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Beyond interagency working to developing multidisciplinary teams in and around schools: Key issues for system development

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System *Blockage* and *Inclusive Systems* –

Beyond Bronfenbrenner's ecological systems theory for integrated systems of care across education and health for early school leaving prevention

Bronfenbrenner's (1979) neglected system blockages, diametric splits and displacement (Downes 2013, 2014)
– Bronfenbrenner minimised system change issues, power issues and system inertia (Downes 2014)

EU Commission: Multidisciplinary teams in and around schools (Downes 2011; Edwards & Downes 2013; TWG 2013) i.e, school based and school linked
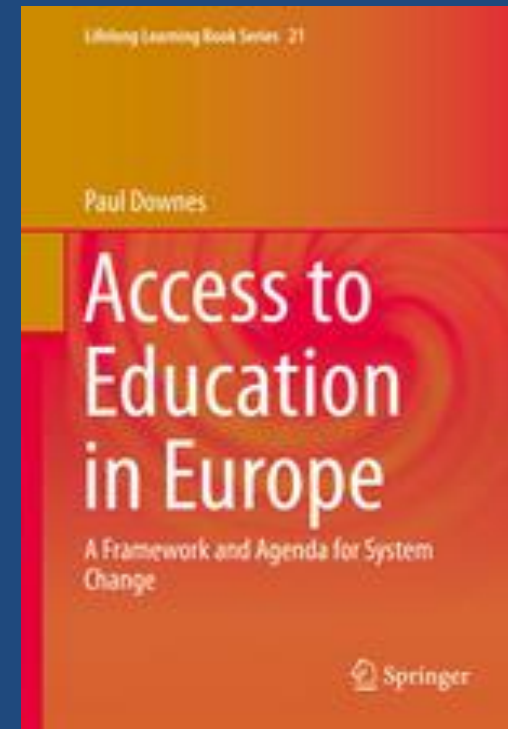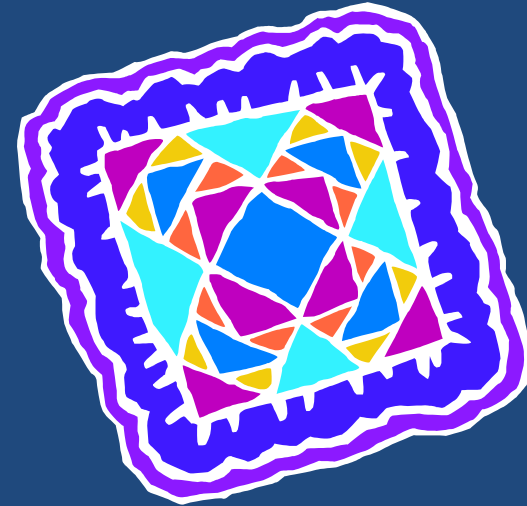
OVERCOMING SYSTEM BLOCKAGE 1.: FRAGMENTATION
Anticipating Territoriality and 'Not Not Doing' Services Territories

- Local rivalries across municipalities and schools an obstacle to sharing of good practice

- Local rivalries across agencies especially in a recession – to claim resources and credit for gains/outcomes

