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FORMATIVE EVALUATION OF A COLLABORATIVE COMMUNITY-BASED CHILD ABUSE PREVENTION PROJECT

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ABSTRACT

Objective: *Together for Kids* is a child abuse prevention project that serves children and families in two neighboring communities in a mid-sized Canadian city. The project, a collaborative endeavor of various agencies in the health, social services, and law enforcement sectors, focuses on preventing child abuse and neglect through family support and programming. This article presents the results of a formative evaluation of the project focusing on client and team member views on project implementation.

Method: The evaluation strategy was primarily qualitative. In-person interviews following a semi-structured format were conducted with 17 clients and 10 team members by an external evaluator. In addition, a review of all client records was conducted.

Results: The community-based approach, the multidisciplinary composition of the team, the ability to seek services when needed, the immediacy of the response time and the availability of support during stressful times were all aspects of the project that clients found beneficial. The most beneficial aspect of the project, however, was the informal support received from team members who were accepting, non-threatening, and non-judgmental. Team members found the collaborative approach made access to services easier for clients, particularly for those who were more socially isolated.

Conclusions: Multidisciplinary, community-based models of service delivery contribute to a more effective and compassionate response to vulnerable families. Attention to the variables identifed as important aspects of the project from the clients' perspective in this evaluation may assist others in developing similar programs. © 1999 Elsevier Science Ltd

Key Words—Child abuse prevention, Multidisciplinary, Community-based, Formative evaluation, Collaboration.

INTRODUCTION

TRADITIONALLY, SERVICE DELIVERY for the prevention, detection, investigation and treatment of child abuse and neglect in Edmonton, Alberta has been offered by different agencies and organizations with separate organizational structures. There are drawbacks to this method of service delivery. Some of the inadequacies of this delivery system have been attributed to the lack of co-ordination among services which has resulted in a fragmented and ineffective system. Other inadequacies are related to client difficultly in accessing services since most services are offered at central locations that are generally distant from the clients who need them.

In an attempt to provide more effective services for the prevention of child abuse and neglect and the treatment of abused children, a team of professionals, organized by the Children's Health Centre of Northern Alberta (now Capital Health Authority—Children's Health Centre), proposed a demonstration project to integrate existing services and explore new approaches to preventing child abuse and neglect. The demonstration project, planned as a 3-year endeavour to be launched in an Edmonton community, was supported by various agencies in the health, social services and law enforcement sectors. A formative evaluation was conducted after 18 months of operation to identify salient features of the project most relevant to clients. This article briefly describes the project and presents the results of the evaluation.

A Collaborative Community-Based Child Abuse Prevention Project

The demonstration project, *Together for Kids*, brought together services for the prevention, detection, investigation and treatment of abused children into an integrated and coordinated model of service delivery. Child abuse prevention and intervention are thus addressed within a multidisciplinary, collaborative approach. The goal of the project is to deliver integrated services for children and their families that are easily accessible and responsive to the particular needs of the community. Team members focus on preventing child abuse and neglect, through individual family support and programming, and provide early intervention with victims and families once abuse has occurred. The services offered are primarily center-based but home visits are conducted on an individual basis. The team also works with the community to identify prevention strategies and programs for individuals and groups. Examples of programs offered are: parent education and support groups, child abuse prevention programs, communication/self-esteem programs for school-age children and peer support groups for junior high school students. In addition, the team provides current information concerning child abuse and neglect and promotes awareness of the problem in the community and to other professionals.

The project is staffed by a multidisciplinary team of 10 individuals. The team is composed of community nurses, social workers, child welfare workers (i.e., child protection service workers), a mental health therapist, a police officer and a child abuse detective who all work partial full-time equivalencies. One of the authors (i.e., L. McConnan), a child health nurse, coordinates the project on a full-time basis. All individuals were seconded (i.e., on loan) from their employing agencies. The project operates with pooled funding from the stakeholder agencies who support the initiative.

The project serves two neighboring communities in the city. The office is situated in a shopping mall located between the two communities and operates on week days from 8:30 to 4:30 p.m. The target population for the project includes any family in these two communities with children aged newborn to 18 years of age who (1) have child welfare, social, health, or police concerns, (2) need liaison with other agencies, or (3) could benefit from parent education, counselling, or support. Families could access services without a referral or be referred by other community agencies.

