DOCUMENT RESUME

ED 375 196 UD 030 029

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TITLE Preventing Child Abuse: An Evaluation of Services to High-Risk Families.
INSTITUTION William Penn Foundation, Philadelphia, PA.
PUB DATE May 93
NOTE 51p.
PUB TYPE Reports - Evaluative/Feasibility (142)

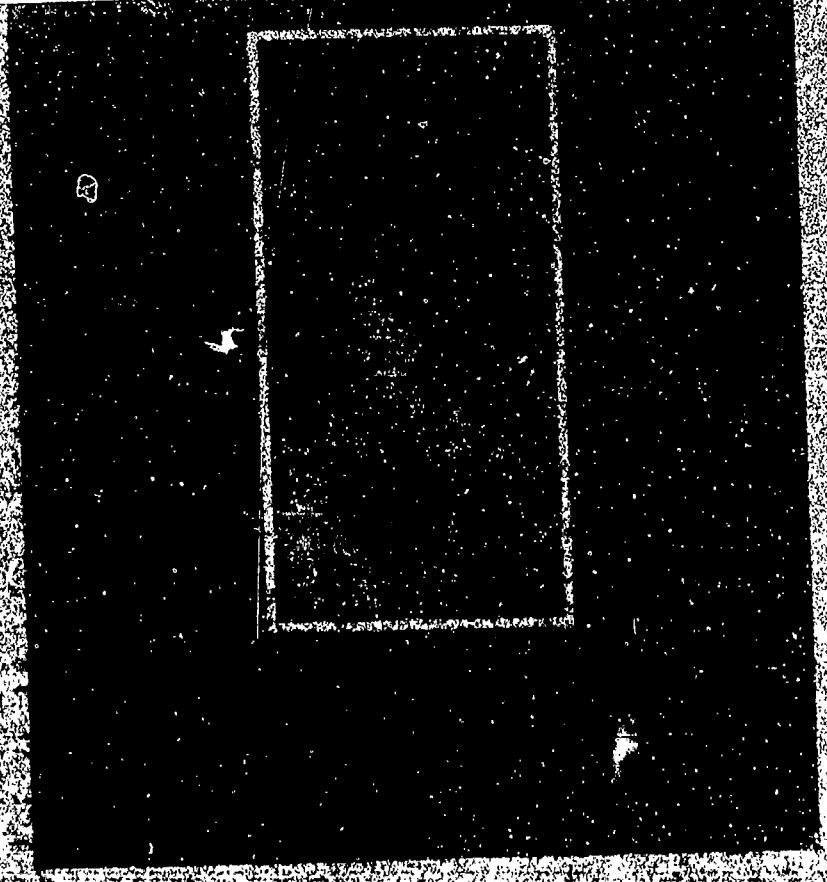
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adults; *At Risk Persons; Behavior Change; *Child Abuse; Child Neglect; Children; Comparative Analysis; Counseling Techniques; Economic Factors; *Family Programs; Grants; Home Visits; Incidence; Intervention; Interviews; *Parent Education; *Prevention; Program Evaluation; *Services
IDENTIFIERS *Pennsylvania (Philadelphia)

ABSTRACT

In 1988 the William Penn Foundation awarded nearly $6 million to agencies in the Philadelphia (Pennsylvania) area for a variety of programs aimed at preventing child abuse. The 4 programs selected targeted parents who most needed but were least likely to have access to parent education and support services. The Foundation appointed the National Committee for Prevention of Child Abuse (NCPCA) to evaluate this multifaceted initiative. The NCPCA measured behavioral change in clients, investigated the way each agency carried out its programs, and prepared a detailed report, summarized by this report. Client-impact findings were based on pretesting and posttesting of 1,078 adults who received services, in-depth interviews with 91 of these clients 3 months after termination of services, in-depth interviews with 31 considered at particularly high risk, and pretests and posttests of 133 children and 102 adult caregivers. The NCPCA found that all the funded programs were effective in reducing the incidence of child abuse. Based on these findings, the Foundation renewed many of its grants. Ten charts summarize evaluation findings. Appendixes list grantees, evaluation reports, risk factors, and adult functioning problems. (SLD)

Preventing Child Abuse

An Evaluation of Services to High-Risk Families



Preventing Child Abuse

An Evaluation of Services to High-Risk Families

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May 1993

CONTENTS

Child abuse, whether physical, sexual, or emotional, must surely be one of the most reprehensible activities in which adults engage, particularly when the abuser is a member of the child's own family, as is usually the case. Unfortunately, child abuse has become a major public health problem in the United States, involving individuals from every walk of life, every racial and cultural group. In 1991 alone, almost 2.7 million children were reported as suspected victims of abuse or neglect. No one knows how many other instances occurred but remained hidden because of fear, embarrassment, or ignorance.

Over the years since its establishment in 1945, the William Penn Foundation has supported many programs to improve the health and welfare of children. In 1985, it began a lengthy period of investigation and consultation with experts in the field on the increasing problem of child abuse. The Foundation learned that the families at high risk of mistreating their children could be identified before abuse occurred, but that few funds were available to help them. After discovering that public policy centered on intervention *after* abuse had occurred, the Foundation decided to focus its efforts on the *prevention* of child abuse.

In 1988, the Foundation awarded nearly $6 million to agencies in the Philadelphia area for a variety of programs, each aimed at preventing abuse by promoting family well-being, positive parent-child relationships, and effective parenting. Details of these programs can be found in Chapter 2 of this report.

The Foundation appointed the National Committee for Prevention of Child Abuse (NCPCA), one of the few organizations actively engaged in research in this field, to evaluate this multifaceted initiative. NCPCA measured behavioral change in the clients served, investigated the way in which each agency carried out its program, and prepared a detailed report of its findings.

It was gratifying, indeed, for the Foundation to learn that NCPCA deemed *all* of the projects successful in reducing the incidence of child abuse. Encouraged by these positive results, the Foundation decided to renew many of its grants, bringing its total investment in child abuse prevention to $12 million over a seven-year period.

The William Penn Foundation hopes that this report, summarizing NCPCA's initial findings, will provide the makers of public policy, program planners, and other foundations with useful information and renewed inspiration to join the battle against child abuse.

Bernard C. Watson, Ph.D.
President and CEO
The William Penn Foundation

The past ten years have seen a tremendous growth in efforts to prevent child abuse. An increasing percentage of hospitals, school districts, and community-based agencies in the United States offer prevention services, particularly parent education and support services for new parents. And, in all but one state, Children's Trust and Prevention Funds have been established to further expand the availability of prevention services.

Despite these increases, children remain at risk. Treatment and prevention services have not kept pace with the number and types of families needing more extensive assistance in meeting their parenting responsibilities. Many existing services are group-based, educational services best suited for those parents willing and able to access these options. Far fewer services exist for more isolated, less educated, or more poorly functioning parents, a population many believe is growing. Increased substance abuse, particularly among young mothers, growing economic stress, and high levels of community violence are seen as placing greater numbers of children in harm's way.

Child abuse fatalities in the United States rose 54 percent between 1985 and 1991, paralleling increases in overall child homicide rates.

Statistics suggest current prevention efforts are not reaching these most vulnerable populations. Despite increased prevention activity and awareness of the problem, serious forms of child abuse appear to be on the rise. For example, child abuse fatalities in the United States rose 54 percent between 1985 and 1991, paralleling increases that have been observed in overall child homicide rates.

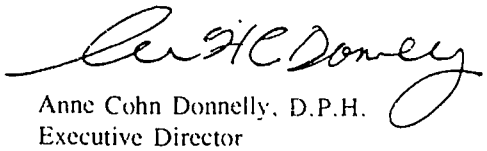
The William Penn Foundation's Child Abuse Prevention Initiative explicitly recognized the need to focus prevention efforts on parents at high risk for maltreatment. The 14 programs selected for participation targeted parents most needing but least likely to have access to parent education and support services. Under this initiative, thousands of parents in the Greater Philadelpia area–parents who were at high risk to mistreat their children–receeived the support and assistance critical to building strong parent-child relationships.

The evaluation findings confirm that preventing child abuse with high-risk families is possible and that it requires intensive and comprehensive interventions.

The evaluation findings confirm that preventing child abuse with high-risk families is possible and that it requires intensive and comprehensive interventions. If we are committed to reducing child abuse rates, expansion of such services to all at-risk families is essential. The William Penn Foundation Initiative has shown us what needs to be done. We are all responsible for putting these guidelines into action.

Certainly our organization, the National Committee for Prevention of Child Abuse, is making a commitment to do so. A not-for-profit, volunteer-based organization headquartered in Chicago with chapters in

all 50 states. NCPCA is dedicated to preventing child abuse in all of its forms. We have launched a national initiative entitled Healthy Families America, which seeks to establish universal home visitor services for all parents, particularly those at risk. And it is our intention to ensure that those home visitor services are intensive and provide comprehensive support to families.



Anne Cohn Donnelly, D.P.H.
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EXECUTIVE SUMMARY

The crisis of abused children is one that touches the lives of everyone in a society. Children who have been beaten; infants so neglected they show little sign of life or an ability to respond to human touch; adolescents who have disclosed years of sexual abuse by their parents–these are pictures that motivate individuals to act on their own and in concert with their colleagues and neighbors to try to solve the problem. Fueled by expanded public awareness campaigns and popular media attention to this issue, public outcries have resulted in calls for expanded treatment services and, most recently, for prevention.

Echoing this national trend, the William Penn Foundation elected to invest significant resources in preventing child abuse, particularly among those populations living in economically depressed and service-limited neighborhoods throughout the Greater Philadelphia area. In 1988 the Foundation awarded three-year grants to 14 organizations at a total cost of more than $6 million. These programs represent a range of interventions–home visitation services, parenting education, parenting support services, and counseling–aimed at improving a parent's capacity to care for his or her child. Each of the grantees targeted its services to specific geographic areas identified as containing a disproportionate number of substantiated abuse reports, to insure that services would be directed to populations at high risk. These selection criteria resulted in a unique pool of programs and program recipients well suited to an examination of the extent to which multi-problem families can be successfully engaged in and helped by prevention efforts.

The purpose of this monograph is to summarize NCPCA's findings with respect to service impacts.

