



Daughters of Charity
Child and Family Service



DAUGHTERS OF CHARITY
of St. Vincent de Paul



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



DAUGHTERS OF CHARITY CHILD AND FAMILY SERVICE EVALUATION REPORT

Why Measures Matter

Charting Change in the Lives of Children and Families

2018

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Disclaimer

This report is presented to inform the work of the Daughters of Charity Child and Family Service who funded the intervention evaluation described within. However, the views, opinions, findings, conclusions and/or recommendations expressed here are those of the authors and do not necessarily reflect the views of the funders, who take no responsibility for any errors or omissions in the information contained in this report.

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EXECUTIVE SUMMARY

This report describes and evaluates a system for monitoring the effectiveness of early childhood and family centre services provided by the Daughters of Charity Child and Family Service (DoCCFS) in counties Dublin, Meath and Wicklow over a two-year period from 2015 to 2017. It represents a shared strategic approach by managers, administrative staff and case workers at the DoCCFS, and researchers based at Trinity Research in Childhood Centre (TRiCC) at Trinity College Dublin to defining the aims of the project, the measures employed, and the training necessary to instil in key project staff a shared sense of ownership of the enterprise.

The focus of this report is on the objective measures used to capture and quantify the progress of children and families engaging with services. To this end survey questionnaires were developed to elicit information on a range of child, parent, family and household characteristics along with outcome measures that aimed to evaluate child and parent adjustment, child-parent relationships, children's coping, and school readiness. The surveys were administered by early childhood workers to Early Childhood Development Service (ECDS) parents over the academic years 2015-2016 and 2016-2017, and to all new Family Centre service users by their family key worker from December 1st 2015 to December 31st 2017. Data is available from two time points: Time 1 (pre-intervention) and Time 2 (post-intervention).

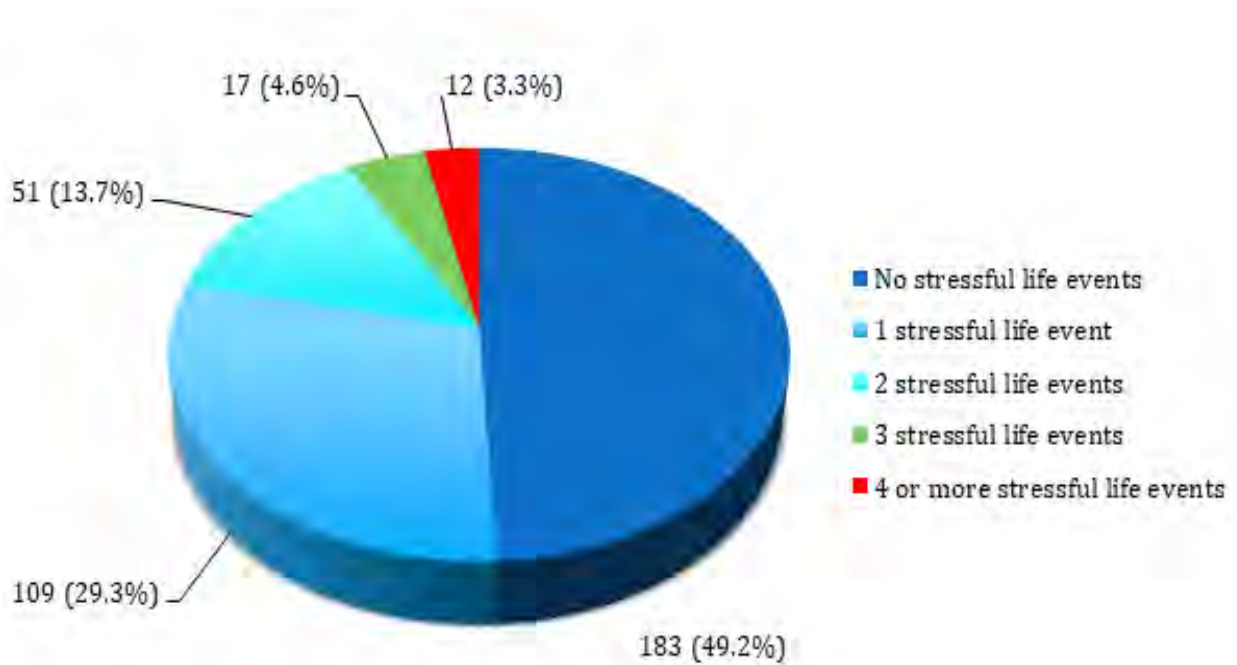
KEY FINDINGS

EARLY CHILDHOOD DEVELOPMENT SERVICE (ECDS)

Children attending ECDS centres are typically aged between 36 and 47 months. The majority are Irish and come from two-parent homes, although a higher proportion of non-Irish and lone-parent families are noted in this sample when compared with a nationally representative one. The children are predominantly in good health with only a small percentage (8.2%) reported by parents as having any ongoing chronic physical or mental health problem, illness or disability. Half of all children were reported by parents as having experienced at least one stressful life event in their young lives, most typically this is specified as 'moving house'.

