Bullying Forum Consultation – A Focus on Bullying and Early School Leaving Prevention

Submission: Dr. Paul Downes
               Director, Educational Disadvantage Centre,
               Senior Lecturer in Education (Psychology)
               St. Patrick's College, Drumcondra

4. What are the key priorities that need to be addressed, including actions to be taken by the Department of Education and Skills, other government department and agencies and school communities?

4(a) A bullying prevention and intervention strategic focus as part of a mental health promotion and early school leaving prevention strategy across health and education

*More recognition is required in the Department of Health that bullying and early school leaving prevention are key factors in a mental health strategy for children and young people –the Health Ministry need to also commit to including the prevention of bullying and early school leaving within its key outcomes

* The need for emotional supports, including for bullying prevention, is recognised by 2011 European Commission and Council documents on early school leaving prevention for the EU2020 target and by the Joint Oireachtas Education Committee report on early school leaving (2010). A strategic focus on mental health and emotional supports for bullying and early school leaving prevention is largely missing from the DEIS strategy

* The Irish post-primary figure of 5% for suspension, applied to the total population of 332,407 students equates to well over 16,000 students suspended from post-primary schools in 2005/6 (ERC/NEWB 2010), with figures in June 2012 (NEWB) giving 1,051 suspensions in primary schools 2009/10 and 14,162 in postprimary. Many of these students, including those manifesting violent and aggressive behaviour, require mental health/emotional supports through more structured engagements with community mental health services. Some pupils and students displaying consistently high levels of

aggression and bullying are reacting to deep trauma in their lives that requires a layer of therapeutic support going beyond the immediate school context.

Swearer et al.'s (2010) review of international research on bullying highlights that studies have demonstrated that children who are bullied are more likely to avoid school (e.g., Kochenderfer & Ladd, 1996; Olweus, 1993) or even leave school early (Fried & Fried, 1996). It is also notable that evidence suggests that the effects of bullying are exacerbated for those already at risk of early school leaving; Beran (2008) concluded that preadolescents who are bullied are at some risk for demonstrating poor achievement, although this risk increases substantially if the child also receives little support from parents and is already disengaged from school.

Child-centred research in DEIS primary and postprimary schools in Ballyfermot (Downes 2004) and Dublin 8 (Downes & Maunsell 2007) observed an explicit link between children's accounts of being bullied and their nonattendance at school.

The European Commission proposal for a European Council Recommendation on early school leaving (2011) observes the need for 'developing anti-violence and anti-bullying approaches'.

*There is a clear need for explicit strategic links between the community mental health teams allocated 35million in the recent budget and primary/secondary schools (and education services such as home-school liaison, national behavioural support service), especially for bullying and early school leaving prevention outcomes

*There is a need for formal presence of school completion coordinators and home-school liaison teachers on these community mental health teams – to focus on a) a joint local strategic approach between education and health for family support outreach and b) direct emotional supports for parents and children most in need of emotional/mental health supports and at risk of school nonattendance and early school leaving

4(b) The need for a systemic focus on bullying prevention and intervention that includes a school wide level and engagement with families

In a report for the Swedish National Council for Crime Prevention, Ttofi, Farrington and Baldry's (2008) meta-analysis evaluated 30 bullying intervention studies. Swearer et al. (2010) observe that 'This meta-analysis was noteworthy because of the rigorous study selection procedures used (i.e., focus on reducing school bullying, bullying defined clearly, bullying measured using self-report, studies that included both experimental and control conditions, inclusion of effect sizes, and sample sizes of 200 or larger). Results indicated that bullying and victimization were reduced by 17% to 23% in experimental schools compared with control schools...Ttofi et al. found that reductions in bullying were associated with parent training, increased playground supervision, disciplinary methods (dichotomized as punitive vs. nonpunitive), home–school communication, classroom rules, classroom management, and use of training videos'. (p.42). As Swearer et al. (2010) observe, 'There was a dosage effect; the

more elements included in a program, the greater the likelihood of reducing bullying. The researchers also noted that anti-bullying programs were more efficacious in smaller scale European studies and less effective in the United States' (p.42).