The communities were selected as the site for the project for several reasons. The team of professionals who planned the initiative had formally solicited proposals from communities in an attempt to plan services that were responsive to community needs and to gain community

acceptance of services. A women's group with members from the two neighboring communities submitted a proposal voicing their concern about the prevalence of child abuse and neglect in their communities. The women wanted services to prevent child abuse and neglect, easier access to services for abused children and their families, and services that were based in their community and sensitive to their needs. In their words, they wanted "to have programs together in one building, to get everything you need in one place, one-stop shopping for family health." Both communities were well known to police and social service agencies for their high level of family violence, child welfare, and social services involvement. Although it is difficult to obtain a completely accurate estimate of the magnitude of the problem, statistics available at the time of planning indicated that the number of documented cases of neglect in the city as a whole had increased by 36%, physical abuse increased by 23%, and sexual abuse increased by 21% compared to the previous year (Alberta Family and Social Services, 1992–1993).

The Communities

Population markers associated with an increased risk for child abuse and neglect are prevalent in these communities. The population of 6,000 residents is characterized by transiency, low educational attainment, high levels of unemployment and poverty. The 1991 federal census recorded a median income of $11,708 and $19,482 (US funds) in the two communities, respectively (Statistics Canada, 1991). This latter figure is skewed because the south portion of one of the communities enjoys higher income levels and lower levels of unemployment. The civic census recorded a 9% and 8.9% unemployment rate in these communities (City of Edmonton, 1993). Almost half of the adult residents have not completed high school. The neighborhood is densely populated and dominated by multi-family complexes. There is a high turnover rate of families, with only 50% of the families living in the same residence longer than 2 years. Both neighborhoods are ethnically diverse with many new immigrants settling there because of the availability of low cost housing. The cultural diversity often creates tensions and social isolation.

Both communities have a high proportion of young families, particularly single adults with children (21%), with the majority of these families headed by a female. Children comprise over 40% of the population. The percentage of births to teen mothers, low birth weight infants, premature infants, and premature infants weighing less than 1500 grams were all higher in these communities than the city-wide average. In addition, a higher percentage of mothers in these communities admitted current drug abuse than mothers city-wide (Capital Health, Population Health and Research, 1996).

PURPOSE AND OBJECTIVES

The purpose of the evaluation was to provide information to revise and improve project operations. A formative evaluation was planned to assess progress toward goal attainment, including improved accessibility of services and more seamless service delivery, as well as to solicit suggestions for improving the project. Since the demonstration project was to serve as a prototype for similar projects at other sites in the city, documentation of successful aspects of the project would allow replication in these settings.

An internal evaluation was planned following the first year of operation; however, high service demands, low staffing levels and inadequate funds delayed the evaluation. Consequently, the evaluation was conducted in the second year of operation by an external evaluator in consultation with an evaluation committee. The evaluator had doctoral preparation in research methodology, program evaluation and expertise in family violence. Funds for the evaluation were obtained externally.

METHOD

A descriptive evaluative design was employed. Both quantitative and qualitative methods of data collection were used to gain a comprehensive perspective of the project from the various participant groups (Chen, 1993; Patton, 1990; Pietrzak, Ramler, Renner, Ford, & Gilbert, 1990). All client records were reviewed for basic demographic information and reasons for contact with the project. The proposals for the initiation of the project from the team of professionals and the community residents were also reviewed.

The majority of data, though, were collected through face-to-face interviews with clients who used the services and team members who provided these services. Interviews were deemed essential to obtain much of the information necessary to meet the objectives of the evaluation, in particular for understanding participants' perceptions of the project (Patton, 1990). Interviews ranged in length from 1 to 3 hours, followed a semi-structured format, and provided enough flexibility to pursue specific areas of interest/expertise with each participant. Specific questions varied for each participant group. Insight gained in the first few interviews was used to direct questioning in subsequent interviews to gain clarification, more depth of understanding, and greater specificity. All interviews were audiotaped and transcribed verbatim. Participants were interviewed in the location of their choice.

