

Delinquents Under 10: Targeted Early Intervention

Phase 2 evaluation summary

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Prepared by:

Michelle Decker Gerrard and Greg Owen
Wilder Research Center

With assistance from:

Kristi Lahti-Johnson and Crysta Wunderlich
Hennepin County Attorney's Office

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Summary

In 1995, in response to an increase in the number of police reports describing children under age 10 who had committed delinquent acts, the Hennepin County Attorney's Office received funding from the Minnesota Legislature to research this troubling trend and to explore strategies for preventing delinquency among young children.

In December 1995, the Hennepin County Attorney's Office published the findings of a comprehensive survey of the characteristics of delinquents under age 10 in Hennepin County. This report documented the high correlation of delinquent behavior with child protection reports, problems with school attendance, and criminal activity of older siblings and parents.

Program development and project description

Targeted Early Intervention is an intensive, long term intervention for children whose delinquent behaviors while under the age of 10, in conjunction with other risk factors, place them at high risk for future delinquency. The Targeted Early Intervention model aims for the following long-term outcomes:

- Reduction in delinquent (criminal) behavior
- Reduction in exposure to abuse, neglect and violence in the home
- School success
- Social competency

The Targeted Early Intervention model has two key components: the integration of county service delivery and partnership with community-based agencies (called Primary Organizations in the program model). The model calls for holistic work with the family to support the child's achievement of the long-term outcomes. Within Hennepin County agencies, an Integrated Service Delivery Team coordinates services among county departments with the goal of stabilizing families. At the same time, Primary Organizations work intensively with each participating child to build the child's strengths through involvement with positive activities and experiences. This model establishes a new method of service delivery combined with a partnership between government and community-based agencies.

Because the program focuses on long-term outcomes, the intent is for each child to remain in the program until age 18.

Program participation

Eligibility determination

A Screening Team reviews all referrals for delinquents under age 10 in Hennepin County. The Screening Team, made up of representatives from the County Attorney's Office and the Department of Children and Family Services, determines the level of service intervention based upon the nature of the delinquent act, the child's level of responsibility for the act and the number, type and severity of risk factors each child presents. Out of 659 children referred to the Hennepin County Attorney's Office between January 1, 1996 and July 31, 2000, 107 met the criteria for the program and 49 children actually enrolled.

The Screening Team uses a check list of risk factors shown to be highly predictive of future delinquency: police contacts, family violence, child maltreatment, problems with family functioning, and family criminal history.

Enrollment

Currently, 36 children are enrolled in the Targeted Early Intervention program. Since inception, 49 children have been enrolled and received services.

- The mean age of these children at the time of their first offense was 8.8 years.
- Most children in Targeted Early Intervention are African American boys who lived in Minneapolis at the time of their offense.
- The most common offenses included shoplifting, damage to property, assault, arson/unintentional fire, and theft.

Children enrolled in Targeted Early Intervention are growing up in high-risk environments. Ninety-two percent of the children lived in families with at least one child protection or child welfare case opening; 78 percent have mothers with a criminal history; and 80 percent of the families have a history of domestic abuse.

Evaluation design

The purpose of this evaluation study is to measure whether involvement with Targeted Early Intervention is associated with the intended outcomes of reduction in delinquent behavior; reduction in exposure to abuse, neglect and violence in the home; increased school success; and increased social competency.

Research methods include interviews with participant children and parents; staff activity and service tracking results; feedback from teachers, including a standardized behavioral assessment; analysis of Minneapolis school attendance data, and analysis of Hennepin County administrative data, including police reports and social service records.

Outcome data were collected through July 2000 for the 33 children served during Phase 1 of the program. Each child included in the outcome evaluation had received at least 18 months of service. Children who entered the Targeted Early Intervention program after July 1998 are therefore included only in measures of participant satisfaction, perceived impact, and descriptions of all Targeted Early Intervention participants.

Subject cohorts

This report focuses on one comparison group and two cohorts of program participants.