FIGURE A:

Number of stressful life events experienced by the children in ECDS Centres (N=372)



Average scores on the measures of social, emotional and behavioural adjustment for the whole sample of children were in, or close to, the normal range at both Time 1 and Time 2 data collection points. Improvements on all measures were noted, though only prosocial skills improved to an extent that was statistically significant. When the children were considered separately by sex, boys showed significant improvements with regard to levels of emotionality and hyperactivity specifically, and their combined score on total difficulties (which also considers conduct problems and peer relationship issues).

Table A:

CHANGES IN THE AVERAGE SCORES OF SOCIAL, EMOTIONAL AND BEHAVIOURAL ADJUSTMENT SUBSCALES FROM TIME 1 TO TIME 2 FOR THE SAMPLE AS A WHOLE AND FOR BOYS AND GIRLS SEPARATELY¹.

	ALL CHILDREN		BOYS		GIRLS	
	TIME 1	TIME 2	TIME 1	TIME 2	TIME 1	TIME 2
EMOTIONALITY	1.8	1.7	1.9	1.6*	1.6	1.9
CONDUCT	2.5	2.3	2.6	2.3	2.4	2.3
HYPERACTIVITY	3.6	3.3	3.9	3.5*	3.2	2.9
PEER PROBLEMS	1.8	1.7	1.6	1.7	2.1	1.7
PROSOCIAL BEHAVIOUR	7.9	8.2*	7.7	8.1*	8.1	8.3
TOTAL DIFFICULTIES	9.6	9	9.9	9.1*	9.2	8.8

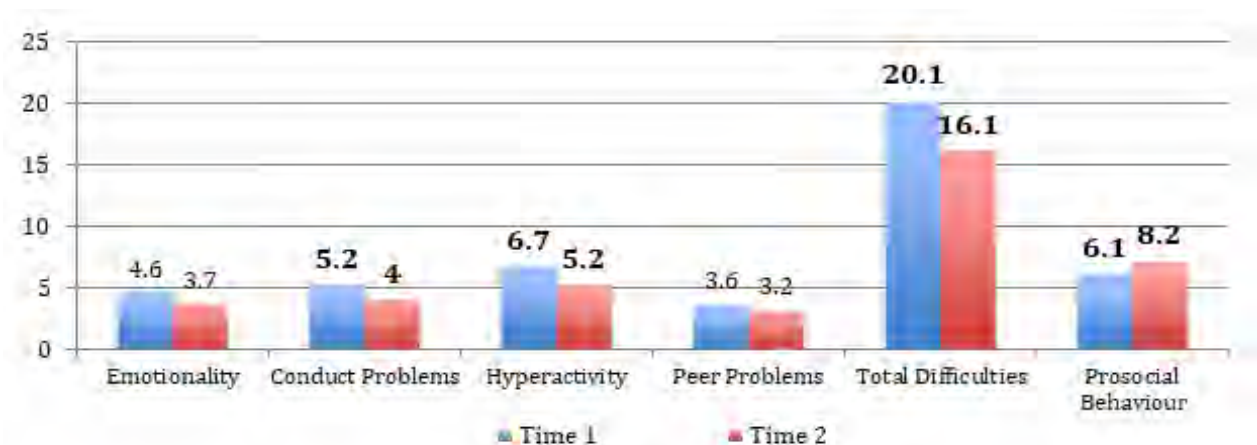
* STATISTICALLY SIGNIFICANT IMPROVEMENT FROM TIME 1 TO TIME 2 ($p < .05$)

¹The overall scores of Emotionality, Conduct Problems, Hyperactivity and Peer Problems subscales can range from 0-10 with higher scores indicating more difficulties, whereas higher scores on the Prosocial Behavior subscale indicate better adjustment. Total Difficulties scores are the sum total of the four 'problem' subscales and can range from 0 – 40 with higher scores indicating more difficulties. Highlighted Time 2 scores indicate statistically significant improvements from Time 1 to Time 2.