As noted by Swearer et al. (2010), Vreeman and Carroll (2007) examined the findings of 26 studies evaluating school-based anti-bullying efforts, distinguishing between classroom curriculum studies, whole-school/multidisciplinary interventions, and targeted social and behavioral skill training for bullies and victims. The most promising results were reported for whole-school anti-bullying efforts, including those to establish schoolwide rules and consequences for bullying, teacher training, conflict resolution strategies, and classroom curricula and individual training. Schoolwide programs were found to be far more effective in reducing bullying and victimization than were classroom curriculum programs or social skills training strategies.

The need to adopt a systemic approach to bullying prevention as a factor against early school leaving was also noted in a Canadian context by Lacharite & Marinii(2008): 'In keeping with the contextualizing of bullying as a multifaceted issue, there has been an increasing concern with the 'health' and 'democratic' deficits associated with the experience of bullying and victimization' (p.297); there is 'a critical need for multilevel intervention' (p.303). Downes (2009) highlights the need for continuity between school and community subsystems with regard to promotion of a positive school climate, as community level stresses will impact upon school climate unless a holistic approach to intervention occurs in contexts of social-economic disadvantage.

Swearer et al. (2010) propose a systemic level of strategic intervention: 'the systems directly affecting children and adolescents include families, schools, peer groups, teacher–student relationships, parent–child relationships, parent–school relationships, neighborhoods, and cultural expectations.' (p.42). Swearer et al. (2010) conclude from their international review that: 'The research that has been conducted on bullying prevention and intervention suggests that anti-bullying initiatives should include individual, peer, family, school, and community efforts' (p.43). Swearer et al. (2010) further conclude 'the research suggests that the majority of school-based bullying prevention programs have had little impact on reducing bullying behavior. Bullying will be reduced and/or stopped when prevention and intervention programs target the complexity of individual, peer, school, family, and community contexts in which bullying unfolds' (p.43). This need for a systemic focus on school-wide, family and community contexts requires a key strategic focus on developing future multi/interdisciplinary teams in this area to engage in intervention for behavioural and bullying issues as part of an early school leaving prevention strategy.

4(c) Need for outreach dimension for family support

Facilitating service linkages may be critical given barriers that many families face, particularly those that are financially underprivileged (Flisher et al., 1997), in attempting to obtain needed treatments for their children. Youth who are low-income, and/or ethnic minority are even less likely to access health care—often related to lack of insurance or transportation, distance from providers, or stigma attached to seeking mental health treatment (Dey, Schiller,&Tai, 2004). In the context of implementation of the international right to the highest attainable standard of health, Hunt & Backman (2008)

refer to the key role of 'outreach programmes for disadvantaged individuals and communities' (p.11) and observe that 'a State has a core obligation to establish effective outreach programmes for those living in poverty' (p.12). Community outreach best practice also means that 'recruitment of health workers must include outreach programmes to disadvantaged individuals, communities and populations' (Hunt & Backman 2008, p.17). In a report of the UN Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Paul Hunt (2006) observes international good practice as '7....Properly trained community health workers [who]…know their communities' health priorities…Inclusive, informed and active community participation is a vital element of the right to health'.

As Stephan et al. (2011) observe, School-based health centers (SBHCs) are a common site for collaborative school-based care in the US context. SBHCs employ a multidisciplinary team of student-care providers, including registered nurses, nurse practitioners, physicians, physician assistants, social workers, alcohol and drug counselors, and other health professionals.19 SBHCs in six states: Colorado, Louisiana, Michigan, New Jersey, North Carolina, and West Virginia. However, no outreach dimension to families is described. Stephan et al (2011) conclude that 'In addition to an increased focus on family engagement, the MHET [Mental health and emotions] initiative would have benefited from evaluative feedback from families (and other stakeholders, including students and teachers) on the value and impact of the intervention' (p.79). A community based team rather than a school-based one offers an improved pathway into parental engagement, for families especially marginalised from the formal system and their children at heightened risk of nonattendance at school and early school leaving. It certainly cannot be assumed that those most in need will access available services. This requires acknowledgement of the need for an outreach to reach the more marginalised.

