Examples of Program Evaluation Materials

Example of In-Home Treatment Services: Evaluation

1. WHO ARE YOU HELPING?
   - demographic information to describe parents, children, context, strengths, problems
     - family profiles
     - data over time
   - pre-intervention data on strengths and problems
     - standard assessment tools
     - standard protocols
     - standard data entry and reporting protocols
2. WHAT ARE YOU DOING TO HELP?
   - service descriptions
     - who does what to whom? how do they do it? examples?
   - service context/supports for services
     - staff selection, training, evaluation, and supervision-consultation
     - administrative supports/facilitative practices
3. WHAT ARE THE OUTCOMES DURING TREATMENT?
   - immediate impacts
     - benefits
     - problems
   - demographics
     - length of stay
     - drop out rates
   - costs
4. WHAT ARE THE OUTCOMES POST-INTERVENTION?
   - family preservation (number months at home out of 12 possible)
   - family functioning
   - child functioning
   - overall costs

Tools

FACTORS TO KEEP IN MIND

- age, reading ability, cultural appropriateness, ESL, intelligence/understanding of words and concepts, comfort in "testing" situations, ease of administration, availability of standardized reference groups (for comparison)

1. Achenbach Child Behavior Checklist (CBCL) (Achenbach and Edelbrock, 1983)
   - a long list of problems that can be rated by parents, teachers, youths
   - lots of supportive data and data on lots of "populations"
   - an easily recognized standard in the field
   - completely focused on the child and on problems (more for overall pre/post data)
2. Parent-Conflict Behavior Questionnaire (PCBQ) (Robin and Foster, 1984)
   - focus on problem discussion/resolution in a family
   - 20-item version easy to administer
   - gets at more parent-child interaction issues
   - sensitive to short term changes in families (pre/during/post data)
3. Family Resource Scale (Jeet and Dunst, nd)
   - assesses items related to instrumental needs of a family
   - gets at impacts of poverty and contextual variables
4. McMaster Family Assessment Device (Epstein, Baldwin, and Bishop, 1983)
   - a recognized standard
   - lots of supportive data and scales
   - sensitive to changes in overall family functioning (pre/during/post data)
5. Hudson Scales (Hudson, 1974)
   - a recognized standard
   - covers parents, children, family, peers
   - lots of supportive data and scales
   - sensitive to changes (pre/during/post data)
6. Perceived Social Support Scale (Procidano and Heller, 1983)
   - family and friend versions of the scale
   - gets at family/peer relationships
   - sensitive to changes (pre/during/post data)
7. Family Functioning Scale (Multi-Health Systems, 1993)
   - a bit like the PCBQ
   - same items for various family members
8. Social Support/Community Involvement Participation
   - simple but elegant

Example of Program Evaluation Content

A Home-Based, Family-Centered Alternative to Residential Care for Children

March, 1992

PLACEMENT PREVENTION PROGRAM SERVICES

Operations Report

ABSTRACT

Placement Prevention Program Services has been established as an alternative to residential care for children who have been or are about to be removed from their families due to Child Welfare concerns. As such, the program provides treatment services wrapped around the child and family in their own home. Interventions are intensive (10 to 30 hours per week per family, two-family caseload for each Family Specialist), short term (an average of 75 days), and specifically adapted to the unique needs and circumstances of each family.

Treatment interventions are founded on the belief that children and parents love each other and belong together. Interventions focus on enhancing family strengths and helping parents and children learn new, appropriate alternative ways to deal with persistent problems.

For the first 141 children discharged from Placement Prevention Program Services, the primary Child Welfare referral reasons were emotional abuse or neglect (70%), defiant/out of control behavior (62%), physical abuse (49%), and sexual abuse (23%) along with a long list of related concerns. There were 4.7 referral issues cited for each child, on the average. The children averaged 8.5 years old and were evenly distributed across the 0-17 age range served by Child Welfare. The main family-related referral issues were inability to control child behavior (90%), inadequate parenting skills (81%), physical abuse of their child (69%), emotional abuse (69%) or neglect (50%) of their child, and serious marital conflict (60%). There was an average of 5.3 primary referral reasons per family.

