

Cross-sector policy synergies and interprofessional collaboration in and around schools: examples and evidence

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Overview



Why these synergies are important

The workforce implications of a relational approach to prevention of social exclusion

Challenges: practical and methodological

Examples of where it works

What can be done to help it work

The Dynamic Nature of Social Exclusion

- Social exclusion is disconnection from experiencing and contributing to what society offers
- Vulnerability results from interacting aspects of a child's life
- Preventing social exclusion is to disrupt a child's trajectory of vulnerability – putting in 'protective factors'
- It involves a range of professionals working together on and with the child and their environment

The Hardiker Continuum of Need (Hardiker, Exton and Barker 1996), (aka Tiers)

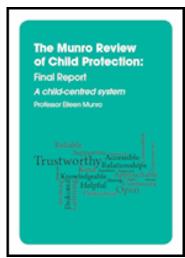
- First Level: (UNIVERSAL) Targets vulnerable groups and communities through programmes such as Sure Start.
- Second Level: (EARLY RISKS) Addresses early stress and families in temporary crisis or difficulties through short term, task-centred interventions and resources.
- Third Level: (SERIOUS RISK) Addresses serious stresses: risks of significant harm, family breakdown and entry into the Looked After Systems. Difficulties may be severe/acute or well-established.
- Fourth Level: (REHABILITATION) addresses a diverse group of issues; social breakdown; Looked after Children; abused children.

Relevant local expertise includes:

- Social workers (Tiers 3 and 4)
- Health Workers
- Children and Adult Mental Health Services
- Outreach care workers, Therapists, Nurses, speech and language therapists
- Youth Offending Team
- Voluntary Agencies e.g. housing charities
- Schools as a universal service (Tier 1) have a non-stigmatising position

Configurations for flexible and responsive support





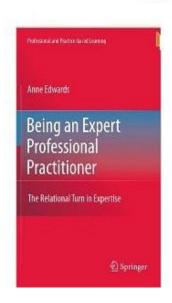
Not handing on bits of the child

Networks (tight and loose)

Teams

Places i.e. ecological approaches

Workforce Demands: relational expertise





Expertise is distributed across systems

Practitioners need to know how to recognise and work with the best available expertise to reconfigure a child's trajectory

This calls for an additional expertise: relational expertise (in addition to core expertise e.g. as youth worker)

Key aspects: joint **diagnosis** of strength and needs and collaboration in **response**

Achieved through building common knowledge: shared understandings of **what matters** for each profession

Practitioners can collaborate if they:

- focus on whole child in context;
- know how to know who (can help);
- recognise the different drivers/ accountability needs of different professions;
- plan time to build common knowledge (taskfocused meetings are important); and
- learn to take the stand-point of the other professional.

Working with children, young people, families and carers

 Need to help families take control of reconfiguring their own trajectories

 An 'assets' approach (Sen) – also promoted by Dyson and Todd

 Collaboration in and around education important – pre-school- school- adult education

Some challenges for practice



Some families are categorised as 'hard to reach'

There is often **low capacity for engagement** among the most vulnerable families – what are reasonable expectations?

Early short-term exclusions from school tend to lead to later full-time exclusion

Children go missing from data sets

Boundaries between professions can be strong (different tribes): schools can have very strong boundaries

Different **types of assessment** and ways of measuring progress – solution the English **Common Assessment Framework?**

Edwards & Downes 2013

'The multifaceted nature of risk requires a multi-faceted response'

- Beyond 'passing on bits of the child' i.e. beyond referral models
- Prevention and early intervention focus
 - Genuine inter-professional collaboration teachers, social workers, outreach care workers, therapists/counsellors, nurses, speech and language therapists, occupational therapists etc.