Sample

The sample included 17 clients purposely chosen to represent the demographic characteristics of the community, including age and ethnicity. In addition, clients were selected who had more than one contact with the project, were accessible at the time of the evaluation, and were willing to participate. All clients who were selected participated in the evaluation. Although the original intent was to interview more clients, sampling ceased after 17 clients when the interview content became repetitive and did not yield any additional information.

Clients ranged in age from 23 to 44 years ($M = 32.6$ years, $SD = 6.9$). The majority of clients were women ($n = 16$), single ($n = 12$), and unemployed ($n = 15$). Nine clients had completed high school, five had some high school education, and three had no education beyond primary school. They had an average of three children, ranging in age from 1 month to 18 years of age ($M = 8.3$ years, $SD = 4.5$). All of the single clients were raising children alone. All but one of these clients had more than one child.

Team members including nurses, social workers, child welfare workers, and police officers were interviewed. They represented the stakeholder agencies that supported the project in the form of staffing. Eight team members were currently involved in the project; two had left the project. There were no team members who refused to participate in the evaluation.

Four team members were male and six were female. Three team members had some post-secondary education, five had baccalaureate degrees, and two had graduate degrees. Their number of years of experience in their current profession ranged from 1.5 to 28 years ($M = 13.4$ years, $SD = 8.1$). On average, team members had been involved with the project slightly under 12 months ($SD = 8.0$). Five team members had been involved more than 12 months, two had been involved between 6 and 12 months, and three had been involved less than 6 months. The coordinator worked full-time on the project while the other team members worked for variable times depending on service requirements and committments at the parent agency. On average, one social worker worked between 33 and 40 hours, one social worker and a mental health therapist worked between 17 and 24 hours, a detective, a community health nurse and another social worker worked between 8 and 16 hours, two child welfare workers and a police officer worked between 4 and 8 hours.

DATA ANALYSIS

Quantitative data were analyzed using descriptive statistics. ETHNOGRAPH, a computer software program for qualitative data analysis, was used to sort and categorize the interview data. The interviews were analyzed separately for each participant group. Data analysis consisted of a search for common themes, categories, and patterns across participants in each group. Data were then summarized in terms of these specific themes using direct quotes from participants for illustrative purposes.

ETHICAL CONSIDERATIONS

Prior to initiating the evaluation, ethical approval was granted from an institutional review board at the University of Alberta. Clients were first approached by the project coordinator and introduced to the evaluator if they expressed a willingness to participate. Team members were approached by the evaluator. The evaluator explained the purpose of the evaluation and the strategies that would be taken to protect confidentiality. Participants were assured that participation was voluntary and they would be given the opportunity to review transcripts and delete any information that they preferred not to divulge. Clients were informed that identification of child abuse and neglect could not remain confidential.

FINDINGS

The Clientele: Socio-Demographic Description and Reasons for Referral

During the 18 months of operations, the project served a total of 175 families (396 children). Of these families, 27.8% had one child, 33.7% had two children, 23.7% had three children, and the remaining families had four or more children. Children ranged in age from infants to young adults (M = 7.9 years, SD = 4.6). There were 11.8% of children under 2 years of age, 24.2% of children were preschool age (3 to 5 years), 47.6% of children were school age (6 to 12 years), 15.3% of children were teenagers (13 to 19 years), and the remaining children (1.1%) were young adults (20 to 22 years). There was great diversity in the type of families served by the project. Brothers and sisters were often living in different family arrangements and even this changed over time. Of the children, 37.3% lived in two-parent families; 42.6% lived in single-parent families, most of these families headed by a female; 9.0% lived with their mother and her boyfriend; 7.2% lived with one parent and a relative which was usually the grandmother; and 2.9% lived with relatives other than a parent, which was usually the grandparents. A small percentage of the children (1.0%) lived in group homes or independently. While the clientele was culturally diverse (e.g., First Nations, Caucasian, Black, East Indian), the majority were First Nations people.

Families were referred to the project by a number of sources. Children in the same family were often referred by different sources and for different reasons. Almost 27% of referrals were from schools, 24.1% were from the provincial social service agency responsible for child welfare, 19.7% were from other community agencies, and 4% were from the police. In addition, families who had used the services referred other families (11%) and many families self-referred (19%). Response time following referral was quick. The majority of clients (80.5%) were seen the same day while the remaining clients were seen within 3 weeks, usually because of difficulty contacting the family.

