

PREVENTING CHILD ABUSE AND NEGLECT

A Case Study of Family Care Connection

evaluation

of nine

comprehensive

community-based

child

abuse

and neglect

prevention

programs

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PREFACE

The National Center on Child Abuse and Neglect (NCCAN) funded nine comprehensive **community-**based child abuse and neglect prevention projects in 1989. Through this **5-year** grant program, NCCAN encouraged community groups, ranging from community-based organizations and child welfare agencies to universities and hospitals, to join together with other community forces to prevent physical child abuse and neglect. NCCAN underscored the intent that the projects were to be both community based and comprehensive—that they should network with and encourage the involvement of many community service providers.

The nine prevention projects represented diverse target communities, emphasized different objectives and approaches, and implemented different interventions in response to the NCCAN initiative. In choosing to fund such diverse projects, NCCAN sought to assess the effects of the different approaches based on the geographic, ethnic, demographic, and economic context of each community. The projects' approaches to preventing child abuse and neglect also reflected factors such as the philosophy of the project's architect, the project's history in the community, and requirements of other sources of funding. Thus, this grant program provided a singular opportunity for NCCAN and the prevention field to learn the strategies that worked best to focus community resources on preventing child maltreatment and the types of communities in which they worked best.

CSR, Incorporated, conducted a national evaluation of the nine prevention projects to document their experiences and contribute to an understanding of ways to mediate risk factors and strengthen families through solid partnerships with their

communities. The evaluation included a series of in-depth site visits to each of the nine projects; analyses of project progress, evaluation, and final reports; and analyses of process and outcome data collected by the projects. In addition, information was obtained through meetings and conversations with project staff and through project publications such as manuals, newsletters, and program logs. Results of the evaluation are reported in the following:

- A set of nine case studies that reflect the uniqueness of each project and the complexity of their individual experiences;
- A cross-site analysis of the experiences of the nine projects, incorporating data collected by both CSR and the projects and presenting policy recommendations derived from CSR's findings;
- A "lessons learned" report discussing the most important findings and experiences of the projects.

The information presented in these case studies and reports' is intended to contribute to the effectiveness of prevention programs by highlighting how these nine communities established comprehensive projects for strengthening families and focusing community resources on preventing child maltreatment and by providing an understanding of what worked in those communities and why. As the prevention field increasingly recognizes that comprehensive and communitywide efforts are required to respond to the urgent problems that lead to child maltreatment, the experience of projects such as these will provide valuable lessons on which to build in policy and program development.

¹ Note that these case studies and reports primarily cover the base period of the NCCAN demonstration grant, which was 1989 through 1994.

FAMILY CARE CONNECTION

This report describes Family Care Connection (FCC), one of nine demonstration projects funded by the National Center on Child Abuse and Neglect (NCCAN) to develop models of community-based, collaborative programs to effectively prevent child maltreatment. The program was developed and administered by Community Health, a section of the Family Intervention Center (FIC), Children's Hospital of Pittsburgh. The FCC model was based on the preexisting Positive Parenting Program (PPP), which endeavored to improve the quality of **parent-child** interactions and thereby reduce the potential for child abuse and neglect. Under the NCCAN grant, the FCC provided intensive, community-based family support incorporating neighborhood drop-in centers, neighborhood-based task forces, parenting classes and support groups, home visits, substance abuse counseling, outreach, a school-based program, **and** public awareness activities.

Community Health targeted Allegheny County, Pennsylvania, and during the demonstration period established four drop-in centers in three high-risk communities within the county; each drop-in center was established in conjunction with a partner agency that had deep roots in the community. A central focus of Community Health was to promote community ownership of the drop-in centers by (1) encouraging members of the communities to choose and design the services they needed, (2) offering flexibility in scheduling activities, and (3) hiring culturally sensitive staff. Community Health also targeted lower risk populations (which accounted for a large number of cases of abuse and neglect) through public awareness activities, parenting classes, and a school-based program.

ALLEGHENY COUNTY, PENNSYLVANIA

The FCC project served Allegheny County, Pennsylvania, which includes the city of Pittsburgh and adjacent communities. With a 1990 population of approximately 1,336,000, the county was hard

hit by economic changes over the past few decades, including the closing of steel mills and other industries. The county experienced relatively high incidences of infant mortality, children living in poverty, single-parent families, and child abuse and neglect. In 1988 Allegheny County had 2,178 reported cases of child abuse and neglect, the second highest number for a single county in Pennsylvania. Isolation from outside communities and services, as well as community norms tolerant of heavy alcohol use, contributed to problems with substance abuse and child abuse and neglect. Approximately 7 percent of the families in the county lived in poverty; that proportion was much higher within the communities targeted by the FCC project.

Situated where the Allegheny and Monongahela Rivers flow into the Ohio River, Pittsburgh became an important strategic and economic area during the 1700s. The first settlers primarily were English and Scottish, and they became the city's first leaders and industrialists as they set up the steel, coal mining, manufacturing, and banking businesses that formed Pittsburgh's economic base well into the 20th century. The immigrants who came from Ireland and from Central and Eastern Europe in the late 1800s and early 1900s eventually formed a solid working class. Companies built homes to house the massive labor pool needed to run the mills, and company stores provided food and supplies at high prices. Original Polish, Irish, Slovak, Hungarian, Italian, and Czech families still remember how their grandfathers and fathers worked **7-day** weeks (usually with only 1 day off every 2 weeks) in the mills for very little pay; as in the folk song, they owed their souls to the company stores. Along the Monongahela River in the Monongahela Valley area (hereafter referred to as the Mon Valley) of eastern Allegheny County, some very poor communities can be found in which people still live in what were company houses.