In 1989 the William Penn Foundation awarded the National Committee for Prevention of Child Abuse a three-year grant to evaluate the relative effectiveness of these programs. The purpose of this monograph is to summarize NCPCA's findings with respect to service impacts.

The Evaluation

Client impact findings for the participating programs were gleaned from four samples:

- a pre- and post-testing of 1,078 adults who received extended services between March 1990 and July 1991;
- in-depth interviews with approximately 10 percent, or 91, of these clients three months following the termination of services;
- in-depth interviews with a sample of 31 clients identified at intake as being at particularly high risk for maltreatment; and

- a pre- and post-testing of 133 children and 102 adult caregivers who participated in therapeutic child care or parent-child play groups.

Outcomes in the first three of these samples were measured through documented changes in the Child Abuse Potential Inventory (CAP), a standardized measure of abuse potential, and staff assessment of changes in the client's functioning and likelihood to engage in various types of abusive or neglectful behavior. In addition, the in-depth interviews examined changes in the respondents' perceptions of themselves and their children as a result of services. Changes in child functioning or parent-child interactions were based on information obtained from both the child and parent. Adults in this sample took a test measuring their child development knowledge, while staff assessed child functioning with the Denver Developmental Screening Test. Staff also assessed the parent-child interaction and the child's physical health.

As a group, the 14 demonstration projects significantly reduced their clients' levels of risk for maltreating their children.

The Findings

As a group, the 14 demonstration projects significantly reduced their clients' levels of risk for maltreating their children as measured by the Child Abuse Potential Inventory (CAP) and the participant's assessment form. On average, participants decreased their CAP scores by almost 10 points, with high-risk clients showing the most dramatic improvements. In addition, staff rated almost 70 percent of the adult participants as having benefited from services. In terms of specific at-risk behaviors, clients were significantly less likely at termination to use corporal punishment, to inadequately supervise their children, or to ignore their child's emotional needs.

Almost three-quarters of the children demonstrated improved cognitive and social functioning at the end of services.

More importantly, these gains were retained and enhanced over time. The follow-up sample reported continued improvements in their methods of discipline and an increase in positive interactions with their children. For those clients completing a follow-up CAP, child abuse potential continued to decline, with the average score decreasing an additional 26 points between termination and follow-up.

In addition, children showed other gains as a result of participation in services. The children's study found that therapeutic child care and parent-child play groups not only improved the child's functioning, but also enhanced parent-child interactions and the parent's knowledge of child development. Overall, the percentage of children scoring in the normal range on the Denver Developmental Screening Test increased from 69 percent at intake to 87 percent at termination. Similarly, almost three-quarters of the children demonstrated improved cognitive and social functioning at the end of services.

While it is tempting to present a list of service components or delivery features that have universally positive impacts on clients, the findings from this effort suggest such a fail-proof blueprint does not exist. In fact, both the quantitative and qualitative data reinforce the findings of others–that no single intervention is equally successful with all individuals. Certain program features, however, such as service intensity, the simultaneous use of multiple interventions, and aggressive community outreach did emerge as having a substantial impact on achieving positive outcomes, particularly with those at highest risk.

The Implications

The variety of services offered by the 14 programs and the success they achieved in engaging and retaining a significant proportion of high-risk families offer guidelines for creating more effective prevention efforts. Based upon the data gathered under this initiative, it is clear that prevention programs seeking to enhance parenting skills among high-risk populations need to offer intensive services that do more than merely transfer specific parenting or child development knowledge. Enhanced parenting skills will be achieved only if a program addresses its clients' personal as well as parenting needs. In addition to working with parents, direct services to children, either through parent-child play groups or therapeutic child care, are important components in any comprehensive strategy. Finally, competent and empathic direct service staff are the linchpin for successful prevention efforts. In selecting staff, project directors need to evaluate applicants not only in terms of their educational and technical qualifications, but also in terms of their ability to relate to clients in a nonjudgmental and supportive manner. Such abilities are key to attracting and retaining high-risk clients.

No prevention program can be all things to all clients. Even the most organized and extensive program will not be able to fulfill the variety of demands that will be placed upon it by a highly dysfunctional and needy population. To secure the service capacity necessary for this clientele, a prevention program needs to be well integrated into the broader network of services within its local community. It is the creation of these comprehensive service networks, such as the one now in place in Philadelphia, that is essential to improving child abuse prevention efforts.

Child abuse in the Greater Philadelphia area, as in most of the United States, represents an enormous child welfare problem. In 1991 alone, some 2.7 million children were reported nationwide as suspected victims of various forms of child maltreatment. Specifically, the term "child abuse" includes nonaccidental physical injury, neglect, sexual molestation, and emotional abuse:

- Nonaccidental physical injury may include severe beatings, burns, strangulation, or human bites.
- Neglect is failure to provide a child with the basic necessities of life: food, clothing, shelter, or medical care; and lack of supervision or total abandonment.
- Sexual molestation is sexual exploitation of a child including rape, incest, fondling of the genitals, pornography, or exhibitionism.
- Emotional abuse is a pattern of behavior that attacks a child's emotional development and sense of self-worth. Examples include constant criticizing, belittling, insulting, rejecting, and providing no love, support, or guidance.

In 1991 alone, some 2.7 million children were reported as suspected victims of various forms of child maltreatment.

The efficient and effective use of public monies to prevent child abuse is a worthwhile goal. Generating support, however, for intervention into the private family before abuse has occurred is a complex and controversial matter.

Most prevention programs seek to improve a parent's capacity to care for his or her child along a variety of dimensions. While the content and structure of these programs vary, critical service goals include:

- increasing a parent's knowledge of child development and the demands of parenting;
- enhancing a parent's skill in coping with the stresses of infant and child care;
- enhancing parent-child bonding, emotional ties, and communication;
- increasing a parent's skill in coping with the stress of caring for children with special needs;
- increasing a parent's knowledge about home and child management;
- reducing the burden of child care; and
- increasing access to social and health services for all families.

Programs that embody these goals, frequently referred to as parent enhancement services, have undergone numerous evaluations. Unfortunately, the majority of these efforts are not controlled experiments, and many are fraught with serious methodological problems. Such observations may be well-founded and certainly underscore the need for more sophisticated and consistent evaluation efforts. However, limiting the

pool of useful program evaluations to only those efforts that meet strict standards of scientific purity is impractical. While the present body of evaluative research most certainly has its limitations, it has provided preliminary guidelines for shaping programs and systems.

Interventions to Assist Parents: What Do We Know?

A number of factors go into determining an individual's parenting style: developmental history, personality factors, social interactions or social networks, familial relationships, and child characteristics. A number of theoretical frameworks have been applied to understanding the relationship between these factors and child maltreatment. The most common of these frameworks include the following:

- **psychodynamic theory**–suggests that parents would be less abusive if they better understood themselves and their role as parents;
- **learning theory**--suggests that parents would be less abusive if they knew, more specifically, how best to care for their children;
- **environmental theory**–suggests that parents would be less abusive if they had greater resources available to them in terms of material support or social support for a given set of actions; and
- **ecological theory**–suggests that parents would be less abusive if a network of services or supports existed to compensate for individual, situational, and environmental shortcomings.

In integrating these theories into specific service delivery systems, various services have been repeatedly identified as playing a critical role in preventing child abuse. The services most commonly supported in the literature include the following:

- **Counseling.** Initial work with abusive families placed a heavy emphasis on the provision of therapeutic services to maltreating adults for purposes of changing parental personalities or behaviors. Although originally developed for the physical abuser, the use of individual and group therapy has been incorporated over time into prevention as well as treatment programs serving adults at risk for a wide range of abusive behavior. The early and continued use of formal psychotherapy has a good deal of theoretical appeal. Many of the problems reported by maltreating parents or parents under stress are issues that have historically been addressed through psychiatric services. These characteristics include notions that the child's responsibility is to care for the parent, difficulty in managing anger or aggressive impulses, rigidity, low self-esteem, and a

history of maltreatment. While the causes of maltreatment rarely lie in a single disorder, the poor personal functioning of many parents seeking assistance from prevention services has supported the continued use of therapeutic methods.

- **Home Visitation.** A variety of home visitor programs utilizing different types of providers (e.g., nurses, graduate students, paraprofessionals) and emphasizing different topics (e.g., health education, child development, social supports) have proven successful in reducing the likelihood for maltreatment. The individualized and flexible service delivery system central to most home visitation efforts has proven particularly effective with those families who distrust existing service systems or who are too dysfunctional to regularly attend center-based services. Evaluations of home visitation services have found the method promising in a number of areas. Common positive outcomes include a reduction in reported cases of child abuse and neglect; increased use of health care and related social services; lower emergency room use for the child due to accidents or failure to obtain preventive health care; less frequent use of corporal punishment; and a greater openness in discussing family problems.
- **Parenting Education and Support.** It is widely agreed that considerable abuse occurs because parents simply do not know how to care for their children or because their discipline or child care techniques are either harmful or ineffective. Further, these adults may have a history of maltreatment and poor parenting, or they may be too young or too inexperienced to comprehend what is expected of them as parents. Consequently, a critical feature of preventing child abuse lies in training parents in how to effectively nurture and support their children. Parenting education programs are well suited to filling this type of information gap, either through written material, group presentations, or individual instruction. Like home visiting services, parenting education and other center-based services have produced positive gains in overall parenting skills and in the use of community resources.

The Challenge of High-Risk Populations

Not all families have equal access to or can benefit equally from the current pool of child abuse interventions. The majority of prevention programs have targeted and have successfully served parents who recognize their limitations with respect to child development knowledge, parenting skills, and the use of formal and informal supports. While they

may not be able to articulate their specific shortcomings or needs, they are aware that they need to secure additional help from some source to meet their parenting responsibilities. These individuals will sign up for parenting education classes at the local community center or hospital, will join parent support groups, and will seek out various written materials. When under stress or after having lashed out at their child, they may call hot lines or ask a friend for assistance.