Reasons for referral varied across families and even within families for different children. The majority of referrals were for child abuse and neglect (Table 1). According to parental reports, 50% of the children were neglected. The most frequent type of neglect was inadequate supervision, followed by failure to provide for children's physical and/or medical care. Forty-three percent of

Table 1. Reason for Referral: Child Abuse and Neglect (*N* = 130)

Types of Abuse/Neglect	Frequency	Percentage of Children
Neglect	65	50.0
Physical Abuse	56	43.1
Sexual Abuse	44	33.8
Emotional Abuse	28	21.5

Note. Based on 130 children. Some children affected by more than one type of abuse.

children were physically abused, 33.8% were sexually abused, and 21.5% were emotionally abused. Many children experienced more than one form of abuse.

Children were also referred for other child-related concerns. For example, parents were often concerned or had difficulty coping with children's violent or antisocial behavior (Table 2). There were also reasons for referral that were primarily parent-related (Table 3), many for factors often associated with child abuse and neglect such as alcohol abuse or spousal abuse (Campbell, 1994; Coohey & Braun, 1997; O'Keefe, 1995; Straus, 1994; Whipple & Webster-Stratton, 1991). Most families had multiple problems that were complex in nature.

Participants' Views on Project Implementation

The profile of clients who were interviewed was similar to the clientele in general. Clients accessed the project for several reasons. For some, it was perceived as mandatory because child welfare referred them. Others came of their own volition seeking assistance for parenting concerns, which ranged in severity from "everyday" parenting concerns (e.g., sibling rivalry) to "complex" issues (e.g., helping children cope following sexual abuse). All clients had multiple and complex problems and were dealing with a number of poverty-related pressures such as low income, inadequate housing, social isolation, educational disadvantage, poor self-esteem and life skills.

In general, clients expressed satisfaction with the project and how it was functioning in their community. They found services more accessible, personalized, and responsive to their individual needs than services that had traditionally been offered. The ability to access a multidisciplinary team of providers, the response time following referral, the range of services provided were all viewed positively by clients. Some suggestions in each of these areas were provided.

Table 2. Reason for Referral: Other Child Related Concerns (*N* = 110)

Reason	Frequency	Percentage of Children
Violent Behavior	25	22.7
Community/School Conflict	23	20.9
Uncooperative Child	23	20.9
Truancy	22	20.0
Parent/Child Conflict	20	18.2
Juvenile Offender	17	15.5
Emotionally Disturbed Child	9	8.2
Run Away Child	6	5.5
Major Health Problems	5	4.5
Alcohol/Drug Problems	4	3.6
Pregnant Teenager/Child	3	2.7
Low Self-Esteem	3	2.7
Sexually Abusing Other Children	2	1.8

Notes. Based on 110 children. Some children referred for more than one problem. Percentage based on number of children with the same problem.

Table 3. Reason for Referral: Related to the Parent ($N = 102$)

Reason	Frequency	Percentage of Parents
Alcohol/Drug Problems	32	31.4
Child Welfare	27	26.5
Spousal Abuse	19	18.6
Psychological Distress	19	18.6
Guardianship Issues	11	10.8
Unable to Care For Child(ren)	10	9.8
Financial Problems	10	9.8
Seeking Program Information	9	8.8
Marital Conflict	7	6.9
Physical Problems	5	4.9
Community/School Conflict	4	3.9
Unmarried Parent Counseling	3	2.9
Death of Parent	2	2.0

Note. Some parents referred for more than one reason.

Multidisciplinary composition of the team. Clients appreciated being able to access services from a range of providers. Because there were a number of services offered by different providers in one location, there was better co-ordination and communication between providers. Service delivery was less fragmented and more responsive to client needs. Clients were not subjected to multiple interviews by providers in different agencies, which can be both traumatic and invasive. They did not have to wait unnecessarily for referrals. The team members indicated that these changes resulted in less frustration for clients.

It's better for the consumer because they're not running here, there, and everywhere. . .. I mean you do this lengthy interview here and then they go to the next agency and have to repeat it all over again. (team member)

It's so easy for a client to come in here. They can sit down and talk to a child welfare worker. . . they can talk to a nurse . . . they can talk to a social worker. . . they can get counseling. . . It's one-stop shopping, they've got it all here. (team member)

Clients appreciated the fact that team members from different disciplines had different skills or just related better with children in different age categories. One mother related how she would go see a certain team member for her eldest son "cause she's better with older kids" but that she went to see "someone else for my younger kid." Clients recognized the expertise of different providers. The team member who had the most experience counseling sexually abused children was frequently utilized when this was the concern.