During the 1910s and 1920s, the labor movement in Pittsburgh helped raise the workforce out of

poverty. By the 1950s and 1960s, union workers were receiving excellent salary and benefit packages, and many moved to the suburbs north and east of the city. By the 1970s, however, the American steel industry began losing its market share to Japan, and the coal industry became less viable; the steel industry and other corporations began to cut back on the number of workers and their benefits. Many big steel mills closed, leaving a number of communities in the Mon Valley destitute.

During the 1960s and 1970s, several public housing developments were built in Mon Valley communities. Today the Mon Valley has the highest concentration of public housing and Section 8 housing in Allegheny County, as well as a large population of working poor and single-parent families. Many African-American families who were relocated from Pittsburgh into these developments did not know the neighborhoods or the neighborhood cultures in these tightly-knit second-generation immigrant communities. In addition, the developments often were located away from the rest of the community so that residents had little access to shopping, schools, and businesses. As a result, many dysfunctional, crime-ridden neighborhoods developed. These neighborhoods were the primary focus of the FCC project, although many FCC participants lived in Section 8 and rental housing outside the housing developments and participants included both African-American and white families.

The FCC drop-in centers were established in high-risk communities that were carefully chosen based on need and other, more specific criteria; communities also needed to have a strong and credible community organization that could act as a partner and provide space.

Organizationally, these communities were boroughs that were not part of the city of Pittsburgh, although all were within Allegheny County. McKees Rocks, located 5 miles west of Pittsburgh, was the site of the original drop-in center, which served as a model for the centers established under the NCCAN grant. McKees Rocks had many of

the characteristics found in the other drop-in center sites: unemployment; poverty; illiteracy; and a diverse population consisting of people of Eastern European, Central European, and African-American descent. The partner agency at McKees Rocks, Focus on Renewal Neighborhood Health Center, sponsored the drop-in center in that community. Drop-in centers also were established under the NCCAN grant in the communities of Rankin, Wilkinsburg, and Turtle Creek:

- *Rankin.*—Located in the upper Mon Valley, in the heart of an economically depressed steelmaking area, Rankin historically has been home to Eastern European immigrants. Some people in the community still speak only Croatian. Most workers in Rankin worked at the Rankin steel mill, which closed down and left workers without jobs or marketable skills. The population became primarily African-American (approximately 57 percent), and the majority of the African-American population was composed of young, single-parent families. During the demonstration period, the community had approximately 2,500 residents. Once a thriving community with a booming business district, Rankin declined with the advent of shopping centers. The County Department of Federal Programs conducted a study of high-risk communities in Allegheny County based on census data and concluded that Rankin was the most at-risk community in the county. Furthermore, one-third of all live births in Rankin were low birthweight, compared with 7 percent for the entire county.
- *Wilkinsburg.*—A community with a poverty rate of 17 percent and an infant mortality rate of 15.7 per 1,000 births (compared with a county rate of 11.1). Wilkinsburg experienced significant problems with both chemical dependency and child abuse and neglect. Violence also was an increasing problem. One resident discussed the impact on the community of businesses leaving as “the higher risk population is staying. The bad guys are winning....The community sees itself as hopeless and helpless.” The community’s

2 1,000 residents comprised 52 percent African-Americans, 46 percent whites, and 2 percent Hispanics, Asians, or other groups.

- **Turtle Creek.**-At one time a solid middle- and lower middle-class community, Turtle Creek now has a poverty rate of 22 percent among families with children under age 18. After the factories and steel mills modernized their operations and laid off thousands of workers, Turtle Creek experienced a population decline from 8,308 in 1970 to 6,556 in 1990. One resident characterized the employment situation in Turtle Creek as having changed “from unemployment to underemployment, hence there is a lack of health care and other benefits and an overwhelming need for low-cost child care.” When a major community employer—a switch and signal plant—closed down, a service mall was opened in the same location and wages, which had been \$10-20 per hour, dropped to \$8 per hour.

GRANTEE ORGANIZATION: FAMILY INTERVENTION CENTER

The FCC program was operated by Community Health, which was a section of the grantee organization, the FIC, which was part of Children’s Hospital of Pittsburgh. The FIC’s mission was to use the medical and social service capacity of Children’s Hospital of Pittsburgh to help prevent child abuse and to enhance child development. The FIC provided prevention services as well as intervention in cases of child abuse and neglect. It was established by Children’s Hospital in 1988 in response to the growing number of children coming to the hospital emergency room with evidence of physical or sexual abuse. The FIC assembled a child protection team with medical expertise to detect physical and sexual abuse of children and to intervene to help safeguard those children; the FIC became Allegheny County’s designated center for child abuse evaluation and intervention. In 1990 the FIC added a child abuse prevention component, including drop-in centers, a

parent training program, a school-based prevention program, and a Family Advocate Program to prevent mothers and their children from being separated in situations of domestic violence. During its first 5 years, the FIC worked with more than 4,000 children and their families and grew from 2 staff members to 30.

In addition to the FCC, the FIC’s programs included the following:

- **Child abuse evaluations.**-As Allegheny County’s designated center for the assessment of child abuse, the FIC evaluated more than 1,000 suspected cases of sexual and physical abuse each year. Using a child protection team concept, the FIC provided clinicians, psychologists, physicians, police detectives, and caseworkers to provide multidisciplinary care and spare children from the ordeal of multiple interviews and physical exams.
- **Healthy Tomorrows.**-The FIC provided medical care and case management for children in foster care and homeless shelters. Children entering or leaving foster care received thorough medical exams and immunizations, including developmental and mental health/mental retardation screenings as needed. FIC staff also provided assessment and treatment for children in community homeless shelters.
- **Programs for training professionals.**-The FIC offered regional conferences for medical, social service, and law enforcement personnel so they could better identify and respond to cases of physical and sexual abuse and neglect.
- **The Parenting Place.**-The FIC trained parents to serve as parent educators; those parents then went into the communities and led group discussions for parents interested in developing their skills. These sessions were offered free of charge. An important goal was to encourage parents to find alternatives to physical discipline for their children.