Follow-up data for 12-months post-treatment for 107 children indicated that 89% were still at home one year after the intervention, 2% were in foster care, and 8% were in group care. A cost comparison indicated that for each $1.00 spent on Placement Prevention Program Services $1.57 were saved in residential service costs.

The conclusion is that the program is serving children with a variety of serious Child Welfare concerns, having a positive impact on children and families, operating cost efficiently, and helping to fulfill the Child Welfare Act's mandate to "support the family unit and to prevent the need to remove the child from the family".

A FAMILY PROFILE

The following presents a brief summarization of a recent family intervention carried out by a Family Specialist in Placement Prevention Program Services. The names and some details have been changed to preserve the anonymity of the family.

Jean's Family

Having been widowed in the previous year and becoming the single parent of four boys under the age of 9, Jean found herself trying to cope with the aggressive, out of control behavior of her eldest son, Mark. On several occasions he had given her a black eye and the police were called to the home after Mark repeatedly stabbed his mom with a screwdriver. After a six week residential psychological assessment at a hospital, Mark was admitted to the Placement Prevention Program Services instead of being sent to a group care facility. During the 80-day intervention Jean was taught how to decrease Mark's aggressive behavior in conjunction with Mark being taught how to manage his anger, accept limits, and appropriately get attention from his mother. At the close of the 80-day intervention, Mark had gone for six consecutive weeks without an aggressive incident. He was able to accept limits set by Jean and if he felt angry, Mark would independently go to his room until he was calm.

With the reduction in aggression, Jean and Mark were able to spend time together discussing Mark's feelings around his father's recent death and the accompanying feelings of needing to be responsible for his family in his father's absence. Jean was able to reassure Mark that she would protect and care for him and

his brothers and that he was not responsible for that. Through all this, Mark began to have a greater sense of belonging and acceptance in his family.

A month after closing the file, Jean called to share that all the changes in her family were being maintained and that there had been no further incidents of aggression. One year after closing the file, Mark was still at home with no further aggressive incidents.

Placement Prevention Program Services

Placement Prevention Program Services has been designed to serve as an alternative to residential care for children who have been or are about to be removed from their families due to abuse, neglect, or other Child Welfare concerns. Instead of being placed in a foster home, group home, or institution, intensive short-term treatment is provided to children and families in their own homes, schools, and neighborhoods.

Treatment in Context

Placement Prevention Program Services offers intensive short- term treatment to young people and families in their own homes and schools. A Family Specialist typically works with two families at a time and spends 10 to 30 hours per week over six to ten weeks to identify and solve problems, teach a variety of new skills to family members, and secure necessary services to provide for a family's basic needs. All of the treatment is provided in the family's context (e.g., home, school, job). A Family Specialist goes where the family members go and experiences the realities of their lives. This first-hand experience is critical to the ecological treatment process that is characterized by precision, intensity, flexibility, and teaching. The Family Specialist constantly adjusts to the immediate needs of the family so that treatment goals can be pursued at the pace and in the manner appropriate to the family. Many interventions occur while helping a family do grocery shopping or waiting in a doctor's office or helping with housework. Treatment is provided in a flexible manner so that important skills can be taught in an integrated way to parents and children in the context of their everyday lives.

Contextual treatment provides enormous benefits to family members who are overwhelmed by life's circumstances. The Family Specialist can provide immediate relief for many basic needs just by being there, being empathetic, and helping parents locate needed goods and services (e.g., food, clothing, housing, transportation). By experiencing the family context, the Family Specialist can come to view life from the perspective of family members and sensitively exercise the clinical judgements necessary to take "referral issues" and turn them into the treatment goals and skills that will make a difference for a family. Each Family Specialist starts with the belief that each child belongs in his or her own family and that every Parent loves his or her child. Thus, the task becomes one of helping the family members learn how to live together and express their feelings in positive ways.

Focus on Family Strengths

Despite the many problems faced by families, there is a strength and a commitment to one another that can be drawn upon in the therapeutic endeavor. By enhancing their strengths and helping family members change in a few basic ways we can instill hope and help them use their own strengths to carry them beyond the present crises into a better life together over the years. Parents are viewed as the experts on their family and the parents are treated as colleagues and co-therapists as the interventions are carried out. This is important not only for treatment but for maintenance of change as well.

