





"Education: The Way Out of Poverty: What Conferences Can Do to Help" EDUCATION SEMINAR: ST VINCENT DE PAUL, EAST REGION Saturday 5th November 2016 Clonliffe College, Drumcondra, Dublin 9

Keynote Presentation: Poverty and Social Inclusion in Education in Ireland: What can Volunteers do to Help?

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### Not all Learning and Education is Formal Education!

- Informal Learning (experiential resources for learning, activity based learning, problem solving, social and emotional skills, life skills, oral language skills, leadership)
- Nonformal Learning
- Formal Learning

- Key role for Volunteerism in *Informal Learning* of those Experiencing poverty and social exclusion must always be kept in mind!

### Backdrop of increased poverty rates for children

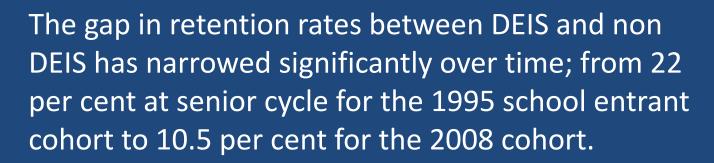
- The AROPE indicator is defined as the share of the population in at least one of the following three conditions: 1) at risk of poverty, meaning below the poverty threshold, 2) in a situation of severe material deprivation, 3) living in a household with a very low work intensity. From 2008 to 2011, the AROPE for children rose in 21 EU Member States
- Eurostat: The largest increases in the AROPE since 2008
  were in Ireland (+11.0 percentage points (pp) up to 2010)
  and Latvia (+10.4pp). They were closely followed by
  Bulgaria (+7.6pp), Hungary (+6.2pp) and Estonia (+5.4pp).

# Child Poverty in Ireland – Protective Factor of Education

Remarkable Success against the backdrop of Child Poverty Increases

### **ESRI 2015:**

Attendance rates have improved in urban Band 1 primary schools



DEIS urban primary – further improvements in reading and maths scores between 2010 and 2013 (Weir & Denner 2013)



Secondary schools have worked to increase school completion rates – from around 60% in the early 1980s, to 81% in2002 and to almost 91% by 2013 (HEA National Access Plan 2015)

-High Aspirations a Legacy of Celtic Tiger Era

Share of deprived children (lacking selected items) (aged 1–15), 2014 (%)				
	Food		Clothing	
	Fruit and Veg	Proteins	Clothes	Shoes
Ireland	3.0	3.4	12.1	6.5
Belgium	2.3	2.7	8.2	3.6
Denmark	0.5	0.7	2.0	2.3
Estonia	6.6	6.1	2.5	1.6
Spain	1.7	2.8	7.7	2.9
France	2.7	2.4	9.0	5.4
Netherlands	0.6	2.3	1.5	3.6
Austria	0.6	1.9	2.0	1.2
Poland	3.2	2.9	2.9	1.3
Portugal	3.0	1.4	14.4	3.6
Romania	14.9	21.6	26.6	28.0
Slovenia	0.9	1.4	5.8	1.2
Slovakia	9.8	12.7	13.8	6.5
Finland	0.3	0.2	3.4	0.8
Sweden	0.2	0.0	1.0	0.3
UK	3.8	3.1	3.6	2.2
Iceland	0.3	2.0	1.2	1.3
Norway	1.2	3.4	2.2	0.9

### Impact of Poverty

- \*Children living in low-income families are especially vulnerable to mental health difficulties (US Department of Health and Human Services, 2001; Annie E. Casey Foundation, 2009).
- \*The huge socio-economic disparities in levels of illness across the lifespan are well documented (Townsend and Davidson, 1992; Acheson, 1998).
- \*Children in the child welfare system, who come primarily from families In poverty, have a greater prevalence of mental health problems compared with those in the general population (Leslie et al., 2004; Dore, 2005).

## Holistic Needs for Early School Leaving Prevention: Bridging Health and Education

- Hunger Prevention in School
  - Loss of Sleep
- Spatial-Sensorimotor Integration
- A mental health/emotional support focus for depression, trauma, bullying, school climate, family support outreach, substance abuse prevention

### Food poverty – Hunger prevention in schools centred on needs of child

- \*12,661 10-17 year olds in Ireland from randomly selected schools throughout the country (Callaghan et al. 2010), 20.9% of schoolchildren in Ireland report going to school or bed hungry because there is not enough food at home.
- \*A 2013 IPPN survey of over 600 primary school principals found that over 20% of primary principals observed an increase in children coming to school hungry.
- \*Differences between 7 DEIS Dublin primary schools ranged from 6% to 33% of pupils stating they were either often, very often or everyday too hungry to do their work in school (Downes & Maunsell 2007).