Downes' (2011) review for the European Network of Experts on the Social Aspects of Education and Training (NESET) concludes: International research points to a clear consensus regarding the strategic directions concerning mental health priority aspects for multi/interdisciplinary teams, as part of a bullying prevention and early school leaving strategy. Empirical evidence from quantitative and qualitative sources highlights the need for interventions for the following priority areas:

a) at the individual child and family level:
– emotional support services for students to have someone to confide in, including therapeutic supports, as a protective factor for their mental health and to foster motivation and engagement in school and psychological supports in relation to the effects of bullying and traumatic events
– targeted language support services for children's language development, including systemic work with families
– emotional and behavioural support services to work with students displaying challenging behaviour and alienation from school
– outreach strategies in a culturally sensitive manner, to reach families marginalised from the education system

b) at the school system level:

- developing teacher conflict resolution skills and diversity awareness training for teachers
- developing whole school and in-class bullying prevention approaches
- developing alternatives to suspension
- developing a wider range of language development strategies in class.

International research suggests that community based teams working also onsite in schools offer a model of good practice to engage with the different systemic levels of intervention at individual, group/peer, school, family and community levels.

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

at a family level
- increased engagement of previously marginalised families with support services
- increased engagement of previously marginalised families with the school
- improved communication between child and parents

b) 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

4(d) A language development strategic focus as part of a mental health promotion and bullying prevention strategy, targeting DEIS schools

*Bullying needs to be viewed as a problem of communication and emotional literacy. Recognising this, the importance of language support dimensions comes to the fore, especially for prevention of bullying in contexts of educational disadvantage.

The need for speech and language therapists onsite in schools to engage in targeted intervention for language development emerges from international research regarding language impairment as a risk factor for correlates of early school leaving, such as engagement in disruptive behaviour. Eigsti and Cicchetti (2004) found that preschool aged children who had experienced maltreatment prior to age 2 exhibited language delays in vocabulary and language complexity. The mothers of these maltreated children directed fewer utterances to their children and produced a smaller number of overall

utterances compared to mothers of nonmaltreated children, with a significant association between maternal utterances and child language variables. Rates of language impairment reach 24% to 65% in samples of children identified as exhibiting disruptive behaviors (Benasich, Curtiss, & Tallal, 1993),and 59% to 80% of preschool- and school-age children identified as exhibiting disruptive behaviors also exhibit language delays (Beitchman, Nair, Clegg, Ferguson, & Patel, 1996; Brinton & Fujiki, 1993; Stevenson, Richman, & Graham, 1985).

*There is a need to move many speech and language therapists currently based in clinics to spending more time on school sites, so that they can rotate across schools and work also with teachers' language/literacy teaching strategies and parents' language teaching skills

* Children frequently miss visits in clinics and are much more available for engagement with speech and language therapists when at school

*The issue of a language development dimension is not simply to target those at the level of a clinical speech and language disorder. There is a key role for speech and language therapists in providing system level supports a) to teachers, b) parents, as well as c) working with individual children. It is acknowledged already somewhat in DEIS and the NESF report (2009) on child literacy and social inclusion.

*See also Question 6 re: an integrated language/emotional literacy promotion and bullying prevention approach

6. Are there any exemplars of effective practice, drawn from Irish or an international context, that you consider could be usefully introduced in our schools?