- Tensions between schools and community, including community professionals

- Physical location of community service needs to be in a neutral community space (Downes & Maunsell 2007)
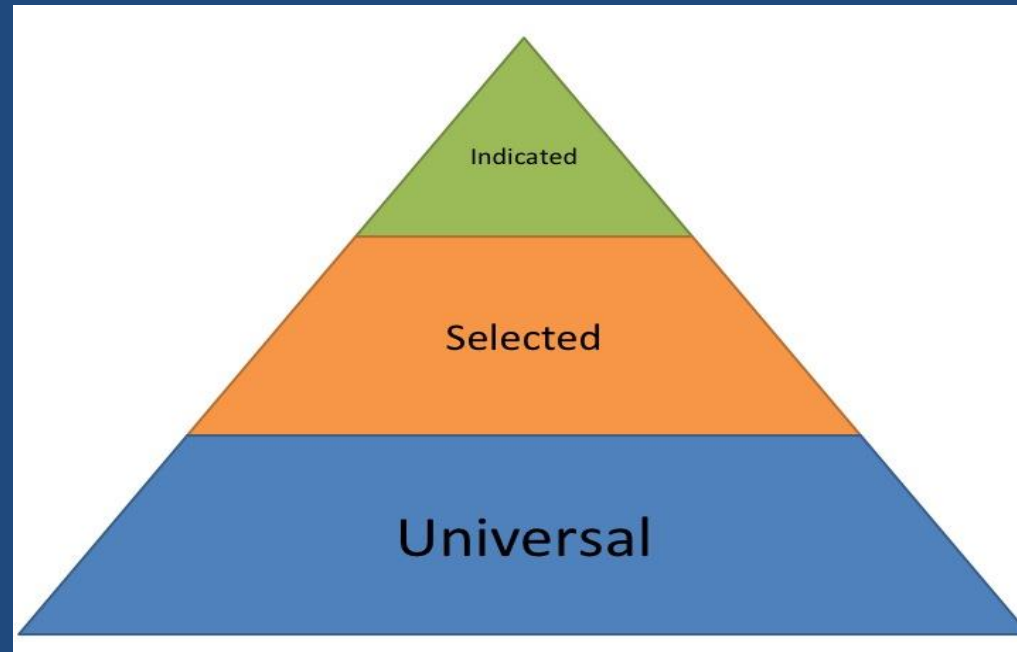
the 'apparent' official organization and the 'below the surface' unofficial organisation (Scholtes 1998).

OVERCOMING SYSTEM BLOCKAGE 2.: Strategic clarity on level of intervention

Differentiated Levels of Need for Prevention see Downes (2014a) on this for ESL.
Suldo et al., (2010) 'a continuum of tiered intervention services

Selected Prevention – Moderate risk: Groups (Peer supports)

Indicated Prevention – Chronic need: Individual (family), intensive

Such chronic needs may be, for example, high non-attendance at school, intergenerational substance abuse, mental health difficulties, experience of trauma, such as domestic violence, sexual abuse, suicide, bereavement, emotional neglect, children in care, first language delays in development, suspension/expulsion (Downes 2015)

Specialized trauma and psycho-social supports – Indicated Prevention Level.

Universal and selected prevention includes a focus on change to systems – school communication practices, family support

Selected and Indicated Prevention

Even apart from poverty related depression, emotional distress contributes to early school leaving: LONELINESS: Frostad et al. 2015 – intention to drop out

Quiroga et al. (2013) 493 high-risk French-speaking adolescents living in Montreal

*depression symptoms at the beginning of secondary school are related to higher dropout mainly by being associated with pessimistic views about the likelihood to reach desired school outcomes; student negative self-beliefs are in turn related to lower self-reported academic performance and predict a higher risk of dropping out.

Quiroga et al. (2013) "interventions that target student mental health and negative self-perceptions are likely to improve dropout prevention".

Esch, P., Bocquet, V., Pull, C., Couffignal, S., Lehnert, T., Graas, M., Fond-Harmant, L and Ansseau, M. The downward spiral of mental disorders and educational attainment: a systematic review on early school leaving , *BMC Psychiatry* 2014 14:237

When adjusted for socio-demographic factors, mood disorders (e.g. depression) were significantly related to school dropout

Among anxiety disorders, after controlling for potentially confounding factors, social phobia was a strong predictor of poor educational outcomes

…as indicated by early school leavers themselves, were feeling too nervous in class and being anxious to speak in public, both representing symptoms of social phobia

Authoritarian Teaching – Universal Prevention Level

In Poland (CBOS 2006), a national survey of 3,085 students, 900 teachers and 554 parents, across 150 schools
-Experience of school violence from teachers towards students was reported directly as being hit or knocked over by 6% of students with 13% reporting having observed this occur for others. Teachers' use of offensive language towards students was reported by 16% as having been experienced directly individually and 28% as observed towards other students.

Pyhältö et al. (2010) Finland, 518 students, 9th grade, 6 schools: 'unjustified and authoritarian behaviour that undermined pupil's agency was considered as a source of burden, anxiety, and anger'

Authoritarian Teaching – Universal Prevention Level

WHO (2012) Modifications that appear to have merit include:

• establishing a caring atmosphere that promotes autonomy;

• providing positive feedback;

• not publicly humiliating students who perform poorly;

Cefai & Cooper (2011), Malta review of qualitative research: 'the autocratic and rigid behaviour management approach adopted by many teachers in their response to misbehaviour. Their blaming and punitive approach was seen in many cases as leading to an exacerbation of the problem...It looks...that perceived victimisation by teachers was more prevalent and had more impact than victimisation and bullying by peers'

