11 & Under Initiative (11UI) Evaluation

2013-2014
Final Draft

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EXECUTIVE SUMMARY

Background and Objectives

The 11 and Under Initiative (11UI) is a collaborative partnership aimed at supporting children under the age of 12 who are exhibiting behaviours that put them at risk for criminal involvement or are at increased risk for victimization. The 11UI partnership supports the strength and resilience of families by increasing awareness and access to existing social and community support services. The impetus and need for such an initiative within Regina grew out of challenges faced by many sectors and families, overwhelming evidence and research on early intervention benefits, as well as the opportunity to align with provincial policy direction regarding children and youth. Children are referred to 11UI through an early identification process. 11UI utilizes assertive and integrated case management to engage children and families with human services and community supports. The collaborative partnership includes commitment from: Regina Public Schools, Regina Catholic Schools, the Regina Police Service (RPS), the Ministry of Social Services (MSS), Regina Qu'Appelle Health Region (RQHR) Child and Youth Services (Randall Kinship Centre), and RQHR Mental Health and Addiction Services (Addiction Services).

Purpose

This evaluation was completed to examine the effectiveness of 11UI during the period of July 2013 to June 2014 in addressing the five outcome areas and associated indicators (e.g., reduction of contact with the RPS, reduction in indices of antisocial/criminal behaviour and mental health, improving school engagement, increasing involvement in pro-social activities, reduction of service gaps, and increasing evidence of effective parenting).

Analyses

Statistical analyses were completed for available data collected on active 11UI clients.

Results

Statistically significant reductions in the frequency of contact with RPS and child risk for the development of antisocial/criminal behaviour were observed. No statistically significant decrease in the frequency of school absences noted; albeit a trend was observed in the average number of absences per month from time 1 to time 2 (i.e., decrease in average number of absences per month from time 1 to time 2). Approximately 46% of 11UI clients were engaged in pro-social programming.

Conclusions and Recommendations

Our findings provide evidence that 11UI has been successful in delivering a coordinated method of early identification of children at risk, facilitating the reduction of risk of antisocial/criminal behaviour, contact with RPS, decreasing (but not significantly) average number of absences per month, and addressing some of the challenges faced by their family through appropriate connections and referrals to programs and services. Facilitating increased involvement in pro-social activities appears to represent one area that requires continued focus, as does effort to better understand and address high rates of chronic absenteeism. It continues to be important to collect complete information in order to allow us to fully evaluate the effectiveness of 11UI.

BACKGROUND AND OVERVIEW

Background

The 11 and Under Initiative (11UI) is a collaborative partnership aimed at supporting children under the age of 12 who are exhibiting behaviours that put them at risk for criminal involvement or are at increased risk for victimization. The 11UI partnership also supports the strength and resilience of families by increasing awareness and access to existing social and community support services. The impetus and need for such an initiative within Regina grew out of challenges faced by many sectors and families, overwhelming evidence and research on early intervention benefits, as well as the opportunity to align with provincial policy direction regarding children and youth. Ultimately an opportunity to support improved community safety and social well-being.

Children are referred to 11UI through an early identification process. 11UI utilizes assertive and integrated case management to engage children and families with human services and community supports. The 11UI collaborative partnership includes commitment from: Regina Public Schools, Regina Catholic Schools, the Regina Police Service, the Ministry of Social Services, Regina Qu'Appelle Health Region Child and Youth Services (Randall Kinship Centre), and Regina Qu'Appelle Health Region Mental Health and Addiction Services (Addiction Services).

Children who are identified as being exposed to risk factors that may potentially increase their risk of developing detrimental behaviour patterns are referred by any participating agencies or organizations (listed above) through a single intake point (i.e., 11UI staff: 11UI coordinator, case manager, referral officer, and Public and Catholic School liaisons). An initial screening interview is conducted by 11UI staff to gather information about the child and their family circumstances. Clients who meet the criteria and agree to participate by signing consent are presented to and reviewed by 11UI staff and working group members on a weekly basis. On a monthly basis the larger working group of relevant key partners reviews files with the objective to avoid duplication of services and increase communication among the service providers. This group arranges for a more in depth assessment of the child and their families needs as well as work to develop a plan that would be implemented with the family's agreement and consent. Regular follow up is conducted to track the progress of individual families.

11UI Objectives

11UI established four overall objectives:

(1) Improving the communication and collaboration among service providers to strengthen the early identification of challenges among children and their families.
(2) Creating a process to provide seamless referrals to the appropriate service provider(s).