The multidisciplinary nature of the team was generally seen as an advantage, once clients became familiar with the project and its services. Initially, though, clients were concerned because child welfare and police services were involved. It was well-recognized by clients that these specific agencies have mandated authority to investigate reports of child abuse and/or apprehend children. Association with child welfare and police services initially caused clients a certain amount of apprehension since most clients had children who had been taken into protective custody. Yet, several clients commented that once they had time to reflect on their behaviors, they later wished that their children "were apprehended sooner, for the sake of the children." It was apparent that there was less apprehension towards team members with mandated authority as the project evolved and clients began to see team members as individuals instead of representatives of agencies.

Accessibility of services. Accessibility was enhanced because the project was located in the shopping mall which was frequented by community residents for other basic goods and services. The location was an important factor which facilitated clients accessing the services. Not only was

it located within the community but it was easily accessible by public transportation and even within walking distance for many clients. This was particularly important because previously clients with multiple problems would have to travel across the city via public transportation to access many of the agencies involved in the initiative. Team members also perceived that the community location facilitated clients' use of the services, particularly for clients who were more socially isolated and might not venture out of their immediate community to obtain services.

> A lot of agencies are set up where people come to them, to their offices, and there's a whole segment of the population that just can't access services that way, just do not have the confidence and social skills to do that. (team member)

Team members often visited clients' homes when clients had difficulty accessing the agency. Home visits were not necessarily appreciated by all clients. Some clients appreciated the home visits feeling that the service was more personalized. Other clients felt uncomfortable with this approach, believing them intrusive, that team members were really "checking up on them."

There was another reason that clients liked the location; it facilitated clients' ability to seek out services but to do so while maintaining "their privacy." Clients frequently related that they "felt comfortable going there" and team members also perceived that clients were more comfortable because of the location. Since the office was located unobtrusively among physicians' and dentists' offices on the second floor of the building, clients could easily enter and leave without being noticed. Hence, there was less stigma attached to obtaining services. Even the name chosen for the project, *Together for Kids*, increased clients' comfort level since they viewed it as portraying an interest in working for children without overtly calling attention to child abuse.

The project operated during normal business hours. Although clients generally accepted this, some expressed frustration that it was closed at times when they were more likely to access it (i.e., after school, early evenings). Unemployed clients found the times less inconvenient than employed clients or those attending school.

Parent education and support programs. Clients who attended the parent education and support groups found them beneficial in terms of learning new parenting strategies, especially methods of discipline that were less harsh. Several mothers referred to a disciplining strategy, based on a behavioral approach they learned, and commented that they now used this less intrusive method of discipline or at least tried it first, instead of their usual approaches. One mother commented how she frequently relayed information to other mothers who were unable to attend, either because they were too socially isolated or lacked the necessary social skills to attend group sessions. She taught them strategies learned through her involvement with the group and suggested that "this thing has a rippling effect. Information is passed from one mother to another." Another client related that although her husband does not attend the parenting group, he had indirectly benefitted because she "goes home and tells him everything." For other clients, the value of the parenting group was the emotional support received from other group members "just knowing that they shared the same problems and frustrations." Clients no longer felt so alone.

Informal support. While clients clearly benefitted from the parenting groups and other services offered, it was the informal support given to parents that was the most frequently mentioned aspect of the project that clients valued. Clients pointed out that they were able to access team members when the demands of parenting became overwhelming and they felt stressed. There was self-awareness that they were losing control and were more at risk of abusing their children. When they felt stressed, they had someone to turn to, to obtain support. This is exemplified in the following comments:

When I know that there's trouble starting here, I don't hesitate, that's the first place I turn. (client)

When I get upset I don't hit my children, I pick up the phone and I phone somebody. I can talk to them, I can tell them, this kid is really driving me crazy, what do I do?. . .. It's made a big difference. (client)

You get to that frustration point and sometimes all it takes is for them just to talk to you, to calm you down. (client)

