Involving vulnerable children in research –

An evaluation of a wraparound inspired intervention to prevent child maltreatment in high-risk families:

Preliminary findings

Yvonne Leckey

A.Stokes, G.Hickey, etc and S.McGilloway

Centre for Mental Health & Community Research, Maynooth University  Department of Psychology
Overview

- The ENRICH research programme
- Study background
- Family characteristics
- Child interview procedure/protocol
- Activities
- Findings
- Challenges
- Lessons Learnt
- Benefits
ENRICH Research Programme

• Evaluation of two early intervention/prevention programmes to promote child health and wellbeing and parental competencies. Funded by HRB.

• Two separate studies:
  • Parent & Infant Model (PIN) (birth - 2 yrs)
  • Children at Risk Model (ChARM) model (3 – 11 yrs)

• Both are ‘wraparound-inspired’ models, delivered with IY programmes at core, plus additional supports/services

• All delivered by community and/or statutory organisations
Prevention of child maltreatment (CM) is a human rights and global health priority. It includes physical, sexual, emotional abuse and neglect. Globally, evidence indicates:

- 23% physical abuse
- 36% emotional abuse
- 26% sexual abuse (18% boys/8% girls)
- 16% neglect

Higher risk of violence, depression, substance misuse, high risk sexual behaviours (WHO 2017)
ChARM intervention

- Aims to improve parent-child relationships and reduce CM potential among high risk families by coordinating formal and informal supports to meet multiple needs of vulnerable families

1. Exploratory RCT (follow-ups @ 4 & 12 months)
2. Process evaluation (parent and child interviews)
3. Economic analysis
ChARM Evaluation

- 41 families recruited across 3 cycles (levels 1-4 Hardiker model) and randomised to intervention/control groups (n=21/20).
  - 41 mums completed parent measures
  - 20 children (aged 7-11 yrs) participated in semi-structured interviews

- Analysis of child interview data based on data collection from 2 cycles (n=14):
  - 14 baseline interviews (9 intervention/5 control)
  - 12 follow-up 1 interviews (4 months post-intervention: 8 interv / 4 controls)
  - 7 follow-up 2 interviews (12 months post-baseline: all intervention*)
    - At 4 months; 1 refusal+ & 1 uncontactable
    - At 12 months: 1 refusal+

* Controls are offered intervention after follow-up 1
+ Same child at both time points
### Family characteristics

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Parent/Guardian age:</strong></td>
<td>(25-44 years) (mean 36 years)</td>
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<td><strong>Index child age:</strong></td>
<td>(7-11 years) (mean 9 years)</td>
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<tr>
<td><strong>Marital status:</strong></td>
<td>71% of mothers single (n=10), 3 co-habiting, 1 married</td>
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<td><strong>Working:</strong></td>
<td>86% of mothers not working (n=12), 2 working P/T</td>
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<td><strong>Education:</strong></td>
<td>57% early school leavers (n=8), 43% completed LC/post-secondary qual n=6)</td>
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<td><strong>Household income p.a.:</strong></td>
<td>86% &lt; €24,000 (n=12)</td>
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<tr>
<td><strong>No. of children:</strong></td>
<td>range from 1-7 (mean 4)</td>
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<tr>
<td><strong>Risk of conduct disorder:</strong></td>
<td>(0-6); 2-4 = 50%, 5-6 = 50% (mean = 4)</td>
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* Lone parenthood, low income (household income <€24,000 pa) teenage parent (at birth of first child), parental depression, criminal activity, drug/alcohol problems
Child interview procedure

- Aim: to explore any changes in the child’s family relationships and subjective well-being

- Importance of child’s narrative – questions asked about drawing, family life, what made them happy

- Interviews (15-30 minutes) typically conducted in the home in parallel with parent measures (same researcher at each time-point).

- Ethical considerations required that parent be present and activities were designed to be developmentally appropriate, undemanding and straightforward
Interview protocol

- All researchers had extensive experience of working with vulnerable populations esp. children.

- Protocol developed on how to conduct interview; employ active listening skills, child-interpretation of drawing, awareness of child difficulty with tasks or distress throughout interview.

- All researchers were familiar with key guidelines for child protection and ethical research with children.

- Researchers were instructed on disclosures of child welfare or protection issues – conducted in line with MU procedures and Child First policy (2011).
Activities

- **Drawing:** enjoyable means of engaging children; analysed in terms of child’s relationship with family members
- **My Family & Me:** used by GUI (2009) to explore child’s perception of relationship with family members and emotional closeness with family members
- **Cantril’s Life Ladder:** widely used to gauge subjective well-being in terms of a child’s satisfaction with themselves and their lives
- **SDQ:** Child SDQ for children aged 7+ (higher scores indicate more behavioural problems); also parent-completed SDQ for child.
Findings

- **Drawings**: 7/9 intervention and 5 control children place mum/dad closest (typically mum) in drawings across all time-points.
- No differences between groups
- Drawing skill could vary across time-points – time issue
- Positioning of family not indicative of closeness to child
- Drawings did reflect child’s perception of family (e.g. extended family/pets or friends included, dad not in drawing if separated. Conflict with siblings noted in both drawings & maps
Findings

- **Family Map**: 8/9 intervention and 3/5 placed mum as closest. Minor associations in closeness with mum/dad for 6/9 intervention and 4/5 control children.
- Extended family evident in maps.
- **Life Ladder**: 6/9 intervention and 4/5 controls report good life satisfaction overall across all time-points.
- Children usually cited family/friends as a reason for good life. Only one child reported material reasons for lower life score.
- **SDQ**: total difficulties score high amongst sample (>25 on parent report). Correlation between parent and child reports. Little improvement post-intervention.
Challenges for researchers

- Labour-intensive and time-consuming; difficulties conducting child interview alongside parent interview
- Visits conducted in a busy environment usually after school. Children distracted by siblings, friends calling, TV.
- For ethical reasons, parent was present; researchers reported feeling uncomfortable asking questions about family/life etc.
  - Concern that interview may be upsetting for children/exacerbate existing emotional problems
Challenges for researchers

- Shy or uncommunicative children were difficult to engage; concentration/attention difficulties also reported.
- Drawings could take too long, leaving little time to complete other activities.
- Influence of parent; some children sought advice from mum (e.g. who to put in picture? how to answer SDQ etc.).
Lessons learnt

• Important to establish relationship with child and build trust – incorporate an ‘icebreaker’/initial visit

• Conduct child visit separately to parent visit and allow more time to complete activities

• To minimise parental influence, undertake activities with child separately - ethical issues
  • Consider use of interview story with emotions/prompt cards

• Additional training for researchers around conducting child interviews; sensitive interviews can take an emotional toll on researchers
  • Provide additional information on participant’s background/circumstances
  • Establish formal support structure/debriefing for researcher
Benefits of child participation in research

- Important to include the rights of children in research (and policy) *(United Nations Convention on the Rights of the Child 1989)*
- Supplements parental reports, child-centred and allows the child ‘voice’ to be heard
- Excellent way to minimise power imbalance of undertaking research with children
- Non-threatening means of eliciting children’s perceptions on sensitive topics
- Children happy to participate and capable of undertaking activities with little difficulty
- Small gift for child - helps child feel valued.
You don’t always get what you’re looking for!
Thank you!

Sinead.McGilloway@mu.ie
Grainne.Hickey@mu.ie
Ann.Stokes@mu.ie
Yvonne.Leckey@mu.ie
Shane.Leavy@mu.ie
siobhan.oconnor.2015@mumail.ie

Ph: (01) 708 6657

https://cmhcr.eu/ Twitter @ENRICH_Ireland