OVERCOMING SYSTEM BLOCKAGE 3.: FRAGMENTATION – Teams within one or two organisations not disparate agencies

From Multiple Agencies to Cohesive Multidisciplinary Teams for Early School Leaving Prevention and Mental Health Supports

If possible, no more than two agencies to limit fragmentation and provide shared goals focus – restructure agencies for greater focus (Downes 2013b)

-Emotional support
-Outreach family support
-Speech and language
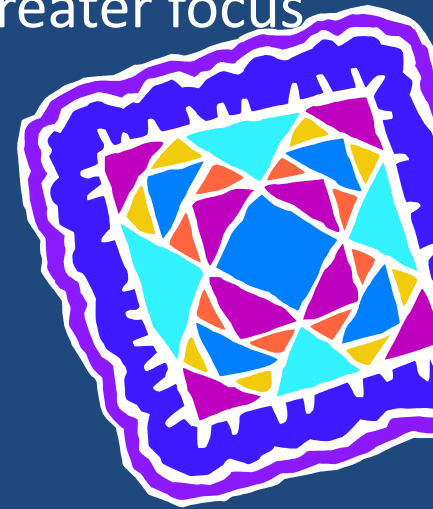
Emotional Support -Serious Consequences of Bullying

There is a growing recognition of the serious impact of school bullying – on mental health, physical health and early school leaving

Victims are likely to experience low self-esteem, anxiety, depression, and suicidal ideation (Gladstone et al., 2006; Klomeck et al., 2009; Nansel et al., 2001; Radliff et al., 2015; Juvonen and Graham, 2014; Ttofi et al., 2011; Swearer et al., 2012; Biereld, 2014; Downes & Cefai 2016).
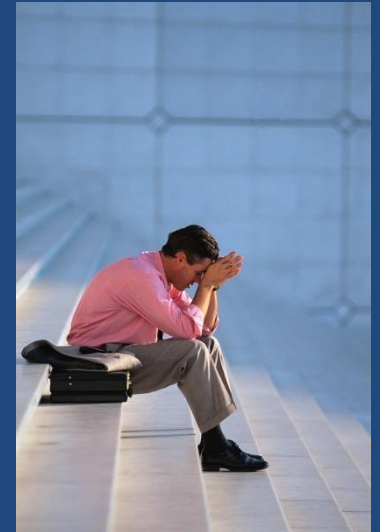
The *Alliances for Inclusion* report (Edwards & Downes 2013) reviewed the enabling conditions for the effectiveness of multidisciplinary teams and crosssectoral approaches for early school leaving prevention, building on 16 examples from 10 European countries.

-A policy focus is needed to go beyond multiple agencies -Need to minimise fragmentation across diverse services 'passing on bits of the child' and family (Edwards & Downes 2013)

-the multi-faceted nature of risk requires a multi-faceted response that needs to go beyond referrals to disparate services resulting in this 'passing on bits of the child'

- For genuine interprofessional collaboration for early school leaving prevention, for example, between schools and multidisciplinary teams of outreach care workers, therapists/counsellors, nurses, speech and language therapists, social workers, occupational therapists, policy-led co-location is not sufficient. Efforts are needed to support inter-professional collaborations and overcome resistance. (Edwards & Downes 2013)

OVERCOMING SYSTEM BLOCKAGE 4.: Need to focus on direct delivery of multidisciplinary teams and to minimise displacement into 'committee sitting' (Downes 2013a)

- bridging (mental) health and education expertise

Prevention and early intervention focus
• To engage directly with problems related to early school leaving, for example, nonattendance, trauma, bullying, mental health difficulties, language development, parental support, sleep deficits, substance misuse, suspension/expulsion, conflict with teachers

• Each family has one 'lead professional' to link them with others (Edwards & Downes 2013a)

OVERCOMING SYSTEM BLOCKAGE 5.: Confidentiality issues

Field et al's (2007, p.97) OECD study illustrates the Finnish approach of adopting a multidisciplinary team as part of a continuum of interventions in schools. These include professionals from outside the school, such as a psychologist and social worker, together with the school's counsellor, the special needs teacher and classroom teacher.