In the national longitudinal study of children in Ireland, Growing Up in Ireland, 12.5% of five year olds could be categorized as having high or very high levels of emotional and behavioural problems. A similar proportion (14%) was noted in the ECDS sample. Among this group, improvements noted from Time 1 to Time 2 with regard to conduct, hyperactivity, prosocial skills and overall difficulties were significant and considerable. These results suggest that while children generally benefit from the early childhood intervention, young boys and children with problematic levels of functioning may find services particularly beneficial.

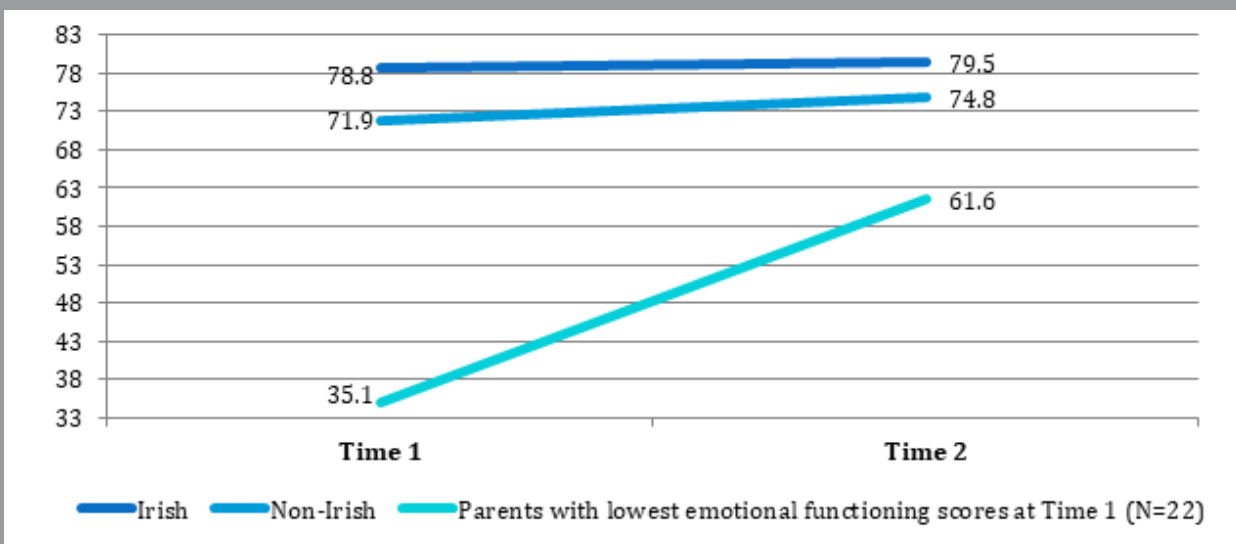
FIGURE B:

Changes in the average scores of social, emotional and behavioural adjustment subscales from Time 1 to Time 2 for the sample of children with high levels of emotional and behavioural problems (N=31)



The measure of mental health among parents indicated that there is a positive trend in improving parents' functioning in this respect from Time 1 to Time 2, but this change was not statistically significant. However, the average score of the group was high, even at Time 1, and comparable with average scores for adults from nationally representative samples. Among parents with very low scores indicative of mental disorder at Time 1, reports of improvements at Time 2 were highly significant. Though their Time 2 scores were still lower than the group average, this finding suggests that these individuals particularly benefitted following engagement with early childhood services and may continue to improve with more targeted intervention. Similar could be said for non-Irish parents who report significantly poorer mental health than their Irish counterparts. However, the examination of effect sizes suggests that this gap is closing at Time 2, where significant positive trends in reports of mental wellbeing were seen.

FIGURE C:
Changes in the average scores of emotional functioning scale from Time 1 to Time 2 among Irish and non-Irish parents (guardians) and those with lowest emotional functioning scores at Time 1



Parents' reports of closeness and conflict in their encounters with their children imply that parents and children generally enjoy very high levels of closeness and relatively low levels of conflict with each other. Thus, while positive trends were noted from Time 1 to Time 2, it is not surprising that these improvements were not statistically significant considering that the relationships between parents and children attending ECDS centres are typically warm and nurturing to begin with.

Finally, the ECDS children improved significantly over the school year with regard to their school readiness. This was gauged by ECDS staff as they rated children’s development with regard to social-emotional adjustment, language and facilitating learning approaches. Comparing average scores of School Readiness for boys and girls separately showed that at both Time 1 and Time 2, girls were significantly more ‘school ready’ than boys, but statistically significant improvements were made for both groups over the course of the preschool year. Similarly, at Time 1 average school readiness scores for Irish children were significantly higher than those of non-Irish children, but both groups showed significant improvements between Time 1 and Time 2 so that the difference between the groups were not significant at Time 2.