*This intervention treats bullying as a problem of communication and emotional literacy

Title	The 4Rs Program: Reading, Writing, Respect, and Resolution	Country	US	Timescale and date	2009-2011, 3 years
		Target population	Universal though with a focus on Children at risk of trauma, lower social competence and externalizing problems, and with lower language and literacy skills	Level of intervention	Systemic at the level of the school (students, teachers)

			Targeting also the skills of the teacher for social-emotional learning and language development		

1. Description

Description and justification of the intervention	Aber et al. (2011):The 4Rs Program: Reading, Writing, Respect, and Resolution
	The 4Rs Program is a universal, school-based intervention that integrates Social and Emotional Learning into the language arts curriculum for kindergarten through Grade 5. Evolving from the previous stand-alone conflict resolution program that was RCCP, the 4Rs uses high-quality children's literature as a springboard for helping students gain skills and understanding in several areas including handling anger, listening, cooperation, assertiveness, and negotiation. The 4Rs represents the most recent stage in the evolution of work promoting Social and Emotional Learning in NYC public schools by ESR, now called the Morningside Center for Teaching Social Responsibility (MCTSR). The 4Rs program has two primary components: (a) a comprehensive seven-unit, 21-lesson, literacy-based curriculum in conflict resolution and social–emotional learning for K to Grade 5; and (b) intensive professional development and training in 4Rs for teachers. Each unit is organized around a specific grade-appropriate children's book and begins with a comprehensive book reading and discussion, ensuring students understand the primary themes of the story and allowing them to connect the themes to their own lives. This is followed by three to five social–emotional learning lessons. The curriculum provided to teachers includes a standardized, grade-specific teaching guide. Intensive professional development for teachers in the 4Rs curriculum consists of a 25-hr introductory training course, followed by ongoing classroom coaching throughout the year by a 4Rs staff developer (an experienced teacher coach, master facilitator of social and emotional learning activities in the classroom, and expert in the 4Rs curriculum) to support teachers in teaching the 4Rs curriculum'.(p.414) Aber, L., Brown, JL, Jones, SM., Berg, J. & Torrente, C. (2011). School-based strategies to prevent violence, trauma, and psychopathology: The challenges of going to scale. Development and Psychopathology, 23 (2011), 411–421

Design and purpose of the evaluation.	Seek to explore school-based universal preventive interventions as a frontier in translational research on trauma and trauma-related problems in development
	Aber et al (2011) 'the context as mental health prevention and promotion meets education reform' (p.411)
	At each wave, teachers were consented and completed questionnaires rating the language and literacy skills, aswell as social competence and externalizing problems, of each consented child in their class. Teachers also completed questions rating the climate of their school and their own social and emotional skills and behaviors, including their professional background and development, their beliefs about the importance of social–emotional learning in school, their classroom management strategies and styles, and their experiences of stress and burnout. Consented children also completed questionnaires rating their aggressive and pro-social cognitions, and their internalizing symptoms. Children's yearly scaled scores on the New York State standardized assessments of math and reading achievement and attendance rates were obtained from the NYC Department of Education.

2. Evidence

Intended outcomes	Gains in students':
	– attendance rates
	– social-emotional mental health
	– social competence and peer network communication
	– reading achievement
	– maths achievement
	Reduction in students':
	– depression
	– aggressive behaviour,
	– cognitive attitudes regarding aggression, i.e., self-reported hostile attributional biases
	Gains in quality of teachers':
	– social–emotional learning in school
	– classroom management strategies and styles, including conflict resolution skills