Policy context 1

Some of the key EU policy contexts where Multiprofessional collaboration is relevant

- The Commission's (2013) commitment to 'Improve the responsiveness of health systems to address the needs of disadvantaged children' highlighting the need to 'devote special attention' to children with 'mental health problems', and to 'invest in prevention particularly during early childhood years'.
- This Commission (2013) framework seeks to 'enhance family support' and 'promote quality, community-based care'.
- EU 2020 headline target of 10% early school leavers

Policy context 2

Commission (2013) framework recommendations for investment in children through 'multidimensional strategies', where its 'horizontal principles' include commitments to:

- "Tackle child poverty and social exclusion through integrated strategies that go beyond ensuring children's material security...
- Maintain an appropriate balance between universal policies...and targeted approaches, aimed at supporting the most disadvantaged
- Ensure a focus on children who face an increased risk due to multiple disadvantage...
- Sustain investment in children and families..."

Policy context 3

EU Commission Staff
Working Paper (2011)
on early school
leaving which adopts
a holistic approach to
early school leaving,
giving cognisance to
the need for
emotional supports:

 "Difficulties at school often have their roots outside. Solving problems at school cannot be done effectively without tackling the range of problems that put children in difficulty, which can include drug or alcohol use, sleep deficits, physical abuse and trauma. Some of the most successful measures have been those which provide a holistic solution by networking different actors and so support the whole person".

Annex to the ESL Council Recommendation 2011:

 "Targeted individual support, which integrates social, financial, educational and psychological support for young people in difficulties. It is especially important for young people in situations of serious social or emotional distress"

Edwards & Downes 2013.

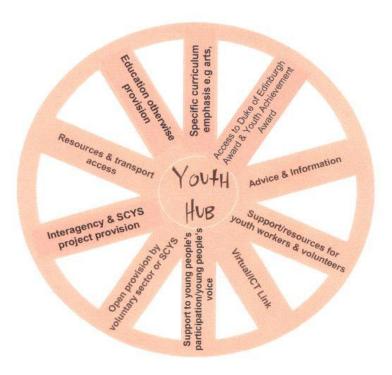
"Evaluations have tended to be local and formative in order to support service development.

Robust evidence of the outcomes of multi-agency synergies aimed at prevention is frequently difficult to discern."

Reasons include:

- the nature of preventative work, where the extent of difficulties is often revealed once work has started;
- the sensitivity to local conditions to be found in responsive preventative activities;
- methodological difficulties in identifying the impact of complex ecological interventions over time; and
- the time-scales of most evaluations.

Implications of methodological challenges





The key to a multi-faceted approach to prevention is **responsive informed practice** – i.e. not working from an intervention manual

Direct transfer of interventions is difficult because they need to align with local cultures and **build on what is there**

We need to identify **transferable structural and process indicators** from examples

Some adjustments in schools



 Let's make school attractive (Bulgaria)

 Social workers in schools (Sweden)



 Teams attached to schools (Netherlands)

Teams attached to schools

21 pilot LSB/YCAT (youth care advisory teams) in the Netherlands (van Veen 2011)



van Veen's evaluation of LSB-teams (teacher or other school staff, a social worker, youth worker, school health care worker, police and truancy officer), suggests that interprofessional collaboration is strengthened by establishing teams of *complementary expertise* with a clear focus on contributing to support structures for teaching and learning in schools and networks of schools.

The 21 regional LSB pilots examined by van Veen have improved achievement, well-being and service delivery in most of the sites. However, he notices a tension that points once again to the broader preventative role of schools. The LSB teams need to balance 'primary prevention, selective prevention and interventions' (van Veen 2011).

Familiscope Dublin: out reach care workers and speech and language therapists in team

Familiscope exists to work with children, young people, families and groups in the Dublin 10 Community who may experience emotional, behavioural, communication and/or relationship issues

- Substantial gains in school attendance for a range of children in families experiencing intergenerational drug use after outreach intervention (Downes 2011)
- system-level work developing teachers' language strategies through child language groups, collaborative classroom delivery, informal advice consultation on language difficulties, informal teacher support in the classroom, teacher workshops, as well as direct speech support for the child
- 29 teachers in four schools noted benefits: giving confidence to quiet, withdrawn children, improving their peer interaction, facilitating their engagement in class and overcoming a fear of failure that stopped them trying to learn, improved ability of pupils to follow '2-3 step directions'



Collaborating with mental health services to prevent 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 wellbeing.