Comparison group (under age 10, offenses committed in 1993-1995)

- Children (n=34) referred to the Hennepin County Attorney's Office prior to the development of the Targeted Early Intervention program with risk factor scores most similar to those later served by Targeted Early Intervention.

Targeted Early Intervention cohort (under age 10, offenses committed in 1996-2000)

- **Phase 1 Participants** (n=33). Children served by the program for at least 18 months (enrolled between April 1997 – July 1998), and thus with sufficient follow-up time to examine outcomes.
- **Phase 2 Participants** (n=16). Children referred August 1998 – July 2000 and served during the second phase of the evaluation.

The outcome section of this report includes only Phase 1 participants (n=33) and comparison group children (n=34). The participant satisfaction and perceived impact section includes both Phase 1 and Phase 2 participants (n=49).

Results

Findings show that the Targeted Early Intervention program leads to measurable improvement for delinquent children who receive significant program dosage. Preliminary findings from the Phase 1 report in 1999 showed no significant improvement with less than a year of service. However, after a minimum of 18 months of intensive program service, results show that compared to a similar group of delinquent children, participants in the Targeted Early Intervention program had:

- Fewer and less severe subsequent offenses
- Significantly better school attendance

Reduction in delinquency

In examining the Hennepin County administrative data for a six-month study period following 18 months of service, records show that Targeted Early Intervention children were charged with fewer offenses, and that the offenses were less severe than those of comparison group children.

While the number of children who were referred by police to the County Attorney's Office was similar among the two groups, the ratio of referred offenses per child was higher for comparison group children. The 33 participants were referred for a total of 13 offenses during the follow-up period, while the 34 comparison group children were referred for 25 offenses.

In addition, the offenses by participants were less severe. There were no charges of gross misdemeanors or felonies by participants during the study period. The 34 comparison group children were charged with three gross misdemeanors and three felonies.

Reduction in exposure to abuse, neglect, and violence in the home

While the evidence in this area is inconclusive, the data for TEI participants shows promise. In most areas, Targeted Early Intervention families showed less involvement with child protection than the comparison group families. Also, although TEI families have significantly greater past charged crimes related to violence in the home, there were fewer police calls to the homes of TEI families than to comparison group families during the study period.

School success

Results of school attendance analysis indicate that participation in Target Early Intervention is associated with improved school attendance.

- The average attendance rate after becoming involved in Targeted Early Intervention was better than 88 percent.
- Comparison children with similar risk factors were two times more likely than participants to miss school.

Results of a standardized behavioral assessment (Behavioral Assessment System for Children (BASC), teacher version) completed by participants' teachers indicate that teachers identify aggression, conduct problems, and learning problems as major barriers to school success for many of the children in Targeted Early Intervention. Despite indicators of serious academic problems, the vast majority of teachers described their relationships with TEI children as "good" or "very good". Furthermore, most children and their parents say that things have improved at school since they enrolled in Targeted Early Intervention. These findings indicate that although many of the participants may be doing poorly in school, they still feel somewhat connected to school and have positive feelings about school. This positive connection with school is clearly an important avenue for healthy youth development.

Social competency

Most parents felt that their child had a better understanding of the difference between right and wrong since becoming involved with Targeted Early Intervention. Parents also observed increases in their child's self esteem and ability to get along with others.

- 71% of parents felt that their child's feelings of self-esteem had increased since participating in Targeted Early Intervention.
- 64% of parents felt that their child better understood the difference between right and wrong.
- Half the parents felt that their child's skills in getting along with other children had increased since participating in Targeted Early Intervention.

Teachers also observed average or above levels of adaptability, social skills, and leadership skills in the TEI children as evidenced by behavioral assessment scores. Teachers reported that most participants respect the teachers' authority in the classroom.

Participant satisfaction and perceived impact

Voluntary telephone interviews were conducted with Phase 1 and Phase 2 Targeted Early Intervention parents and children. Parents and children express high satisfaction with the Targeted Early Intervention program. Children appear to feel a particular bond with their primary worker in the community-based agency. Parents and children state that things have improved for the child since they started the program.