(3) Early identification of family members demonstrating behaviour that may put them or other family members at risk.
(4) Connecting children and families with appropriate services and programs.

From these objectives five outcome areas and associated indicators were identified (see Table 1).

Table 1.
11UI Outcome Areas and Associated Indicators

Outcome Area	Indicators
Crime Reduction and Prevention	• Reduction of the involvement with the criminal justice system • Reduction of anti social/criminal behaviour
Stay in School	• Increase school attendance and engagement • More children staying in school
Pro-Social Engagement	• Increased involvement in pro-social activities – sports, before/after school programs • Connect "At Risk" families with pro-social services
Increased Coordination of Service Response	• Reduction of service gaps for children and families • Reduction of children in care, families needing social assistance
Enhancing Family Services	• Increased evidence of effective parenting • Safe, stable home environment • Increased the strength of the family structure

Purpose
The purpose of this evaluation was to determine the effectiveness of 11UI in achieving changes in the indicators associated with the five outcome areas (Table 1). Indices for three of the five outcome areas (i.e., Crime Reduction and Prevention, Stay in School, and Pro-Social Engagement) were measurable and available. Evaluation of the remaining two outcome areas (i.e., Increased Coordination of Service Response and Enhancing Family Services) required reliance on descriptive data collected by 11UI staff and larger working group. Index of child mental health (including aggressive, disruptive, and conduct disordered behaviour) was also collected.

EVALUATION DESCRIPTION

Clients and Procedure

Data was gathered from all children and families who were referred to 11UI, met criteria for inclusion in program, and provided consent for their participation. Data was collected to compose a complete picture of the respective children and their families as well as a means to examine the effectiveness of 11UI. Data was obtained via interview with parent/guardian and parent/guardian- and teacher-completed measures (See Table 2 for time-line of data collection). Interviews with parents/guardians allowed 11UI staff to obtain necessary demographic information and to identify their unique needs.

The Early Assessment Risk List for Boys (EARL-20B; Augimeri, Koegl, Webster, & Levene, 2001) and Girls (EARL 21G; Levene, Augimeri, Pepler, Walsh, Webster, & Koegl, 2001) were completed at entry to 11UI and at approximately 6 months post-assessment. The EARL-20B and EARL-21G are clinical structured professional judgment risk assessment frameworks designed for those working with young children (under 12 years of age) to identify potential risk/concern for involvement in antisocial behaviour. These measures aid in guiding users to exercise their best judgment in assessing areas of concern in order to identify and facilitate referrals to appropriate community based services for children most at risk. Therefore, scores on the EARL-20B and 21G at the entry point to 11UI and at approximately 6 months post-assessment were of particular interest in order for us to determine if client risk had decreased over the specified 6-month period.

In addition to the EARL-20B and 21G, parents/guardians of 11UI clients were to be asked to complete the Child Behaviour Checklist (CBCL; Achenbach, 2001) at the two time-points (i.e., prior to and following completion of SNAP®). The CBCL is a parent-rated measure designed to assess behaviour problems and social proficiency in children. Teachers of these children were to be asked to complete the compliment teacher version of the CBCL- the Teacher Report Form (Achenbach, 2001) at similar time points. The TRF assesses teacher's reports of children's academic performance, adaptive functioning, and behavioural/emotional problems. Unfortunately, these measures were not routinely provided to parents or teachers to complete. Therefore, we are unable to examine any potential changes in symptoms of child mental health (including disruptive, aggressive, and conduct disordered behaviour) as measured by the CBCL or TRF.

Lastly, demographic data for 11UI clients were obtained from the participating agencies and organizations in an effort to best support the child and their respective families as well as a means to examine the effectiveness of 11UI. Examples of this data included number of absences from school, contact with the RPS, involvement in pro-social activities, type of contact with MSS, and type of contact with Child and Youth Services.

Table 2.
Timeline of Data Collection

Measure	Initial Assessment	6 months Post-Assessment
11UI Clients		
Interview/ EARL-20B or 21G	X	X
CBCL	X	X
TRF	X	X

Note. EARL-20B = Early Assessment Risk List for Boys; EARL-21G = Early Assessment Risk List for Girls; CBCL; Child Behaviour Checklist; TRF = Teacher Report Form.