 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.

A (kind of) ecological approach: Extended Schools (England)

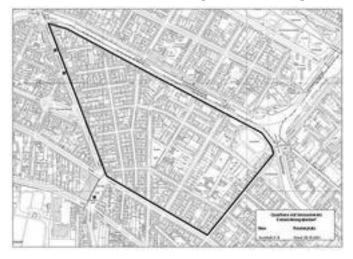
Broad aims

- •schools that are open to pupils, families and the wider community during and beyond the school day, before and after school hours, at weekends and during school holidays;
- activities aimed particularly at vulnerable groups, in areas of deprivation and/or where services are limited;
- the promotion of community cohesion by building links between schools and the wider community;
- •the provision of services to communities;
- •a contribution to neighbourhood renewal; and
- •a positive effect on educational standards.

- It may be more productive to see extended activities as central to the role of every school and a different funding model may need to be found to reflect this new understanding.
- In this case, there is the possibility of a real development in the way in which schools relate to their communities and set about educating their pupils.

Cummings, C, Todd, L and Dyson, A (2004) *Evaluation* of the Extended Schools Pathfinder Projects, London: Department for Education and Skills.

One Square Kilometre of Education (Berlin)





- How can processes of education in a city district be organized so that they can be integrated, interconnected and ensure the success of children and adolescents?
- How can the quality in day-care centers, youth welfare centers and schools be improved and controlled with the participation – if possible – of all groups involved?
- How can the participation of parents be ensured?
- Under what conditions can different approaches be integrated in and transferred from the program?
- How can municipalities, state administrative offices, foundations and civic society cooperate in this connection?

http://www.ein-quadratkilometer-bildung.org/stiftung/english/

Going with the grain – Berlin, Mannheim etc.

https://www.facebook.com/pages/Ein-Quadratkilometer-Bildung/256393561043066





Finding ways to 'bend' existing resources in the area may be more effective than relying on additional funds.

Having some alignment with broader policy approaches is likely to be an important strategy for attracting partners, identifying multiple levers for change, and multiplying impacts.

Local people will also need to be involved. Ensuring that decisions are made on the basis of a real understanding of how local people see their lives and the place where they live, and what they feel needs to happen, may be more effective than trying to recruit them to formal decision making bodies.

(Dyson and Kerr 2011 Taking Action Locally. p. 2)

Beyond referral to multiple agencies approach

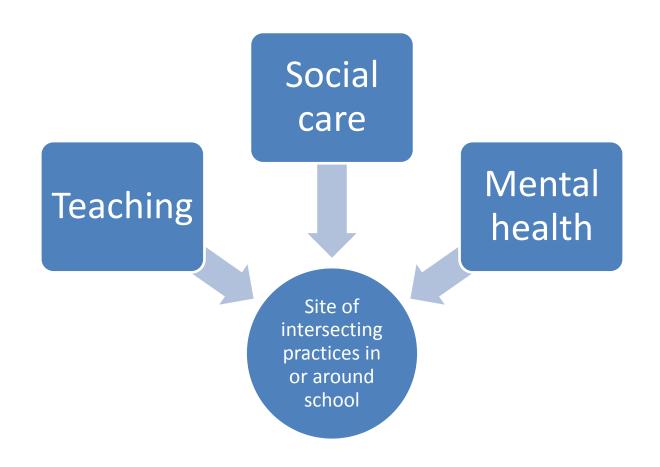
"Difficult as they may be for policy makers, co-ordinated, multistrand approaches sustained consistently over time may offer the best approach to preventing or mitigating the impact of multiple and cumulative disadvantage on people's educational experiences and life chances" Edwards & Downes 2013.

"Complex problems of vulnerability call for wider, 'ecological'responses which involve interventions in families and communities alongside help for children and young people.

Centring such a multi-faceted response to vulnerability on and around schools, the only universal service where the well-being of children and young people can be regularly monitored, would seem a wise step towards achieving universal active inclusion".

