

# Better Outcomes Brighter Futures and the National Education Welfare Service: The Strategic Drift Regarding Poverty and Social Inclusion, including Emotional Counselling Supports

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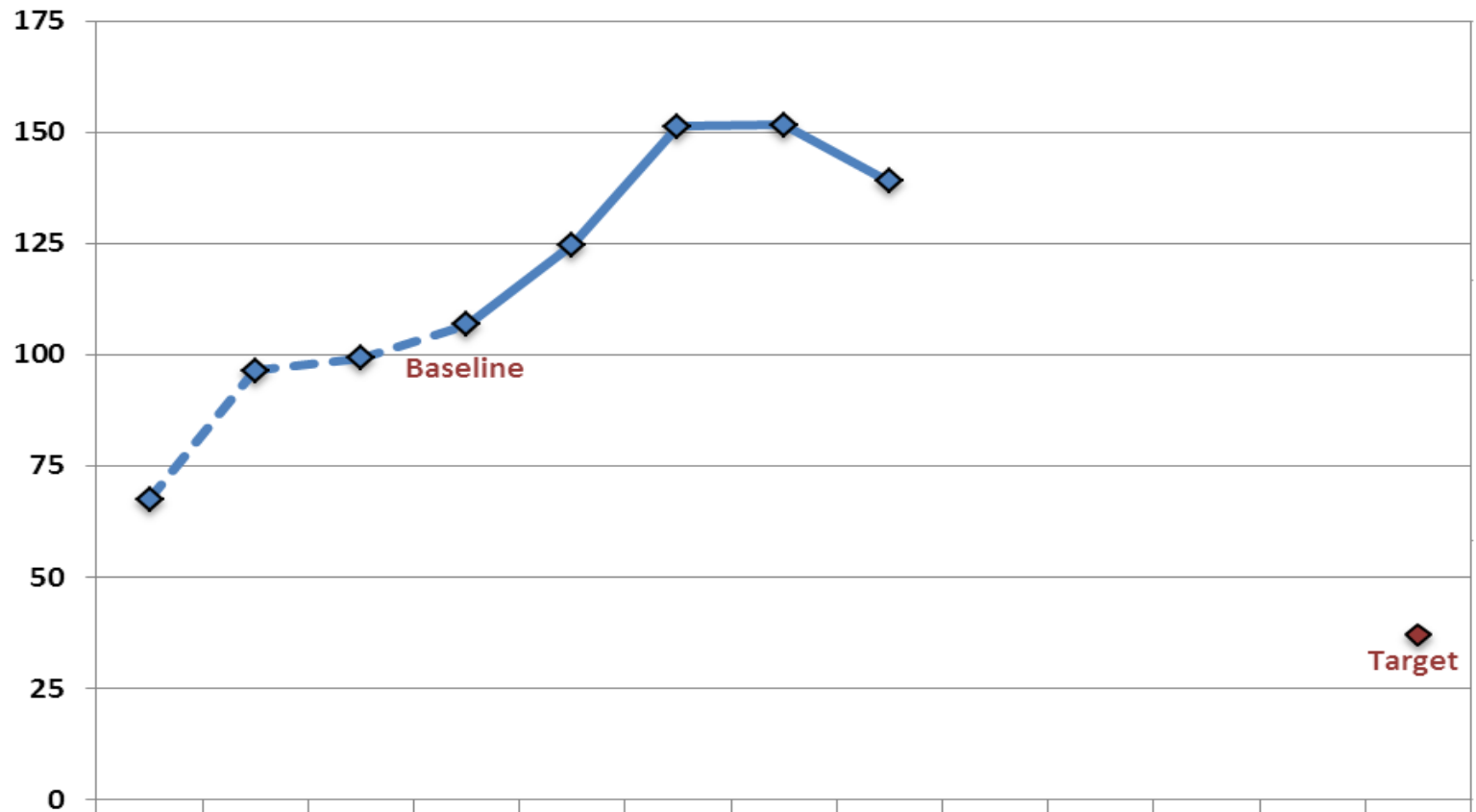
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# Child Poverty Target (Department of Social Protection figures 2017)

Diagram 1: Progress on the child-specific social target



|                    | 2008 | 2009 | 2010 | 2011 | 2012  | 2013  | 2014  | 2015  | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------|------|------|------|------|-------|-------|-------|-------|------|------|------|------|------|
| ◆ Children ('000s) | 68   | 97   | 99   | 107  | 125   | 151   | 152   | 139   | 0    | 0    | 0    | 0    | 37   |
| Children (%)       | 6.2% | 8.7% | 8.8% | 9.3% | 10.7% | 12.8% | 12.7% | 11.5% |      |      |      |      |      |