If I just needed to talk or I could come by or I could have coffee or just sit. . .. Just so I didn't feel so frustrated. When I feel frustrated I mean I either do one of two things. I either go drinking or do drugs, and I've got to find more positive ways of dealing with things. . . it gave me a chance to get out and speak my mind. . . at the time, I was feeling very strongly that I was going to kill somebody. (client)

Sometimes when you're having problems, you can drop in there and talk to someone. (client)

Clients felt supported. More importantly, they felt they were able to obtain support when it was needed, not after the crisis in their lives had ended. There was comfort, security, and trust knowing that support was available to them, within their reach and under their control. Because clients had established a trusting relationship with certain team members, they felt comfortable approaching them when they felt under severe strain, and were more willing to listen when team members pointed out deficiencies in parenting or areas that needed improvement.

I know there's someone up here that's going to listen to what is bugging me today and not ridicule me because of it. If I'm doing something and it's stupid they're going to say, well you know, that's not the way that you should be handling this. Now, why don't you try this. (client)

While the parenting courses taught parents new strategies, many parents had taken numerous parenting courses through different agencies. Several clients have had in-home support workers who counseled and taught them or parent aides who role modeled appropriate parenting skills. Most parents knew what appropriate parenting skills were—even if they did not always practice them. Consequently, this was not the aspect of the program that they found the most beneficial. The most beneficial aspect was the fact that team members were available for informal support when parents were under stress, and at the time they were experiencing the stress, not days or weeks later. This is summed up succinctly in a powerful statement made by a young single mother of four children:

I had all the strategies already. It was just that I never had anyone to lean on. (client)

Client referral and advocacy. Helping parents often meant attending to day-to-day crises and assisting clients to meet concrete needs that required immediate attention such as helping clients obtain food and shelter, clothing for children, medication or bus tickets so they could travel to school or keep doctor's appointments. It included referrals to a variety of other community services and advocacy to help clients obtain the services. Clients were often unaware of these agencies or services, unaware that they qualified, or intimidated by bureaucratic systems. Further, each agency has its own criteria to determine whether clients qualify for services. Clients often lacked the social skills necessary to advocate on their own or their children's behalf. Team members advocated for some clients and supported others while they advocated on their own behalf. Helping clients with these functions helped team members establish credibility and earn their clients' trust in addition to the obvious outcome of securing the needed goods or services.

Suggestions for Improving the Project

Increasing community awareness. Even though the project had become well known in both communities, many clients felt that more could be done to increase community awareness. Almost half of the clients interviewed suggested a need for more advertising to make the services known to the community. This suggestion was supported by the fact that several clients suggested initiating programs that were already offered by the project. Clients suggested advertising through local newspapers and school newsletters, placing posters in local businesses, sending flyers to

individual homes and going door to door. Further, they indicated that extending the hours of operation to early evening would increase accessibility.

Additional professional staff. Clients had two other suggestions for additions to the team of professionals. They wanted access to a child psychologist to provide counseling services specifically for adolescents. One mother related how she had to take a full day off work to bring her child across the city to see a child psychologist. The most frequent suggestion, though, was to have someone with legal knowledge to discuss divorce and custody issues, spousal abuse, and stalking concerns. These concerns all caused clients a great deal of stress and their limited resources prevented them from accessing legal services privately. It is interesting to note that the original proposal for the project from the community residents requested both psychological services and legal support. Due to funding constraints, these aspects of the project were never implemented.

Informal support groups. There were suggestions for informal support groups organized around common concerns, such as groups for parents whose children were young offenders and for wives whose children had been sexually abused by their spouses. Clients suggested having a group where professionals or other women with certain practical skills (e.g., cooking, sewing, budgeting, cutting hair) could teach these skills to interested mothers. Many clients wanted more efforts to be made to attract fathers to the parenting groups.

Consistency in staffing. Finally, clients wanted consistency in staffing. Due to agency demands, team members often had to return to their own agencies. When team members had to leave the project to return to their respective agencies, clients often discontinued contact with the project. Rapport had been established with individual providers or group leaders, not the project as a entity.