However, a major issue of the need for confidentiality has been highlighted in a range of student centred research in Ireland, with relevance for the needs of potential early school leavers in the context of multidisciplinary teams (Downes 2004; Downes, Maunsell & Ivers 2006; Downes & Maunsell 2007; Mellin et al 2011).

OVERCOMING SYSTEM BLOCKAGE 6.: Community based 'one stop shop' family support *centres* linked with schools (Eurochild 2011; Downes 2014) potentially also as Community lifelong learning centres

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).

Eurochild report (2011) Nordrhein-Westfalen state programme *Familienzentrum* has been launched by the government in order to develop up to 3,000 children's day-care facilities into family centres by the year 2012.

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

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)

Assertive Outreach (Downes 2017, EPALE): Beyond Information to Abstract Other (Said 1978, Benhabib 1987, Downes 2014) for Engaging Family, Community Systems and High Need Groups

- At times interventions seem to be based on the idea that leaflets, websites, posters and other forms of information will suffice to engage 'hard-to-reach' groups.

- Implicit in this very terminology is that when such marginalised groups are not reached by these information-reliant approaches, they are disinterested, and that they are therefore 'hard to reach'.

- Need to **question the communicative approach itself**, rather than blame the individuals who do not become enchanted by such 'information'.

Assertive Outreach: Beyond information processing to construction of meaning (Bruner 1992) for concrete other

- Information-based communication approaches focus on the *what* question. But need to focus on the *where*, the *how* and *who* questions:

- The **where** question asks about the location from which the early school leaver is engaged with.

- The **how** question asks about the way the person is being communicated with.

- The **who** question not only asks about the specific needs of the person being reached out to, but also asks who is the person communicating to that early school leaver.

- In some approaches in Europe, there is recognition of the *where* question, through the need for a *community outreach* approach. Services are located in easy-to-access and culturally familiar places to reach those on the edges of society.

Familiscope/Familibase, Dublin

OUTREACH FAMILY SUPPORT FOR CHILD'S SCHOOL
ATTENDANCE AS PART OF MULTIDISCIPLINARY TEAM

The Child Welfare Worker will regularly call to the child's
home to
- support the parent implement morning time routines,
- enable the breakfast, uniform and schoolbag
  preparation,
- ensure the child gets to school on time
- support the parent to be firm and follow through when
  a child is school refusing.

Work is also carried out with the parents to support them
with night-time routines i.e. homework and bedtimes. The
Child Welfare Worker will often transport the child to
school or arrange for the child to take the school bus when
available (Downes 2011).

OVERCOMING SYSTEM BLOCKAGE 8.:
Alternatives to Suspension/Expulsion to Stop Diametrically Opposing Strategic Approaches

Suspension rates themselves are predictive of dropout rates (Lee, Cornell, Gregory & Fan, 2011).

*Redirecting troubled and misbehaving students away from suspensions and conflicts with the law

An English study by Rennison *et al.*, (2005) found that young people in the NEET [Not in Education, Employment or Training] group were over three times more likely previously to have been excluded from school than young people overall.

*Need multidisciplinary teams and withdrawal from class but not from school

Language dimension to disruptive behaviour/suspension needs to be addressed by speech and language therapists in multidisciplinary teams

Rates of language impairment reach 24% to 65% in samples of children identified as exhibiting disruptive behaviours (Benasich, Curtiss, & Tallal, 1993)
*59% to 80% of preschool- and school-age children identified as exhibiting disruptive behaviours also exhibit language delays (Beitchman, Nair, Clegg, Ferguson, & Patel, 1996; Brinton & Fujiki, 1993; Stevenson, Richman, & Graham, 1985).

Add **speech and language therapists** to Global White Paper list: school/public health nurses, school physicians, mental health professionals, school psychologists, public health inspectors, nutrition specialists, addiction workers

OVERCOMING SYSTEM BLOCKAGE 9.: A common framework of goals for the multidisciplinary team – idea dominance (see Downes 2011)

Petrie's (1976) recommendation for 'idea dominance' if an interdisciplinary team is to succeed, is endorsed by Hall & Weaver (2001) and Hill (1998) in a medical context.

Idea dominance means that a clear and recognizable idea must serve as a focus for teamwork, rather than the traditional focus of each member's domain of care.

Petrie's (1976) idea dominance emphasises that the team members must be able to recognize their success and achievements in pursuing their goals; not only must the project succeed but each team member must perceive the he/she is personally achieving or contributing something.