# Backdrop of increased poverty rates for children

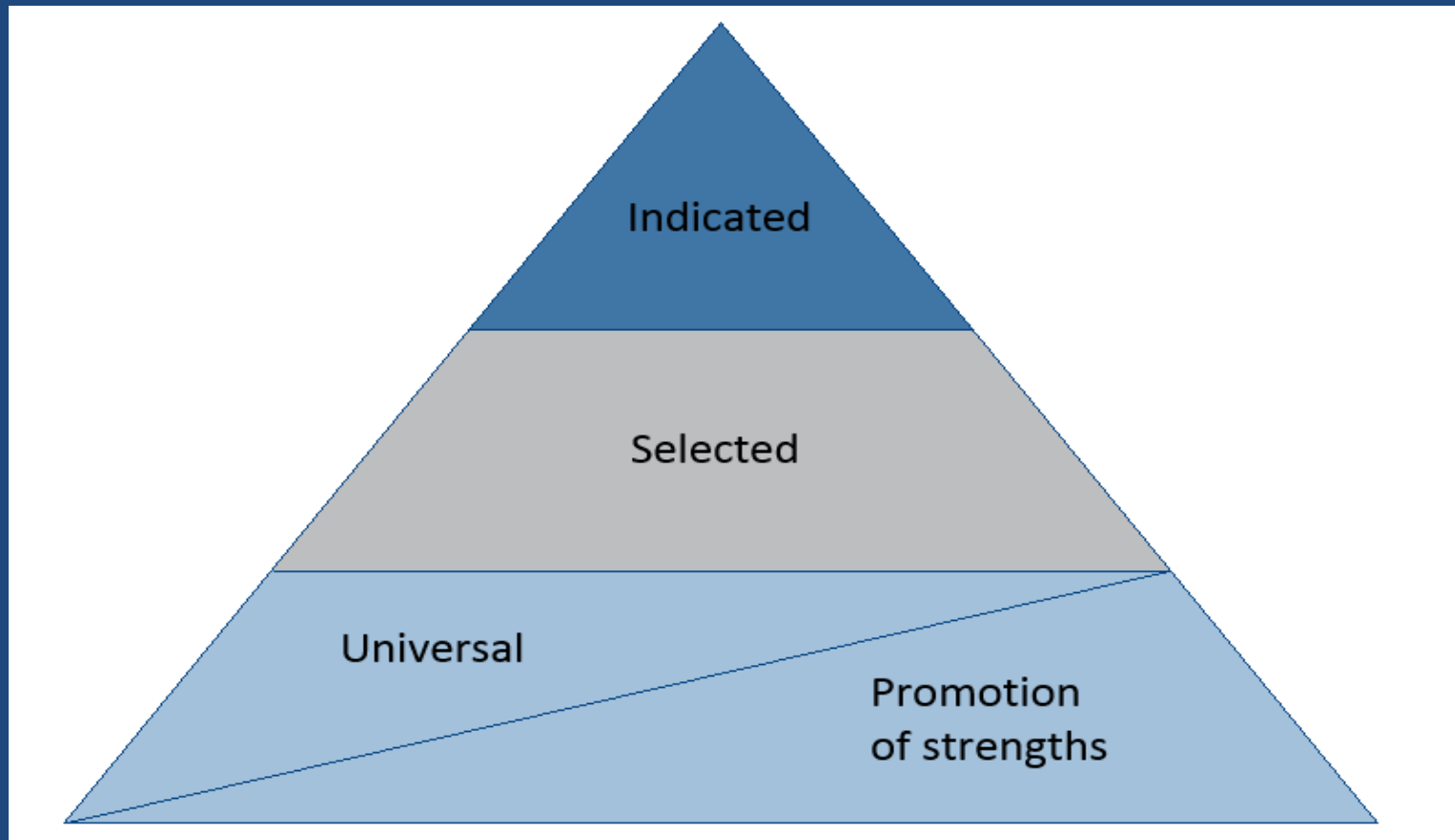
- The AROPE indicator is defined as the share of the population in at least one of the following three conditions: 1) at risk of poverty, meaning below the poverty threshold, 2) in a situation of severe material deprivation, 3) living in a household with a very low work intensity. From 2008 to 2011, 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).