Program Foundations

The task for this program has been to integrate the well-researched treatment methods of the Teaching-Family Model (Phillips, Phillips, Fixsen, & Wolf, 1974; Blase, Fixsen, & Phillips, 1984; Blase & Fixsen, 1987) with the service-delivery strategies of the Homebuilders model (Kinney, Madsen, & Haapala, 1977) and implement the program to preserve and support families. Placement Prevention Program Services began in 1987 and the program has expanded to accommodate the growing demand for placement prevention and family preservation services.

The Teaching-Family treatment program is based on extensive research and practical experience (Blase, Fixsen, & Phillips, 1984; Wolf, Kirigin, Fixsen, Blase, & Braukmann, 1995; Fixsen, Blase, Timbers, & Wolf, 2001). In the past 15 years, this treatment model has evolved beyond its group home roots and has been adapted for treatment foster care, public and private schools, and home-based family services and programs that serve a wide variety of populations (e.g., delinquent, autistic, abused, emotionally disturbed). Over the years, across a variety of treatment settings and populations, the elements of an integrated treatment program have been identified and these have guided

the development of Placement Prevention Program Services. These elements are:

a) clear program philosophy and goals to guide decision making,

b) careful staff recruitment and interviewing processes to select for the "unteachables" like common sense and intelligence,

c) skill-based staff training to provide a good grounding in treatment-related skills and knowledge,

d) systematic staff supervision, consultation, and coaching to develop clinical judgement and assure treatment implementation,

e) staff evaluation to assess treatment-related skills and consumer satisfaction,

f) program evaluation to assess overall benefits and costs, and

g) facilitative administration to support treatment staff and to integrate all elements of the treatment program.

These program elements have been adapted to family-based treatment over the past several years. This evolutionary process continues today as each new family teaches us how to better fit treatment processes to children and families in helpful ways.

The remainder of this report focuses on the experiences of the prototype program developed in Calgary, Alberta. Since 1992, the program has been replicated in Michigan and adopted by several other Teaching-Family programs in the US and Canada. In 2004, the Teaching-Family Association reported that a majority of the children and families served by Teaching-Family organizations were treated using home-based services.

Child Welfare Concerns

The Child Welfare Act in Alberta is quite specific regarding the criteria that must be met to gain access to special resources offered by the province. In addition, more stringent criteria must be met to consider removing a child from his or her family. Thus, within Alberta Family and Social Services the investigation and intake units have been established to judge the existence of child welfare concerns in a family and the Planning, Assessment, and Review Committee (PARC) has been set up to review the most serious cases and make recommendations regarding possible placement out of home. Placement Prevention Program Services has been established as an alternative to residential care and is treated as a residential resource. Thus, all children have been reviewed by PARC and a recommendation for out-of-home residential services already has been made by PARC in order for a child to be eligible to be referred to Placement Prevention Program Services by Child Welfare.

When Child Welfare refers a child, the caseworker for that child is contacted immediately to set up the first meeting with the family and to ask the caseworker to provide detailed information about the child and family. The specific referral reasons stated by caseworkers vary depending upon the age of the child, the completeness of the Child Welfare file, and other factors. Thus, the data presented below should not be taken as "truth". Instead, the data should be viewed as indicators of the issues that were relevant to the investigation-intake-PARC decision-making processes leading to the decision to remove a child from his or her family.

Child-Related Referral Issues

After three years of operation, a total of 141 children had been served in and discharged from Placement Prevention Program Services. The data on the following pages refer to these children. The child-related referral issues have been categorized as "Physical/Emotional Abuse or Neglect", "Sexual Abuse/ Abusing", "Aggression/Acting Out", and "School Problems". As shown in Table 1, a significant proportion of the 141 children referred to Placement Prevention Program Services experienced difficulties in each area. Emotional abuse or neglect (70%), defiant/out of control behavior (62%), physical abuse (49%), sexual abuse (23%), and the long list of related behavioral and educational issues indicate the breadth and seriousness of the issues that must be dealt with in any residential program and in Placement Prevention Program Services in particular. The average is 4.7 primary referral issues cited for each child.