FIGURE D:
CHANGES IN THE AVERAGE SCORES OF SCHOOL READINESS SCALE FROM TIME 1 TO TIME 2 FOR THE OVERALL SAMPLE AND BY CHILD’S GENDER

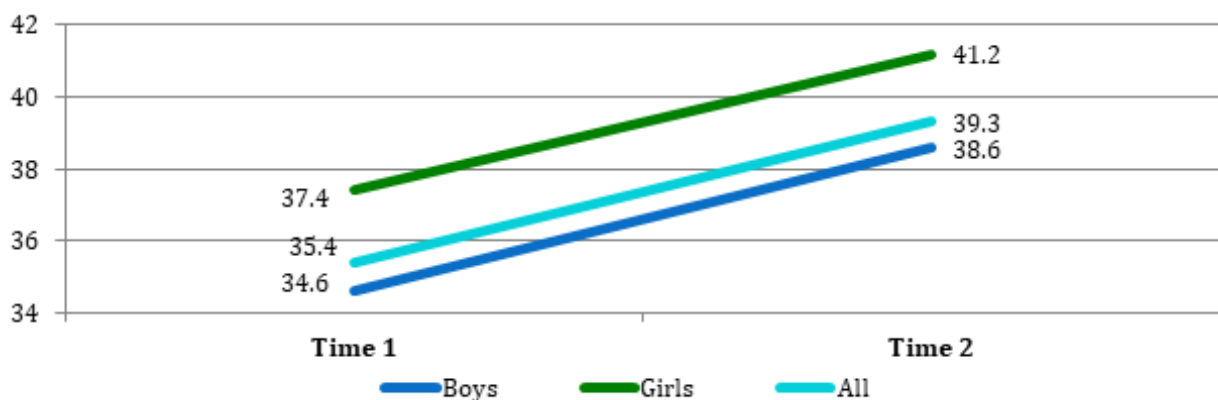
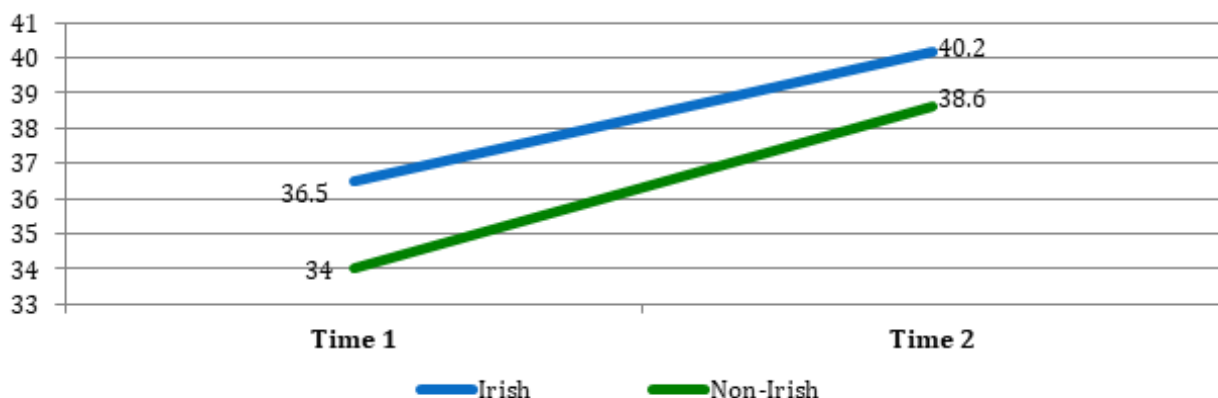


