Punishment - the excessive use of punishment or discipline to the extent that it results in physical injury.

   g. Child's Drug/Alcohol Use - this means that the child is using drugs and/or partaking of alcohol and that such activity is the result of parental neglect.

   h. Drug Withdrawal - this means that the child is exhibiting signs of drug withdrawal. This is usually associated with newborn infants.

   i. Lack of Medical Care - this means that the child is showing general evidence of being in poor health and the parents are unable or unwilling to obtain medical advice and/or treatment.

(over)

j. Malnutrition, Failure to Thrive - these are medical conditions usually diagnosed by a physician where the child is exhibiting physical and emotional symptoms such as developmental retardation, dehydration, loss of weight and other physical and emotional signs.

k. Sexual Abuse - this relates to attempted or actual sexual molestation of the child(ren) committed or allowed to be committed by the parent(s), guardians, or other persons legally responsible.

l. Educational Neglect - thi. refers to children not attending school in accordance with the compulsory Education Act (Part I of Article 65 of the Education Law). This is usually associated with the failure of parents to ensure their children s prompt and regular attendance, inappropriately keeping children out of school, and demonstrating lack of interest in their children's academic achievement or lack of it.

m. Emotional Neglect - this refers to children who are showing evidence in their behavior of emotional or mental instability and whose parents are unable or unwilling to acknowledge these problems, the need for treatment, or accept such treatment when available or offered. This is often associated with parent's failure to provide the necessary emotional supports as a result of the parents own emotional or mental instability.

n. Lack of Food, Clothing, Shelter - this means that at least one of the following conditinns exists: there is an inadequate supply of food and the child is not getting enough to eat; there is an inadequate supply of clothing and the child does not have clothing sufficient to meet his basic needs, or there is deficiency in housing and living arrangements to the extent that neglect or abuse exists. (Such deficiencies may relate to the physical structure itself, space, housekeeping practices, utilities and household equipment).

o. Lack of Supervision - this means there are either periods of no supervision or an inadequate quality of supervision provided. Periods of no supervision refers to children being left alone without supervision; it also refers to children being allowed to roam or remain away from home for extended periods and the parents do not know where they are. Inadequate quality of supervision provided refers to children being left with a caretaker who is inadequate to the task of supervising them; it also refers to children being exposed to hazardous conditions in the home, without proper safeguards.

p. Abandonment - this refers to a child who has been deserted by a parent whose present whereabouts are unknown and who apparently has no intention of returning to assume parental responsibilities.

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

STATE OF NEW YORK — DEPARTMENT OF SOCIAL SERVICES

ORAL RPT. DATE	STATE REGISTRY NO.	LOCAL REGISTRY N
TIME ☐ AM ☐ PM	LOCAL CASE NO.	LOCAL AGENCY

Subjects of Report

List all children in household, adults responsible for household, and alleged perpetrators.

Line No.	Last Name	First Name	M.I.	Aliases	Sex (M, F, Unk.)	Birthdate or Age Mo.	Day	Yr.	Ethnic Code (*Over)	Susp. or Relation. Code (**Over)	Check (if Alleg Perpetra
1											
2											
3											
4											
5											
6											
7											

☐ MORE

LIST ADDRESSES AND TELEPHONE NUMBERS:
HOUSEHOLD — TELEPHONE NO.

OTHERS (Give Line Nos.) — TELEPHONE NO.

TELEPHONE NO.

Basis of Suspicions

Alleged consequences or evidence of abuse or maltreatment - Give child(ren)'s line number(s). If all children, write "ALL".

_____ DOA/Fatality	_____ Child's Drug/Alcohol Use	_____ Educational Neglect
_____ Fractures	_____ Drug Withdrawal	_____ Emotional Neglect
_____ Subdural Hematoma, Internal Injuries	_____ Lack of Medical Care	_____ Lack of Food, Clothing, Shelte
_____ Lacerations, Bruises, Welts	_____ Malnutrition, Failure to Thrive	_____ Lack of Supervision
_____ Burns, Scalding	_____ Sexual Abuse	_____ Abandonment
_____ Excessive Corporal Punishment	_____ Other, specify: _____	

State reasons for suspicion. Include the nature and extent of each child's injuries, abuse or maltreatment, any evidence of prior injuries, abuse or maltreatment to the child or his siblings and any evidence or suspicions of 'Parental' behavior contributing to the problem.