   Really turned me off and I never did come back. . . what I feel is one person starts it, they should stay with it. . . have some stability. (client)
   You get comfortable with people and I mean you can tell them so much more. When you get a new one it's like now what do I say? (client)

   A central issue in treating child abusing families is that family members are often very socially withdrawn and isolated and do not trust easily. Establishing a therapeutic relationship took time and effort for both parties. It was defeating to clients when the relationship was disrupted because of agency commitments and it reinforced their sense of helplessness.

DISCUSSION

   In general, clients found the collaborative model of service delivery made services more accessible and improved service delivery. Certain aspects of the prevention project were particularly beneficial. The community-based approach, the multidisciplinary composition of the team, the ability to seek services when needed, the immediacy of the response time and the availability of support during stressful times were all aspects of the project that clients found beneficial. Moreover, clients found team members more approachable, and there was less hesitancy accessing those providers with mandated authority (i.e., police service and child welfare services). Because services were more personalized, there was more openness to listen to team members' suggestions of alternate parenting strategies and/or lifestyle choices. Although clients found the parenting and other courses useful, the most beneficial aspect of the project was the informal support provided by team members who were accepting, non-threatening, and non-judgmental and who were readily available to discuss clients' concerns and help them cope with stressors.

An increasing number of families in society lack support systems that previously served to help families deal with frustrations associated with parenting and daily life. Thus, the supportive services may serve a preventative function. Child abuse and neglect generally occur more frequently in socially impoverished neighborhoods in which individuals and families are not embedded in social networks or are isolated from one another (Garbarino, 1990). Research has shown that mothers in abusive families tend to have less peer support, more troubled relationships with relatives, and more limited contact with the broader community (Albarracin, Repetto, & Albarracin, 1997; Corse, Schmid, & Trickett, 1990). Further, intervention studies have demonstrated that supportive assistance provided to high-risk mothers was associated with more optimal maternal and child outcomes (Olds et al., 1997). Social support acts as a buffer against stress by enhancing personal coping abilities and parenting capacities. People with more social support are better able to provide more optimal care of their children. However, team members need to help create new support systems and strengthen clients' existing support systems in order to increase clients' ability to cope with untoward events and ensure the sustainability of the project.

Team members also provided instrumental support in terms of assisting clients to meet basic needs. This is not surprising. Services need to address all factors that an impoverished clientele face before they can hope to bring about desired outcomes. Several researchers have suggested that successful intervention with maltreating families requires a comprehensive package of services which addresses both the interpersonal needs and concrete needs of family members (Cohn & Daro, 1987; Hardy & Streett, 1989; Kowal et al., 1989; Leventhal, 1996). Similarly, a prerequisite to focusing parents' attention on prevention efforts requires the same attention to basic concrete needs. The project, based on an ecological model, is attempting to address the full array of stressful conditions with which socially disadvantaged parents must contend as they try to improve their lives and the lives of their children.

While the project has made significant progress in increasing the accessibility of services, it was still apparent that team members needed additional strategies to reach the community. Several clients, who were very familiar with the agency, were still unaware of particular services currently offered. In addition, concerted effort needed to be made to attract families with very young children. Since the goal of the project was prevention, more emphasis needed to be placed on intervening and supporting families with very young children particularly those with children under 2 years of age. This period is when families are most at risk for physical abuse and neglect and when the potential for establishing optimal parenting is the greatest (Guterman, 1997). In addition, strategies need to be developed to include fathers (or boyfriends) since empirical evidence suggests that the majority of the perpetrators of abuse causing serious injury are the men in the household (Leventhal, 1996; Margolin, 1992). Although some fathers did attend the programs, and were encouraged to do so, they were generally underrepresented. Attempting to get fathers involved in the programs remained a persistent problem that clearly would require more innovative efforts.

Finally, despite the fact that community input had been solicited, several of the community residents' suggestions (i.e., extended hours of operation, legal resources, child psychologist) were never implemented. While some were not possible because of economic realities, others could have been implemented with little effort. As with any community-based initiative, program developers need continually to assess its responsiveness to the community it was designed to serve.

Many initiatives have recently been developed to prevent child abuse and neglect. In our sincere efforts to develop programs to reduce the risk to children, it is important to know what elements constitute an effective program (Starr, 1990). If programs are not acceptable to the community or achieving intended goals—they will probably be ineffective. Moreover, programs will continually duplicate each other, providing families with services that are not beneficial, and wasting precious resources doing so. As competition for scarce resources grow, the benefits of conducting formative evaluations become increasingly apparent.