FIGURE E:
CHANGES IN THE AVERAGE SCORES OF SCHOOL READINESS SCALE FROM TIME 1 TO TIME 2 BY CHILD’S NATIONALITY



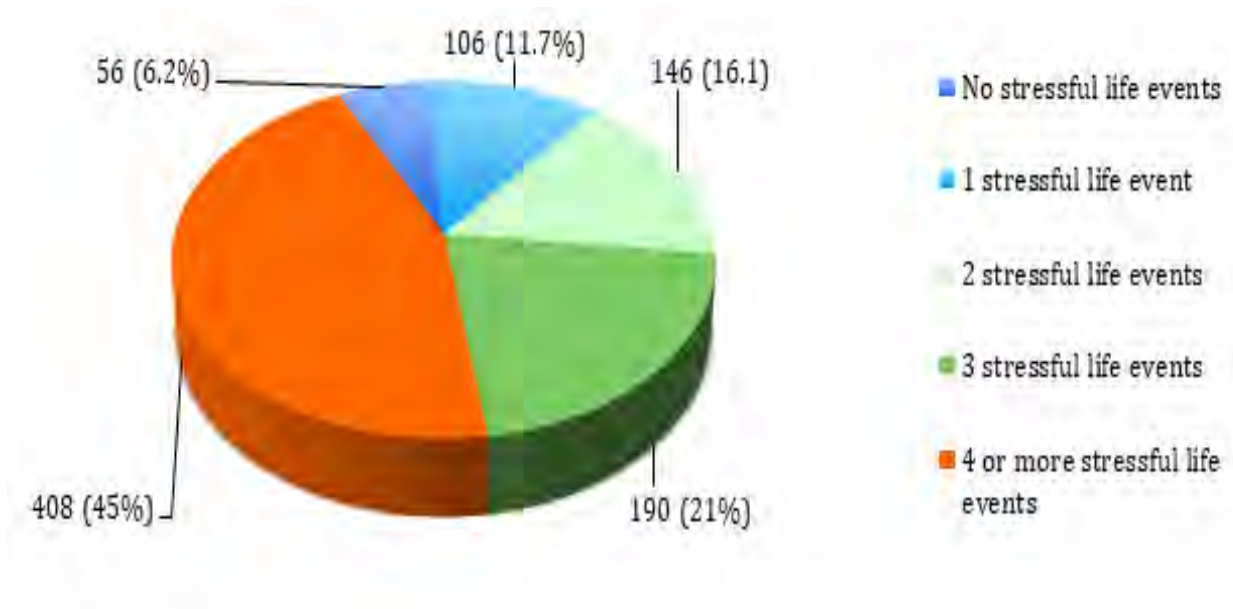
KEY FINDINGS

FAMILY CENTRE SERVICE

Children involved in Family Centre interventions ranged from infants to adolescents but the majority (64%) were aged 5 to 12 years. Over ninety five percent of the children were Irish. The majority of adult respondents to the survey were also Irish, female and between the age of 30 to 49 years. Almost half had some form of third level, or higher, education.

Looking at some other characteristics of children and parents attending Family Centres services gives rise to some causes for concern. For example, when compared with children reported in Growing Up in Ireland, three times as many Family Centre children come from single-parent homes, twice as many present with physical or mental health problems, and five times as many children have experienced four or more stressful life events in their young lives.

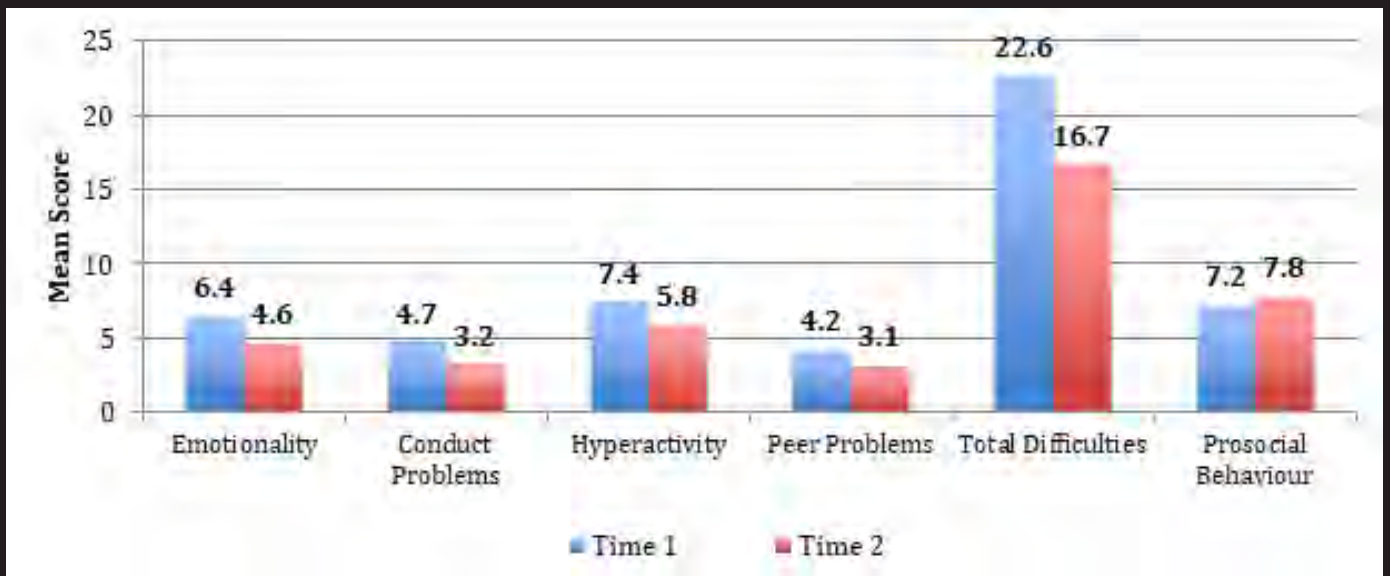
FIGURE F:
NUMBER OF STRESSFUL LIFE EVENTS EXPERIENCES BY THE CHILDREN IN THE FAMILY CENTRES (N=906)