In a different Dublin area approximately 18% of the 6th class pupils attending school on the given day stated that they were either often, very often or every day too hungry to do their work in school – this figure was notably higher in 3 of the 4 schools where 21%, 25% and 25% of pupils stated that they were either often, very often or every day too hungry to do their work in school (Downes, Maunsell & Ivers 2006).

Instead of a systematic National Strategy for Hunger Prevention in Schools or indeed any National Food in Schools Strategy, there is a fragmented approach to school food provision: DSP- funding for Schools Meals; DES-school infrastructure and links with curriculum; DCYA – School Completion Programme; DH – Healthy Eating Guidelines; DAFM -EU School Milk Scheme & Food Dudes.

### \*A systematic national strategy to prevent hunger in school is not currently in place.

Current initiatives include the School Meals Programme funded by the Department of Social Protection and Breakfast clubs facilitated by School Completion Programme through the Department of Children and Youth Affairs. Yet these are not systematically available for all children in need.

Not every School Completion Programme includes breakfast clubs and school participation in the School Meals Programme is varied and requires a school principal to apply to be part of it.

Unlike countries such as Britain, France and Poland, Irish schools have poor infrastructure for meals in schools, with little investment historically in kitchen facilities

in schools

Sleep – a health in education issue (Downes & Maunsell 2007) and also an informal learning issue

Hargadon (2014) Making sleep a priority in education: A curricular and home-based intervention for improving sleep patterns among sixth-class children in a DEIS 2 school (2014)

Mindell (1999) asserts that a straightforward, but highly useful, intervention strategy for encouraging appropriate sleep habits is the education of parents.

Indeed, former school-based interventions that were devoid of parental inclusion have recommended providing information sessions for parents so that they could provide support for their children in improving sleep patterns where necessary (Cain, Gradisar & Moseley, 2011).

The sleep diaries allowed the children to reflect on their own sleeping habits and gave them autonomy in deciding for themselves whether they felt their sleep habits needed to change.

Moseley and Gradisar have carried out sleep intervention research in Australia and they recommended the use of sleep diaries, as "a sleep diary completed each morning would improve accuracy in student reports of their sleep practices, and have the added advantage of providing useful information to students about their sleep needs to guide and motivate them to make changes to their sleep routine during and after the sleep intervention program" (2009)

Hargadon (2014) this study utilised a short questionnaire before the intervention with questions seeking to ascertain student's sleep patterns, their self-reported daytime sleepiness levels, their attitudes to sleep, their views of their own sleep health and their self-reported motivation regarding sleep patterns.

This study indicates some improvements in both weekday and weekend bed and wake times post-intervention. Before the 6 week intervention took place, 41.7% of children reported going to bed at or before 22.00. After the intervention took place, this number rose to 58.3%. No child reported going to bed after midnight in the post-intervention questionnaire.

 Spatial-Sensorimotor Integration – an informal learning as well as health issue

Socioeconomic marginalisation is strongly associated with children spending more time on sedentary activities (Growing Up in Ireland, 2011).

Access to safe outdoor play areas is often reduced, especially in socio-economically marginalised urban communities (particularly where there is a higher level of violent crime). O'Connor et al. 2016

Children with poor sensory motor development may experience difficulty with a range of academic tasks (Ayres & Robbins, 2005, Myers, 1995). These difficulties include:

- Poor self-help skills including dressing and feeding
- Poor pencil grip
- Drawing and copying shapes is difficult, poor handwriting
- Immature art work
- Finds it difficult to organise materials and equipment
- Poor gross motor skills: kicking/catching a ball, running, hopping, jumping, avoidance of

#### PE class

- Poor attention, difficulty staying seated for long periods of time
- Anxiety, fear of environment and unpredictability, fear of failure
- Difficulty copying material from blackboard
- Difficulty making and sustaining friendships- low self-esteem
   (O'Connor et al. 2016)

Holistic bridges between Health and Education:

A mental health/emotional support and early intervention focus for—depression, trauma, bullying, school climate, family support outreach, substance abuse prevention

# Poverty impacts on mental health, mental health impacts on early school leaving

- Mental health issues, including depression, anxiety, disruptive behaviour disorders, eating disorders, or post-traumatic stress disorder, can negatively impact on a child's school success, as well as general well-being (Kessler 2009; World Health Organization 2003)
- Children living in low-income families are especially vulnerable to mental health difficulties (Annie E. Casey Foundation 2009; US Department of Health and Human Services 2001).

# Even apart from poverty related depression, emotional distress contributes to early school leaving:

A troubling number of adolescents showing serious emotional distress and depression symptoms are at risk for school failure and dropout (Quiroga, Janosz, Lyons, & Morin, 2012; Thompson, Moody, & Eggert, 1994; Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005).

