



Demonstrating the effectiveness of a residential education program for disengaged young people

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Dunlea Centre – Setting

- Established in 1930's Australia's Original Boys Town
- A residential education programme
 - 5 day/4 night, coeducational
 - Campus-based
 - Modern school
 - Extensive recreational facilities
 - Four residential houses (3 male, 1 female)



Dunlea Centre – Population

- 43 young people currently in progamme
- Referred by
 - Mental health diagnosis (64%) Family referred e.g. depression, ADHD, ODD
 - Community schools or family (44%) truancy, school refusal, inappropriate classroom behaviour



Dunlea Centre – Journey

- Fr Dunlea and Fr Flanagan
- 2015 Addition of administrative database
 - Early departures
 - Lack of parental involvement
 - No empirical outcomes
 - Child Behavior Checklist (CBCL) and Resilience Scale – collected but not used
 - No follow-up after departure
 - Time for change

Dunlea Centre – Program

- 2015 Trip to Boys Town in Omaha

 Impressed by program and research base
 Brought this information back to Dunlea
- 2018 review led to programmatic changes

 adoption of the Teaching Family Model
 - Cognitive-behavioural intervention
 - Clearly defined individualised goals
 - Family-style living
 - Integrated support systems



Program Implementation

- Dunlea senior management and board trips to Boys Town Omaha
- Two Boys Town Omaha trainers travelled to Dunlea Centre to train the Teaching Family Model (TFM)
- The TFM moved program from instability to stability
- Better chance for youth to work on behavioural change and educational gain

Behaviour Change & Educational Gains

- Added measures
 - Demographic database
 - JST Climate Scale
 - Strengths and Difficulties Questionnaire (SDQ)
 - Progressive Achievements Tests (PAT)
- Using behavioural and educational data empowers Dunlea effectiveness
 - Significant reduction in problem behaviour
 - Significant improvement in numeracy and literacy

Programme clinical & administrative data

- Programme administrative and clinical data is a rich source of information
- It is primarily used to
 - Inform placement decisions
 - Identify needs of children and their families
 - Create individualized treatment plans
 - Demonstrate accountability to funders
- These uses only begin to tap the potential uses for this information

Secondary data analysis

- Clinical and administrative data typically sit in a database and accumulate over time
- Three additional uses
 - Data-informed decision making using key outcome measures to adjust and individualize treatment decisions as needed
 - Programme evaluation systematically using clinical and administrative data to improve intervention effectiveness and efficiency (aka CQI)
 - Research

Progress Reports – Preliminary Data

• Measures

- Strengths and Difficulties Questionnaire (SDQ)
 Progressive Achievements Tests (PAT)
- Data collected at admission and 6th month in program
- Initial evaluation based on 14 young people with complete data

Student Profile 1 (14 Male)

| SDQ | Emotio nal | Conduct | HyperA | Peer | Total |
|--------|---------------|---------|--------|------|-------|
| Time1 | 1 | 6 | 8 | 1 | 16 |
| Time2 | 4 | 3 | 6 | 1 | 14 |
| Change | +3 | -3 | -2 | 0 | -2 |
| +/- | | | | | |

| PAT | Maths | Spelling | Comprehe | Total |
|------------|-------|----------|----------|-------|
| | | | nsion | |
| Time1 | 43 | 37 | 15 | 95 |
| Time2 | 35 | 90 | 44 | 169 |
| Change +/- | -8 | +53 | +29 | +74 |



Behaviour change is noted for conduct and hyperactivity. Emotional problems increased. For education, all three areas showed gains.

Student Profile 2 (14 Male)

| SDQ | Emotio nal | Conduct | HyperA | Peer | Total |
|--------|---------------|---------|--------|------|-------|
| Time1 | 7 | 4 | 7 | 3 | 21 |
| Time2 | 4 | 2 | 3 | 2 | 11 |
| Change | -3 | -2 | -4 | -1 | -10 |
| +/- | | | | | |

| PAT | Maths | Spelling | Comprehe | Total |
|------------|-------|----------|----------|-------|
| | | | nsion | |
| Time1 | 28 | 23 | 23 | 74 |
| Time2 | 15 | 47 | 20 | 82 |
| Change +/- | -13 | +24 | -3 | +8 |



Behaviour change is noted for emotional, conduct, hyperactivity and peer aspects. For education spelling is the only area of gain.

House 1 Summary



- This chart indicates that SDQ scores were reduced for 78% of the students. Similarly, 86% of the students improved their educational performance.
- 22% of the students SDQ scores and 7% of the PAT scores stay the same.
- 0% of student SDQ scores got worse and only 7% of PAT scores behaved similarly.

Conclusions

- SDQ and PAT data have provided the programme empirical evidence that
 - It is meeting its primary aim of behaviour change and educational gain
 - The Teaching Family Model is effective in helping meet these aims
- Student profile reports support data informed decision making
- House summary reports support program evaluation

Moving Forward

- Close the gaps that limit data collection
- Get ever better at using data to provide effective individualised treatment
- Conduct publishable research that provides validation of the good work being done at Dunlea Centre
- Use reports and research in public advocacy efforts



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