Factors Associated with Good Outcomes for At-Risk Children Who Receive Social Services

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Background

The purpose of the research was to identify factors associated with good, poor, and mixed outcomes when children and their families receive social services. Good client outcomes were associated with positive relationships between service providers and clients, client engagement in services, and parents' willingness to deal with their own issues and therefore to improve their capacities for parenting. Sometimes children avoided the most dire outcomes and had mixed outcomes when they had good relationships with service providers and engaged in services even when parents had poor relationships with service providers, did not engage in services, and did not deal with own issues and therefore continued to be emotionally and psychologically unavailable to their children. Client outcomes were poor when service providers had poor relationships with client, when clients did not engage in services, and when clients did not deal constructively with their own issues.

This project is based upon change process research. Change process research (CPR), which originated in psychology, provides a set of procedures for identifying factors associated with client change (Heatherington, Friedlander, Greenberg, 2005; Reid, 1990), whether this change is at the level of individuals, families, groups, communities, or nation-states. CPR seeks to respond to enduring questions of what works, with whom, under what conditions.

The products of change process research are descriptions of the conditions under which clients make positive progress in their work with social service agencies or do not. These descriptions are sometimes called theories of change. Theories of change provide a kind of "road map" that describes the operations of applied programs and is one of many types of program evaluations (Patton, 2002). Typically, theories of change identify the antecedents, processes, and conditions associated with problematic situations, the activities and interventions that programs initiate in order to ameliorate the problematic situations, and

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the persons, the activities, the conditions, and the interactions among them associated with favorable and unfavorable outcomes.

The theory of change I developed for this project is based upon interviews, observations, and case record reviews that I conducted with EXCEL (not the real name of the agency), a program that provides services to children who committed acts that could be charged as felonies. Children enter the program before age ten and remain in the program for as long as six years. The goals of the program are to prevent children from entering the juvenile and adult correctional systems by enhancing child and family functioning. Without EXCEL children who commit felony-level acts might receive no services designed to prevent such outcomes. There may be insufficient evidence to warrant child protection intervention. EXCEL services are offered on a voluntary basis, and parents are free to withdraw from the program at any time.

Quantitative outcome studies have shown the program to be effective in preventing correctional involvement in two-thirds of EXCEL child clients, while the children that a comparable program serves prevents one-third of their clients from involvement in these systems

My task was to develop a theory of change that describes the change processes associated with "good" and "poor" outcomes, to document how the program works in general, and to produce a program description that can be used to replicate the program elsewhere.

Project Description

In developing a theory of change, I used the methods of participant observation, interviews, and case record reviews. The approach was grounded theory, meaning that I did not test prior theories of change. Rather we began the project assuming that several bodies of knowledge would be relevant, including systems theory, attachment theory, neurobiology, research on trauma, self-regulation, executive function, and resilience. Also common factors research was important in my thinking. Common factors research has found that the relationship between clients and professionals is the single most important factor in client change. This research also shows that improvement in environmental factors, such as increased resources and decreased stress are major factors in client change. I attempted to stay open to information that this theory and research did not encompass.

I defined good outcomes as children doing well fairly consistently in school, community, and family. This means that their conduct in school was satisfactory in all three settings, that their school work was adequate, and that they participated in activities they enjoyed. They had few if any anti-social behaviors.

Mixed outcomes involved children doing well in some settings or not others, or doing well much of the time in all three settings and then having episodes of anti-social or self-destructive behavior that resulted in school expulsion, chronic truancy, and police involvement. On the whole, despite these brief episodes, the children were doing well in

terms of their conduct in all three settings, had at least some degree of involvement in activities they enjoyed, and were doing adequate school work.

Poor outcomes involved children having conduct issues in all three settings, not doing well in school, and inconsistent or poor attendance at pro-social activities. They have committed acts serious enough to involve arrest and placement in juvenile correctional facilities.

Results

The key factor in good child outcomes are parent issues: above all, parents' engagement in services that result in parents dealing successfully with their own issues and becoming emotionally, psychologically, and physically available to their children.

At the outset of services, parents of the children in the EXCEL program are psychologically and often physically unavailable to their children. When they engage in services, change their behaviors and become more psychologically available to the children, and provide structure, nurturance, security, and love, the children's behaviors typically change.

Although parents can and probably do make these changes without having a supportive relationship with service providers, in no cases did the children in the EXCEL program have good outcomes without parents and service providers engaging in a working relationship. One of the main conditions of a good working relationship with a cooperate set of collaborating professionals that usually included teachers, principals, guidance counselors, child protection workers, and mental health workers. There are many instances of mixed and poor outcomes when there were unresolved conflicts and disagreements among collaborating professionals. When there is such conflict the EXCEl case managers had a difficult time establishing a working relationship with parents. The main reason for this is that other service providers gave parents conflicting messages about expectations for their behaviors. For instance, some service providers did not hold parents to case plans that includes participation in chemical dependency treatment programs. When parents realized they had a choice, they chose not to participate. Since they knew the EXCEL case managers wanted them to participate in chemical dependency treatment, they typically felt estranged from the case manager.

An important factor that supported service provider effectiveness that was associated with good outcomes was the degree of support that service providers received from their agencies. Support was of three different types: instrumental in terms of resources, on-going training, and emotional support.

In terms of resources, the families typically were poor. EXCEL case managers had a generous budget for each family that they could use to help buy such things as school clothes, birthday presents, and athletic equipment, to pay tuition for camp and other activities, and to arrange for community activities for child clients such as trips to ballgames and parks, either with the case manager or for the entire family without case manager involvement.

