Harnessing the Multidimensional Strengths of Interagency Working across Education, Health and Social Sectors: Key Issues to Consider

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Advantages of Interagency Working

1. Offers a multidimensional interdisciplinary perspective on problems, strengths and solutions
*School refusal as a cocktail of social anxiety, loneliness, failure, bullying, depression, negative school climate

2. Bridges health and education

3. Beyond charismatic leader projects (Downes & Maunsell 2007) to area wide view of system need, supports and gaps

4. Continuity of supports vision over time for children, families, systems – not isolated interventions as 8 week bereavement counselling (Downes, Maunsell & Ivers 2006)
5. Focus not only on individual but on system change – beyond resilience

Key Guiding Principles for Inclusive Systems (Downes Nairz-Wirth & Rusinaite 2017)

Systemic - Beyond individual resilience to inclusive systems to go beyond Bronfenbrenner’s (1979) neglect of system blockage

Inclusive systems - Beyond Rutter’s (1987) resilience in adversity (poverty, early school leaving, bullying, trauma) as superman or wonderwoman! (Downes 2017)
6. Challenge system fragmentation

The *Alliances for Inclusion* report (Edwards & Downes 2013) 16 examples of cross-sectoral work 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)

- Direct delivery multidisciplinary teams – not committee sitting

Need lead agency to coordinate services for migrants (Downes 2015)
Kearney 2017 ‘social work appointments with my ma over the years, I think the school knew but there was no meetings between them and us together, CAMHS appointments, school didn’t come to them don’t know if they knew, then I had to go to Pieta House. I went the Child and Family Centre for children and parents to show the kids the addiction is not their fault, I 97 liked that me ma was with me there. School didn’t know I was there either. Then I went a drugs counsellor they didn’t know about that either at the start’. (Niamh, Young Person)

Kearney 2017 ‘It seems nobody knows what anyone else is doing, I sit down with everyone separately, a lot of appointments, too many, I avoid meetings sometimes’ (Sarah)
Kearney 2017
‘services never came around the table and met before now, I had to repeat my story every fucking time...nobody knew what anyone was doing. I sometimes didn’t know why I was at appointments. I’m not saying people aren’t good everyone is doing their jobs properly but instead of everything being all over the place people could come together to help.....I have so many appointments to keep its fulltime nearly especially when you’re homeless because you have to get buses from town to everywhere’ (Deirdre, Parent)

Kearney 2017 Lead Practitioner Role Enhances Coordination and Communication
• Each family has one ‘lead professional’ to link them with others (Edwards & Downes 2013)
‘The only way I could get CAMHS and the school to talk was through my [CW] worker’ (Mary, Parent)

‘when home school called out I was like what the fuck are you knocking for but then I got used to it, when others start calling I felt me life was an open book (social worker )called one time and said I can smell cigarettes ..it is intrusive but helpful I suppose...how they are in your house matters’ (Deirdre, Parent)
7. Overcome territoriality to collaboration avoiding duplication

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
8. Challenge system practices and injustices

Blackett (2016):

According to one participant the children most likely to be put to the ‘back of the class’ were those from communities in Limerick city with high levels of social exclusion. ‘I went to secondary for a month I will never forget it, because we were from Weston she started tormenting us from one day to the next. She would say go back there ye! And we were put to the back of the class. We didn’t exist as far as she was concerned. It was class distinction, they only wanted people from the more posh areas, whereas they roared at us and talked down to us’ (Female Southside, mid 40’s).
Blackett (2016): Another participant shared that when she was in primary school she was good at school. However, she and other children were put to the ‘back of the class’ because of judgements made about them by the teacher based on their families socio-economic circumstances. ‘I was always good in school but when we were young the classes were so big and those whose mothers and fathers were working were up at the front and those at the back were just forgotten about. So that was the mentality back then of the teachers or whatever, I don’t know’ (Female, Southside, late 40’s).
Blackett 2016

‘The nearest row inside the door all the girls from Corbally, the yuppies, and then the next row was for the girls from Garryowen, they were more popular than us. Then there were the girls from Mary Street and the surrounding areas, and the last row was for the people from St. Mary’s Park, what we call the Island Field, which is like Keyes and Carew’52 (Female Central Limerick, mid 50’s).
Public Health Model of Differentiated Strategies in Place - for Meeting Individual Needs at Different Levels of Need/Risk for Transition (Downes 2014) Beyond the Generic Child

Universal – *All*
Selected – *Some, Groups, Moderate Risk*
Indicated – *Individual, Intensive, Chronic Need*
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. Esch, Bocquet, Pull, et. al. 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.
Limits to Prepackaged Programmes at Indicated Prevention

Smith, Salmivalli et al. (2012) appeal for a more differentiated contextual approach, ‘We think it is time for researchers to move beyond investigating whether program A works or not (i.e., main effects studies) to testing what works, for whom, and under what circumstances’.

Weare and Nind’s (2011) review of mental health promotion and problem prevention in schools found:

‘the use of holistic, educative and empowering theories and interactive pedagogical methods was endorsed by many of the reviews which found that behavioural and information-based approaches and didactic methodologies were not nearly as effective...European theory tends to be holistic, emphasizing not just behaviour change and knowledge acquisition, but also changes in attitudes, beliefs and values.’ (p.65)
Limits to Discrete Prepackaged Programmes at Indicated Prevention Level

Weare and Nind (2011) ‘The European and Australian style and the type of whole-school approaches it generates tend to promote “bottom up” principles such as empowerment, autonomy, democracy and local adaptability and ownership (WHO, 1997). All the agency-led whole-school programs named above have produced a wealth of well-planned materials, guidelines and advice, but are also deliberatively non-prescriptive and principles based’ (p.66).

- emphasise the need for end-user involvement, the lay voice: empowered communities for sustainable well-rooted long lasting changes.

Behaviourist Rachlin (1984) No one to one correspondence between input and output for complex systems

Developmental cascades (Masten et al. 2005): Dynamic Systems
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.
Multidisciplinary team 1 stop shop to Overcome Diametric Splits/System Fragmentation– Family Support Centres and Early Childhood Centres

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.

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)

Eurochild (2011) argue for such family support centres to be universally available
Early intervention as preventing the consequences approach

Preventing the Consequences of Bullying (Downes & Cefai 2016): Building on Students’ Experiences

Given the seriousness of the long-term impacts of bullying (Mental Health, Early School Leaving) a prevention strategy needs to encompass not only prevention of the bullying but prevention of the consequences of bullying through system level emotional and social supports.

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).
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 student 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 student.

- 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.
Downes, P (2014) *Access to Education In Europe: A framework and agenda for system change*. Dordrecht: Springer
Esch, Bocquet Pull et al. The downward spiral of mental disorders and educational attainment: a systematic review on early school leaving. BMC Psychiatry 2014 14:237
Hall, P. and Weaver, L. (2001), Interdisciplinary education and teamwork: a long and winding road. Medical Education, 35: 867–875