- **Family Advocate Program.**--The FIC worked with nonabusing parents to help them protect themselves and their children and prevent their separation. If the parents themselves were victims of the abusers, the FIC provided those parents and their children with a safe place to stay, legal aid, medical care, and counseling.
- **School-based prevention.**--In school districts in high-risk areas, the FIC worked with principals and teachers to integrate lessons of prevention into daily curricula and develop successful techniques for teaching children how to protect themselves from harm.

The affiliation with Children's Hospital strengthened the FCC program. The program drew on the hospital's grant-writing experience and its connections with funding sources to obtain additional grants. For some grants, Children's Hospital could not be the **grantee**, and thus the relationships with the partner agencies were crucial. In addition, the hospital's marketing department was involved in publicizing the FCC's services, especially the parenting classes.

PROGRAM DESIGN

The FCC was modeled on the PPP, which was developed by the Sto-Rox Health Center in response to the needs of families in the **McKees Rocks** area of Allegheny County. The PPP is a community-based parent education program that helps parents improve their relationships with children. Topics addressed include discipline, safety, sibling rivalry, communicating with children, anger and violence, creating success, and parent-teacher relationships. The PPP model also includes drop-in centers offering social, medical, and health services as well as opportunities for parents and children to learn together through group activities. **The** PPP model emphasizes clients' choice and control of the nature and degree of intervention; with this model, according to the grantee, high-risk families are more likely to increase their use of services during high-stress periods. **The** grantee noted that these families

resist behavioral changes that they perceive as imposed on them from outsiders and were more likely to change only when they perceived that they were in control of the intervention. Thus, client control of the program was a major element in the design of the PPP model. The program's statement of philosophy, as follows, emphasized that focus:

Residents and providers bring equally significant experience, resources, and abilities to this process and have equal importance in determining program process and outcomes. Program resources will be allocated with respect for the rights of program participants and with a view to promoting involvement in decisionmaking and enhancing self-determination.

The model sought to empower communities by hiring community residents as lay parent educators and key staff and creating a community service network for parents. The model also included a drop-in center for parents and children, a nonconfrontational home visitation program, and a neighborhood-based interdisciplinary task force to provide coordination for service and program development.

The grantee applied for NCCAN funds to replicate the PPP model in other high-risk communities within Allegheny County. The grantee proposed to augment this model by providing for additional nurse home visits, a community outreach worker, and substance abuse counseling. The grantee also proposed to develop a countywide program to increase public awareness about child abuse and neglect issues and a school-based program to enhance students' self-esteem and ability to make healthy decisions. The FCC's goals and objectives are listed on the next page.

FCC staff reported that very little change took place in the program's focus and philosophy over its lifetime. The experience with the **McKees Rocks** program, the original PPP established in 1985, led the staff to believe that the model worked well, and they followed that model closely

Goals and Objectives of the Family Care Connection Program

Goal 1: Further development of the model program (PPP) to use as a basis for replication in other high-risk communities.

Objective 1.1.—Develop a Project Advisory Board, which will serve to advise on the further development of the model program in the context of planned implementation in additional communities.

Objective 1.2.—Increase coordination with providers of prenatal services.

Objective 1.3.—Provide home visits during the first 6 months after delivery to high-risk new mothers in Sto-Rox who are not seen in other settings such as the drop-in center or well-baby clinic.

Objective 1.4.—Provide outreach to engage other high-risk families in the community that are not seen in the drop-in center or through the programs for pregnant patients and new mothers.

Objective 1.5.—Provide onsite substance abuse counseling to parents with substance abuse problems rather than referring them to outside programs.

Goal 2: Replicate model program in other high-risk communities in Allegheny County.

Objective 2.1.—Identify other communities within Allegheny County in which there is a high risk for child abuse and neglect and where there are community resources suitable for the replication of the PPP model.

Objective 2.2.—Identify grass roots organizations to work within the communities identified.

Objective 2.3.—Develop neighborhood advisory boards.

Objective 2.4.—Coordinate with countywide service providers to develop a local Child Network (to provide family support services to help prevent child maltreatment).

Objective 2.5.—Obtain resources necessary for implementing the program.

Objective 2.6.—Provide training for neighborhood staff.

Goal 3: Increase community awareness in Allegheny County about positive parenting and appropriate use of physical discipline in raising children.

Objective 3.1.—Develop countywide information program.

Objective 3.2.—Develop school-based education program.

Goal 4: Evaluate impact of program on parenting practices and frequency and prevalence of child abuse and neglect.

Objective 4.1.—Participate in data consortium with other grantees.

Objective 4.2.—Evaluate client participation at PPP and new centers with respect to risk factors, risk groups, and utilization of services.

Objective 4.3.—Assess community attitudes toward physical discipline.

in establishing the drop-in centers under the NCCAN grant. The emphasis on local community involvement and skillbuilding, on offering services in a convenient and flexible manner, and on keeping costs low by collaborating with other agencies remained constant. The only significant change was a new emphasis on obtaining Medicaid reimbursement for services whenever possible, a change that had little or no impact on participants but did affect staff somewhat because of paperwork and documentation requirements.

To achieve the objectives described on the previous page, the FIC (under the NCCAN grant) expanded services at the already-existing drop-in center in McKees Rocks and established four centers in three more at-risk communities. The drop-in center was the heart of both the PPP and the FCC programs. The goal of the drop-in center concept was to provide families with a place for "one-stop shopping" for services such as respite care, child development, recreation, education, and counseling. The drop-in center provided space for parents to relax, meet and talk to other parents, participate in support groups, obtain counseling, attend parenting classes, learn about child development, plan and participate in social activities, and obtain information about and assistance gaining access to community services. Children could play with other children, find new books and toys, and participate in age-appropriate activities. Drop-in center staff included therapists, social workers, nurses, child development specialists, drug and alcohol counselors, and family support workers. The staff tried to provide a warm, supportive environment and empower parents to determine the services and activities to be offered.