Beyond this group of parents, however, lies a significant, and some would argue growing, number of parents who pose a more complex task for program planners. Rising numbers of child abuse fatalities and homicides, children in poverty, and children born drug-addicted or drug-exposed have heightened public concern over such families. Some parents may not know they need assistance or, if they do know they need assistance, they may not know how to access it. These families, particularly those at risk for child neglect, generally are not good at applying a theoretical concept to their child's behavior or adjusting a technique to suit their child's development. In other cases, parents may simply be unable, or unwilling, to integrate the social, emotional, and cognitive competencies needed for healthy development. Often, the parents in these families exhibit serious functional problems such as extreme disorganization, substance abuse, and violent behavior. To date, these individuals have been very poor candidates for prevention and have not responded well to treatment services.

Some parents may not know they need assistance or may not know how to access it.

At present, there are two competing views as to why prevention services have failed to impact high-risk populations. One view holds that services may not be accessible to those families most in need of assistance. Home visitor programs, early parenting education, child development instruction, and on-going support services may not be sufficiently available or effectively publicized. As a result, large numbers of families are not receiving the services they need to avoid various forms of maltreatment. If this explanation is correct, then achieving a reduction in the most severe levels of violence against children will hinge on the expansion and better targeting of key services.

The second view is that the problem is not merely one of inadequate supply or poor dissemination of services. Families involved in the most violent and serious forms of maltreatment may not be responsive in large numbers to the current arsenal of services. If this explanation is correct, a simple expansion of existing treatment and prevention service models may not produce a significant reduction in the most violent cases of maltreatment. Working with this segment of the at-risk population may require new ways of delivering treatment and prevention services.

Moving Beyond Existing Knowledge

Which explanation is correct? One of the primary barriers to answering this question has been the absence of an adequate sample of high-risk families who received a variety of prevention services. The William Penn Foundation Prevention Initiative offered a unique opportunity to address this shortcoming. As discussed in subsequent chapters, a sizable proportion (almost 40 percent) of the individuals served under this initiative presented many of the personal and environmental risk factors associated with serious physical abuse and neglect. Further, the methods used to engage and retain these clients varied across the 14 programs. For example, the parenting education and group-based support services provided by the funded programs ranged from very structured, 6-to-10-week parent education classes to individualized instruction over an extended period of time. In at least two of the sites, participants were free to choose among a variety of educational and support groups, often moving from one group to the next over an extended period of time. Similarly, the 14 programs also varied in duration and intensity. Five of the 14 programs engaged families in services for an average of two to three months. In contrast, families served by the remaining grantees received services, on average, for six months or longer. The programs also differed in service intensity. As discussed in subsequent chapters, the average contact program staff had with families ranged from less than once a month to more than twice a week.

As a result of this diversity, the Foundation's Prevention Initiative provided an excellent opportunity to identify those services and service delivery systems most useful in altering the capacity of high-risk parents to adequately care for their children. Both the nature and size of the client sample was well suited to expanding our understanding of the specific service features related to successful outcomes, the extent to which these outcomes were retained over time, and the service features and staff characteristics best suited for engaging and retaining high-risk populations in prevention services.

CHAPTER 2
PROGRAMS

After extensive study of how best to address the problem of child abuse in the Greater Philadelphia area, the William Penn Foundation elected to support prevention and early intervention programs serving high-risk communities. In 1988, 14 programs were funded for a three-year period at a total cost of more than $6 million.[1] Recognizing the absence of a universally successful prevention service model, the Foundation allowed grantees to structure their interventions in the manner best suited to their specific objectives and client base. As noted above, these funding criteria created a diversified pool of programs and clients well suited to promoting greater understanding on how best to maximize the prevention impacts.

In 1988, 14 programs were funded for a three-year period at a total cost of more than $6 million.

Each grantee was selected not only for its service package but also for its ability to target services to a specific geographic area identified as containing a disproportionate number of substantiated child abuse reports. This selection process resulted in sites located in several inner-city Philadelphia neighborhoods, as well as in declining suburban communities in adjacent Bucks, Delaware, and Montgomery Counties. In each case, the Foundation-funded programs filled a critical service gap, providing parenting and other supportive services to families who had not qualified for or had not been able to access existing social services. Brief descriptions of each grantee are outlined below. Key contact staff and addresses for each site are presented in Appendix A.

The Programs

Alternatives Family Resources: Targeting the Greater Pottstown area in Montgomery County, Alternatives implements a comprehensive child abuse prevention system. Primary prevention services include prenatal parent education, an in-home, post-delivery program offered in association with the Visiting Nurse Association (VNA), child health and safety education classes, parent support groups, and parent-child play groups. Beyond this pool of services, Alternatives also operates support groups for teen and adult victims of maltreatment, parenting education workshops for parents in special circumstances (e.g., foster parents, step-parents) and drop-in emergency counseling.

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[1] In addition to supporting 14 direct service programs under this initiative, the Foundation also made a grant to the Juvenile Law Center in Philadelphia. A nonprofit, public interest law firm, the Center provided staff training to each of the 14 direct service sites on the legal obligations and procedures for reporting suspected cases of maltreatment. Beyond this initial training, the Center provided follow-up services and consultation to program staff throughout the three-year period.

Asociacion de Puertorriqueños en Marcha (APM): Housed in the state's only licensed Hispanic psychiatric outpatient clinic, APM offers intensive home-based services to Puerto Rican families living in an economically depressed, highly volatile, inner-city community. The program's Family Preservation Team includes a social worker, teacher, trained paraprofessional, and child development specialist. Services are provided for a minimum of one year and emphasize life skills education, parenting education, parent-child interaction modeling, and homemaker education.

Children's Aid Society of Montgomery County: Operated as a joint venture between Children's Aid and Montgomery County Hospital, the program provides an initial assessment and home visit to all first-time parents delivering at the hospital. A child development specialist contacts new mothers within one week of delivery to schedule an initial visit, with additional visits occurring when the child is six weeks and three, six, nine, and twelve months old. Services continue for an additional two years, during which time participants are visited on a quarterly basis.

Congreso de Latinos Unidos, Inc.: Congreso offers structured parenting education classes based on the work of Alfred Adler to families throughout the Philadelphia Latino Community. The 12-week session includes a specific curriculum covering a range of parenting topics and at least two sessions on topics of interest to each specific group of participants. Child care is provided during the two-hour instructional period, which is generally followed by a parent-child interaction session.

Crime Prevention Association: Serving an economically depressed inner-city community, Crime Prevention emphasizes intensive group-based interventions, with home visits providing ancillary functions. The 12-week "Morning Program," targeting the most dysfunctional parents, operates four days a week for four hours and consists of a parenting education and support group in which children are provided child care; a noon-day meal; and a period of parent-child interaction. Upon completion of this program, participants are encouraged to enroll in an "Evening Program," which is also offered to the community at large. Held twice a week for 14 weeks, this program includes guidance on structuring parent-child interactions, an evening meal, parent education, and a support group.

Crozer-Chester Medical Center: Serving an economically depressed portion of Delaware County, the program seeks to provide new mothers identified as being at risk for maltreatment a continuum of prevention services, beginning with an initial assessment and home visit. Eight individual parenting education sessions are then scheduled with the participant, to coincide with well-baby visits occurring during

the child's first 18 months. The program provides transportation and child care to facilitate continued enrollment. Additional support is offered to families through parent support groups and respite care services.

Family and Community Services of Delaware County: Emphasizing the need to strengthen families, the program offers participants a full range of educational and therapeutic services. Following referral, participants can elect to enroll in one of five parent education groups lasting six to eight weeks or receive individual case management and counseling services. In addition to those programs operated at their facility, staff also provides parenting education classes at various locations throughout the community, including schools, churches, and community centers.

Family Services Association of Bucks County: The families served by FSA exhibit many of the personal and environmental stresses noted among many urban program participants. Three primary service models are offered: Family Life Education Workshops, a 25-week series that focuses on a variety of parenting and child development topics; counseling and case management services, which are center- or home-based individual counseling sessions; and parent support groups, which are self-help groups for parents at risk of maltreatment.

Family Service of Philadelphia: Targeting seven communities with high reported rates of child abuse, Family Service offers parent education workshops in a wide range of community settings. The Parent Education Program consists of six two-hour sessions covering various child development and child management topics. In addition to traditional methods of didactic teaching, the sessions also incorporate three 10-minute parenting plays that model positive methods of parent-child interaction and discipline. Following the six-week session, participants are offered ongoing support groups for at least a one-year period and are provided individual counseling on an as-needed basis.

Family Support Services: Targeting parents of medically compromised infants and toddlers (e.g., those born prematurely or with low birth weight, and infants and children with respiratory and other health problems), Family Support's Healthy Beginnings enrolls participants in a two-day-a-week, five-and-a-half-hour program. During this period, parents meet as a group with a parent educator while children are engaged in developmentally appropriate activities with early childhood education staff. A meal and parent-child interaction period follow the formal presentation. Home visits are conducted by a nurse or social worker as a part of the program's intake and follow-up procedures.

Neighborhood Parenting Program at the Hospital of the Philadelphia College of Osteopathic Medicine: This multifaceted prevention program targets two low-income communities within

Philadelphia. Services seek to enhance parental capacity to recognize difficulties in their current parenting practices and to more effectively utilize community service systems. Key services include weekly parent-child play groups, father-child play groups, parenting workshops, parent support groups, and family social events.

Philadelphia Society for Services to Children: Targeting a high-risk inner-city community, Philadelphia Society offers participants a combination of group-based and home-based interventions. The core program offered is the Minnesota Early Learning Design (MELD), bi-weekly group meetings lasting over a two-year period that focus on enhancing child development and parent-child interactions. Home visits are offered MELD participants, as well as new parents in the program's catchment area, by both program staff and a group of trained volunteers. Philadelphia Society also operates a toy lending library and community-based parenting education workshops.

Supportive Child/Adult Network (SCAN): High-risk populations in three Philadelphia communities are provided intensive home visitation services by a team including a social worker, nurse, and parent aide. Visits range from three times a week for families in crisis to once a month. In addition to this component, the program provides structured child care for children from infancy to five years of age and parent education groups.

Youth Service, Inc.: Targeting pregnant and parenting teens, Youth Service offers participants home visitation and center-based educational services. Modeled on the work of David Olds and his colleagues, the home visitation program begins during pregnancy and continues throughout the child's first two years of life. Unlike the Olds model, the majority of visits are provided by a trained family care worker, with periodic visits by a nurse. Center-based services are offered three times a week at a local community center.