Common Framework of Goals: Relational Competences of Service Providers and Young People's Voices

Prior and Mason (2010) argue that better outcomes will be achieved when practitioners are equipped with the skills to engage youth in interventions.

They note that effective engagement practices include warmth, genuineness, accurate empathy, careful listening, taking concerns seriously, encouraging involvement in decisions and treating youth with fairness and care.

Edwards and Hatch (2003) report that 'Young people tend to feel on the peripheries of decision-making and the receivers rather than the shapers of services', indicating that opportunities for youth to be actively engaged in service delivery may be far from commonplace'

Common Framework of Goals

Li et al. (2015) highlight that youth perception of service provision (i.e., health services, child welfare services, mental health services, correctional services, and educational supports) is a mediator between risk and psychosocial outcomes for children confronted by adversity.

Liebenberg et al. 2013 challenge a compliance versus noncompliance approach of care professionals to engaging young people with complex needs.

They observe that 'the motivation to change or reluctance to change were attributed to the clients, while service systems assumed little or no responsibility for client progress'

HOW TO EXAMINE THE PROGRESS OF THESE MULTIDISCIPLINARY TEAMS?
(Downes 2011; 2015)
Outcome indicators as part of a strategic direction for such mental health multi/interdisciplinary teams are:
a) At an individual level
- gains in attendance at school
- improved behaviour in class
- decrease in bullying in class and school
- decreased anxiety and depression and improved mental health, including academic self-efficacy and global self-esteem
- increased academic motivation and performance
- increased language development
b) At a family level
- increased engagement of previously marginalized families with support services
- increased engagement of previously marginalized families with the school
- improved communication between child and parents
c) At the school system level
- decreased use of suspensions- increased use of alternatives to suspension
- improved school and classroom climate
-decrease in bullying in class and school

Summary of System Blockages to be Overcome for Inclusive Systems and Integrated Services across Education, Health and Social Services for Early School Leaving Prevention

OVERCOMING SYSTEM BLOCKAGE: FRAGMENTATION

-Anticipating Territoriality and 'Not Not Doing' Services

-Teams within one or two organisations not disparate agencies: Passing on bits of the child, diffusion of leadership and responsibility, need 1 lead professional

-Need to focus on direct delivery of multidisciplinary teams and to minimise displacement into 'committee sitting'

-Community based 'one stop shop' family support centres linked with schools potentially also as Community lifelong learning centres

**OVERCOMING SYSTEM BLOCKAGE :
COMMUNICATION BLOCKAGES**:

-Strategic clarity on level of intervention

-Confidentiality vagueness leading to distrust of schools and multidisciplinary teams

-Need for individual family outreach for chronic need

-Alternatives to Suspension/Expulsion to Stop Diametrically Opposing Strategic Approaches

-A common framework of goals and outcomes for the multidisciplinary team – idea dominance, relational approach, young people's voices, beyond compliance/noncompliance

EU Commission and Council (2011) documents on early school leaving bring holistic approach that integrates family support with parental involvement (Downes 2014a)

Annex framework to the Council Recommendation on Early School Leaving (2011):

"(3) Networking with parents and other actors outside school, such as local community Services...which allows for holistic solutions to help pupils at risk and eases the access to external support such as psychologists, social and youth workers, cultural and community services. This can be facilitated by mediators from the local community who are able to support communication and to reduce distrust'."

EUNEC (European Network of Education Councils) statement on early school leaving, following the Vilnius EU Presidency conference (2013) on early school leaving:

"Tackling early school leaving should be part of a multi-institutional and inter-institutional approach that puts the school in the center of a chain of public and social services. It is about a common approach between the society outside the school and the community within the school. Family and social services, community centers and labor market services are involved"

(Downes, Nairz-Wirth & Rusinaite 2017) Promoting Inclusive Systems

Inclusive systems in and around schools invites concern with supportive, quality learning environments, on welcoming and caring schools and classrooms, and on preventing discrimination.

It addresses the needs of students in a holistic way (their emotional, physical, cognitive and social needs), and recognises their individual talents and voices.

It is open to the voices and active participation of parents, and also wider multidisciplinary teams and agencies. Inclusive systems in and around schools particularly focus on the differentiated needs of marginalised and vulnerable groups, including those at risk of early school leaving, bullying and alienation from society.

Annex framework to the Council Recommendation on Early School Leaving 9423/11 (2011)

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