PROGRAM STATISTICS AND RESULTS

DEMOGRAPHIC INFORMATION

There were 48 active 11UI clients during the period of July 2013 to June 2014. Of those 48, 8 clients were active but no data was available and an additional 3 were siblings of an active client and no or limited data was available for these clients as well. Therefore, at the time of completion of this evaluation, there were 37 active 11UI client files. Unless stated otherwise, with the exception of the CBCL and TRF data, complete data was provided for these 37 clients. Descriptive and outcome data for the 37 11UI clients will be explored below.

Overall, the average age of active 11UI clients was 8.37 years (*SD* = 2.01; range = 4-12 years). Approximately 83% (*n* = 31) were male (m_{age} = 8.45 years; *SD* = 2.14; range = 4-12 years) and the remainder female (*n* = 6; m_{age} = 8.00 years; *SD* = 1.26; range = 6-9 years). See Table 3 for review of full demographic information. Results for outcome indices are presented in order of presentation in Table 1.

Table 3.
Demographic Information

Demographics	Total Sample
Age	
M (SD)	8.37 yrs (2.01)
School-related information	
Days absent	
M (SD)	20.60 (20.24)
Suspensions[a]	
M (SD)	0.16 (0.51)
	N (%)
School-related support	28 (75.7)
Psychology [b]	10 (35.7)
Counselor [b]	22 (75.6)
FIAP Coordinator [b]	1 (3.6)
Other[b]	1 (3.6)
Prosocial activities	N (%)
Involvement in any activity	17 (45.9)
1-2 activities	15 (88.2)
3-4 activities	2 (11.8)
Mental health-related information	N (%)
Involvement with mental health clinician	31 (83.8)
Involvement with RQHR Psychiatry[b]	8 (25.8)
Involvement with RQHR Psychology[b]	9 (29.0)
Involvement with RQHR Social Work[b]	20 (64.5)
Involvement with other mental health clinician[b]	3 (9.7)
Diagnosis	N (%)
Current diagnosis	19 (51.4)
Attention deficit/hyperactivity disorder (ADHD)	16 (84.2)
Post traumatic stress disorder (PTSD)	2 (10.5)
Social pragmatic communication disorder	1 (2.7)
Low IQ	1 (2.7)
Ministry of Social Service (MSS)-related information	N (%)
Any previous contact with MSS	31 (83.8)
Current contact	13 (41.9)
Currently in care	2 (5.4)
Regina Police Service (RPS)-related information	N (%)
Contact with RPS[c]	31 (86.1)
Frequency of contact	N (%)
1-3	14 (38.9)
4-6	10 (27.8)
7-10	4 (11.1)
10+	3 (8.3)

Note: [a] in-school and out-of-school suspensions are presented as one variable in table; [b] some categories (i.e., type of school support and involvement with specific mental health clinician) will add up to 100%+ as clients often have support from multiple professionals; [c] data is missing from one participant for this variable.

OUTCOME AREAS AND ASSOCIATED INDICATORS

1. Crime Reduction and Prevention

Contact with RPS

The frequency of contact with RPS was recorded by RPS at two time-points (i.e., contact recorded prior to initial interview and total during enrolment up to the 6 month time-point). Scores at both time points were available for 36 11UI clients and therefore data from these 36 clients were used in this analysis. Dependent sample t-tests were computed to assess change over time in contact with RPS. **A significant reduction in frequency of contact with RPS was observed** from time 1 (mean = 4.14; SD = 4.05; range = 0-16) to time 2 (mean = 0.50; SD = 0.77; range = 0-2), t (35) = 5.51, p = .000.

Risk of Antisocial/Criminal Behaviour

Scores on the EARL-20B or 21G facilitated the assessment of risk for the development of antisocial/criminal behaviour. The EARL-20B or 21G were completed at two time-points (i.e., at initial assessment and 6 months post-assessment) by 11UI staff. Scores at both time points were available for 31 11UI clients and therefore data from these 31 clients were used in this analysis. Dependent sample t-tests were computed to assess change over time in EARL-20B or 21G scores. **A significant reduction in EARL scores were observed** from time 1 (mean score = 20.45; SD = 5.10; range 10-30) to time 2 (mean score = 18.35; SD = 4.20; range 10-27), t (30) = 6.44, p = .000.