The findings of this evaluation were used by the team members to improve project operations.

The project, initially planned as a 3-year endeavour, is now into its 5th year of operation although it did merge with another community project (i.e., *Partners for Youth*) serving at risk youth in the same communities. Despite funding constraints in each of the stakeholder agencies as a result of reduced provincial spending, all of the stakeholders agencies have continued their financial commitment. Several have increased their support by increasing the number of hours that their staff members spend on the project.

The goal of this evaluation was not generalizability. This evaluation focussed on a nonrepresentative sample of families who participated in the *Together for Kids* project. While many of the characteristics of the clientele may be similar to those of other at-risk populations, the findings cannot be generalized. Moreover, this evaluation did not include a test of the efficacy of the interventions. Nonetheless, the findings helped elucidate certain aspects of the project from the perspective of clients and team members that were beneficial. Attention to these variables may aid others in developing programs for vulnerable families to reduce the risk to children.

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RÉSUMÉ

Objectif: "Together for Kids" est un porjet pour prévenir les mauvais traitements et la négligence des enfants. Il dessert les familles de deux quartiers avoisinants dans une ville canadienne de grandeur moyenne, en offrant un appui et des programmes familiaux. Une gamme de services légaux, sociaux et de la santé collaborent au projet. L'article décrit les résultats d'une évaluation du projet, laquelle est axée sur des observations personnelles des usagers et des intervenants.
Méthode: L'évaluation, de nature qualitative, a été menée par un évaluateur externe et comprenait des entrevues partiellement sturcturées auprès de 17 usagers et 10 intervenants. On a aussi passé en revue tous les dossiers des usagers.
Résultats: Les usagers ont apprécié l'approche communautaire du projet, l'accès à des services immédiats et la possibilité d'obtenir un appui durant les périodes difficiles. Principalement, ils ont apprécié l'approche informelle des intervenants qui leur ont fourni un appui chaleureux sans les menacer ou les juger. Pour leur part, les intervenants ont rapporté que l'approche collaboratrice a permis de prodiguer des services plus facilement, sortout dans le cas des usagers dépourvus de contacts sociaux.
Conclusions: L'approche pluridisciplinaire et communautaire aide à fournir aux familles vulnérables des services plus efficaces et sensibles. Dans l'élaboration de projets semblables, il faudrait porter attention aux bienfaits du projet tels que signalés par les usagers.

RESUMEN

Objetivo: "Together for Kids" es un programa de prevención del maltrato infantil que atiende niños y familias de dos comunidades de vecinos en una ciudad canadiense de tamaño medio. El programa, que constituye un esfuerzo de colaboración de servicios de las áreas de salud servicios sociales y policía se centra en la prevención del abuso y la negligencia infantil a través del apoyo familiar y la programación. Este artículo presenta los resultados de la evaluación formativa del programa, que se centró en el análisis de la percepción de los clientes y de los miembros del equipo sobre la implantación del programa.
Método: La estrategia de evaluación fue principalmente cualitativa. Un evaluador externo mantuvo entrevistas personales semiestructuradas con 17 clientes y diez miembros del equipo. Además, se llevó a cabo una revisión de todos los expedientes de los clientes atendidos en el programa.
Resultados: La aproximación comunitaria, la composición multidisciplinar del equipo, la capacidad para buoear las servicios/recursos necesarios, la rapidez en la respuesta y la disponibilidad de apoyo durante tiempos de estés, fueron aspectos del programa que los clientes definieron como beneficiosos. Sin embargo, el aspecto más beneficioso del programa fue el apoyo informal recibido de los miembros del equipo, que mostraban una actitud de aceptación, no-amenazante y no-juzgadora. Los miembros del equipo señalaron que el trabajo en colaboración hacía más fácil a los clientes acceder a los servicios/recursos, particularmente a aquéllos más aislados socialmente.
Conclusiones: Los modelos multidisciplinares y comunitarios de provisión de servicios contribuyen a proporcionar una respuesta más eficaz y adecuada a las familias vulnerables. Prestar atención a las variables que los usuarios de este programa identificaron como aspectos importantes del programa, puede ayudar a otros en el desarrollo de programas similares.