Table 1
CHILD-RELATED REFERRAL REASONS
(An average of 4.7 Problems Per Referred Child)

A. Physical/Emotional Abuse or Neglect	% of Children
1. Emotionally Abused or Neglected	70%
2. Feelings of Rejection	58%
3. Depressed/Withdrawn	53%
4. Impaired Emotional Functioning	53%
5. Exposure to Inappropriate Threats/ Humiliation	51%

A. Physical/Emotional Abuse or Neglect	% of Children
6. Physically Abused	49%
7. Deprivation of Affection/Stimulation	46%
8. Suicidal/Self-Harm Risk	15%
9. Enuretic	12%
B. Sexual Abuse/Abusing	
1. Exposed to Inappropriate Sexual Contact	25%
2. Sexually Abused	23%
3. Displays Inappropriate Sexual Behavior	18%
4. Prostitution	2%
C. Aggression/Acting Out	
1. Serious Parent-Child Conflict	65%
2. Defiant/Out of Control	62%
3. Aggressive Toward Others	53%
4. Destroys Household Property	36%
5. Delinquent/Criminal Activities	25%
6. Runs Away	25%
7. Sets Fires	19%
8. Hyperactive	17%
9. Alcohol/Drug Abuse	9%
D. School Problems	
1. Academic Performance Deficits	68%
2. School Behavior Problems	62%
3. Needs a Special Education Program	38%
4. Truancy	31%
E. School Placement	
1. Regular Classroom	38%
2. Special Classroom	46%
3. Expelled/Suspended/Home Study	17%

Child Welfare status

Each child served by Placement Prevention Program Services has Child Welfare status and an open Child Welfare file. For the 141 children served, the status at referral was Support Agreement (56%), Investigation/ Apprehension (16%), Custody Agreement (11%), Temporary Guardianship Order (11%), and Supervision Order (6%).

Age, Gender, and Race of Children

For the 141 children, 64% were boys and 36% girls. They averaged 8.5 years old and were fairly evenly distributed across the age range with 28% 0-4 years old, 35% 5-10 years old, and 37% 11-17 years old. A total of 84% have been Caucasian, 8% Metis, 6% Native, and 2% Oriental or Latin American.

Parent-Related Referral Issues

As shown in Table 2, parent issues also played a significant role in the referral decisions by Child Welfare. Of the 91 families served, most were unable to control child behavior (90%), had inadequate parenting skills (81%), physically abused their child (69%), emotionally abused (69%) or neglected (50%) their child, had serious marital conflicts (60%), and were inconsistently involved with their child (50%), along with a dozen other significant issues related to the parents. Given the average of 5.3 primary referral problems per family, the breadth and seriousness of the problems faced by each family are made more clear.

Table 2
PARENT-RELATED REFERRAL ISSUES
(An Average of 5.3 Problems Per Family)

		% of Families
1.	Unable to Control Child Behavior	90%
2.	Inadequate Parenting Skills	81%
3.	Physical Abuse by Parent	69%
4.	Emotional Abuse by Parent	69%
5.	Serious Marital Conflict	60%
6.	Inconsistent Involvement with Child	54%
7.	Parent Emotionally Neglects Child	50%
8.	Physical Abuse of Parent by Other Parent	42%
9.	Uses/Allows Use of Cruel or Unusual Punishment	35%
10.	Unable to Protect Child from Abuse by Others	34%
11.	Unable to Provide Basic Needs to Child	30%
12.	Alcohol or Drug Abuse by Parent	30%
13.	Unwilling to Have Child at Home	22%
14.	Death of Parent/Significant Other	21%
15.	Serious Mental Illness of Parent	15%
16.	Sexual Abuse of Child by Parent	11%
17.	Criminal Activity by Parent	10%
18.	Parent Unable to Care for Self	8%
19.	Suicide of Parent/Significant Other	5%

Parents' Age and Education

The 91 families had 142 parents that comprised biological (28%), adopted (3%), step (20%), blended (4%), and single parent (44%) families. The Moms averaged 32.4 years old (range of 21-56) and Dads averaged 35.7 years old (range of 20-60). A total of 46% of the women and 49% of the men had dropped

out of school and had not graduated from high school (about 11% had not made it past junior high school). For the women, 54% had graduated from high school and 13% had gone on to post-secondary education. For men, 51% had graduated from high school and 22% had gone on to post-secondary education.