Child Mental Health

As indicated, the CBCL and TRF were not routinely completed for active 11UI clients during period of July 2013 to June 2014. Therefore, we were unable to examine potential changes in symptoms of mental health conditions, including disruptive, aggressive, or conduct disordered behaviour. However, approximately 84% (n = 31) of 11UI clients have some existing contact with a mental health clinician and 51% (n = 19) have an existing mental health diagnosis (the predominant diagnosis being ADHD). This descriptive information suggests that mental health concerns and associated behaviours may play a prominent role in the lives of many of our clients and, for the majority of clients, connections to mental health clinicians are in place.

2. Stay in School

School Engagement

One index of school engagement is attendance. Absences were recorded at two time-points (i.e., total occurring in months prior to enrolment in 11UI and total during enrolment up to the 6 month time-point). Frequency of absences at both time points was available for 34 11UI clients and therefore data from these 34 clients were used in this analysis. Dependent sample t-tests were computed to assess change in the frequency of absences over time. No significant changes in total absences were observed from time 1 (mean = 20.60; SD = 20.24; range = 0-90) to time 2 (mean = 25.53; SD = 32.29; range = 3-150), t (33) = -1.38, p = .178. However, these findings may not be entirely straightforward. Specifically, the average number of absences per month during the two time periods is examined a small reduction emerges from time 1 (mean = 5.15 days; SD = 5.06) to time 2 (mean = 4.26 days; SD = 5.57), t (33) = 1.48, p = .148, but this reduction is not significant. Further, there were a number of

children who represent outliers in our data in terms of number of days they were absent from school (e.g., missing 71, 90 and 150 days) and this data may skew our findings. Lastly, what may be more important to consider is that a proportion of 11UI clients meet criteria for chronic absenteeism (i.e., missed 10% or more during school year or missed a month or more during the previous school year; Balfanz & Byrnes, 2012). In Saskatchewan the school year consists of 195 days, accordingly a child would meet criteria for chronic absenteeism if he/she were absent 19.5 or more days during a current school year. Approximately 27% (n = 10) of active 11UI clients examined in this evaluation missed more than 10% in only 6 months. When we examine the number of absences across both time periods (i.e., a correlate of a full school year) our data suggests that the average 11UI client may be missing more than 20% of the school year.

The additional school-related information that was collected included frequency of suspensions and provisions of supports within school setting. Suspensions were noted for 13.5% (n = 5) of active clients. Supports within the school system were provided for approximately 76% (n = 28) of active clients (e.g., contact with school counselor, psychology, or both). The latter descriptive information demonstrates that, for the majority of clients, supports within the school setting are in place.

3. Pro-Social Engagement

Pro-social Programming

Information regarding involvement of our clients in pro-social programming was obtained during initial enrollment in 11UI. Approximately 46% (n = 17) of active 11UI clients were engaged in some type of pro-social activity, which included involvement with an 11UI support worker. Of those who were engaged in any extracurricular activity (e.g., sport, drama, art, after-school program, or activities with 11UI support worker or Big Brother), the number of activities ranged from 1-4 activities. 11UI support workers were provided for 52.9% (n = 9) of clients who were engaged in some extracurricular activity. Information regarding involvement in extracurricular activities was only provided at one time point, therefore we are unable to determine whether there was a change in the frequency of 11UI clients' involvement in such activities overtime.

4. Increased Coordination of Service Response

Reduction of Service Gaps for Children and Families

There was no identifiable index at the outset of the evaluation for assessing the existence of service gaps for our clients. However, the system of early identification and assertive/integrated case management employed by 11UI working group and staff was designed to specifically *reduce* the likelihood of service gaps for 11UI clients. Every family who was referred to 11UI, met inclusion criteria, and consented to involvement, had contact with 11UI staff whom, in coordination with the working group, facilitated appropriate referral for human services and community supports. However, this well coordinated process does not negate the family's right to not follow through with accessing referrals or continuing involvement with 11UI. As indicated, we did not have data to specifically assess the existence of service gaps, but there were active clients for whom we have limited to no data on (i.e., 11 of 48). These clients may have had very limited contact with 11UI staff after initial interview and/or focus may have been on the primary sibling

referred to the program and therefore limited to no data was collected on the other siblings. These 11 clients may represent those who experienced a gap in service provision.

Reduction of Children in Care and Families Needing Social Assistance

Information regarding involvement of our clients with the Ministry of Social Services (MSS) was provided during initial enrolment to 11UI. Approximately 84% (n = 31) of our clients had previous contact with MSS; albeit only 42% (n = 13) had current contact. Further, only 2 clients were currently in care. Information regarding involvement with MSS was only provided at one time-point, therefore we are unable to determine whether there was an reduction in number of children in care over time. Evaluator was not provided information regarding the frequency of families receiving social assistance.