Edwards & Downes 2013

Policy synergy to create sites of intersecting practices on the ground



Recommendations: key processes and structures

Processes

- Going with the grain of practices (e.g. in schools)
- Building community assets or strengths
- Developing relational expertise based on shared aims
- Continuum of interventions all, some, intensive individual
- Co-ordination tools e.g. common assessments
- Alternatives to school expulsion

Structures

- Ending reliance on short-term funding
- Either teams or networks
- Synergies need systems sites of intersecting practices need support
- Enabling horizontal links across agencies (perhaps limit number of agencies to avoid fragmentation)
- Outreach work to reach most marginalised families
- Each family has one 'lead professional' to link them with others

One example of a priority area and possible actions

EU2020 10% Early School Leaving Headline Target

- Provide strategic direction for key priorities that multiprofessional collaborations need to address
- Be flexible about the professions that are to collaborate in a national context

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, risk of substance misuse, suspension/expulsion, conflict with teachers

What leverage?

- A 2010 NFER international comparison of service integration observed how national political, funding and legal systems affected provision.
- Statist systems, in which services are provided directly by the state (national and/or local), tend to have the highest levels of integration. This especially occurs in Nordic counties, where local authorities directly run the services, in co-located or adjacent offices.
- BUT '... policy-led co-location is not sufficient. Efforts are needed to support inter-professional collaborations and overcome resistance' (Edwards & Downes 2013).

References

- Annie E. Casey Foundation. (2009). 2009 Kids count data book: State profiles of wellbeing. Baltimore, MD: Annie E. Casey Foundation.
- Bolin. A. (2011). Shifting subordination co-located interprofessional collaboration between teachers and social workers. PhD Thesis Gothenburg: GöteborgsUniversitet
- Commission Recommendation (2013). Investing in children: Breaking the cycle of disadvantage. 20.2.2013 C (2013) 778 final.
- Commission Staff Working Paper Reducing Early School Leaving. Accompanying document to the Proposal for a Council Recommendation on policies to reduce Early School Leaving. 26th January 2011
- Doll, B. (1996). Prevalence of psychiatric disorders in children and youth: an agenda for advocacy by school psychology. School Psychology Quarterly, 11, 20-47.
- Downes, P. (2011). Multi/Interdisciplinary teams for early school leaving prevention: Developing a European Strategy informed by international evidence and research. NESET (Network of Experts on Social Aspects of Education and Training) Report, University of Cardiff.
- Edwards, A. (2010) Being an expert professional practitioner: the relational turn in expertise Dordrecht, Springer.
- Edwards, A., Daniels, H., Gallagher, T., Leadbetter, J. & Warmington, P. (2009). *Improving inter-professional collaborations: multi-agency working for children's wellbeing*. London: Routledge
- Irish Parliament and Senate Report (2010). Staying in education: A new way forward
- School and out-of-school factors protecting against early school leaving. Houses of the Oireachtas Joint Committee on Education and Skills .

 Dublin: Government Publications

Kessler, R. (2009). Identifying and screening for psychological and comorbid medical and psychological disorders in medical settings. *Journal of Clinical Psychology*, 65(3), 253–267.

NFER (2010). An international perspective on integrated children's services. London: CfTB Education Trust.

Reinke, W.M., Splett, J.D., Robeson, E.N. & Offutt, C.A. (2009). Combining school and family interventions for the prevention and early intervention of disruptive behavior problems in children: A public health perspective. *Psychology in the Schools*, Vol. 46(1), 33-43.

World Health Organization (2003). Caring for children and adolescents with mental health disorders: setting WHO directions. Geneva, Switzerland: WHO.

US Department of Health and Human Services. (2001). *Mental health: culture, race, and ethnicity—a supplement to mental health: a report of the surgeon general.* Rockville, MD: US Department of Health and Human Services.

vanVeen. D. (2011). Behaviour and education support teams in Dutch schools Seminar 12-14 January 2011 Universidad de Alicante

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