# Differentiated Strategies in Place - for Meeting Individual Needs at Different Levels of Need/Risk for Transition

Universal – *All*

Selected – *Some, Groups, Moderate Risk*

Indicated – *Individual, Intensive, Chronic Need*



**Which levels are SCP and HSCL focused on ?**

**HSCL outreach ill equipped for indicated prevention  
(chronic needs)**

**– needs to be part of multidisciplinary family support  
teams**

# INCLUSIVE SYSTEMS AS EMOTIONAL SUPPORT

## 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).

## 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”.



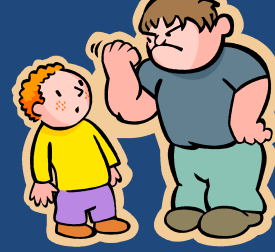
**The downward spiral of mental disorders and educational attainment: a systematic review on early school leaving Pascale Esch, Valéry Bocquet, Charles Pull, Sophie Couffignal, Torsten Lehnert, Marc Graas, Laurence Fond-Harmant and Marc Ansseau. BMC Psychiatry 2014 14:237**

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

# School Climate, Teasing, Bullying



Cornell et al. (2013) “a climate of teasing and bullying in the school also deserves consideration. Notably, the increased dropout count that was associated with Prevalence of Teasing and Bullying was quite similar to the increases that were associated with FRPM [i.e., poverty] and academic failure”.

Cornell et al. (2013) note that dropout programs often focus too narrowly on changes in individual students, without considering broader peer and school influences.

Supports could intervene at an early stage to prevent the escalation of experiential processes, such as selfdoubting and double victimising, described in a Swedish context (Thornberg et al., 2013), hopelessness in a US context (Radliff et al. 2015) .

## Glaring Lack of Emotional Counselling/Therapeutic Services in and around Schools

- Schools can no longer refer to CAMHS
- Lack of emotional counselling/therapeutic services in schools – School Matters 2006 pastoral care team not fit for purpose of emotional counselling (Chaplain, Principal, Year Head/Career Guidance)
- Trauma and ESL (Joint Oireachtas Committee Report on ESL 2010)

## Glaring Lack of Emotional Counselling/Therapeutic Services in and around Schools

- Big gap in bullying strategy – lack of emotional counselling services in and around schools
- Direct links between bullying and early school leaving (Downes & Cefai 2016)
- EU Commission 2013 and 2015 – Need multidisciplinary teams in and around schools for early school leaving prevention, common in many European countries (Downes 2011; Edwards and Downes 2013)

## Glaring Lack of Emotional Counselling/Therapeutic Services in and around Schools

- New SCP referral criteria – overlook internalizing problems (anxiety, depression)
- Effect is to focus on secondary and not prevention & early intervention – primary
- SCP staff not qualified for indicated prevention levels
- Prepackaged programmes are not individually tailored for indicated prevention level
- Mate Tricks CDI evaluation highlights that it is highly questionable to put groups of indicated prevention students all together (such as in prepackaged programmes) – need a wider mix

- Selected prevention moderate risk being neglected in new SCP referral criteria – but hugely important in terms of wider numbers of risk
- Will SCP engage at universal level of school climate change ??
- Referral criteria locating deficits in individuals and not in systems
- Role of arts in building on strengths for selected prevention (moderate risk) in new SCP ?

A Differentiated Approach to Involving Parents : Family Support Services for High Risk Chronic Need (Multidisciplinary teams Edwards & Downes 2013)



Systematic review by Lereya et al. (2013) involving 70 studies which concluded that both victims and bully/victims are more likely to be exposed to negative parenting behaviour, including abuse and neglect and maladaptive parenting.



**Inclusive Systems Approach (Downes & Cefai 2016):** There is a striking commonality of interests with regard to strategic approaches for bullying prevention in schools and early school leaving prevention.

These include:

- \*direct and indirect effects of bullying on early school leaving relevant to perpetrators, victims and bully-victims
- \*common systems of supports,
- \*common causal factors,
- \*teacher professional development and preservice preparation issues
- \*early warning systems to prevent the consequences of bullying through system level emotional, cognitive and social supports.