Parent councils planned activities for the drop-in centers. Some examples of the services and activities offered at the centers included parenting issues discussion groups, aerobics and exercise classes, children's tutoring and homework programs, holiday parties, women's issues discussion groups, nutrition classes, group and individual counseling sessions, African-American history programs, drill teams, craft classes, storytimes for children, a grandparents' discussion

group, fieldtrips, camping trips, and movies. Each drop-in center served approximately 250 families per year. In 1992 evaluation data showed that 70 percent of the users of the drop-in centers were female, 62 percent were African-American, 38 percent were white, and 90 percent were eligible for Medicaid.

Each drop-in center was housed in a well-established community organization that had earned the trust and respect of the people in that neighborhood. The agencies housing the drop-in centers provided a variety of services, such as tutoring; meals for children; WIC (Special Supplemental Food Program for Women, Infants, and Children); well-baby care; and assistance with fuel subsidies and rent rebates. Some agencies also hosted summer day camps and athletic activities for children and adult literacy programs. In addition to housing the drop-in centers, these agencies collaborated with the FIC in serving their communities and so were chosen carefully by the FIC. A partner agency needed to have deep roots in a community that had an identified need, an ongoing relationship with the target population, and the trust of the local residents; to be compatible with the philosophy and approach of Community Health's prevention project; and to be able to provide the services, support, and constituency necessary for a successful drop-in center. It also needed to have a proven track record, an established constituency that Community Health could target, and an understanding of the needs of the community. There also were requirements for the neighborhood in which a drop-in center was to be established; other neighboring organizations had to be willing to work in cooperation with the drop-in center, and subsidized or public housing units had to exist in the neighborhood. Usually a collaborating agency contacted Community Health and indicated interest in establishing a center. Community Health staff then considered the risk factors and resources of the community, as well as the characteristics of the agency, before deciding whether to establish a drop-in center at that agency's location.

McKees Rocks, the site of the original model program, had three drop-in centers, two of which were located in public housing developments. The original drop-in center started out providing respite for parents; it offered a parent support group on stress, which led to more formal classes on a variety of subjects and then to GED (general equivalency diploma) classes and drug and alcohol counseling. The partner in McKees Rocks, the Focus on Renewal Neighborhood Health Center, operated the only drop-in center that was not located in a public housing development. The substance abuse services and the school-based program that served McKees Rocks continued to be partially supported by the NCCAN grant.

Under the NCCAN grant, drop-in centers were established in the following communities:

- **Rankin.** - The partner in this community, the Rankin Christian Center (RCC), was a community center located close to county public housing and other subsidized housing communities. Funded by the Pittsburgh Baptist Association, American Baptist Churches, and the United Way, the RCC provided recreational, educational, and emergency services to community residents. The drop-in center was established in January 1991 and served approximately 300 families each year with a broad array of preventive and supportive services, including child development assessments, nurse home visiting, substance abuse counseling, and parenting education. Sources of funding for the Rankin drop-in center included the Scaife Family Foundation, Allegheny County Children and Youth Services, and the U.S. Department of Health and Human Services (HHS).
- **Wilkesburg.**—The FCC operated two drop-in centers in Wilkesburg, established in February 1992 and March 1993. The partner for the first drop-in center was the Boys and Girls Club, a United Way agency providing educational, vocational, and recreational activities for youth. This drop-in center targeted a region of Wilkesburg with high infant mortality and low-birthweight rates; it served more than 150 families annually, providing parenting and child development activities, literacy instruction, nurse home visiting, and substance abuse treatment. Sources of funding included the Howard Heinz Endowment, Healthy Start, and HHS. The partner for the second drop-in center was the Wilkesburg Healthcare Association, an organization comprising four agencies—Allegheny County Health Department, Forbes Hospital, Hosannah House, and Alma Illery Medical Center. The drop-in center targeted the entire community of Wilkesburg and was housed in the Allegheny County Health Department. It served more than 200 families annually, providing parent support and child development activities, community recreation, nurse home visiting, and substance abuse counseling services. It was funded by Allegheny County’s Department of Human Services, which raised funds from local foundations.
- **Turtle Creek.**—The partner in Turtle Creek was Westinghouse Valley Human Services Center (WVHSC), a social and human services complex that offered about three dozen different services to residents of all ages, from preschool on. (The center is not affiliated with the corporation of the same name.) The WVHSC was begun in 1982 by the County Commission and was funded by Federal Community Development Block Grant funds until it began receiving United Way funding. The Turtle Creek drop-in center was established in the spring of 1995 and served the Turtle Creek and East Pittsburgh communities. It was co-located with a pediatric health clinic operated by Children’s Hospital and the Allegheny County Health Department, which helped draw young families to the drop-in center. The drop-in center was funded by the Howard Heinz Endowments and HHS. Staff at Turtle Creek were hired and employed by the RCC, which administered the funding for the positions.