Actual outcomes	After 2 years of exposure to 4Rs, in addition to continued positive changes in children's self-reported hostile attributional biases and depression, positive changes were also found in children's reports of aggressive interpersonal negotiation strategies (i.e., their tendency to select aggressive responses in conflict situations), and teacher reports of children's attention-deficit/ hyperactivity disorder (ADHD), social competence, and aggressive behavior Aber et al., (2011) 'Similarly, there were both continued and expanded positive impacts of the program for children rated by their classroom teacher as highest in initial behavioral risk. Specifically, compared to similarly identified children in control schools, children in 4Rs schools at highest initial behavioral risk continued to show the most substantial gains in teacher reports of academic skills, but also in both standardized reading and math achievement test scores' (p.415) Aber et al., (2011) 'these findings indicate both short-term and longer term impacts of the 4Rs program both for the general population of students as well as for those students at highest behavioral risk as perceived by their teachers.' (p.415) at the child level, initial findings after 1 year of exposure to the 4Rs Program were modest, indicating that children in 4Rs schools had lower average levels of self-reported hostile attributional biases and depression compared to children in control schools. In addition, for those children identified by teachers at baseline at highest behavioral risk, there were positive intervention impacts on children's self-reports of aggressive fantasies, teacher reports of academic skills, attendance records, and standardized reading achievement (Jones, Brown, Hoglund, & Aber, 2010).Jones, S. M., Brown, J. L., Hoglund,W. L. G., & Aber, J. L. (2010). Impacts of an integrated school-based social–emotional learning and literacy intervention on third-grade social–emotional and academic outcomes. Journal of Consulting and Clinical Psychology, 78, 829–842. at the classroom level, after 1 year of exposure to the program, 4Rs school classrooms were rated by trained, independent observers as having higher quality interactions on average compared to control school classrooms, suggesting that 4Rs can improve the quality of both classroom instructional and emotional support provided by teachers (Brown, Jones, LaRusso, & Aber, 2010).

	Brown, J. L., Jones, S. M., LaRusso, M. D., & Aber, J. L. (2010). Improving classroom quality: Teacher influences and experimental impacts of the 4Rs Program. Journal of Educational Psychology, 102, 153–167.
Type of evaluation/data	Quantitative. Control Group Design. Longitudinal, school-randomized trial to test the impacts of the 4Rs program on classroom. and teacher processes and outcomes as well as on children's social–emotional and academic development. Eighteen New York City public schools were pairwise matched on key school-level demographic characteristics. One school from each pair was randomly assigned to receive schoolwide intervention in 4Rs over three consecutive school years and the other school to a "business as usual" control group
Evaluating the data	Rigorous, control group design. Recent publication of findings in international journals, Journal of Consulting and Clinical Psychology (2010), Journal of Educational Psychology (2010), Development and Psychopathology (2011). A challenge for replication in other cultural contexts would be to ensure that the team members working with children and teachers on systemic change would themselves have sufficient training background. This universal prevention approach adopted here offers much potential for those at heightened risk of bullying and early school leaving, especially in conjunction with selected and indicated prevention approaches that include family level interventions.

3. Conclusions

Ways of working	Aber et al., (2011): * 4Rs promotes change processes at multiple levels (e.g., individuals, their interactions, and proximal settings including their classroom and school environments * 4Rs was designed based on the idea that improving functioning in one domain (e.g., interpersonal interactions) influences functioning in other domains (e.g., academic engagement and attention * 4Rs is designed to promote change at multiple levels in multiple domains over time as dynamic systems * impacts associated with exposure to the 4Rs Program were expected to be cumulative, resulting initially in small to modest changes in domains of functioning most proximal to the intervention and within some levels but with longer and sustained program exposure, expanding to more distal domains of functioning and outcomes (e.g., from reductions in hostile attribution bias to reductions in aggression and increases in social competence) across