Perhaps unsurprisingly, Family Centre children are on average experiencing greater problems with all aspects of social, emotional and behavioural functioning and twice as many can be classified as having 'abnormal' or 'high' to 'very high' levels of global difficulties. However, following intervention, average scores on total difficulties and each of the subscales that comprise this measure are more comparable with the nationally representative sample, even among children experiencing high levels of global difficulties at Time 1.

FIGURE G:

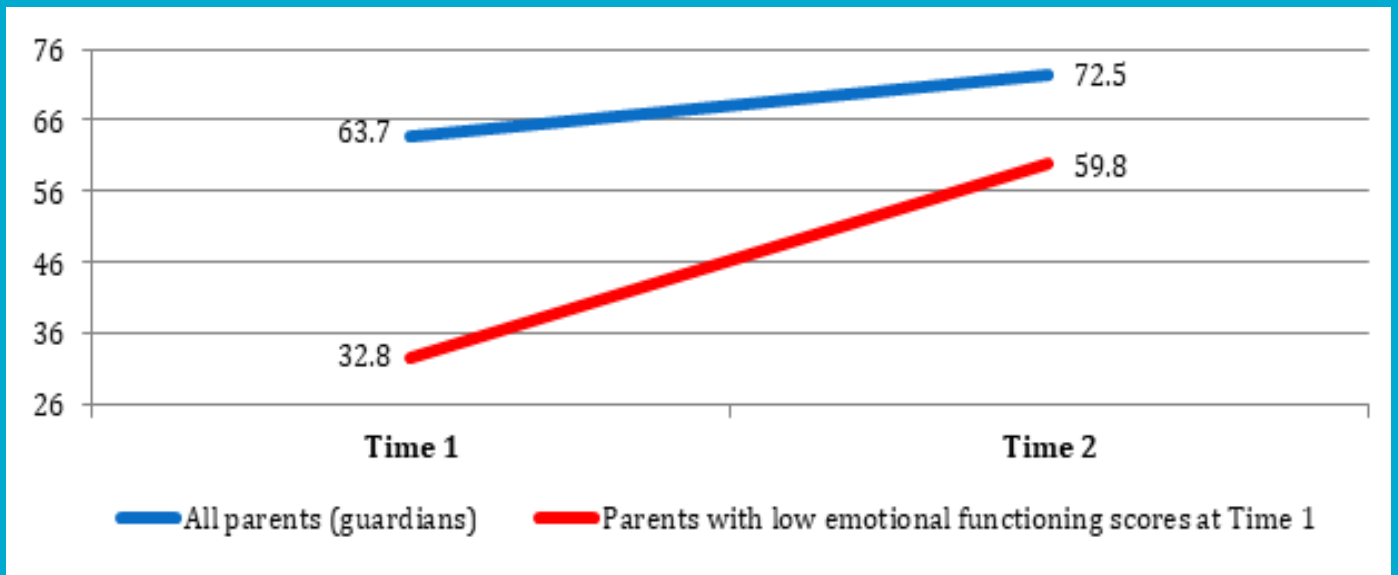
CHANGES IN THE AVERAGE SCORES OF SOCIAL, EMOTIONAL AND BEHAVIOURAL ADJUSTMENT SUBSCALES FROM TIME 1 TO TIME 2 FOR THE SAMPLE OF CHILDREN WITH HIGH OR VERY HIGH EMOTIONAL AND BEHAVIOURAL PROBLEMS (PARENT-REPORT)



The Time 1 average score for parents' mental health in the group was lower than a nationally representative sample but improved significantly over the course of Family Centre intervention. However, one third of the overall sample of parents reported levels of distress indicative of depressive disorders. This is three times the proportion that attends ECDS centres. Highly significant improvements were noted for this subgroup from Time 1 to Time 2, which is encouraging, though the average score is still low and leaves scope for further improvements to be gained.