Community Health staff pointed out that the drop-in centers evolved in different directions in

the four communities, depending on the needs and resources of the communities. According to the staff, the centers in McKees Rocks and Turtle Creek and one of the centers in Wilkinsburg were operated on a medical clinic model, while Rankin and the first Wilkinsburg center “feel like friendly houses,” according to FCC program staff. By the end of the demonstration period, the FCC project included the following six components at each of the drop-in center sites, in addition to providing the space for formal and informal parent meetings, recreation, and relaxation:

- **Neighborhood task force.**—Each community with a drop-in center had its own neighborhood task force or advisory council. The composition of the task forces was consistent across the drop-in sites; a minimum of one-third of the task force members were program participants, and there was at least one representative each from the partner agency, the schools, and the local mental health agency. Task force members were recruited by FCC staff at community meetings held to plan for new drop-in centers. Because the task force members had knowledge of the community and the community’s needs, as well as connections to residents and community organizations, they played a significant role in guiding the program’s implementation and operation and were involved in outreach, recruitment, and linkages to other agencies. The task forces also interacted with the Project Advisory Board and the Western Pennsylvania Association for the Prevention of Child Abuse in the implementation of the local programs.
- **Home visits.**—Home visits by nurses provided health education and guidance to improve the health of mothers and their babies and children. The home visits provided an opportunity to provide parent education, informal support, and practical assistance with parenting issues and home care. The home visits also were used to conduct outreach, establish relationships, deliver food or supplies, schedule health care appointments, and welcome new babies. The goal of the home visits was to reduce infant mortality and the number of low-birthweight babies and to ensure adequate prenatal care and availability of quality child care for families living in the neighborhoods served by the drop-in centers. Each drop-in center had a home visiting nurse on staff who acted as a member of the center team and worked closely with the outreach workers or lay parent educators to reach pregnant and parenting women with young children. Each nurse had an average caseload of 40 to 50 families. A total of about 300 families received home visits by nurses during the period of the NCCAN funding.
- **Substance abuse counseling.**—Drug and alcohol counseling was provided in cooperation with two licensed treatment centers in the area, The Whale’s Tale in Wilkinsburg and Alternatives in Rankin and Turtle Creek. The substance abuse counselor provided one-on-one counseling, facilitated prevention support groups, performed intake and psychological evaluations, and developed treatment plans. The program also included workshops, seminars, and support groups such as Mothers in Recovery. The program developed and maintained connections with other community prevention and treatment agencies. Most services and activities took place in the drop-in centers, which were perceived as more convenient and less stigmatizing for clients than drug and mental health agencies. The drop-in centers also provided ancillary services (e.g., child care), which made it easier for parents to attend counseling sessions, and the substance abuse counselor’s participation in informal center activities with parents and children helped engage more new parents and facilitated outreach to other at-risk parents. Evaluation data gathered in 1992 showed that 57 percent of clients were male, 90 percent were African-American, 10 percent were white, and all were receiving Medicaid.
- **Outreach.**—The outreach worker (also called lay parent educator or family support worker at different stages in the development of the

program) identified families in need of the program's services, engaged those families, conducted home visits, provided support and guidance to participating families, provided child development training and activities, organized family activities, facilitated connections between families and program staff, and advocated on behalf of participating families to other social services. The outreach workers usually were residents of the communities, and many had been on public assistance. They received extensive training involving observation, one-on-one instruction by the program coordinators, and classroom training on interacting with families.

- **School-based program.-The** school-based program was viewed by Community Health primarily as a catalyst for change, rather than as a provider of direct services to families and children, although some direct services were provided. The program aimed to prevent child abuse and neglect by enhancing students' self-esteem, helping them develop life skills, and promoting positive lifestyles, rather than focusing exclusively or specifically on child abuse. Staff assigned as school/center liaisons were responsible for the program, which provided a self-esteem curriculum (the "Growing Healthy" curriculum), other classes and support groups, and health fairs for students; the program also helped schools teach children about prevention, including child abuse prevention. The liaison worked with teachers to help them recognize signs of child abuse and neglect and identify children at risk for child abuse; increase their prevention skills; and help them teach interpersonal skills such as decisionmaking, self-esteem, and assertiveness. A special emphasis was placed on working closely with teenage parents and connecting them with drop-in center support services; for example, the FCC sponsored parenting skills classes and support groups for pregnant and parenting teens and provided training for high school teachers on pregnancy prevention and classroom activities for the Teen Pregnancy Prevention Coalition. The liaison also

participated in youth service networks, Evaluation data collected in 1992 showed that 70 percent of the students reached by the school-based program were white and 30 percent were African-American. The program had equal numbers of male and female participants ages 6 to 18.

- **Respite care.-Each** drop-in center had access to a network of provider homes that had been prepared by a partner child care agency to help in case of a family emergency. In family emergencies, children were placed in provider homes in their neighborhoods for 3 to 5 days and given overnight care.

In addition, FCC staff were responsible for the following countywide services:

- **The Parenting Place.-A** countywide parenting education program, the Parenting Place offered parenting classes targeting middle-income parents in addition to those from low-income communities, recognizing that child abuse affects all social strata. The major aim of the program was to reduce parents' acceptance and use of physical discipline by increasing their knowledge of alternative parenting methods through 6- to 8-week parenting skills classes. Class topics included child development, discipline, nutrition, sibling rivalry, getting along with teens, and AIDS (acquired immune deficiency syndrome). The classes were offered at various corporate and suburban sites such as businesses, schools, libraries, churches, and **YMCAs** (Young Men's Christian Associations), as **well** as at the drop-in centers. All programs were co-sponsored by community-based agencies. Not infrequently, parents who completed the classes then participated in support groups to explore individual parenting issues in depth, with the agenda set by the parents. Staff also "trained the trainers," developing a cadre of qualified parent educators who volunteered to instruct other parents in their communities and workplaces. Data from 1992 showed that 90 percent of the participants were female, 78 percent were white, 22 percent

were African-American, and the average participant's age was 32. The Parenting Place served more than 5,000 parents and trained more than 2.50 volunteers to conduct the classes. A Pennsylvania Children's Trust Fund grant supported the classes.