Summary

Collectively, the 14 grantees provided parenting information and support to thousands of families in their target communities. While the evaluation focused on measuring service impacts for those families who received the most intensive levels of service, nearly 12,000 families participated in community education workshops, family recreational events, toy lending libraries, day care programs, and parenting seminars. The impacts of these efforts are difficult to measure. As discussed in the concluding chapter, however, such activities most likely contributed to an increased awareness of the problem and willingness on the part of parents to seek help before abusing their children.

The Objectives

In 1989, the William Penn Foundation awarded the National Committee for Prevention of Child Abuse a three-year grant to evaluate the relative effectiveness of the 14 programs. The evaluation had three objectives:

- to measure the impact of these programs on the participants and the Greater Philadelphia community;
- to identify those service and staff characteristics that were most effective in achieving positive outcomes for the participants; and
- to create specific policy and program guidelines for the child abuse prevention field.

The primary emphasis of this monograph is an examination of the impact of services on the participants as revealed in six evaluation reports. Key findings from these reports are included as appropriate. There were, however, other important evaluation components that could not be fully described in this document due to space limitations. These components include a detailed description of the operation and staffing patterns of each program in order to facilitate program replication; an investigation of provider attitudes and behaviors regarding child abuse to assess whether such attitudes shape service quality; and an assessment of the aggregate impacts of the William Penn Foundation Initiative on the Greater Philadelphia child welfare system. These reports are listed in Appendix B.

The Research Questions

The monograph focuses on how and why participants changed as a result of voluntarily attending child abuse prevention services. The following research questions guided the study:

- How successful were the 14 programs in reducing a participant's potential for child abuse?
- Were some programs more effective than other programs? And, if so, why?
- Did specific service components or characteristics work best with certain types of participants?
- Did participants retain the benefits of the program after services ended?

The evaluation also investigated the types of families served by each program and how these families were referred to the program. To guard against selection bias, the study also assessed whether participants who completed their planned service cycle differed from those who did not,

in terms of personal functioning or demographic characteristics. For example, were college graduates more likely to complete a program than those without a high school diploma?

The Methods

Four study components were created to gather a comprehensive picture of the impact of services on families.

Adult Participants: Initial Impact. First, the evaluation assessed whether the adult caregivers improved their parenting behaviors and attitudes immediately after completing these prevention programs. A total of 1,078 adults were involved in this study component. This sample included all the adults who participated in services during the evaluation period, with a few exceptions. Parents attending brief parenting workshops (less than three weeks), those receiving services from the Visiting Nurses Association, and some who received only mental health services were not assessed. The final sample size, however, closely reflects the number of participants who enrolled in intensive parenting services and is considered to be representative of families most likely to engage in prevention services.

Two instruments were used to assess change in parenting behaviors and attitudes: the Child Abuse Potential Inventory (CAP) and a participant assessment form. The CAP is a standardized, self-administered instrument designed to measure an individual's likelihood of physically abusing a child. The respondent agrees or disagrees with 160 statements, which measure the following six dimensions related to child abuse: personal distress, rigidity, unhappiness, problems with child and self, problems with family, and problems with others. With all these scales, higher scores indicate more problematic behavior. Scores of 166 or higher evidence moderate abuse potential, while scores of 215 or higher reflect high abuse potential. The average score for a group of more than 800 parents not suspected of maltreatment was 91.

The validity and reliability of the CAP have been well established. A longitudinal study found a significant relationship between elevated CAP scores and subsequent confirmed cases of physical child abuse. In addition, studies have shown that the CAP can distinguish between groups of at-risk and control subjects as well as between groups thought to differ in levels of risk status. The CAP has been normed on a wide variety of groups with respect to race, income, and level of risk for abuse.

The participant assessment form includes a checklist of adult functioning problems (see Appendix C) such as limited child development knowledge, low self-esteem, and alcohol or other drug abuse. Staff

also judged the adult participant's likelihood to physically abuse, emotionally maltreat, or neglect the child. Finally, staff gathered information on the participant's demographic background (e.g., age, income, race, family composition), use of services, reasons for leaving the program, and familial risk factors (e.g., family, history of physical discipline, homelessness).

At 11 of the 14 programs, participants completed the CAP at the start of services and again when they left the program. At the same time, program staff completed the participant's assessment form. At three programs, testing could not be done at the start of services. Instead, these programs administered the CAP to every participant in any service during five one-week periods throughout the evaluation. All participants were asked to answer a general satisfaction form when they finished the program.

Adult Participants: Follow-Up Impact. The second component investigated whether the participants retained their improvements in parenting behaviors and attitudes three months after services had ended. At this point, about 10 percent, or 91, of the adult caregivers were asked to complete another CAP. In addition, these participants were interviewed in person about changes in their parenting practices, parent-child interaction patterns, informal and formal social supports, family stresses, and self-concept.

High-Risk Families. Thirdly, the evaluation focused on obtaining information on a group of the highest-risk families who participated in services. CAP scores were used to select 31 of the highest-risk adult participants. These participants were interviewed in person after they either had completed the program or dropped out. Specifically, they were asked open-ended questions about what attracted them to the prevention program, why they chose to remain in the program, and what benefit, if any, they derived from their participation. The participants also were asked to describe the most and least useful parts of the programs.

Services to Children. The fourth study component assessed the impact of the four programs that provided extensive services to children either through parent-child play groups or therapeutic child care. These programs served 133 children and 102 adult caregivers. At the beginning and end of services, adult caregivers completed a measure of child development knowledge. At the same time, staff assessed the following: (1) parent-child interaction patterns, (2) the child's physical, cognitive, and social-emotional functioning, and (3) the child's functioning with the Denver Developmental Screening Test (Denver). The Denver is a standardized, observational instrument used to identify developmental delays in children between the ages of two weeks and six years. It assesses gross and fine motor skills, language, and personal-social abilities.

The Analysis Strategy

For the initial impact, follow-up, and services to children components, statistical methods were used to determine how these programs affected the participants. Since all participants received prevention services, the evaluation did not have access to a control group or comparison group. Instead, this study examined outcomes by site, type of services, risk level of family, and intensity of services. Demographic differences and variation in the use of services among the participants were statistically controlled to better measure the impact of services. The high-risk study and a large part of the follow-up study relied on semi-structured interviews. Common answers and themes were identified, which formed the basis of the descriptive results.

Evaluation Constraints

One must use caution in expecting that similar results would occur in other program locations, as families in any single community are unique.

As with any evaluation, this study has some limitations. First, the families in this study were not a random, representative sample of the current population of families in the United States. While they are most likely representative of the continuum of families who voluntarily utilize child abuse prevention services, these families may differ on some underlying dimension from their counterparts who do not seek services. They may be more motivated to obtain help or, on the other hand, they may be more in need of services. One must use caution in expecting that similar results would occur in other program locations, as families in any single community are unique.

Second, the program staff had difficulty collecting post-services information on all participants. In some cases (often due to the high mobility of this population), families left services prematurely or unexpectedly, making it difficult to obtain a second assessment. As a result, some programs did not have a large enough number of participants with final Child Abuse Potential scores for multivariate analysis, preventing a direct comparison of the impact of each of the 14 programs.

While these constraints limit the study's validity, the structure of both the overall initiative and evaluation effort provides useful guidelines for the prevention field. First, the 14 programs attracted a diverse sample and offered a variety of interventions. Whereas most evaluations investigate only one program, this study was able to compare the effectiveness of different service strategies as well as identify the service components that work best with certain types of families. Second, the study investigated whether participants retained gains three months after the end of services. In a field with very limited informa-

tion on post-program retention of benefits, these data provide unique and critical insights into the ongoing struggles parents face in rearing their children and the methods they use to resolve these struggles.[2] Finally, the study looked at two atypical groups of participants in child abuse prevention programs: high-risk families and children. Again, limited information exists on the capacity of prevention programs to address the needs of these groups. The findings from this evaluation provide new and needed guidance for innovative prevention programs electing to target these populations.

[2] Currently, the William Penn Foundation is funding NCPCA to continue collecting post program data on these same families, thereby providing a comprehensive assessment on the long term impact of prevention services.

The Demographic Profile

The 1,078 participants included in the evaluation sample represented a wide range of family configurations, racial groups, and parenting histories. The study participants reflected the following demographic and economic characteristics:

- more than half of the participants were in their mid-twenties or older;
- teens represented less than 20 percent of the sample;
- white participants comprised approximately half of the sample, African Americans more than a third, and Hispanics eleven percent;
- less than 40 percent of the participants were married, one-third were single, and 15 percent were divorced or separated;
- most participants had more than one child, with families averaging three;
- half of the participants received some type of public assistance; and
- slightly less than half had household incomes of $15,000 or less.

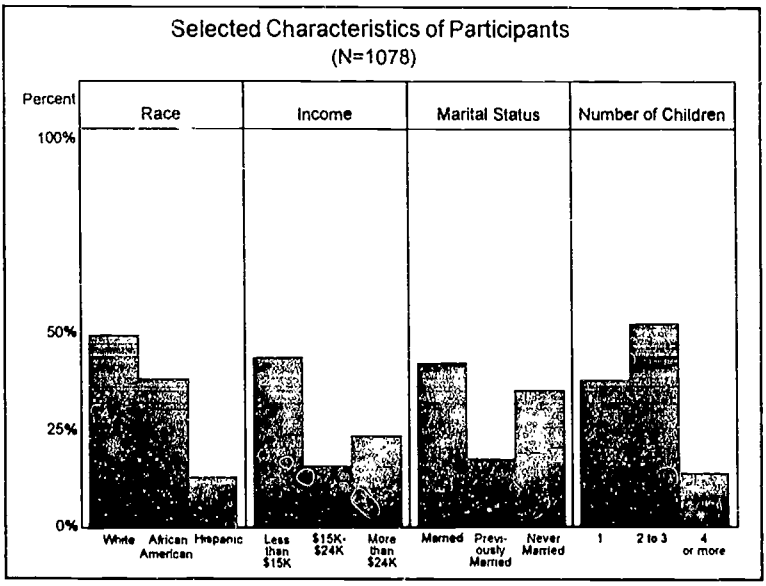


Chart 1. Selected Characteristics of Participants

The demographic profile of the study participants deviated from the profile of the overall United States population in all respects. Compared to 1990 Census Bureau figures on demographic characteristics of the U.S. adult population, the participants were, on average, older, more

often female, more often single, and less educated. Additionally, the study was comprised of three times more African Americans, twice as many individuals with incomes less than $15,000, and ten times more individuals on public assistance than the average United States population.