(If known, give time and date of alleged incident)
Mo. | Day | Yr. _____
Time _____ ☐ (A ☐ (P

Sources of This Report

PERSON MAKING THIS REPORT		SOURCE OF THIS REPORT IF DIFFERENT	
NAME	TELEPHONE NO.	NAME	TELEPHONE NO.
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

Relationship (✓for Reporter, X for Source)

☐ Med. Exam./Coroner ☐ Physician ☐ Hospital Staff ☐ Law Enforcement ☐ Neighbor ☐ Relative
☐ Social Services ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other (specify) _____

For Use By Physicians Only

Medical Diagnosis on Child

Signature of Physician Who Examined/Treated Child
X

Telephone No.

Hospitalization Required: 0 ☐ None 1 ☐ Under One Week 2 ☐ One - Two Weeks 3 ☐ Over Two Weeks

Actions Taken or About To Be Taken:
0 ☐ Medical Exam 2 ☐ X-Ray 4 ☐ Removal/Keeping 6 ☐ Not. Med. Exam./Coroner
1 ☐ Photographs 3 ☐ Hospitalization 5 ☐ Returned Home 7 ☐ Notified D.A.

Signature of Person Making This Report
X

Title

Date Submitted Mo. | Day | Yr.

APPENDIX C

PARENT QUESTIONNAI

ou do not have to sign your name

Please answer these questions as honestly as possible. Most of these can be answered with "Yes" or "No". If there are some that you'd like to make comments on please feel free to do so. (Write number of question and your comment.)

1. What kind of punishment do you give? Spanking - Denial of privileges.
2. What do your children do that upset you most?
3. Do you feel that they are intentionally "bugging" you?
4. Who has the responsibility for punishing?
5. How do you settle arguments with your husband (wife)?
6. Do you sometimes dislike your children?
7. Do you sometimes dislike your husband (wife)?
8. What happens after you have punished your children?
9. Do you sometimes feel like "running away" from your family?
10. Who manages the finances (money) in your family?
11. Do you feel that too many demands are made on you by your family?
12. Would you have difficulty entertaining your children if the T.V. set broke?
13. Who makes major decisions in your household?
14. Do you, as a parent, ever have any "free" time?
15. On certain days does the slightest thing upset you?
16. What do you do when you become upset?
17. Do you attempt to prevent your children from hearing you argue with your mate?
18. Have you ever permitted your children to see you cry?
19. Do you have one child that you consider "different" from the other children?
20. How does your "different" child make you feel?
21. Do you consider yourself a good parent? Why?

APPENDIX D. RATING SCALES

Guardian Attitude Rating Scale, Instructions

Socioemotional Rating Scale

CHILD ABUSE AND NEGLECT PROGRAM
PUBLIC SCHOOL 242
Flatlands Avenue & E. 100 Street
Brooklyn, New York 11236
Room 205 257-4275

GUARDIAN'S ATTITUDE RATING SCALE

1. Student's School _____
2. Student's Name _____
3. Today's Date _____
4. Home Situation Code _____
5. S.E.S. Code _____
6. Caseworker _____

Descriptor	Guardian Code	Initial Responses SA	A	N	D	SD	Final Responses SA	A	N	D	SD
Curious											
Suspicious											
Hostile											
Denying											
Cooperative											
Verbally Abusive											
Threatening											
Grateful											
Accom-modating											
Manipula-tive											
Accepting											
Defensive											
Physically Abusive											
Despondent											
Hopeful											
Relieved											
Compro-mising											
Seductive											
Anxious/ Apprehensive											

It is possible that the legal guardian is not functioning on an intelligent level for one or a few reasons, making your contact meaningless and/or unintelligible. Please record codes for guardians who, to the best of your knowledge are:

Alcoholic _____ Drug Addicted _____

Mentally Retarded _____ Otherwise Incoherent (ill, etc.) _____

Specify _____

_____

INSTRUCTIONS FOR GUARDIAN'S ATTITUDE RATING SCALE

This instrument will be used to record the caseworker's impressions regarding the guardians' attitudes during initial contact (or first few contacts and at termination of program intervention.

For each case, record the child's school, name, and the date you are completing this form. The home situation will be classified according to guardian codes. These codes are as follows:

1 - Mother	6 - Grandmother
2 - Father	7 - Grandfather
3 - Aunt	8 - Stepmother
4 - Uncle	9 - Stepfather
5 - Older Sibling (s)	10 - Other, specify

(Examples: a two-parent home would be coded 1, 2; a home where the case's guardian is an older brother or sister would be coded 5).

The S.E.S. code will be entered as follows:
1 = Low; 2 = Upper Low; 3 = Low Middle 4= Middle; 5= Upper Middle; 6 = Low Upper; and 7 = Upper.