- **Public awareness.**-Public awareness activities included radio and television interviews with FCC program staff and a multimedia campaign with the local chapter of the National Center to Prevent Child Abuse and Neglect highlighting the danger of shaking babies. FCC staff frequently made presentations to target audiences such as parent-teacher associations, schools, hospitals, churches, temples, and businesses; the topics of the presentations were diverse and included competition, discipline, children's backtalking, sibling rivalry, self-reliance and safety, violence and children, and positive parenting.

A local television station aired public service announcements on several topics, including parents' roles in improving children's self-esteem, shaken infant syndrome, positive parenting, and encouragement of children's creativity. Community Health collaborated with several other organizations to produce a video for parents that provided tips on how to handle young children in situations in which they must wait (e.g., doctor's appointments). Community Health staff frequently were interviewed for local news broadcasts in response to child abuse incidents in the communities. In conjunction with area social service agencies, Community Health conducted educational events such as conferences and wellness fairs. In addition, public awareness activities included feature articles about the FCC in the *Pittsburgh Post Gazette* and highlights in the annual report of the Children's Hospital; on Pittsburgh's Child, an hour-long television show about four "programs that work," including the FCC, which aired on all four major networks; and an AT&T commercial about cellular phones and how they help safeguard families (the FCC was one of 13 programs awarded free phone service

for home visitors). Community Health also published a quarterly newsletter describing program activities and profiling program staff. The newsletters were distributed through mailings and through the *Penny Saver*.

Evaluation data showed that the audience reached by the public awareness activities was 80 percent white, 20 percent African-American, and evenly split between male and female.

- **Prevention of foster care placement.**-FCC staff provided family advocacy to battered women whose children were at risk of being abused or had been abused. The program aimed to provide support services to battered women so they could maintain custody of their children and avoid foster care placement. More than 100 families participated.
- **Training.**-Drop-in center staff provided parenting education and child development training to staff of four homeless and domestic violence shelters and one substance abuse residential program. One purpose of this training was to help the staff of the shelters and residential program to intervene with parents when they observed parents inappropriately disciplining their children. The drop-in center staff also worked with the parents in the shelters and the residential program to teach them positive parenting techniques. A Children's Trust Fund grant helped to support the training.

Program Staff

The FIC director served as principal investigator of the FCC program and committed 10 percent of her time to the project. She was primarily responsible for financial management and project development and for supervising the FCC project manager. The project director, who committed 100 percent of her time, also was an employee of the FIC. Among other FCC program staff, some were FIC employees and some were partner agency employees; the staffing structure varied from site to site and was carefully negotiated with the partner

agency. Involving the partner agency in hiring and paying the staff enhanced the partner's sense of ownership of the FCC program and increased the likelihood that the services would continue after the NCCAN grant ended.

COMMUNITY COLLABORATION AND LINKAGES

Community collaboration was an essential component of the FCC model. Staff believed that the success of Community Health depended on community identification and involvement in the development and design of the local programs. The primary collaboration/linkage at each drop-in site occurred with the partner agency in the community—the agency that housed the drop-in center and collaborated with Community Health on the services and activities offered. The collaboration involved joint responsibility for promotion, funding, and support of the project. The partner agency in each community was expected to pursue funding sources to ensure the program's stability. The partner provided the FCC with an entree into the community, but the relationship was seen by the partner agencies as mutually beneficial. They saw the linkage with Community Health as a way to obtain access to more clients—to “strengthen the client base,” as one partner agency staff said—and to “expand services to an underserved group and have a higher profile outside the community,” as another agency staff member noted. The relationship **also** helped at least one partner agency obtain additional funding from the county.

During the first 2 years of the FCC project, a county-level advisory committee provided guidance regarding FCC sites, partner agencies, and funding. However, as the neighborhood task forces were formed, the county-level advisory committee became less active and eventually went out of existence. A countywide Family Support Policy Council—a group of people who had expertise regarding family support centers—took its place. The council was formed by the Allegheny County government to promote family support centers and to advise the county commissioners on funding

priorities. The FCC project director and project manager were members.

Community Health also maintained linkages with other agencies by drawing on agency expertise to provide services, resources, classes, and other activities for Community Health clients. Service partnerships with local agencies included the following:

- ACTION-Housing conducted weekly budget classes for parents.
- The Allegheny County Health Department conducted training for parents on such topics as poison prevention, dental hygiene, sexually transmitted disease prevention, sickle cell anemia, and stress management.
- Community Health's Family Advocates program lead a weekly support group for victims of domestic violence.
- The Allegheny County's Area Agency on Aging organized and taught an arts and crafts group.
- Community Health staff facilitated parent orientation and registration in a vocational/technical job training program at Forbes Road East (a local vocational/technical school).
- Community Health staff, in cooperation with Planned Parenthood, developed a parent-child workshop on sexuality.
- A therapist from Allegheny County Mental **Health** and Retardation **facilitated** a mother's therapy group at a drop-in center.
- A local Baptist church donated money for shoes for needy children.
- Penn State Cooperative Extension provided hands-on nutrition classes.
- Community Health and the Jewish Community Center co-sponsored a program on “Starting

Healthy: How To Have the Best Beginning With Your Baby.”

In addition, Community Health staff participated in the local efforts of the Office of Child Development, the Task Force on Child Development, and the Gang Prevention Task Force. Community Health staff also maintained linkages with obstetrics/gynecology staff at area hospitals to refer clients to Community Health and hospital programs.

Collaboration with churches was a major focus of the program, especially in the community of Wilkinsburg, where the churches were well organized and progressive, according to FCC staff. The churches in that community had organized the Wilkinsburg Community Ministries, which paid a minister/social worker to work on community issues and organize food pantries and other activities. That minister/social worker was on the FCC advisory board from its inception, and the churches were important in gaining the trust of the community for the FCC. In Rankin, the churches were less involved and supportive of the FCC program; churches in that community perceived the RCC, the FCC's partner agency, rather than the churches themselves as the Rankin agency charged with a community mission.