The Staff Assessment of Risk

As discussed in Chapter 1, a number of factors have been associated with an elevated risk for maltreatment. At the beginning of the programs, the program staff completed a checklist of risk factors and adult functioning problems to assess participants' degree of risk for maltreatment (see Appendix C).

Out of 26 possible risk factors, staff noted an average of 3.5 factors among those adults they served. As with the demographic profile, wide variation existed in this number across programs and participants, from 12 percent identified as having no risk factors to 36 percent having five or more. The most common risk factors observed by staff included pregnancy or new baby, financial difficulties, difficulties with child care, ambivalence about parenthood, and family history of physical discipline.

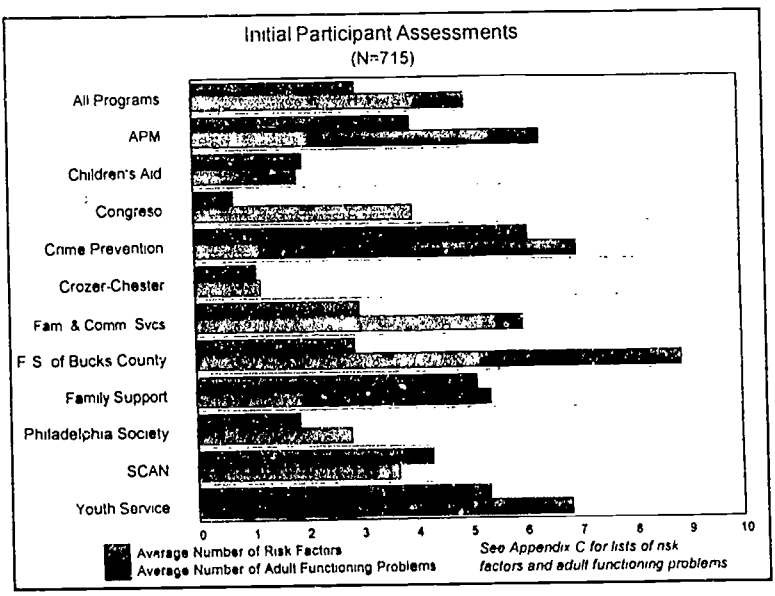
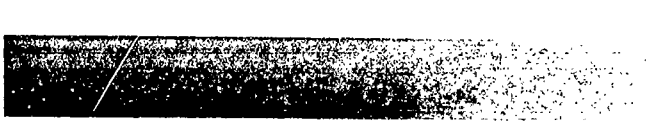


Chart 2. Initial Participant Assessments



In the course of serving families, staff had multiple opportunities to observe clients interacting with their children as well as with other adults. Based on these observations, staff made judgments regarding the client's overall functioning. The most common functioning problems observed within the adult sample were lack of knowledge regarding child development, inappropriate interpretation of a child's behavior, and inaccurate sense of a child's needs. While variation in the predominance of these three issues existed across programs, a sizable proportion of study participants served by most of the 14 programs demonstrated problems in one or more of these areas. Low self-esteem of the parent, typically not a direct objective of child maltreatment prevention programs, was noted as a significant problem at all but three of the programs.

Low self-esteem of the parent was noted as a significant problem.

Staff assessed each participant as to his or her likelihood of engaging in various types of child maltreatment, including corporal punishment, inadequate supervision, emotional neglect, physical neglect, medical neglect, failure to protect child from abuse by others, and educational neglect. Interestingly, only three of these forms of maltreatment—excessive use of corporal punishment, failure to provide adequate supervision for their children, and the lack of emotional involvement with their children—were documented by staff as issues for a substantial number of participants. Again, the ranking on these and the other behaviors assessed at intake differed markedly across the sites. In general, staff at programs serving the most impoverished and dysfunctional families were most likely to observe the potential for maltreatment among program participants, citing problems with corporal punishment, inadequate supervision, and emotional neglect.

The Child Abuse Potential Inventory Scores

Collectively, the clients at all 14 programs scored an average of 181 on the CAP, a score almost exactly twice as high as a sample of nonabusive parents from a general population sample (91), yet lower than samples of known physical abusers, neglecters, and the severely at-risk.

The significant variation of the initial CAP scores across the programs reveals the extreme divergence in risk level of participants served by the 14 programs. Almost half of the clients were identified as presenting at least a moderate potential for abuse, with over one-third scoring in the scale's "high abuse" range. Across the sites, the highest abuse potential was documented by clients at seven of the programs, with APM having the highest. The lowest proportion of clients with a high potential for abuse was found at Children's Aid Society.

The Services to Children Sample

As with the risk level of adult caregivers in the impact study, the functioning of the participants in the four programs providing services to children varied by whether the families lived in an urban or suburban area. The suburban program, Alternatives, served the lowest-risk families. At the start of services, all the children at Alternatives tested at their age level on the Denver Developmental Screening Test (Denver). In contrast, only 56 percent and 67 percent of the children at the two urban programs collecting this information (SCAN and Family Support, respectively) tested at their age level at intake. Children at Alternatives also displayed, on average, only two functioning problems, primarily low frustration tolerance and limited attention spans. The urban children averaged six functioning problems at intake.

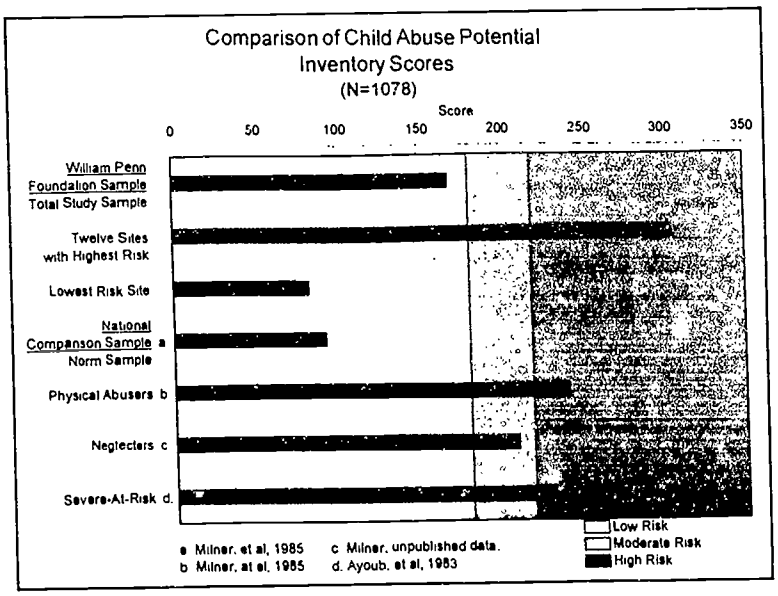


Chart 3. Comparison of Child Abuse Potential Inventory Scores

The participants from Alternatives also evidenced relatively fewer parent-child interaction problems than those at the other programs. Finally, adult caregivers at Alternatives had the best scores (82 percent correct) on a test of child development knowledge at intake. Those at Crime Prevention, Family Support, and SCAN had much worse initial scores (64-67 percent correct) on this measure.

Summary

Clients served by the 14 programs differed on virtually all dimensions examined, including demographic characteristics, adult functioning levels, and Child Abuse Potential Inventory scores. While most of the programs, with the exception of Children's Aid, anticipated serving high-risk clients, some of the programs served clients who were more high-risk than others. Moreover, the sites initially targeting high-risk clients ended up serving clients who were far more high-risk than they had initially expected.

The 14 child abuse prevention programs offered a unique variety of services, ranging from the delivery of parenting information to all new mothers to counseling survivors of abuse. These programs also exhibited great diversity on other dimensions such as how participants were recruited to the program, how many types of services were offered, how long participants received services, and the intensity of contact between the program and the participants.

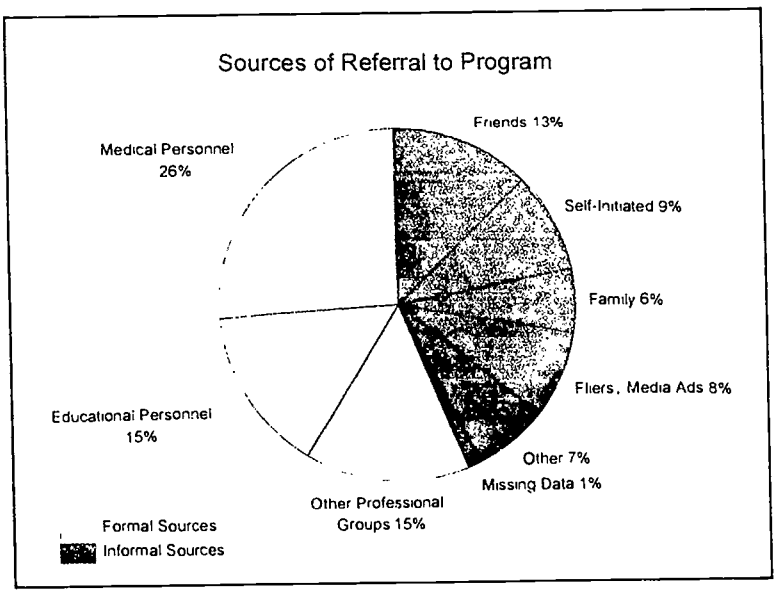


Chart 4. Sources of Referral to Program

The Referral Source

Recruiting participants for voluntary services represents a major hurdle for any new program. While these prevention programs employed a number of strategies to attract families, more than half of the participants heard about the program from a formal, professional source. In fact, the largest referral source consisted of medical personnel and teachers. This was not surprising given that several programs operated at or in conjunction with a hospital. However, 35 percent of the participants contacted these programs either at the suggestion of a friend or family member or because the caregiver sought out the program on his or her

own, often after seeing the program's services advertised locally. Typically, programs seeking high-risk families relied on professional sources for referrals. Programs aimed at a more diverse population attracted participants through informal sources. Crime Prevention, Philadelphia Society, and Youth Service successfully attracted a large number of high-risk families by using aggressive door-to-door canvassing throughout their communities.