- 90% of parents were “satisfied” or “very satisfied” with the services their child received as part of Targeted Early Intervention.
- 97% of parents were “satisfied” or “very satisfied” with the support provided by the Primary Organization worker.
- 83% of parents were “satisfied” or “very satisfied” with the support provided by the county Integrated Service Delivery Team worker.
- 91% of parents felt that the Primary Organization worker was a positive role model for their child.

Issues to consider

Targeted Early Intervention is designed as a long-term intervention for children who are at greatest risk of future delinquency. Study findings show that Targeted Early Intervention is a promising strategy for responding to high-risk delinquent children. In particular, program services help to improve school attendance and reduce both the number and severity of delinquent acts. Given the long-term nature of the model, it was not expected that the outcome analysis in Phase 2 of the evaluation would reflect the full impact of the program. The findings from Phase 2 of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

Provide additional assistance to other family members

During the parent follow-up interviews, parents voiced a desire for the program to expand services to the rest of the family, not just the participating child.

- 59% of parents favored expansion of services to other family members.
- 20% of parents were less than satisfied with the program’s ability to help the rest of the family.

Given the extremely high-risk nature of participating families, further exploration of effective services to TEI families is warranted.

Provide more activities that bring families together

More than half of the parents interviewed for the study favored more events with other families and the creation of a support group for parents. These families often experience crises and significant isolation. Further exploration of ways to help families build their own informal support networks may be an effective way of reducing formalized services over time while providing necessary help for families.

Provide additional support for school success

The program has proven effective in improving school attendance. However, the evaluation results indicate that participating children display aggressive behavior at school and struggle with learning. In addition, their conduct may deteriorate as the school year progresses (as evidenced by changes in the fall 1999 to spring 2000 behavioral assessment scores).

Teachers and schools may need assistance with meeting the high academic needs of Targeted Early Intervention participants. The program might consider involving teachers, school social workers, and other relevant school staff in the planning and team meetings for each child. Flexible and individualized services to promote school success could help children do better in school, addressing a major risk factor for future delinquency.

Provide comprehensive mental health assessments for participants

The results of the BASC teacher rating scale indicate that Targeted Early Intervention children exhibit many warning signs of serious emotional problems. The teacher rating scales were used solely for evaluation, not for clinical assessment. Nonetheless, it should be noted that all but 2 of the 42 children assessed by teachers scored in the clinically significant range on at least one of the measurement scales. In addition, teachers reported frequently needing to remove the child from the classroom due to behavior problems. Teachers also reported that TEI children frequently had difficulty paying attention in class. Nonetheless, Targeted Early Intervention children showed strong resiliency. Most are well liked, adaptable, and show leadership qualities. A comprehensive mental health assessment for participants may lead to useful and holistic treatment approaches.

Although Targeted Early Intervention staff provide referrals to mental health services for participants and families, staff report that families may not be accessing outside services. An examination of barriers to accessing mental health care and possible solutions may be necessary.

Directions for future evaluation

Future evaluation will be increasingly important in assessing the extent to which participation in Targeted Early Intervention is associated with the program's long-term outcome objectives. Continued attention will focus on trends in delinquency, school success, and exposure to abuse, neglect, and violence in the home. In addition, social competency, participant satisfaction, involvement in community activities, and interpersonal relationships will remain important factors to track. As the program expands its services to siblings of TEI children, the evaluation study will measure the impact of those services.

In addition, the evaluation will begin to assess which types of Targeted Early Intervention participants benefit most from the program. For example, subsequent delinquency rates could differ according to the severity of family risk factors at enrollment, the extent to which the child's family participates in the program, the success of the child at school, or the relationship between the child and his/her worker from the Primary Organization. The evaluation must take into account the increasingly voluntary nature of services and must scrutinize the general equivalence of the TEI and comparison groups. Careful study will focus on the characteristics and outcomes of families who decide to participate versus those who refuse program services.