FIGURE H:

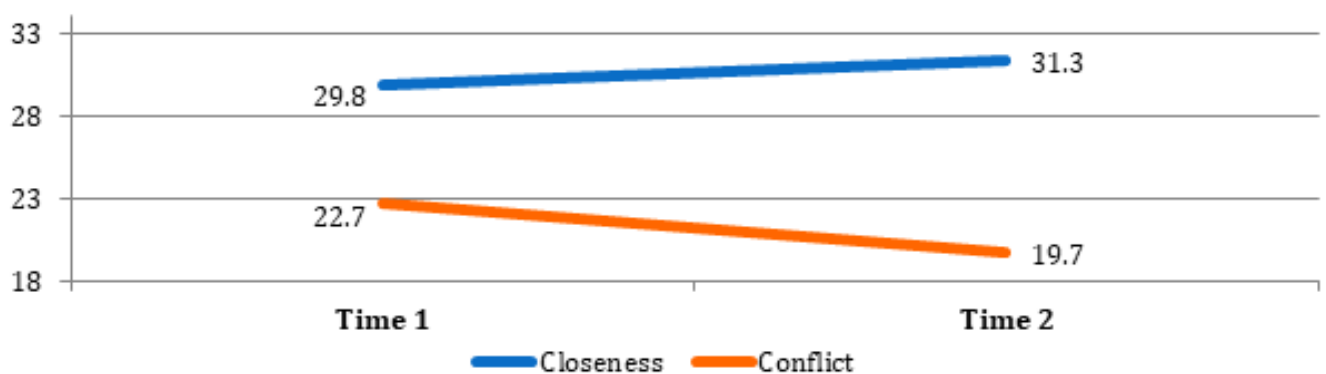
CHANGES IN THE AVERAGE SCORES OF EMOTIONAL FUNCTIONING SCALE FROM TIME 1 TO TIME 2 AMONG ALL PARENTS (GUARDIANS) AND ALSO THOSE WITH LOWEST EMOTIONAL FUNCTIONING SCORES AT TIME 1



Positive changes were noted with regard to child-parent interactions from both the perspectives of children and their parents. Specifically, children reported significantly more warmth and responsiveness from their parents following the Family Centre intervention and parents reported greater closeness and less conflict with their children.

FIGURE I:

CHANGES IN THE AVERAGE SCORES FOR CLOSENESS AND CONFLICT FROM TIME 1 TO TIME 2



Finally, while improvements noted in younger children’s coping abilities were not to the extent of reaching statistical significance, the adolescent group saw significant reductions in their reported distress caused by problems they had encountered and their use of maladaptive coping responses.

FIGURE J:

CHANGES IN THE AVERAGE SCORES OF PROBLEM DISTRESS SCALE FROM TIME 1 TO TIME 2 BETWEEN BOYS AND GIRLS

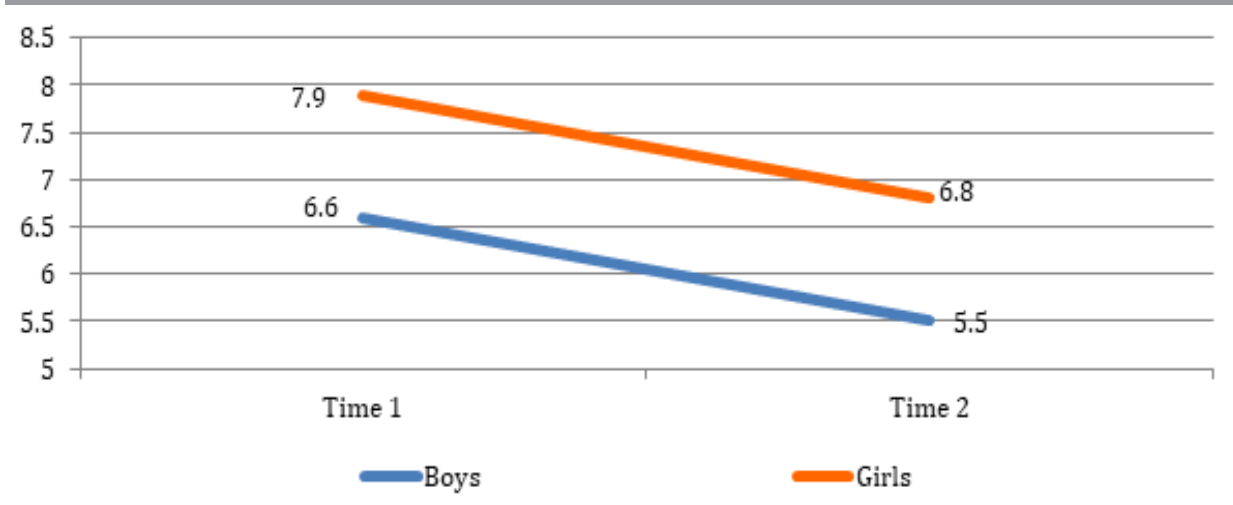
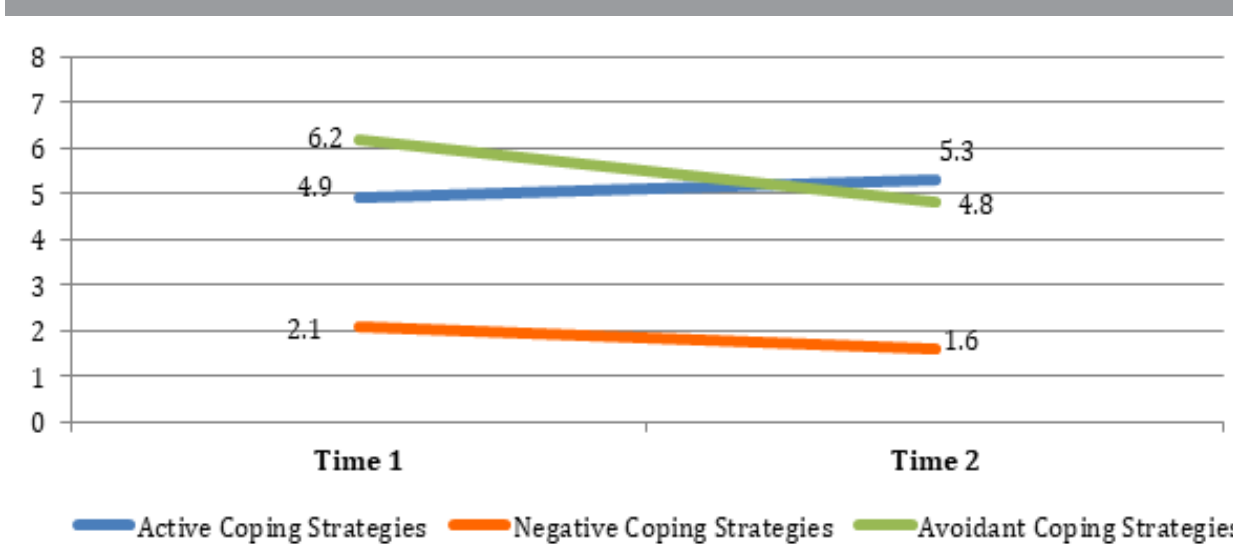


FIGURE K:

USE OF ACTIVE COPING STRATEGIES, NEGATIVE COPING STRATEGIES, AND AVOIDANT COPING STRATEGIES AMONG YOUTH (AGED 13-18) AT TIME 1 AND TIME 2



CONCLUSIONS

The findings from this report demonstrate that children and parents in receipt of DoCCFS services show benefits across a range of domains encompassing child socio-emotional and behavioural functioning, parent mental health, child-parent relationship quality, school readiness, and children's coping responses. The effect sizes between pre- and post-intervention scores for significant findings have ranged from modest to substantial. In some cases, where children and their parents first presented with the most concerning scores on measures of psychological and behavioural functioning, their improved scores by Time 2 differed from those at Time 1 by one standard deviation. This is extremely encouraging and should prompt reflection on how services can be developed and implemented to meet the particular needs of these groups who can be identified at the earliest contact. Similarly, differential pathways within services might be beneficial for migrant communities who have been found here to show vulnerabilities among their children and parents when compared with Irish counterparts.

Moving forward from here, it is recommended that the process of monitoring outcomes should be continued. Measures may need to be continually reviewed and refined to meet evaluation needs. Particular care should also be taken to account for incomplete surveys and resulting quantities of missing data that limit our ability to fully and accurately describe the demographic profiles of service users and assess how certain characteristics may impact upon service engagement and success. Consideration might also be given to assessing services using process evaluation in addition to effect evaluation, and also in a more randomized, controlled way. For now, the next step in the process is to incorporate the measure of Adverse Childhood Experiences so as to explore links between exposure to early life stress and later negative outcomes among service users. It is anticipated that a greater understanding in this respect will assist the DoCCFS in progressing a key aim of making services ever more effective in meeting users' needs.



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