A meta-analysis of 28 longitudinal studies found that bullying doubled the risk for depression an average of 7 years later, even after controlling for numerous other risk factors (Ttofi, Farringon, Lösel, & Loeber, 2011).

# Emotional trauma (bereavement, rape, sexual abuse, bullying, family break up, sleep related problems)

Irish Parliament and Senate Report on early school leaving (2010): Case studies of those who left school early due to trauma factors of rape, bereavement, sexual abuse

Wider referral processes – reach withdrawn kids

-Evidence suggests that the emotional support needs of withdrawn students, who are at risk of early school leaving, may be missed by teachers compared with those students displaying and externalising problems through aggression (Doll 1996; Downes 2004).

# **Downes & Maunsell (2007):** "Why do you think some people are dying? Because there is no one to talk to"

- "we should do more personal development"
- "girls take tablets and slice their wrists"
- "girls sleeping around to hurt themselves, other ways instead of slitting wrists"

### **Serious Consequences of Bullying**

There is a growing recognition of the serious impact of school bullying.

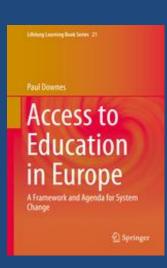
Frequent victimisation is associated with suicide attempts and completion, anxiety, depression, self-harm. Bullying perpetrators are at risk of subsequent psychiatric symptoms, violent behaviour, anti-social personality disorder. International studies also associate bullying experiences with early school-leaving.

Bullying prevention is a child welfare and child protection issue (Downes & Cefai 2016).

### Combining Family Support and Parental Involvement

#### **RESEARCH:**

- 1) 10 city European study on parental involvement for early school leaving prevention (Downes 2014)
- 2) 12 country European study on Lifelong learning (Downes 2014a)
- 3) Report for European Commission on School Bullying in Europe (Downes & Cefai 2016)



### Parental involvement in school policy making:

- beyond reliance mainly on formalistic parents council approaches for engaging marginalised parents
- -beyond discussion in the abstract
- \*For issues that matter to students and parents
- \* That require school system change (including to hierarchy of communication)
- \*Issues of conflict, specific problems with school actors, policies bullying, negative interactions with individual teacher, behavioural difficulties of student, learning problems of student, questioning of quality of teaching instruction
- Communicative processes need to be put in place to address these conflicts these are system issues and not simply individual parent concerns

# Multidisciplinary 1 stop shop – Community Lifelong Learning Centres and Family Support Centres (Downes 2014a)

For parenting support that is close to home and easily accessible, parents in Eindhoven can go to a so-called SPIL centre in their neighbourhood. The name is derived from Spelen (play), Integreren (integration) and Leren (learning) and the Centre is built around primary education, playgroups and childcare. Other services may be added, such as parenting support, child welfare, youth healthcare and social work (Eurochild 2011).

# Community outreach and health-education bridges for family support and parental involvement

- Eurochild report (2011) Nordrhein-Westfalen state programme *Familienzentrum* has been launched by the government in order to develop up to 3,000 children's daycare facilities into family centres by the year 2012.
- Between 2006 and 2012 approx. 3,000 of the total 9,000 child care centres in the German federal state of North Rhine-Westphalia (NRW) are being developed into certified "Familienzentren" (family centres). Family centres are designed to bundle services for families in the local community. (Eurochild 2011, p.44)
- Eurochild (2011) argue for such family support centres to be universally available

Overcoming System Blockages: Beyond Intergenerational Splits in Policy to Lifewide Community Lifelong Centres to Engage Ethnic Minorities such as Roma

Balkan Sunflowers NGO in Fushë Kosova, early school leaving rates over the two years of the Learning Centre operation decreased dramatically, from 120 in 2007-2008 to 14 in 2009-2010. Primary school enrolment has more than tripled in Gracanica since the Centre's opening in 2004 from 25 to 85 children.

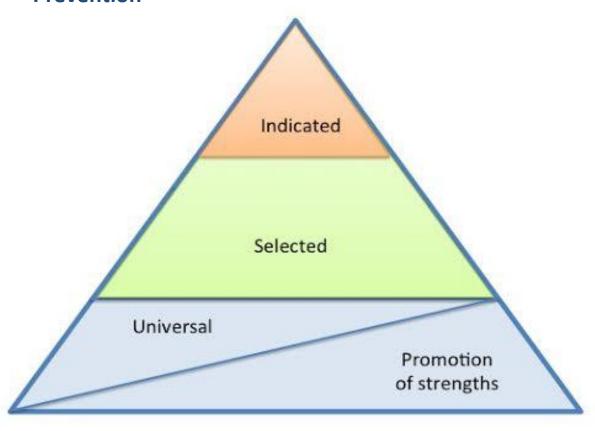
According to figures from Balkan Sunflowers NGO in Fushë Kosova, early school leaving rates over the two years of the Learning Centre operation decreased dramatically, from 120 in 2007-2008 to 14 in 2009-2010. Primary school enrolment has more than tripled in Gracanica since the Centre's opening in 2004 from 25 to 85 children.