	multiple levels (e.g., from changes in children's skills to changes in the structure of their peer networks). (p.414)
Policy recommendations made by the evaluation.	Aber et al., (2011) 'Our findings to date contribute to the growing evidence that primary prevention strategies designed to address children's social–emotional as well as academic learning can be effectively integrated and become part of standard practice in classrooms and schools. Further, our findings suggest that doing so can significantly improve the quality of key aspects of children's social settings such as the quality of their classroom interactions with teachers and peers, and reduce the risk of aggressive behavior, depression, and ADHD, three of the most ubiquitous forms of psychopathology associated with exposure to trauma and violence.' (p.417) * The major importance of having a system wide focus on the school environment rather than an exclusively individual focus on interventions for the child
General comments	The 4Rs Program has led to modest positive impacts on both classrooms and children after 1 year that appear to cascade to more impacts in other domains of children's development after 2 years. ⚔ An implication of the major increase in gains after the second year is that systemic interventions bringing change to children's behaviour and emotions, as well as school reform, requires sufficient time for impact to be assessed. This requires at least a 3 year period, one for design and recruiting, and the other two for implementation and then ideally a 4th year for evaluation of outcomes. ⚔ Combined with sufficient period of time there is a need for interventions to have sufficient intensity of time for a given element, to have impact ⚔ A combination of mental health prevention/intervention and academic outcomes focus ⚔ Located exclusively in New York, US context

5. Are there any practical steps that can be taken in the short term to improve how schools approach and tackle bullying?

Steps for further progress recommended in Downes, Maunsell & Ivers (2006) based on their survey of DEIS primary schools in the Blanchardstown area:

- The extreme variation in levels of bullying across 6th classes *within* a school suggests that individual teachers are having significant success with SPHE and preventive approaches to bullying. However, this success is not being translated fully across all classes within a school. It would seem that while a whole school approach with regard to bullying may be having some impact, further development of a co-ordinated within school anti-bullying strategy may be needed. This would include more dissemination within the schools and across schools of strategies that are working well for some teachers with regard to prevention and elimination of bullying.

- To facilitate this dissemination of good practice strategies for prevention and elimination of bullying within the school, it is recommended that a staff member coordinate such a dissemination strategy and act as a support/mentor for other teachers in the school. While this staff member would liaise with the school principal in implementing the whole school anti-bullying policy, (s) he would also serve as an intermediary between the class teacher and the principal. The class teacher may be more likely to approach another colleague – in this role as coordinator - for informal advice on intervention for bullying. For example, at secondary level, Blakestown Community School have developed the good practice of an 'anti-bullying committee', a 'cool-school committee' for bullying.

- The key role of the class teacher regarding within-class bullying was observed in a study in a primary school in Ballyfermot (Downes 2004a) where the class teacher employed strategies such as an anonymous problem box, role play and circle time to eliminate a bullying problem that had existed in the class the previous year when there were a number of substitute teachers.
- A whole school approach needs to utilise a) bullying poems, b) a suggestion box for problems without mentioning names as part of circle time for SPHE. The new revised primary school curriculum (1999) offers a wide range of subjects through which bullying can be prevented as an integrated theme – across English (bullying poems), drama, religion, sphe, empathy in history (Downes 2009)
- Based on pupil accounts, three domains of bullying need to be regularly examined: in-class, in the yard (between classes and years) and after school (Downes 2004a)
- Visible public antibullying statements on the walls of the secondary school, such as in this secondary school in Dublin 8 (Downes & Maunsell 2007): "It's become a part of their routine to take his money and make him scream to twist his arm and bash his head, if you tell sir that's it! You're dead! However this is not the case!"
- There is a need for anonymous school surveys on bullying given the finding from international and Irish research that teachers consistently underestimate levels of bullying in their class and in the school (Tattum 1997; Downes 2004).

*A range of Irish research in DEIS post-primary schools and international research (see Downes 2011a for a review) points to the direct role of relations with teachers as impacting upon students' decisions to leave school early; much of this is preventable through adequate preparation of teachers' conflict resolution and diversity training skills. There is a need to continue the movement from an authoritarian to an authoritative school culture/climate, for example, through working with teachers on teacher/student

interaction and conflict resolution on the new 2 year postprimary H.Dip In illustrative accounts of student voices in regarding authoritarian teaching, Downes & Maunsell (2007), it was stated, *"The only bullying problem is the teacher", "If you make a mistake she starts roaring at you","She made X cry"etc*

* Make teacher conflict resolution skills a compulsory element of all post-primary H. Dip courses as part of the extension of this preparation to 2 years. This is part of a wider bullying prevention strategy that focuses on promotion of healthy communication in the culture of a school, communication and conflict resolution skills that are to be modelled by teachers for students