On the basis of your impression of the surroundings and other relevant cues, record a code for the S.E.S. of each home environment.

Please record your name as the Caseworker when you are filling out the form.

The instrument contains a number of descriptors which can be used to describe impressions of contacts (initial and final). Place a check mark under the response category which best fits the situation: SA = Strongly Agree; A= Agree; N-Neutral; D=Disagree; and SD = Strongly Disagree.

There is space to record responses for two guardians under each descriptor. You may only need space for one guardian if you've only dealt with one or if there is only one in the home. In no case should you attempt to indicate responses from more than two guardians. In cases where more than two are present, select the two most prominent (responsible) in authority.

If you feel that additional information will be required to describe this contact, please indicate same on the reverse side of the form. Be sure to demonstrate difference (if any) between initial and final contacts.

SS/eds

CHILD ABUSE AND NEGLECT PROGRAM
Public School 242
Flatlands Avenue & E. 100 Street
Brooklyn, New York, 11236
Room 205 257-4275

Socio-emotional Rating Scale

Instruction to Personnel:

Please rate each child on the following items by checking the appropriate response. Choose the response which your feel is characteristic of each child. These questions should be answered keeping in mind what you consider to be appropriate behavior for children of this age.

Student's School _____

Student's Name _____

Student's Age _____

Student's Grade Level _____

Teacher's Name _____

Today's Date _____

A. Reaction to Teacher and School Setting:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Child is overly dependent upon teacher, seeking constant reassurance.				
2. Child is uncertain of his abilities				
3. Child is overly possessive of teacher; seeking constant close physical proximity.				
4. Child acts in a trusting way toward teacher.				
5. Child avoids teacher.				
6. Child is able to ask for help when needed; can approach teacher easily.				
7. Child appears uncomfortable, unhappy in school.				
8. Child requires continuous supervision by teacher.				
9. Child appears to have good self-control in school.				

B. Interaction with Other Children	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Child appears to get along well with other children; seems to have a comfortable give and take with his peers.				
2. Child is isolated; does not approach other children.				
3. Child feels alienated.				
4. Child acts in a hostile manner towards other children; teases and provokes other children.				
5. Child is a leader in the classroom.				
6. Child displays appropriate assertiveness towards other children; will defend himself and his possessions if necessary.				
7. Child is overly aggressive towards other children; will scratch, kick, etc. others without provocation.				
8. Child acts passively, always follows others, rarely will defend himself.				
9. Self-Concept and Self-Esteem				
10. Child seems to have good feelings about himself, feels capable of handling most classroom situations.				
11. Child seems to feel inadequate				
12. Child makes deprecatory remarks about himself.				
13. Child can take failure or criticism in stride.				
14. Child is deeply disturbed by failure or criticism.				
15. Child is proud of his accomplishments in class.				
16. Child is fearful in new situations; hesitant.				
17. Child eagerly approaches new situations, is not afraid of trying.				

	Strongly Agree	Agree	Disagree	Strongly Disagree
D. Motivation				
1. Child seems motivated to succeed in school activities and tasks.				
2. Child shows initiative in the school situation, does not rely solely on others for ideas and motivation.				
3. Child displays an attention span appropriate for his age.				
4. Child seems uninvolved and uninterested in assigned school activities.				
E. Curiosity and Creativity				
1. Child is eager to learn new things; has many interests; asks questions				
2. Child enjoys exploring the environment.				
3. Child seems uninterested in his surroundings.				
4. Child uses materials and equipment in imaginative ways.				
5. Child usually imitates other children in use of materials and equipment.				
6. Child enjoys making up stories and creating new activities.				
E. Relationship with Parents (or Guardians).				
1. Child is overly dependent upon parents.				
2. Child avoids mentioning parents and home-life.				
3. Child appears uncomfortable, unhappy with home-life.				
4. Child seems to have good feelings about his home-life situation.				
5. Child speaks freely and happily about the home-life situation.				

SS/eds

ANNOTATED BIBLIOGRAPHY

The following annotated bibliography was selected for persons who are conducting or planning a child abuse and/or neglect project. It is directed primarily to the administrator or social worker rather than the physican, and it emphasizes recent work, but it includes works in medical journals, and the major works in the field from before the past few years. The reader's attention is called to several bibliographies included below (Lystad, 1974; National Institute of Mental Health, 1972). Although there is some overlap between those and the present bibliography, emphasis here is on works not included in the previous bibliographies.

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