What the Programs Offered

The most common intervention was parent education, offered by 12 of the 14 programs.

The majority of programs offered at least one of five service types. The most common intervention was **parent education,** offered by 12 of the 14 programs. This service typically involved a structured curriculum covering child development and health as well as child management techniques. **Parent support groups** represented the second major service component, with 10 programs offering this intervention. For the most part, these groups utilized an unstructured format that allowed parents to discuss not only problems with their children, but difficulties in their other relationships and life. **Home visits** were offered by nine programs on a regular basis. During these visits, staff emphasized parent education and support issues, parent-child bonding, and the medical needs of the child. Seven programs offered **parent-child play groups.** During these sessions, staff led structured activities designed to facilitate positive parent-child interactions. Lastly, **individual or family counseling** was provided by six programs. In general, counseling focused on personal functioning as well as familial issues.

Programs also offered some unique services. These efforts included groups for fathers, groups for adult survivors of physical or sexual abuse, a drop-in center, respite care services, a toy lending library, and therapeutic child care.

The programs varied in the number of service types they offered. On average, programs offered three service types. Five programs provided at least four service types. In contrast, two programs only offered one type of service.

Typically, participants chose which service they wished to receive, often in consultation with program staff. Participants could receive as many services as they wished if space was available. The only exception to this rule involved counseling, which was generally offered on an as-needed basis and was not open to all families. While parent education and parent-child play groups generally had set service cycles (e.g., a 26-week parenting class), home visits, parent support groups, and counseling were more likely to last as long as the participants and staff felt was necessary.

What the Participants Received

Parent education, the most common intervention offered, had the highest number of participants, with more than half of the families receiving this service. About 35 percent of the families participated in parent-child play groups, while 34 percent received home visits. Program staff provided individual or family counseling to 29 percent of the families. Finally, though parent support groups were offered by the majority of programs, only 28 percent of the caregivers attended these groups. Less than 10 percent of the participants received any of the remaining services, such as respite care.

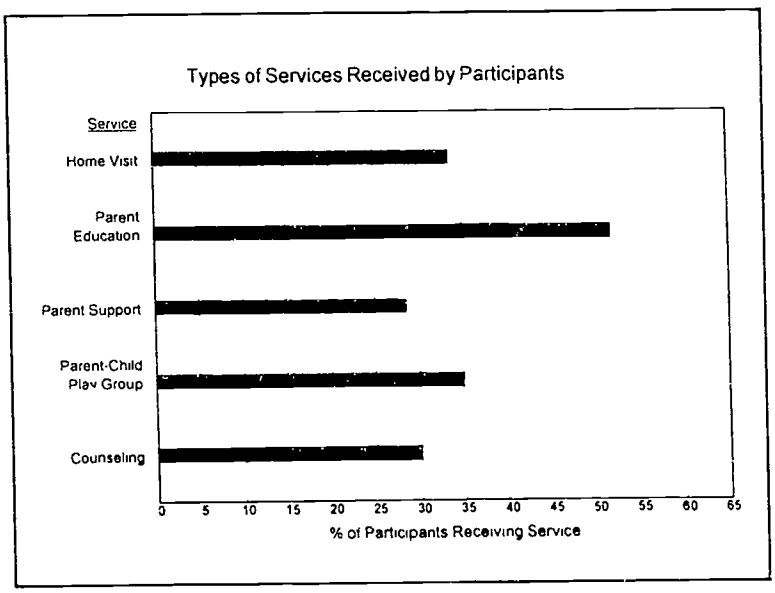


Chart 5. Types of Services Received by Participants

While the programs generally offered at least three services, the typical participant did not take advantage of all the service opportunities offered. On average, participants received two service components. But there were variations in the number of services utilized. For example, parents served at five programs primarily received one service component. At Crozer-Chester, Family and Community Services, and Family Service of Philadelphia, this major service was some type of parent education. At APM, families received only home visits, while the majority of families at Bucks County attended only counseling with case management.

Participants at five other programs typically received two services. Alternatives, Children's Aid, and Osteopathic families participated in parent education in conjunction with another service. SCAN families mainly received home visits, though a large number placed their children in therapeutic child care. Families at Congreso participated in parent-child play sessions during the overall parent education component. At the four other sites, Crime Prevention, Family Support, Philadelphia Society, and Youth Service, the average family participated in a broad array of services. In some cases, programs with multiple interventions offered these services simultaneously, while in other cases, one service (e.g., parent education) led to another (e.g., parent support group).

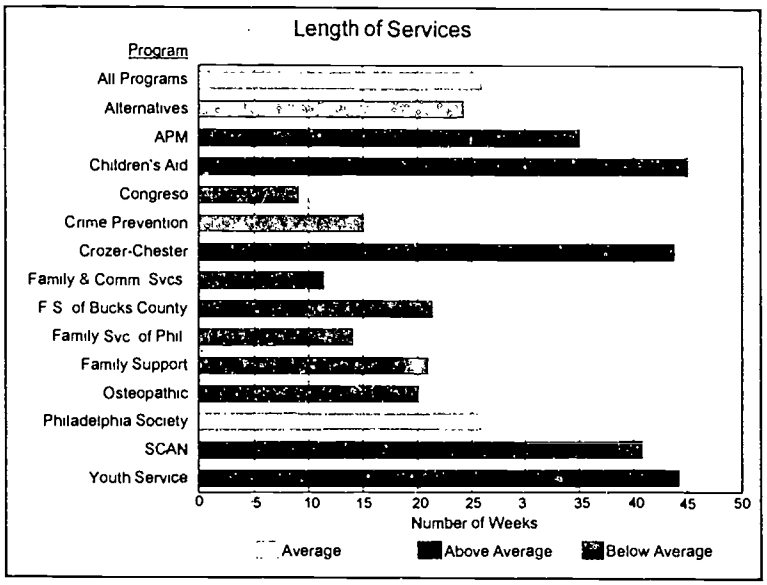


Chart 6. Length of Services

In contrast to the difficulty experienced in engaging participants in all service components, the programs successfully retained families for an average of about six months. In fact, the average length of participation at each program closely reflected that program's original service model. Programs offering long-term service cycles (APM, Children's Aid, Crozer-Chester, SCAN, and Youth Service) engaged clients for at least eight months. Alternatives, Bucks County, Family Service of Philadelphia, and Osteopathic reached their goal of serving participants from four to six months. The remaining programs offered short-term service cycles.

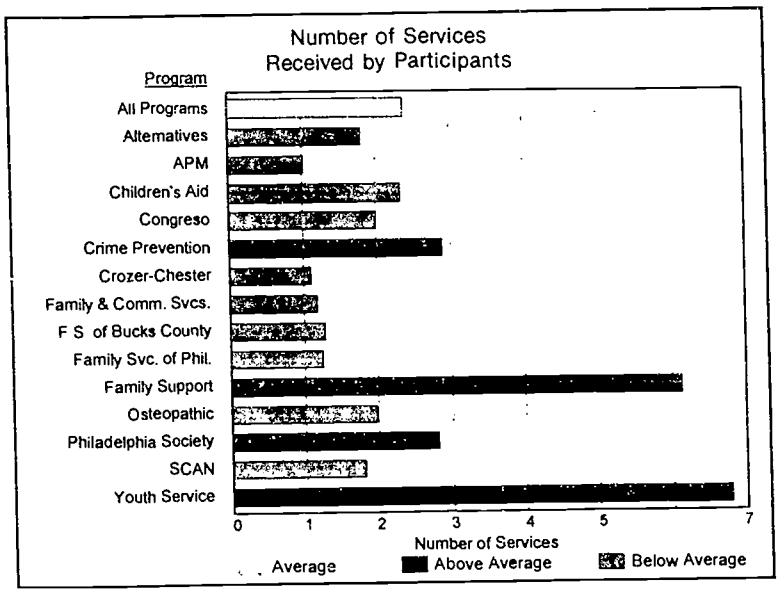


Chart 7. Number of Services Received by Participants

The Intensity of Service

Rather than length of services, the intensity of contact between the program and the participant provides a more accurate picture of the participant's involvement with a program. Service intensity denotes the number of core services (i.e., a service lasting at least 30 minutes and provided on a consistent basis) received by the client in a one-week period. For the 11 programs that could collect this information,[3] the typical participant received one core service each week. Crime Prevention and Family Support Services, though offering relatively short service cycles, maintained the most intensive contact with their families. Conversely, Children's Aid and Crozer-Chester had the lowest service intensity though both provided long service cycles.

Similar information was collected for families involved in services to children. On average, the children and/or their parents received one core service each week. In this study, however, the actual

[3] These data could not be collected at Alternatives Family Resources, Family Services of Philadelphia, and Osteopathic

attendance rate of the participants was used as an additional measure of program involvement. Children and/or parents from all four programs attended 65 percent of the sessions offered. SCAN, which provided therapeutic child care and served families at very high risk, had the highest attendance rate, with children present at 86 percent of the sessions. The three parent-child play groups had lower rates, though families at Alternatives (the relatively low-risk group) attended 70 percent of the play group sessions.