# Hunger In School

- GUI ignores hunger in school
- DCYA displaces responsibility for hunger prevention through school meals onto DSP in BOBF
- Kitchens in schools routine in many European countries, UK, France, Poland
- 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
- Fragmentation at national and local levels for hunger prevention – 5 Departments involved, no clear person in the school with responsibility
- DSP- funding for Schools Meals; DES-school infrastructure and links with curriculum; DAFM -EU School Milk Scheme & Food Dudes; DCYA – SCP; DH – Healthy Eating Guidelines

- Having 3 lead agencies responsible for addressing food poverty means that no one department/individual is responsible for developing, implementing and monitoring a National Strategy for Hunger Prevention in Schools.
- IPPN presentation to Joint Oireachtas Committee 2015: “The current system has resulted in ad-hoc provision whereby there are different models of provision, different levels of funding, inequities, lack of clear guidelines and confusion. 100 DEIS schools are still not availing of School Meals.”

# The Health Behaviour in School aged Children (HBSC) 2012

12,661 10-17 year olds in Ireland from randomly selected schools throughout the country

- 20.9% of schoolchildren in Ireland report going to school or bed hungry because there is not enough food at home
- Children who report going to school or bed hungry are more likely to report emotional (62.1% vs. 49.4%) and physical (63.2% vs. 49.8%) symptoms than those who do not.
- **HBSC 2014 study (Gavin et al. 2015) Going to school/bed hungry Overall, 22% of children report ever going to school or to bed hungry because there was not enough food at home.**

- Hunger a hidden problem
- Downes & Maunsell 2007, Downes, Maunsell & Ivers 2006: 6-33% too hungry to work in school
- Principals have to apply for School Meals Scheme
- Need hot lunches and more children to be included
- Need fund for kitchen infrastructure
- Inadequate space and facilities – storage, distribution, dishes, washing etc.

#### IPPN 2015:

- Setting a target where no child should go hungry in school and every child in a DEIS school should have access to a healthy breakfast and lunch.

*The Hunger Prevention in Schools Strategy Group* comprising of representatives from IPPN, INTO, NPC, IMPACT, EDC DCU & Focus Ireland highlight the fact that

‘children going hungry in Irish schools impacts upon their well-being, concentration and attention levels, learning and motivation, as well as heightening risk of aggressive behaviour in class and with peers.

\* 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’.

## Hunger Prevention W G

- The appointment of one Government Department to be responsible for developing, implementation and monitoring a national Strategy for Hunger Prevention in schools.
- A specific civil servant to have responsibility for this issue for the primary school age group.
- Actively supporting schools in funding infrastructure for school meals without recourse to the Minor Works Grant The responsibility for project management of kitchens / breakfast clubs etc. in schools must be delegated and not be additional work for either principals, teachers or other school staff. All staff engaged in food provision in schools be provided with clear guidelines, adequate training and support.
- The establishment of a national departmental working group on hunger prevention/food in school

# Percentage of socio-economically disadvantaged students who agree/disagree with the following statements (PISA 2012)

| Countries      | I feel like I belong at school |              | I feel like an outsider (or left out of things at school) |              |
|----------------|--------------------------------|--------------|---|--------------|
|                | %                              | S.E          | %   | S.E.         |
| Austria        | 82                             | (1.6)        | 89.9  | (1.1)        |
| Belgium        | 63.5                           | (1.6)        | 88.4  | (1.0)        |
| Czech Republic | 73.6                           | (1.9)        | 80.5  | (1.6)        |
| Denmark        | 69.3                           | (1.6)        | 90.3  | (1.0)        |
| Estonia        | 78.2                           | (1.8)        | 90.0  | (1.3)        |
| Finland        | 80.5                           | (1.1)        | 89.2  | (1.0)        |
| France         | 38                             | (1.7)        | 73.2  | (1.8)        |
| Germany        | 83.8                           | (1.6)        | 89.7  | (1.4)        |
| Greece         | 87.8                           | (1.2)        | 83.9  | (1.4)        |
| Hungary        | 83.5                           | (1.1)        | 85.6  | (1.6)        |
| <b>Ireland</b> | <b>76.7</b>                    | <b>(1.5)</b> | <b>91.6</b>   | <b>(1.0)</b> |
| Italy          | 75                             | (0.9)        | 89.3  | (0.6)        |
| Luxembourg     | 71.9                           | (1.7)        | 85.9  | (1.2)        |
| Netherlands    | 82.4                           | (1.7)        | 89.8  | (1.3)        |
| Norway         | 83.5                           | (1.5)        | 89.1  | (1.0)        |
| Poland         | 73.2                           | (1.8)        | 88.2  | (1.3)        |
| Portugal       | 87.9                           | (1.2)        | 87.4  | (1.5)        |
| Spain          | 92.1                           | (0.7)        | 90.1  | (1.0)        |
| Sweden         | 74.8                           | (1.9)        | 87.0  | (1.3)        |
| United Kingdom | 74.9                           | (1.5)        | 86.9  | (1.1)        |
| OECD Average   | <b>78.1</b>                    | <b>(0.3)</b> | <b>86.2</b>   | <b>(0.2)</b> |