None of the children attending Gracanica Learning Centre dropped out of primary school in 2010, while only one child in Plemetina dropped out of school that year. 75% of all registered Roma children in Plemetina attend the Learning Centre, while girls' school attendance has increased and there are currently 58 girls in primary school

- Local community lifelong learning centre
  - Life-wide
  - School as site of community education

Figure 2: Differentiated Levels of Need for Prevention



Volunteerism in Systems of Care Approach

Where can Volunteers play a key role?

Nature (Hikes, community gardens – spatial-sensorimotor integration, Sleep, informal learning)

- -Arts /Sports (informal learning)
- Afterschool Supports (nonformal learning)
- -Community Lifelong Learning Centres: The Key Role of Space in Community and In Schools
- -Access to Higher Education
- -Relational Space of Trust as a Mediating Role to Access Services

Ivers et al., (2010) summarise the potential benefits of out of school services such as afterschool projects in their review of international research. Such projects can:

- (i) modify the impact of poverty
- (ii) help prevent early school leaving,
- (iii) develop pupils' social skills,
- (iv) provide social support for positive mental health in contexts of psychological stress,
- (v) help overcome fear of failure,
- (vi) contribute to a positive climate in school,
- (vii)promote self-directed learning,
- (viii) promote language development, (ix) improve young people's safety. All of these potential benefits apply to the arts in education.

# Arts and social inclusion in education strategy – Volunteerism and informal learning

There is currently no Arts and social inclusion in education strategy at national level. (IMPACT DEIS Review submission 2015)

There is also a real concern that the arts have been somewhat marginalised at a curricular level due to the national literacy and numeracy strategy (O'Breachain & O'Toole 2013), rather than integrating the arts into literacy approaches.

Under *Breaking The Cycle* there was a recognition of cultural 'disadvantage' and that children are not getting to experience the Arts at home. This is missing from DEIS.

A wide range of educational theorists and educational psychologists recognise the danger of labelling students as failures (e.g. Glasser 1969; Warnock 1977; Handy & Aitken 1990; Kellaghan et al 1995; Kelly 1999) with the consequent knock-on effect of early school leaving.

The arts offer approaches with no 'right answer' and go beyond a failure based model. They can build on strengths (Halpern 2000), develop multiple intelligences, social and emotional competences, cultural expression, personal fulfilment, concentration and cognitive skills, as well as confidence, leadership and active citizenship.

The Arts can engage a wide cohort of students who are otherwise disaffected from the school system.

### Volunteerism in Systems of Care Approach

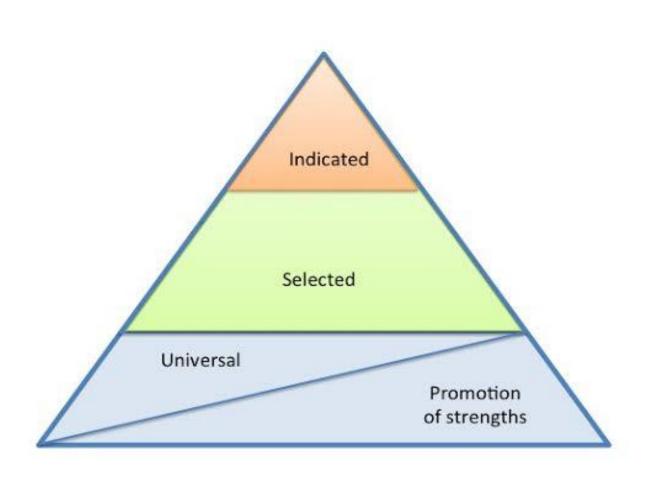
Where Volunteers can and cannot play a key role?

### Key Role:

- Promoting strengths based approach through informal learning for nature/arts/sports (as preventive role for health related risks affecting education) and opening attitudes for access to higher education
- Nonformal education such as afterschool and community lifelong learning centres
- Helping those with chronic needs access support services
- Advocacy e.g., hunger in school prevention, homelessness impacts on education

### Avoid:

- Being a substitute for key state services for chronic needs/indicated prevention level especially regarding complex health related problems



Indicated Prevention - chronic needs, individual intensive Selected Prevention – moderate risk, groups focused

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**Dublin: IPA** 

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