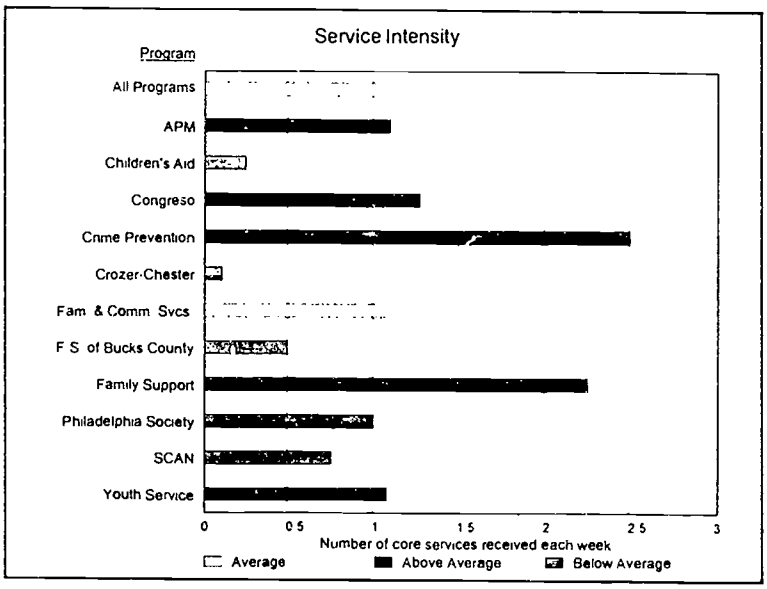


Chart 8. Service Intensity

Initial Impact

As measured by the Child Abuse Potential Inventory, study participants reduced their abuse potential an average of 10 points, or 6 percent. This decrease represents a statistically significant finding ($p < .05$) and is noteworthy given the range of families served. Further, staff assessments indicated a significant reduction in a parent's likelihood to use corporal punishment and, to a lesser extent, to provide inadequate supervision or to lack emotional involvement with their children.

Variation of participant scores in both the magnitude and direction of the change over the course of the study existed for all programs. While participants at seven programs experienced a decrease in scores, this decrease was statistically significant at only two sites (Bucks County and Philadelphia Society). Participants at four programs, however, showed an increase in abuse potential as measured by the CAP. These increases were not statistically significant; indeed, they may reflect an increased sensitivity to child abuse issues on the part of the participants.

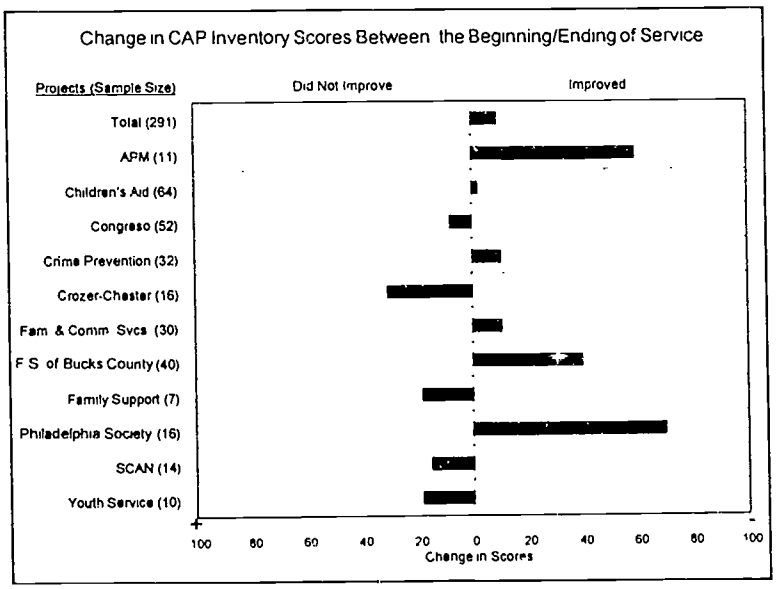


Chart 9. Change in CAP Inventory Scores Between the Beginning/Ending of Service

Given the evidence presented earlier regarding demographic characteristics and initial risk levels, changes in the CAP were compared

for high-risk and low-risk participants. Participants who scored in the most abusive range (215 or above) on their initial CAP comprised the high-risk group. The greatest improvement was observed among this high-risk group, whose abuse potential dropped by more than 50 points, or 17 percent. This change in abuse potential among the high-risk participants is particularly impressive given the obstacles they have to overcome. Further, prevention programs typically have difficulty reaching and engaging those most at risk for abuse. Those sites serving the most at-risk made significant inroads in working with this population.

The greatest improvement was observed among this high-risk group, whose abuse potential dropped by more than 50 points, or 17 percent.

In contrast, the abuse potential for the low-risk group actually increased 13 points. This may indicate that participants who were at low risk at the beginning of service know more about themselves and their parenting style as a result of program participation. Therefore, they would respond to a self-assessment instrument in a more critical manner after receiving services, resulting in a higher risk score.

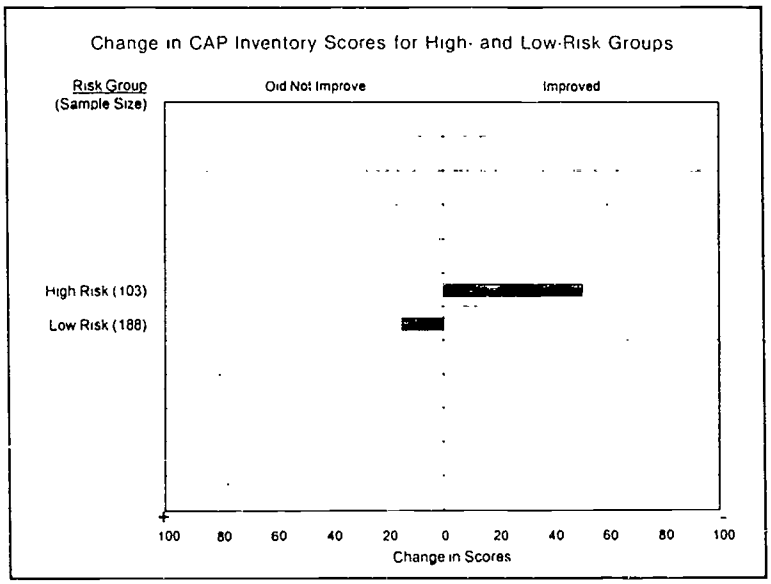


Chart 10. Change in CAP Inventory Scores for High- and Low-Risk Groups

The limited client sample provided by several of the programs prohibited a more detailed, multivariate, site-by-site analysis of performance. The wide range of service differences presented by the 14 programs further complicated this type of analysis. Consequently, the multivariate regression analyses utilized in this study examined the im-

pact of service type, service length, number of services received, and service intensity on decreasing the participant's abuse potential. The results indicated the following:

- Regardless of initial risk level, intensive services are critical for significantly reducing the use of corporal punishment, lack of emotional involvement, and inadequate supervision.
- Center-based services for the high-risk population had a negative impact on risk potential, suggesting that a more personal intervention method, like home visits, may be a more effective approach with the most dysfunctional families. The other service components analyzed, although showing promise, did not have a significant impact on decreasing the participants' likelihood of maltreatment.
- For the low-risk group, limited-term services, specifically those lasting nine months or less, were most effective.

Service intensity is a stronger predictor of positive outcome than length of enrollment.

Overall, having greater contact with a program was more effective in achieving the goals of prevention programs than length of enrollment. Programs with long service cycles but limited contact appear to have had virtually no impact on parental behavior, indicating that intensive services are more effective than extensive ones.

Children as well as adults greatly benefited from participation in these prevention programs. The study of programs providing comprehensive services to children found that overall, the percentage of children scoring in the normal range on the Denver significantly increased from 69 percent at intake to 87 percent at termination. Seventy-two percent of their functioning problems identified by the Child Functioning Checklist at intake were ameliorated. Multivariate analyses of these two measures demonstrated strong evidence that attendance at these prevention programs explained much of this improvement. In terms of parent-child interaction patterns, the number of child problems was reduced by one-third between intake and termination, while parental problems were cut in half. Again, multivariate analyses showed that greater involvement by the parents in these programs strongly correlated with improved interaction. Of the three types of outcome variables, parental knowledge of child development showed the least improvement. Parents achieved some knowledge gains over the course of the intervention, but these gains were not significant nor related to attendance at these programs.

Comparative analyses found some differential impacts between the program targeting children (SCAN) and the programs serving both parent and child. As expected, children in the therapeutic child care setting exhibited significantly greater gains in child functioning than those

at the other three programs. A statistically non-significant trend emerged, suggesting greater improvement in parent-child interaction patterns for those in the parent-child play groups as compared to those in therapeutic child care. Interestingly, the parents of the children in therapeutic child care demonstrated the greatest gains in child development knowledge, an unexpected result because the parents did not receive any services. This finding provides some evidence that the noticeable changes in child functioning along with limited contacts with the staff may have given these parents a more accurate understanding of the capabilities of their child as well as greater awareness of developmental milestones.

Long-Term Impacts

The findings from open-ended follow-up interviews with 10 percent of the sample indicated that the short-term program gains were maintained three months after completing the programs. Overall, the participants' responses to questions about their parenting styles coupled with their post-termination CAP scores show that they had indeed incorporated the information obtained from the prevention programs into their day-to-day interactions with their children.

I used to get very upset with my children. When my four-year-old son becomes defiant and hard-headed, I used to spank him...my thirteen-year-old daughter breaks curfew. I take away privileges. I used to be very upset and I'd hit them first and then listen. Now I learned from the Family Center to take time and listen to my children. I also learned to be consistent when I used discipline.

Participants named three specific ways in which the prevention programs helped them. First, more than two-thirds of them altered their discipline practices as a result of receiving services. Generally, the discipline techniques were changed from corporal punishment to time out or talking with their children. Others who still practiced corporal punishment or yelling reported that the programs had increased their awareness of the negative effect of their behavior on their children and that they were attempting to do it less often. Indeed, one-third of the former participants felt that without the programs, they would still be using corporal punishment or screaming at their children.

Former participants said that in addition to helping them change discipline practices, the programs helped them to understand their children better and to communicate more effectively with their children. Two-thirds of the former participants noted that they had become more patient, tolerant, supportive, and understanding of their children. Much of this change was due to increased knowledge about child development. Almost half told interviewers that learning how to listen better to their children had improved their overall communication with their children. Finally, one-third of the respondents felt the program had helped them resolve their own personal problems, enabling them to function more effectively as parents. Specifically, the programs helped parents break

down personal isolation, improve how they thought about themselves, and focus on personal achievement.

In addition to the reports of differences in parenting, post-termination CAP scores presented further evidence of the long-term gains. For this group, there was an additional significant nine-point decrease in their potential for child maltreatment between termination and the three-month follow-up contact.

Unique Benefits for High-Risk Clients

To understand how to provide maltreatment prevention services more effectively to those parents at greatest risk of maltreatment, thirty-one mothers with the highest potential for child maltreatment, based on their CAP scores at the time they sought prevention services, were interviewed. Consistent with their high CAP scores, many of these women came from severely abusive homes themselves and had a history of abusive relationships. Staff assessed the high-risk mothers as exhibiting considerable problems with parenting, especially lack of child development knowledge, an inaccurate sense of their child's needs, and inappropriate interpretation of their child's behavior.