FCC staff worked diligently to ensure effective collaboration with agencies, many of them new to such collaboration. FCC staff needed to establish contact with the most committed staff in the partner agencies, to maintain connections with those staff, and to stay clearly focused on the program values that emphasized collaboration and community involvement. FCC staff concluded that effective collaboration was facilitated by using a respectful and sincere approach to community agencies and by downplaying the connection with Children's Hospital (which was seen by many neighborhood agencies as a large and uncaring organization that emphasized health care not social services). One difficulty was that many community agencies had long histories of relationships with each other, some positive and some full of conflict. In promoting community

collaboration, FCC staff had to “remain above the fray, but be sensitive to it.” The FCC found that hiring people who knew the community and were known by community organizations helped to achieve the necessary sensitivity to the organizations' relationships. In addition, personal contacts and networking were critical prerequisites to establishing connections with other organizations, especially the churches; thus, it was important to have staff members who were friendly and “good at establishing personal connections.”

PROGRAM EVALUATION

Community Health's purpose in evaluating the FCC was to help improve the program and to collect information to give to other organizations interested in replicating the model. According to the evaluation plan, the grantee planned to assess (1) the degree to which the FCC met its primary objective of improving the quality of parent-child interactions, and (2) the effectiveness of the program, as measured by cost per family for the outcomes realized. Although the FCC conducted the evaluation as outlined in the evaluation plan and described below, the evaluation data had not been reported as of this writing. However, some limited pretest and posttest data on the parenting classes are available and are discussed in the following sections. In addition, the University of Pittsburgh conducted an outcome evaluation of the FCC's substance abuse prevention services; these findings also are presented in the following sections,

Process Evaluation

For each project component, the grantee maintained extensive records documenting activities conducted, individuals served, referrals made, and meetings held. The records also included meeting attendance, format, and content. The data from these records were analyzed and documented in reports to NCCAN.

Outcome Evaluation

The grantee intended to examine changes in proxy or surrogate indicators of child abuse (i.e., parenting stress and child abuse potential) according to the type and severity of the presenting problem and measures of the intensity of program participation (e.g., length of time in the program, attendance at the drop-in center, compliance with referrals and other suggestions, and staff evaluation of family progress). The outcome evaluation followed a quasi-experimental design. The outcomes of a group of participant families at the **Rankin** site were compared with the outcomes of a comparison group that received no services from the FCC. The comparison group were residents of Homestead, a community with demographic characteristics similar to those of **Rankin**, located 5 miles away on the other side of the Monongahela River in Allegheny County.

The participant group consisted of 40 families randomly selected from among those who had participated in the FCC. The participant families were stratified by time in the program (less than 1 year and longer) and severity of problems (three levels). Comparison group families were selected through a social service agency located in the comparison community, which identified families from the local housing communities.

Tests were administered in November 1993 (baseline) and November 1994 (followup). Baseline and **followup** data and methods of collection were as described in the table on the following page.

During the 12 months between pretest and posttest, the researcher conducted the following data collection activities:

- Observed and recorded the quality of interactions between children and parents;
- Recorded the positive and negative developments for the families through discussions with the parents, FCC staff, and other human service organizations; and
- Collected information regarding the cost of services to the participant families from Community Health and the RCC.

FINDINGS

Although the data from the quasi-experimental evaluation were not available as of this writing, some pretest and **posttest** data were collected from participants in the parenting classes. From September 1989 through June 1991, 279 parents graduated from the parenting classes. Through pretest and **posttest** scores on one parenting inventory, graduates reported that they would be less likely to use physical punishment when disciplining their children. Similar results from 1993 parenting classes indicated that the average score on the questionnaire showed a **15-percent** increase in positive responses from pretest to posttest.

Another indicator, the rate of low-birthweight babies, suggested that the home visitation program may have contributed to healthier birth outcomes in **Rankin** and Wilksburg. Data collected by the Allegheny County Health Department showed that following the implementation of the first drop-in center in 1989, the rate of low-birthweight babies in **Rankin** dropped from 33.3 percent during 1989-90 to 12.9 percent during 1992-94, and in Wilksburg, the rate dropped from 15.5 to 4.4 percent (Tipping, 1996).

In addition, some anecdotal reports attested to the “tipple effect” of the FCC program in the community. For example, one volunteer parent trainer, who also was a board member at a church-sponsored preschool, was trained by the FCC program on parenting education. Subsequently, she organized a program at the preschool for the teachers on class management techniques. This led to a churchwide discussion of discipline and resulted in a **2-day** program devoted to parent-child and grandparent-grandchild relationship issues, in which more than 200 people participated. The church also began to provide an ongoing discussion group, through its Sunday

Domain	Data Collection Method	
	Participant Group	Comparison Group
Demographic information	Baseline: Case records Followup: Home visits	Baseline and followup: Home visits
Mental state of mother and degree of support from others in her family and community	Baseline and followup: Use case records to complete the Maternal and Social Support Index	Baseline and followup: Mothers complete the Maternal and Social Support Index
Physical and emotional well-being of the children	Baseline and followup: Use case records to complete relevant subset of the Child Well-Being Scales	Baseline and followup: Researcher completes relevant subset of Child Well-Being Scales

School program, that was focused on the topic of child development and parenting.