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**;
- identifying and promoting young people's special interests and skills to acknowledge that schools value the diversity they bring



**School and Class Climate – Universal System Level for SCP to be retained ??**



Cefai & Cooper (2010), 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'

A number of US longitudinal studies provide evidence that a teacher's report of a supportive relationship with a student has positive effects on elementary students' behavioral and academic adjustment (Curby, Rimm-Kaufman, & Ponitz, 2009; Hamre & Pianta, 2001; Hughes, Cavell, & Jackson, 1999; Ladd, Birch, & Buhs, 1999; Meehan, Hughes, & Cavell, 2003; O'Connor & McCartney, 2007; Valiente, Lemery-Chalfant, Swanson, & Reiser, 2008).

Dublin, Ireland survey (Downes et al., 2006) of students in 4 primary (n=230) and 2 secondary schools (n=162):

\*Approximately 74% of pupils at primary level (6th class) and 55% of students at secondary level (first year) stated that they are treated fairly by teachers in school.

\*Approximately 15% of pupils at primary level (6th class) state that they are not treated fairly by teachers in school, whereas 25% of students at secondary level (first year) state that they are not treated fairly by teachers in school.

\*These differences between 6th class primary and 1st year secondary are statistically significant.



## Sleep aspects linked to academic achievement, mental health (Downes et al. 2017)

Taras & Potts-Datema (2005) note that most children need at least 9 hours of restful sleep each night and conclude that:

‘The preponderance of literature that recognises the detrimental effects of sleep disorders is astounding and perhaps not fully appreciated among many primary care providers, school health professionals and educators’.

Attention, reasoning and memory, moreover during prolonged periods of sleep restriction, the negative effects accumulate (de Bruin et al., 2016)



Other international studies have shown a relationship between insufficient sleep and lowered academic performance (Blunden et al., 2001; Boschloo et al., 2011; Kronholm, 2015 ).

**GUI no sleep questions for primary 9  
year olds or older  
Nothing on sleep needs in BOBF**

## No Strategy in BOBF to Distinguish Persistent Poverty from Current Poverty

- Perkins 2017 – 17 times more likely to be high performer in literacy and maths if parent has a degree, though you are living in poverty
- Need a much firmer persistent poverty strategy for children in poverty
- Little poverty specific impacts analysed in BOBF
- GUI reweights for harder to reach populations

## **Better Outcomes Brighter Futures and the National Education Welfare Service: The Strategic Drift Regarding Poverty and Social Inclusion, including Emotional Counselling Supports**

- BOBF focuses on the generic child
- Lack of BOBF focus on specific groups of children and families with chronic needs (Addiction, mental health, domestic violence, bullying trauma, bereavement, aggression, children of prisoners, children in care) – including homelessness crisis
- Lack of BOBF strategy on differentiated needs (universal, selected, indicated)
- Overreliance on GUI
- No mention in BOBF of EU2020 headline target on ESL

- Pre-packaged programmes not antipoverty or tailored to individual needs – suitable for moderate risk not chronic need
- National Education Welfare Services and DEIS – Lip service to Mental health needs and emotional counselling/therapeutic supports for those at higher risk of ESL due to poverty related factors
- No strategic acknowledgement of sleep related issues
- Neglect and fragmentation for hunger related issues – head in the sand approach against background of child poverty radical increases
- Structure of BOBF separates health and education issues

# Need a New Comprehensive National Child Anti-Poverty Strategic Vision

- Distinguishing different levels of need
- Focusing on system supports + real multidisciplinary teams
- Concrete target groups
- Addressing the heart and body + persistent poverty, recent poverty, and homelessness
- a National Strategy for Hunger Prevention in Schools (breakfast + hot lunches for all DEIS schools and kitchen infrastructure – target no child hungry in school + 1 lead Dept + clear person in each school)
- Adequate emotional counselling supports in and around schools especially for vulnerable groups – for prevention and early intervention – primary and postprimary



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