Parents' Income (Canadian dollars)

Family income was $10,000 or less for 15% of the families, between $10,000 and $20,000 for 52%, between $20,000 and $30,000 for 24%, and over $30,000 for 9% of the families. For the men, 66% were employed full time and 9% part-time. For the women, 18% were employed full time and 15% part time. Income was derived from public assistance or a pension fund for 53% of the women and 23% of the men while 14% of the women and 2% of the men had no income at all.

Family Size

The 91 families consisted of 142 parents and 253 children (average of 2.78 children per family) for a total of 395 people. Of these, 141 (1.54 per family) were children referred to Placement Prevention Program Services. Family size ranged from 1 to 7 children with 14% of the families with 1 child, 34% with 2 children, 27% with 3, 13% with 4, and 11% with 5 or more children.

Fitting the Family

Clearly, children placed outside the home by PARC come from a wide variety of families from poor to upper-middle-class, from large to small, from single-parent and two-parent families, and with more or less education. The children face multiple emotional and behavioral problems of a serious nature in the context of a family prone to abuse, neglect, conflict, and lack of nurturance. For Placement Prevention Program Services this has meant developing in-home, family-based services that are adaptable to a wide variety of family characteristics while focusing on the child rearing and family problems that are uniquely expressed in each family.

The flexibility of Placement Prevention Program Services also is important to serving rural families or very large families or children who have extensive school or juvenile court problems in addition to their Child Welfare issues. Under these circumstances the caseload for a Family Specialist can be reduced to allow more time for the extra travel or treatment or liaison work that must be done. The flexibility of the program is an important aspect of its availability to families under these circumstances.

Interventions And Outcomes

Intensive Intervention

A Family Specialist works very intensively with two families at a time. Family goals are established by the parents and the caseworker and well organized treatment is provided in the context of the family and its activities. For the families treated, the average intervention has lasted 74.8 days with a range of 12 to 188 days. During this time, a Family Specialist spent an average of 135.1 hours working with each family with 63.3% of those hours in direct contact with the family members. It should noted that the 74.8 days are calendar days (weekends and holiday time included) between receiving the referral of a family from PARC and terminating treatment. Termination with a family occurs as family members move into the range of social acceptability for the critical incidents that originally led to the referral.

In addition, each Family Specialist provides follow-up services to families. Rather than having new services involved each time a family has problems, families are told they have a "life-time membership" in the program and to call with any concerns they have. This is designed to reduce the need for future placements as well as to give program staff feedback on the nature of longer-term problems experienced by families.

Improved Family Functioning

Standardized measures such as the Achenbach Child Behavior Checklist (Achenbach, 1983), the Family Functioning Scale (Magura and Moses, 1980), and the Parent-Conflict Behavior Questionnaire (Robin and Foster, 1984) have been used to measure pre-post intervention gains made by children and families served by Placement Prevention Program Services. In general, the pre-treatment data confirm the judgment of PARC that these are multi-problem children and families that easily could be overwhelmed by the extent and magnitude of the parent, child, and situational issues they face each day. The post-treatment data indicate that the intervention by Placement Prevention Program Services seems to help relieve many of these impediments to more healthy individual and family functioning. While these changes reflect major improvements, the children and families continue to have many problems with which they must cope.

Maintaining the Family unit

The Child Welfare Act is quite specific that "the family is the basic unit of society" and "every child

should have an opportunity to be a wanted and valued member of a family". Thus, keeping children in or returning them to their families is a critical outcome for any intervention by Child Welfare.

Each child served by Placement Prevention Program Services has been tracked for 12 months following termination. This is done by calling the parent or caseworker at the end of each month to ask where the child is residing and generally to see how things are going. The records have been summarized for all 107 children who were served by Placement Prevention Program Services and for whom the full 12-month follow-up period has been completed.