Despite their high-risk backgrounds, an impressive 80 percent reported that participation in the programs helped improve their parenting and helped them parent differently than the way they were parented. Specifically, they talked about being happier as a mother, more able to separate from their child, and more able to understand and listen to their child. Further, these mothers reported taking more responsibility for their child's well-being by becoming less abusive and more capable of engaging in fun activities with their child.

The high-risk women noted several aspects of the programs that were particularly helpful to them. Almost half said they appreciated receiving advice or information on parenting, especially ways to break the cycle of excessive corporal punishment. The staff's information about child rearing increased their understanding of their child, thereby limiting negative and frustrating patterns of interaction.

Two-thirds reported that having someone to talk to was the most helpful aspect of the program. The importance of this factor to these women underscores the high degree of social isolation many of them face day-to-day. For these women, the struggle with single parenthood and poverty is carried out in nearly complete isolation. Many have neither family nor friends to turn to for advice or help. Lastly, about one-fifth mentioned concrete services, like the provision of disposable diapers, as most helpful. In particular, this was noted at some of the programs serving the most economically disadvantaged.

I learned to cope with my children without screaming. I holler much less now, I talk, I take time out with them more. I read books to them. Before all I did was, 'Shut up, leave me alone, shut up, why don't you shut up.' Now I read to them for hours and we go get the letters that have alphabet magnets, we take them off the refrigerator and spell their names and try to teach them their ABC's...

I don't really have no friends. I had nobody to tell my problems to about my son. He was real little at this time. About the things I was going through, his wake-ups at night and stuff, diaper rash. I had nobody to talk to about stuff like that.

When asked about their relationship with the prevention program staff, three characteristics stood out from the broad range of responses. These include a staff member who shows interest, maintains confidentiality, and can be "straight with me." Many noted that staff did the most they could do rather than the least they could get by with. In this regard, most participants felt the staff "went the extra mile" for them, which was proof that the staff's concern was genuine. Many participants valued the informal part of their staff relationship such as the friendship they shared. In effect, many staff members became trusted, reliable friends.

CHAPTER 7

The William Penn Foundation Prevention Initiative was designed to achieve a reduction in the risk for maltreatment among families residing in some of the most at-risk communities in the Greater Philadelphia area. Overall, the evaluation data indicate that this objective was achieved. Significant client level and system level accomplishments were noted in all components of the evaluation.

The Impacts on Clients

As a group, the 14 demonstration projects significantly reduced their participants' level of risk for maltreatment as measured by the Child Abuse Potential Inventory (CAP) and staff assessments. Most encouraging was the fact that these gains were retained and enhanced over time. Looking at the 91 participants from whom three-month follow-up data were collected, participants reported continued changes in their methods of discipline and an increase in positive interactions with their children. Further, children as well as adults benefited from services. Therapeutic child care and the provision of parent-child play groups not only enhanced parent-child interactions and the parent's knowledge of child development but also improved the child's cognitive and developmental functioning.

Contrary to the belief that those at greatest risk for maltreatment do not enroll voluntarily in prevention programs, almost 40 percent of the adults served by all programs and more than 50 percent of those served by the nine Philadelphia sites scored in the highest classification on the CAP. While not all of these adults were retained in the programs and not all of those who were retained improved, the demonstration effort documented the feasibility of utilizing voluntary prevention services with broader populations than many might have thought possible.

The Impacts on Prevention Systems

While not directly addressed in this monograph, findings from the evaluation's examination of the impact the 14 programs had on their local child abuse prevention systems were encouraging. Over and above the success programs achieved with individual families, each of the grantees furthered child abuse prevention efforts within their local communities in three key ways. First, the demonstration effort, as a whole, provided early intervention services to populations that had been considered inappropriate for service. Because Pennsylvania has one of the

nation's most narrow definitions of maltreatment (i.e., children are reportable only if they have been harmed as a result of maltreatment), many at-risk families remain unknown to the local child protective service systems. The projects underscored the utility and feasibility of early intervention systems, of working with families before abusive or neglectful behaviors occur. Beyond this broad system impact, the projects also demonstrated the utility of interventions to specific high-risk groups such as substance-abusing women, teen parents, and families under extreme economic stress who had been overlooked or screened out by other social and mental health service agencies.

Second, the grantees raised public awareness of the child abuse problem through community education efforts and media presentations. Posters in local health clinics, fliers distributed through the schools, and feature stories in the local print and television media offered community residents a means of addressing the issue both in their own homes (by accessing prevention services) and in the broader community (by reporting cases and supporting families under stress).

Finally, in many communities, the Foundation-funded programs served as a catalyst in developing better coordination and communication among a wide range of public and private service providers around the issue of child abuse prevention. By hosting interdisciplinary meetings for staff of relevant health, social service, and evaluation institutions, program staff brought together individuals who were unaware of activities outside of their own efforts. Both program staff and the agencies with which they worked gained a greater understanding of the importance and complexity of preventing child abuse. Such lessons offer a solid foundation upon which communities can begin to structure more comprehensive and permanent support systems for at-risk families.

The Impacts on Prevention Programs

This evaluation affords policy and program planners specific guidelines for shaping more effective prevention efforts. Based upon the study's findings, prevention efforts can improve outcomes by adopting the following characteristics:

- Effectively preventing child abuse requires an intensive level of service contact. These data suggest services be provided, on average, at least once or twice a week.
- Prevention services need to do more than merely transfer specific parenting or child development knowledge. Enhanced parenting skills can be achieved only if a program addresses both the personal as well as parenting needs of its participants.

- Direct services to children, either through parent-child play groups or therapeutic child care, are an important component of effective prevention systems. Not only do these services result in notable changes in child functioning, they also provide opportunities for supervised parent-child interactions.
- A decision to utilize home-based versus center-based services should be based upon participant characteristics and staff skills. These data suggest that either form is equally effective in producing positive outcomes, providing the service is of sufficient intensity and breadth.
- Maximizing a prevention program's impacts requires an initial comprehensive assessment of a family's needs. Such an assessment not only clarifies how best to approach parenting issues with a given participant, it also provides a more detailed picture of the environment in which the parenting occurs.
- No prevention program can be all things to all families. Securing the service capacity necessary for addressing the full range of problems faced by at-risk parents requires that a prevention program be well integrated into a broader network of community services.
- Competent and empathic direct service staff are the linchpin for successful prevention efforts. In selecting staff, project directors need to evaluate applicants not only in terms of their educational and technical qualifications but also in terms of their ability to relate to parents in a nonjudgmental and supportive manner. Such relationships are key in attracting and retaining high-risk families.

Over and above these features, continued emphasis needs to be placed on program evaluation. Programs can, and should, become more rigorous in how they assess changes in their clients and in communicating these findings to those in a position to fund and implement comparable services. The Foundation's joint commitment to program development and program evaluation can serve as a model for other public and private agencies that support child abuse prevention services. If this practice is widely adopted, it will be increasingly unacceptable to provide services without careful documentation of who is served and how they change as a result of services. Enhancing the capacity to prevent child abuse is an ongoing task that can only be achieved through the continuous input of evaluative findings.

The William Penn Foundation
Child Abuse Prevention Initiative Grantees

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NCPCA Evaluation Reports

1.	*The William Penn Foundation Prevention Initiative: Executive Summary.* Completed for the William Penn Foundation, February, 1992.	Free
2.	*The William Penn Foundation Prevention Initiative: Final Report.* Completed for the William Penn Foundation, February, 1992.	$20
3.	*The William Penn Foundation Prevention Initiative: An In-Depth Study of High-Risk Mothers.* Completed for the William Penn Foundation, January, 1992.	$10
4.	*The William Penn Foundation Prevention Initiative: Study of Services to Children.* Completed for the William Penn Foundation, January, 1992	$5
5.	*Project Directors' Perceptions and Final Program Profiles.* Completed for the William Penn Foundation, January, 1992.	$40
6.	*Study of Provider Characteristics and Attitudes.* Completed for the William Penn Foundation, October, 1991.	$5
7.	*Program and Community Profiles.* Completed for the William Penn Foundation, June, 1990	$10
8.	*Comprehensive Case Studies.* Completed for the William Penn Foundation, June, 1990.	$40

To obtain copies of reports, send your check payable to NCPCA, Attention: Research Department, 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604.

Staff Assessment Measures of Risk Factors and of Adult Functioning Problems

In addition to standardized assessment measures, periodic staff assessments were also used to monitor client changes. Program staff asssessed all study participants at regular intervals on the following dimensions:

Risk Factors

a. Pregnancy or new baby
b. Lack of consistent prenatal care
c. Ambivalence about parenthood
d. Difficulties with child care
e. Children in placement
f. Divorce or separation
g. New spouse or partner
h. Dependent spouse
i. Physical violence in the household
j. Family history of physical discipline
k. Abuse of client in childhood
l. Social isolation, lack of social ties with extended family or friends
m. Inability to solicit and use community resources/public support systems
n. Substance abuse problem in the household
o. Financial difficulties
p. Recent job loss or job difficulties
q. Residence in substandard housing
r. Living in shelter or other temporary housing
s. Recent change in residence
t. Serious legal difficulties
u. Developmental disability of child
v. Medically compromised infant
w. Developmental disability of adult household member
x. Disruptive mental illness of adult household member
y. Recent death or medical crisis of family member
z. Caring for elderly relative

Adult Functioning Problems

a. Lack of knowledge regarding child development
b. Inaccurate sense of child's needs
c. Inappropriate interpretation of child's behavior
d. Excessive need for child to obey commands or comply with parental wishes
e. Lack of interest in child/refusal to provide routine care
f. Inappropriate expectations that the child should provide emotional support for the adult
g. Not handling routine child-related, household, and family responsibility
h. Lack of personal hygiene
i. Not managing anger appropriately
j. Not managing stress appropriately
k. Rigid personality
l. Low self-esteem
m. Alcohol abuse
n. Other drug abuse
o. Developmental disability of client
p. Mental illness of client
q. Borderline intelligence of client