The evaluation of the substance abuse services consisted of (1) telephone interviews with a sample of 12 clients conducted in early 1995 and (2) an analysis of intake data on 29 clients involved in the substance abuse program during 1993-95. The evaluator (the University of Pittsburgh) reported that in telephone interviews, clients indicated they enjoyed the convenience of the counseling services, tended to participate in other activities offered at the drop-in centers, perceived the interaction with the counselor outside of the formal treatment sessions as an additional benefit, and found the children's programming and the opportunity to interact with other women from their community to be positive aspects of the program (University of Pittsburgh, 1996). Analysis of intake data showed that most of the clients were in their late 20s or early to mid-30s, had an average of three children, were not married or living with a spouse, were generally facing serious substance abuse problems, and had limited success with previous treatment experiences. The program was fairly successful in engaging the women in treatment and helping them successfully complete the treatment (University of Pittsburgh, 1996).

The information gathered in these two data collection activities was used to develop a pretest/posttest evaluation design, which was being pilot tested in one of the treatment programs. After the instrument was finalized, it was to be used at the Rankin, Wilkinsburg, and Turtle Creek sites for all new substance abuse treatment clients; a client outcome evaluation methodology also was systematized.

INSTITUTIONALIZATION

By continually pursuing funding throughout the NCCAN demonstration period, Community Health was highly successful in institutionalizing the FCC program. Community Health's requirement that some service staff be hired and paid through the partner agencies was one strategy that greatly enhanced institutionalization of the FCC program. In some cases, the partner agencies that housed the drop-in centers perceived the centers as their programs and Community Health as simply a facilitator. The goal was for all drop-in centers to become self-sufficient as has the McKees Rocks center, which has been financially independent from the grantee for several years (except for the substance abuse and school-based programs, which continued to be partially supported by the grantee).

Family Foundations Philadelphia provided core funding for the McKees Rocks center.

Community Health also assisted the partner agencies in obtaining additional grant funding. For example, the Scaife Family Foundation provided funding for the Rankin drop-in center, and the Howard Heinz Endowment provided funding for the Turtle Creek center. The HHS Office of Community Services partially supported the Turtle Creek drop-in center and one Wilksburg center. Other sources of funding included grants from the University of Pittsburgh's Office of Research; the Pittsburgh Foundation; Allegheny County Children and Youth Services, for the home visitation program; the Healthy Start program; the NCCAN Emergency Services program, for substance abuse services; Allegheny County, for family preservation and family support services; the Sewickly Child Health Association, to build a toddler playground at a Wilksburg center; and the Charles Morris Charitable Trust, to fund staff time at the Rankin center.

The table on the next page lists the major grants obtained, excluding the NCCAN grant, and indicates the breadth of support that Community Health received.

Grantee staff also viewed Medicaid reimbursement as an important regular funding source for mental health/medically necessary services, although not for the social support services. Each drop-in center has been licensed by the Commonwealth of Pennsylvania's substance abuse agency, a requirement for Medicaid reimbursement. Medicaid reimbursement is obtained for psychological services (e.g., child development evaluations and assessments of parent-child interactions within a family); substance abuse counseling; and case management.

In addition, Community Health encouraged local agency ownership of the parenting classes as a way to institutionalize the classes within the communities. For example, at one site there was a minimum fee for custodial services for use of the building. The local sponsoring organization

decided to underwrite this fee and make the classes a part of its outreach to parents in the community. This arrangement gave the sponsor ownership of the program and enhanced the likelihood of the program's long-term presence in that community. Volunteers were crucial as well; FCC staff trained almost 50 volunteers to implement the parenting classes in their own communities, neighborhoods, schools, and businesses. Most volunteers conducted classes at least once per year, a total of six to eight sessions. In addition, because the target population included middle-class parents. Community Health began charging for the classes \$20 for six classes-to help cover costs.

The school-based component became self-sufficient within the school district serving Rankin and Turtle Creek. The school district began paying Community Health for staff time involved in providing teacher workshops and co-teaching health education and self-esteem classes for students.

The Federal collaborative initiative AmeriCorps funded 20 positions in Allegheny County. Each center recruited at least one person from their pool of parents and supporters to serve as Americorps volunteers responsible for community outreach. These volunteers received stipends and reimbursement for tuition, child care, and transportation costs. Each center also recruited at least one health care professional, usually with a nursing background, to provide additional home-based health care services. The Americorps volunteers still serve in the FCC drop-in centers.

CONCLUSION

The FCC program achieved notable success in institutionalizing its services in the communities in which it established drop-in centers under the NCCAN grant. Particularly important to its success in **establishing** the drop-in centers was its strategy of carefully choosing the community agencies with which to partner. All the partner agencies had been located within the target communities for a number of years; had earned the

Foundation Type/Name	Amount (dollars)	Funding Period (years)
Local		
Scaife Family Foundation	200,000	3
Howard Heinz Endowment	500,000	5
Staunton Farm Foundation	100,000	3
County and State		
Children's Trust Fund	300,000	3
Children and Youth Services	780,000	1
Children and Youth Services	500,000	2
Federal (HHS)		
NCCAN Emergency Services	600,000	3
NCCAN Emergency Services	400,000	1
Children's Bureau	375,000	3
Maternal and Child Health	780,000	4
Crisis Nurseries	585,000	3

trust and respect of community residents; had philosophies compatible with the philosophy of the FCC program; and had resources (i.e., space, services, personnel, and expertise) to contribute. As a result, the partner agencies had a sense of ownership and investment in the drop-in centers and were focused on continuing the centers after the NCCAN grant ended.

The other major factor important to the FCC's success was its effectiveness in establishing personal contacts and networking connections with agencies and organizations in its target communities, even with agencies and organizations new to collaboration. The FCC staff displayed a friendly, respectful manner when dealing with other organizations, were sensitive to the community and to the organizations' relationships with each other, and (at times) downplayed the FCC's connection with Children's Hospital because

of the hospital's reputation among some community agencies as being a large and uncaring organization. These strategies helped the FCC develop strong, durable collaborations in the target communities, improve the lives of the community residents, and achieve program objectives.

REFERENCES

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