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Children’s Program Evaluation Report

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**Introduction**

The agency that I have evaluated is the Samaritan House, located in Virginia Beach Virginia. This program is one of many programs at the Samaritan House. This agency provides services to victims of sexual assault, domestic violence, human trafficking, and homelessness. Some of these victims have children who receive services from the Children’s Program at the agency. The Children’s Program main goal is to reduce the signs of trauma in the children who are in the program while the other programs within Samaritan House assist the parents.

**Results**

After interviewing the staff members of the program and the program supervisor, I obtained information about the program and how it is being implemented within the program. I also learned of barriers that the staff feels are conflicting with providing effective service for the clients they serve. All staff members and the program supervisor mentioned during their interview that their program needs more funding to improve the efficacy of the program. Different reasons were mentioned such as more funding to hire more staff to work within the program. Danielle and the program supervisor, Rebecca mentioned that the program could use more staff members to assist with the work load, Rebecca specifically mentioned how many providers are closed by 5pm and they should be opened later during the evening and night hours to help provide services to clients. She suggested that providers should be available more on Saturdays. Katie stated that daycare and housing is a major concern for the parents of the children that comes into the program and that the needs of the children are dismissed. Parents do not take advantage of the services offered by the program therefore, leaving many of the children’s needs unmet. The results from the survey revealed that all the staff members and the program supervisor agreed that the program uses evidenced based assessments to assist with reducing signs of trauma in the children. All staff agreed that the program has appropriate organizational structure in place to manage the program. In conclusion, based on the information gathered in the interviews and from the surveys, the Children’s Program at the Samaritan House effectively reduces signs of trauma in those children whose parents take advantage of all the services the program has to offer.

**Implications**

My findings can impact the program positively if the recommendations are approved by the agency. The findings from the evaluation suggested that services could be improved if more funding was released into the program. The findings also suggested that this program could use more staff to help with the case load of clients and this could help improve the effectiveness of the service that is being provided to the clients. Lastly, the findings suggested that many of the children are not able to take advantage of the service that is being provided because the parents are too consumed with their own crisis situations to address the needs of their children. These finding can have both a positive and negative effect on the program. Without the proper funding, the program suffers from being able to provide services such as daycare services and proper prevention interventions which will have a negative effect. The Staff being overworked affects the service that is being provided. Parents that do not take advantage of all the program has to offer for their children can have a negative effect on the children.

**Recommendations**

Based on the findings, I recommend that this program find new ways to request more funding so that the program can add beneficial programs for the children. These children have been exposed to some traumatic experience within their family or household. If more funding is provided then Samaritan House can implement a childcare program for parents who have jobs, that way they can work towards proving a better, safe life for themselves and their children without the barrier of struggling for childcare services. I also recommend holding recruitment for volunteers and potential paid staff to assist with the caseload of clients. Having the appropriate amount of staff available so the work is evenly distributed among staff will prevent the staff from being overworked and burnouts. Staff will have time to focus directly on the need of the client and how to reduce the levels of trauma within this client and do so effectively. If the staff is being overworked, there is a possibility that staff may overlook or miss signs and develop interventions and plans that don’t meet the actual need of the client, leaving the client with unmet needs and service that is not being provided effectively. Lastly, I recommend that program participants with children be required to address their children needs as well as their own if they want to remain in the program. I believe this should be considered because often times the parents are concerned with fleeing from an abuser, or consumed with finding housing that they may forget about the wellbeing of their children psychological and mental state that their problems often get ignored. If this is made a requirement to remain in the program, then more children will be provided with services to help them through any challenges they face.

**Goals and Objectives**

**Goal 1:** Have more available workers to help with the caseloads

**Objective 1:** Hold a recruiting event for potential staff.

**Objective 2:** Hire at least one competent staff member and bring on at least three volunteers.

**Goal 2:** Update policy and procedures for clients who are being housed within the Samaritan House with Children, requiring full cooperation seeking services for their children.

**Objective 1:** Create and update current policy with new requirements to remain in programs at Samaritan House.

**Objective 2:** Have clients sign and review policy if they agree to the new terms.

**Research**

The research that was conducted by Arvidson, Kinniburgh, Howard, Strothers, and Blaustein (2011), included some of the planned and unplanned expectancies that have occurred during the research and suggest new research that should be conducted in areas that these articles were not able to produce. This supports my findings of information that was discussed in the interview about unplanned expectancies. This article discusses how the parents of the children aren’t able to continue with services, they remove the children from the programs or they either relocate or are not able to successfully complete programs, which ultimately results in the children needs not being fully met. Another article, I found was an article of research by Richards, Lewis, Cornelli, Deane, and Quimby (2016) which focuses on a study conducted in an agency and focused its research on one group of children within the agency who have been exposed to some type of complex trauma. The trauma included anything from physical abuse, sexual abuse, neglect and those who have witnessed some form of domestic violence. This relates to my findings in this evaluation because the types of trauma that the children in this study were exposed too are the same types of trauma the children at the Samaritan House are being exposed too. The study used research supported approaches such as attachment-based approaches, cognitive-behavioral approaches, and creative arts approaches. The results of this study showed major improvements in symptoms of anxiety, depression, anger dissociation and sexual concerns which declined following treatment. This agency also uses some of the same approaches such as cognitive- behavioral approaches to effectively reduce the signs of trauma in the children who are in their program.

**References**

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., . . . Blaustein, M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC Intervention Model. *Journal of Child & Adolescent Trauma, 4*(1), 34-51. doi: 10.1080/19361521.2011.545046

Richards, M., Lewis, G., Cornelli Sanderson, R., Deane, K., & Quimby, D. (2016). Introduction to special issue: Resilience-based approaches to trauma intervention for children and adolescents. *Journal of Child & Adolescent Trauma, 9*(1), 1-4. doi: 10.1007/s40653-016-0081-4