Table 3 shows the placement status for the children served by Placement Prevention Program Services. This table shows that 31% of the children were in care at the time of referral and that PARC had recommended that 51% go to some form of Foster Care and 49% go to congregate care of some kind. Instead, 100% of the children were returned to/kept in their own home during the intervention as a "residential alternative" to out of home care. At the end of the intervention, 91% of the children were at home and 12 months later 89% were still at home.

Cost of Care

Table 4 shows that the estimated costs of the placements recommended by PARC would have totaled $2,036,340. Instead, the costs of the actual "placements" totaled $1,294,539. Thus, for every $1.00 spent on trying to support and maintain the family unit, $1.57 were saved. Note that this is a conservative estimate based on less expensive estimated costs for foster care and group care and based on an average stay in care of 8 months for any recommended placement. The "actual placement" column provides the actual time at home or in care experienced by the 107 children but uses the same cost estimates (provided by the Department) and 8-month time frame to provide a fair comparison with the projected placement costs.

Table 3
PLACEMENT STATUS
(N = 107)

	Placement at Referral	Placement Recommended by PARC	Placement During Treatment	Placement at Discharge	Placement 12 Months Post Discharge
Home (parents, relatives, friends, independent living)	68%	0%	100%	91%	89%
Foster Care (regular or specialized)	20%	51%	0%	5%	2%
Group Care (group home, receiving home, open or closed residential treatment facility)	11%	49%	0%	5%	8%

Table 4
COST ANALYSIS
(N = 107 Children)

	Placement Recommended by PARC (8 months in care)	Estimated Cost	Actual Placement (8 months of time)	Estimated Cost
Home	0 months	$0	762 months	$1,032,999
Foster Care	440 months @ $20 per day	$267,300	38 months @ $20 per day	$23,120
Group Care	416 months @ $140 per day	$1,769,040	56 months @ $140 per day	$238,420
Totals	856 months	$2,036,340	856 months	$1,294,539
Cost Ratio		$1.57		$1.00

Conclusion

The family-based treatment of children who have been or are about to be placed out of home due to serious Child Welfare concerns seems to be reaching the appropriate children, having a positive impact on children and families, and operating cost efficiently compared to the residential alternatives.

The flexibility and intensity of this service are critical to the outcomes obtained. Family Specialists describe in excited terms what a privilege it is to be able to join with a family and then do whatever it takes to help this child and his or her family get past enough of their serious problems so that they can live together more constructively and positively.

Martha's Family

The developmental delays of her three children, ages 2, 3 and 5 and her own difficulty in adequately meeting the physical, social, emotional and developmental needs of her children kept Martha involved with Child Welfare Services for many years. Eventually these concerns became so serious that Child Welfare decided to remove the children from Martha's care. As an alternative to placement, Placement Prevention Program Services became involved.

With no friends and strained relationships with her family, Martha had little support as a parent and often talked of killing herself. Teaching Martha how to decrease her children's yelling, hitting and biting was a great relief to her. Martha was thrilled as she and the Family Specialist were able to find beds for all of her children and replace the tablecloths they were sleeping under with real sheets and blankets. Learning budgeting skills, household organization, and appropriate self-advocacy skills were significant areas of change for Martha as well.

At the close of the four-month intervention, Martha was feeling much calmer and more organized. She and her children started experiencing fun times together while going for walks or playing in the park! Yet, when it was time to leave, it was clear to the Family Specialist that Martha would require ongoing support to maintain the recent changes in her family. As a result, the Family Specialist advocated for and successfully accessed a long-term in-home support worker as well as a specialized day home for the children that would address the developmental delays they still experienced.

After closing the file, the Family Specialist continued to receive occasional phone calls from Martha requesting advice on various issues or to boast about her successful completion of a goal.

As illustrated in this family intervention, a Family Specialist is prepared to deal with any problem directly or recruit the necessary resources to suit the needs of this particular family. This is possible to do given the treatment skill of the Family Specialist, the Family Specialist's availability for 15-20 hours each week, and the belief that every child should have every opportunity to live with his or her parents in a safe and constructive manner.

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