Appendix 1: Submission Form
CONSULTATION ON TACKLING BULLYING IN SCHOOLS

Respondent's Details Name Dr. Paul Downes
Position (if applicable) Director, EDC, Senior Lecturer in Education (Psychology)
Organisation (if applicable) Educational Disadvantage Centre
Address St. Patrick's College, Drumcondra
Telephone (01) 8842156
Email address paul.downes@spd.dcu.ie
Date June 20, 2012

Is this response a personal view or is it made on behalf of an organisation?
Personal [ ] On behalf of an organisation [YES, EDC]
Submissions may be in English or Irish.
Please note that submissions received may be made available from the DES website.
Information in relation to this submission may be made available to any person who makes a request under the Freedom of Information Acts 1997 and 2003.

References

Benasich, A., Curtiss, S., & Tallal, P. (1993). Language, learning and behavioural disturbances in childhood: A longitudinal perspective. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32, 585–594.

Beitchman, J., Nair, R., Clegg, M., Ferguson, B., & Patel, P. G. (1986). Prevalence of psychiatric disorder in children with speech and language disorders. *Journal of the American Academy of Child Psychiatry*, 25, 528–535.

Beran, T. (2008). Consequences of being bullied at school. In D. Pepler and W. Craig (Eds.) *Understanding and addressing bullying: An international perspective* (pp. 44–66). Bloomington, IN: Authorhouse.

Brener, N. D., Martindale, J., and Weist, M. D. (2001). Mental health and social services: Results from the School Health Policies and Programs Study 2000. *Journal of School Health,* 71, 305 – 312.

Brinton, B., & Fujiki,M. (1993). Clinical forum: Language and social skills in

the school-age population: Language, social skills and socioemotional behavior. Language, Speech, and Hearing Services in Schools, 24, 194–198.

Combat Poverty Annual Report 2001. Combat Poverty Agency

Council of the European Union (21011) COUNCIL RECOMMENDATION on policies to reduce early school leaving 1054/11

Dey, Schiller,& Tai, 2004   Dey, A., Schiller, J., & Tai, D. (2004). Summary health statistics for US children: National Health Interview Survey, 2002. National Center for Health Statistics. Vital Health Statistics, 10(221).

Downes, P. (2011). *Multi/Interdisciplinary teams for early school leaving prevention: Developing a European Strategy informed by international evidence and research.* European Commission Network of Experts on the Social aspects of Education and Training (NESET)

Downes, P (2009). Prevention of bullying at a systemic level in schools: Movement from cognitive and spatial narratives of diametric opposition to concentric relation. In S. R. Jimerson, S. M. Swearer, & D. L. Espelage (Eds). *Handbook of Bullying in Schools: An International Perspective. N*ew York: Routledge

Downes, P. (2004). Voices of Children: St. Raphael's Primary School, Ballyfermot

Downes, P. (2004a). Psychological Support Services for Ballyfermot: Present and Future

Downes, P. (2004). *Psychological support services for Ballyfermot: Present and future*. Commissioned Research Report for URBAN, Ballyfermot

Downes, P & Maunsell, C. (2007). *Count us in: Tackling early school leaving in South West Inner City Dublin: An integrated response.* Dublin: Commissioned by the South Inner City Community Development Association.

Downes, P., Maunsell, C & Ivers, J. (2006). A Holistic Approach to Early School Leaving and School Retention in Blanchardstown

Eigsti, I. M., & Cicchetti, D. (2004). The impact of child maltreatment of expressive syntax at 60 months. *Developmental Science*, 7, 88–102.