In terms of consultation, the families and children presented complex issues. Case managers received on-going case consultations every week with a licensed clinical social worker who provided consultation based on research and clinically based knowledge. They also consulted at least two times a month with a county attorney who provided them with information on how to navigate the legal aspects of their work. They also consulted about once a month with an administrator who had in-depth knowledge about collaborations and how to develop and maintain good working relationships with other professionals who provided services to families. Case managers also consulted with each other in informal peer supervision whenever they experience the need.

In terms of training, this consultation greatly enhanced case managers' working knowledge. In addition, EXCEL administrators also had a budget that allowed them to provide case managers with workshops and trainings several times a year.

The table below shows several child and parent factors associated with good, poor, and mixed outcomes.

Table 1. Good, Poor, and Mixed Outcomes and Associated Factors

	Good	Mixed	Poor
Children: good relationship with service providers	X	X	X
Parents: good relationship with service providers	X		
Children: engagement in services	XX	X	X
Children: service provider commitment	X	X	X
Parents: service provider commitment	X	X	X
Parents: engagement in services	XX		
Children: willingness to deal with own issues	X	X	
Parents: willingness to deal with own issues	X		
Children: availability of resources	X	X	
Parents: availability of resources	X	X	
Good systems collaborations	X	X	
Supervisory support to service providers	X	X	

Summary

This research shows that parents are key to good child outcomes. Whatever contributes to improved parent outcomes is a factor in children's improvements in the three domains of family, community, and school. Children have mixed outcomes when parents are unable to change their behaviors and become emotionally available to their children. Children appear to require long-term stable relationships with consistently loving parents in order to function well.

Discussion Questions

- What is the single most important factor in child outcomes?

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- What child factors affect child outcomes?
- How do systems issues affect child outcomes?
- How do collaboration issues affect child outcomes?
- What does EXCEL do to support the work of case managers?

Selected References for Additional Readings

Aunola, K. & Nurmi, J. (2005). The role of parenting styles in children's problem behavior. *Child Development, 76*(6), 1144-1159.

Cairns, Kate (2002). *Attachment, trauma, and resilience: Therapeutic caring for children*. London, UK: British Association for Adoption and Fostering.

Davies, Douglas (2004). *Child Development: A practitioner's guide* (2nd ed.). New York: Guilford.

Gilgun, Jane F. (2009). *The NEATS: A Child and Family Assessment*. Morristown, NC: Lulu.

Heatherington, Laurie, Myrna L. Friedlander, & Leslie Greenberg (2005). Change process research in couple and family therapy: Methodological challenges and opportunities. *Journal of Family Psychology, 19*(1), 18-27.

Lederman, Cindy S, Joy D. Osofsky, & Lynne Katz (2007). When the bough breaks the cradle will fall: Promoting the health and well-being of infants and toddlers in juvenile court. *Infant Mental Health Journal, 28*(4), 440-448.

Lieberman, Alicia F. (2007). Ghosts and angels: Intergenerational patterns in the transmission and treatment of the traumatic sequelae of domestic violence. *Infant Mental Health Journal, 28*(3), 422-439.

Loeber, R. & Farrington, D. (2000). Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications. *Development and Psychopathology, 12*, 737-762.

Patton, Michael Quinn (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.

Reid, W. J. (1990). Change-process research: A new paradigm? In L. Videka-Sherman & W. J. Reid (Eds.), *Advances in clinical social work research* (pp. 130-148). Silver Spring, MD: NASW.

Summers, Susan Janko, Kristin Funk, Liz Twombly, Misti Waddell, & Jane Squires (2007). The explication of a mentor model, videotaping, and reflective consultation in support of infant mental health. *Infant Mental Health Journal, 28*(2) 216-236.

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Suveg, Cynthia, Erica Sood, Andrea Barmish, Shilpee Tiwari, Jennifer L. Hudson, & Philip C. Kendell (2008). "I'd rather not talk about it": Emotion parenting in families of children with an anxiety disorder. *Journal of Family Psychology, 22*(6), 875-884.

Resource List

- Child Welfare Information Gateway, http://www.childwelfare.gov/

- Children and Adolescent Mental Health, http://mentalhealth.samhsa.gov/child/childhealth.asp
- Minnesota Association for Children's Mental Health, St. Paul, MN, http://www.macmh.org/
- Office of Juvenile Justice & Delinquency Prevention, http://ojjdp.ncjrs.org/
- PACER Center, Minneapolis, MN, http://www.pacer.org/
- Amen Clinics, http://www.amenclinic.com/ac/
- Autism Society of Canada, http://www.autismsocietycanada.ca/asd_research/asc_initiatives/index_e.html
- Child Trauma Academy, http://www.childtrauma.org/ctamaterials/Professions.asp
- Medline Plus, http://www.nlm.nih.gov/medlineplus/childmentalhealth.html
- National Institute of Mental Health, http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml

Potential Guest Speakers

- Roy Adams, Ramsey County Human Services, 651-266-4859
- Dante Cicchetti, Institute of Child Development, University of Minnesota, Minneapolis, MN 612-624-0526
- Anne Gearity, Washburn Child Guidance, Minneapolis, MN 612-871-1454
- Abi Gewirtz, Washburn Child Guidance and University of Minnesota, Minneapolis, MN 612-871-1454
- Danette Jones, Minneapolis Public School 612-360-0221
- Scott McConnell, Center for Early Education and Development, University of Minnesota, Minneapolis, MN 612-625-3085
- Leslie Norsted, Ramsey County Attorney, St. Paul, MN 651-266-3032