5. Enhancing Family Services

There were no identifiable indices at the outset of the evaluation for assessing effectiveness of parenting, safety/stability of home environment, or strength of the family structure. Albeit, only 2 clients are currently in care and this may represent an indirect measure of the safety/stability of the home environments of our clients. Further, approximately 84% (n = 31) of our clients have existing contact with a mental health clinician and this contact may consist of support for respective parents in becoming an effective parent either on an individual basis or via referral to a parenting group (e.g., COPE). However, we unable to evaluate this speculation as the evaluator did not have information on the nature of the client's contact with mental health.

SUMMARY AND RECOMMENDATIONS

Our findings suggest that 11UI has been successful on a number of levels during the period of July 2013 to June 2014 as we addressed or partially addressed three of five outcome areas and associated indicators. With respect to the outcome area of ***Crime Reduction and Prevention***, our results demonstrated **a significant decrease in contact with RPS**. In fact, the average frequency of contact with RPS dropped from approximately 4.1 to 0.5 contacts (a similar change was observed during Pilot period of 11UI; i.e., 5.8 to 0.3). Similarly, we observed **a significant decrease in child risk for the development of antisocial/criminal behaviour** (as measured by the EARL-20B and 21G).

In terms of the outcome area of ***Stay in School***, we observed **a trend in the reduction of the frequency of absences per month**. However, as discussed previously, a proportion of clients (i.e., 27%) are chronically absent from school (i.e., absent 10% or more of school year). The issue of chronic absenteeism, not unique to Regina or greater Saskatchewan, requires further attention and inquiry in order to develop and implement strategies to facilitate improvement in attendance and overall school engagement.

With respect to the outcome area of ***Pro-social Engagement*** our results suggest that a little less than half of our clients (i.e., 46%) were involved in some type of pro-social activity. This finding is fairly consistent with data from the National Longitudinal Survey Study of Child and Youth described in a report from Statistics Canada (Guevremont, Findlay, Kohen, 2008) for children who are from lower socioeconomic (SES) groups, a SES grouping that may fit for many of our clients. Specifically, their findings highlighted that 88% of children ages 6-9 years from the highest SES group were are engaged in an extracurricular sport, versus 49% of same age children from the lowest SES group. As such, our findings are not entirely unique, but highlight the need for continued work in increasing the involvement our clients in pro-social activities and addressing potential barriers to ongoing involvement.

At the outset of this evaluation process there were no identifiable or available indices for the two remaining outcome areas (i.e., ***Increased Coordination of Service Response*** and ***Enhancing Family Services***). As such, no data was collected to directly assess the effectiveness of 11UI to address these areas. That said, descriptive data obtained throughout provides us with the means to indirectly evaluate our progress in addressing these areas. Overall, by function of the system of early identification and assertive/integrated case management employed by 11UI working group and staff, **coordination of services has increased**. Our data suggests that the majority of clients referred to 11UI were provided thorough care via 11UI staff and larger working group. The vast majority of clients had support from mental health clinicians as well as supports in the school system. Further, almost half of clients were involved in pro-social activities. Taken together, these findings demonstrate **success in increasing coordination of services.** Further, as an indirect index of the outcome area of ***Enhancing Family Services*** only 2 of

our clients were currently in care, possibly speaking to the stability of respective families. However, there is evidence that further improvement in these areas is necessary. Specifically, data needs to be collected in order to directly assess 11UI's ability to address the outcome areas of *Increased Coordination of Service Response* and *Enhancing Family Services*. Further, as discussed previously, limited to no data was available for a proportion of clients (i.e., 11 of 48) and for the majority of clients measures of child mental health and disruptive behaviour were not completed by parents and teachers. Without complete data we are unable to thoroughly evaluate the effectiveness of 11UI. Not only is this data important to evaluation of 11UI, it is critical and necessary for good clinical case management. Continued attention to gathering complete data will serve to support the effectiveness of 11UI as a whole.

Overall, 11UI has experienced an impressive level of success in the short time that it has been in operation. Although there are some areas that require further attention and possibly modification, it should be noted that there has been turn over in project coordination personnel and that may explain, in part, our incomplete data. Increasing resources (both financial and personnel) and maintaining consistency in project personnel will serve to support 11UI running smoothly and achieving further success.

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