



Child Connection Center Evaluation



The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University - Camden produces and highlights research leading to sound public policy and practice, and with that as a foundation, aims to convene and engage stakeholders in making the connections across research, policy, and practice in support of Southern New Jersey residents. From 2013 to 2022, WRI has conducted a comprehensive evaluation of the implementation of the Pascale Sykes Foundation's Whole Family Approach initiative across 12 nonprofit collaboratives in Southern New Jersey. The Whole Family Approach is a preventative, family-led strategy that provides adults and children tools to set, plan for, and achieve goals together. Collaborating agencies work together with families with two adult caregivers to develop long- and short-term goals to thrive. WRI's evaluation of the Whole Family Approach includes:

- A longitudinal, quasi-experimental evaluation of families' changes in forming healthy relationships, child wellbeing, and financial stability,
- A process evaluation to understand how the Whole Family Approach was implemented across collaboratives, including observations, interviews, focus groups, and document review, and
- Multiple focused evaluations that examine the impact of the Whole Family Approach in areas of interest including student social, emotional, and behavioral growth, service model delivery, family-community partner relationship development, and the cultural responsiveness of the Whole Family Approach.

INTRODUCTION

Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden serves as a research and public service center for the southern New Jersey community, addressing challenges unique to New Jersey residents. The Pascale Sykes Foundation operates to strengthen family relationships in low-income areas of southern New Jersey.

Behavioral and emotional challenges are common, hindering a child's progress in the classroom and at home. One of the most effective models for improving student school experiences and outcomes is the social-emotional learning (SEL) model. SEL models for early childhood focus primarily on promoting positive interactions with peers and strengthening emotional and behavioral control (Denham & Brown, 2010).

Positive behavior interventions and supports (PBIS) is a commonly-used framework for designing behavioral interventions in schools. The PBIS model uses a tiered classification system to ensure that support is appropriately distributed, with tier 1 students (80% of students) being served by the general implementation of an intervention, tier 2 students (15% of students) being served by group or program specific services, and tier 3 students (5% of students) being served by individual services, and while there is a relatively large body of research on students in tiers 1 and 3, little is known about educational outcomes for students classified as tier 2 (Stormont & Reinke, 2013).

The Child Connection Center (CCC) has created an SEL-based intervention in a PBIS structure for three local schools in southern New Jersey. In this unique model the CCC works collaboratively with students, caregivers, and teachers to improve students' and families' lives. The CCC develops students' social, emotional, behavioral, and mental health through comprehensive, individualized support designed to enable and empower students to learn both in and out of school.

This study evaluated the outcomes of children receiving supports from the CCC as part of a model called the Clayton Model. This study measured students' social, emotional, and behavioral functioning over time using the Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997; Goodman, 1999), which is a widely used measure that utilizes teacher and parent report. This data provides clarity on the effectiveness of the CCC and furthers our understanding of the impact of school-based behavioral and emotional support services.

METHODS

Caregivers and teachers rated their students using the SDQ. Caregivers were asked to fill out the Parent SDQ and teachers were asked to fill out the Teacher SDQ. The SDQ consists of 25 items asking five questions about each of the following areas: emotional symptoms, behavioral problems, hyperactivity and inattentiveness, peer relationship problems, and prosocial behavior. An impact supplement for the SDQ was also administered, asking questions about the duration, frequency, severity, and overall impact of the difficulties a child experiences in their everyday life.

The SDQ was administered to the caregivers and teachers of students in three schools: Herma Simmons Elementary and Saint Michael's Regional School in

Clayton, NJ and Central Early Childhood Center in Deptford, NJ. Teachers enrolled in this study in a mass-recruitment effort, and most teachers who participated did so for more than one student. Caregivers were given the option to participate in the study when their child began working with the CCC. Teachers and caregivers filled out a baseline SDQ upon enrollment in the study and then a follow-up SDQ three months after the child had been receiving support through the CCC.

Two waves of data were collected. In wave I, data from 35 parents and 45 teachers were analyzed and in wave II, data from 44 parents and 41 teachers were analyzed. A total of 79 caregivers and 86 teachers were included in the analysis.

RESULTS



CAREGIVER

In wave I, caregivers report decreases in emotional difficulties, behavioral problems, and impact of difficulties. Total difficulties were marginally decreased. In wave II, caregivers report decreases in emotional difficulties, behavioral problems, total difficulties, the overall impact of those difficulties, and the burden of those difficulties.



TEACHER

In wave I, teachers report decreases in hyperactivity, total difficulties, and the impact of difficulties. Peer difficulties were marginally decreased. In wave II, teachers report increases in prosocial behavior.



OVERALL RESULTS

Caregivers report students produced decreases in emotional difficulties, behavioral problems, total difficulties, the overall impact of those difficulties, and the burden of those difficulties. For teachers, student involvement produced increases in prosocial behavior, decreases in the overall impact of difficulties and the burden of those difficulties on the class, as well as a marginal decrease in peer difficulties and total difficulties.

CONCLUSION

Both caregivers and teachers observed changes in student behaviors that highlight the importance of the context of students' emotional and behavioral practices. Caregivers' observations focused on emotional regulation and improved behavior, which makes sense as caregivers may pay closer attention to the way their children affect their home environment, while teachers' observations focus on peer relationships, as the classroom environment is a more common place to observe social relationships. Results from waves I and II are fairly consistent. Both caregivers and teachers report reductions in social and emotional behavioral difficulties and that these reductions in difficulties positively impacted the child's life.

The current study identifies the developmental benefits of the Clayton model. Evidence of the efficacy of the district-tailored SEL-PBIS, which the CCC has created and successfully implemented, is especially valuable as it relates to improvements in outcomes for tier 2 students, a group that has been understudied. The Clayton model combines the behavioral and emotional benefits of SEL-style models with a more holistic approach to the implementation of the supports provided to students.

REFERENCES

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