Flisher, A. J., Kramer, R. A., Grosser, R. C., Alegria, M., Bird, H. R., Bourdon, K., et al. (1997). Correlates of unmet need for mental health services by children and adolescents. *Psychological Medicine*, 27(5), 1145–1154

Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., and Teich, J. (2005). *School mental health services in the United States, 2002-2003*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Fried, S., and Fried, P. (1996). *Bullies and victims: Helping your child through the schoolyard battlefield*. New York: M. Evans.

Hunt & Backman (2008)   Hunt, P. & Backman, G. (2008) *Health systems and the right to the highest attainable standard of health.* Human rights centre, University of Essex.

Kochenderfer, R., and Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development*, *67*, 1305–1317.

Kuperminc, G. P., Leadbeater, B. J., Emmons, C., and Blatt, S. J. (1997). Perceived school climate and difficulties in the social adjustment of middle school students. *Applied Developmental Science*, 1(2), 76-88.

Lacharite, M. & Marinii, ZA (2008). Bullying prevention and the rights of children: Psychological and democratic aspects. In T.O'Neill & D.Zinga (eds.), *Children's rights: Multidisciplinary approaches to participation and protection*. Toronto: Univ of Toronto Press

Mellor, A. (1997). Bullying: The Scottish experience. *Irish Journal of Psychology*, 18, 248-257

Millar, D. (2010). *Analysis of school attendance data in primary and post primary school, 2006/7 and 2007/8*. Dublin: ERC/NEWB

NESF. (2009) Child Literacy and Social Inclusion: Implementation Issues Report 39 · November 2009

Oireachtas (Irish Parliament and Senate) Joint Committee on Education and Science for their study on early school leaving (2010). *Staying in education : A new way forward – School and out-of-school factors protecting against early school leaving.* Dublin: Government Publications

Olweus, D. (1997). Bully/victim problems in school: Knowledge base and an effective intervention program. *Irish Journal of Psychology*, 18, 170-190

Olweus, D. (1993). *Bullying at school*. Cambridge: Blackwell.

O'Moore, A.M., Kirkham, C. & M. Smith (1997). Bullying behaviour in Irish schools: A nationwide study. *Irish Journal of Psychology*, 18, 141-169

Pyhältö, K., Soini, T. and Pietarinen, J. (2010) Pupils' pedagogical well-being in comprehensive school— significant positive and negative school experiences of Finnish ninth graders *European Journal of Psychology of Education,* 25:207–221.

Stephan et al. (2011)   Stephan, S., Mulloy, M., & Brey, L. (2011) Improving Collaborative Mental Health Care by School-Based Primary Care and Mental Health Providers. *School Mental Health* 3:70–80

Stevenson, J., Richman, N., & Graham, P. (1985). Behavior problems and language abilities at three years and behavioral deviance at eight years. *Journal of Child Psychology and Psychiatry and Allied Disciplines,*
26, 215–230.

Suldo, S.M., Friedrich A and Michalowski, J. (2010). Personal and systems-level factors that limit and facilitate school psychologists' involvement in school-based mental health services. *Psychology in the Schools* 47(4), 354-373.

Swearer, SM, Espelage, DL., Vaillancourt, T and Hymel, S. (2010). What Can Be Done About School Bullying? Linking Research to Educational Practice. *Educational Researcher*, 39, 38-47.

Tattum, D. (1997). A whole-school response: From crisis management to prevention. *Irish Journal of Psychology*, 18, 221-232

Ttofi, M. M., Farrington, D. P., & Baldry, A. C. (2008). *Effectiveness of programmes to reduce school bullying*. Stockholm: Swedish Council for
Crime Prevention, Information, and Publications.

United Nations Economic and Social Council 3 March 2006 Commission On Human Rights Economic, Social and Cultural Rights. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt

Van der Wal, M. F., Cees, M., de Wit, A.M. and Hirasing, R. A. (2003). Psychosocial Health Among Young Victims and Offenders of Direct and Indirect Bullying. *Pediatrics,* 111, 1312-1317.

Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of schoolbased interventions to prevent bullying. *Archives of Pediatric and Adolescent Medicine*, *161*, 78–88.