

Overcoming system blockages to develop inclusive systems and integrated services across Education, Health and Social sectors for early school leaving prevention

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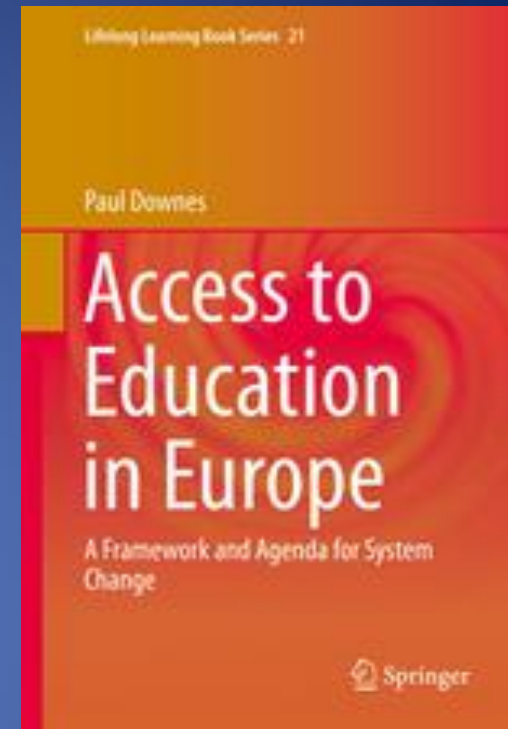
System Blockage and Inclusive Systems –

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)



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”

OVERCOMING SYSTEM BLOCKAGE: 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)

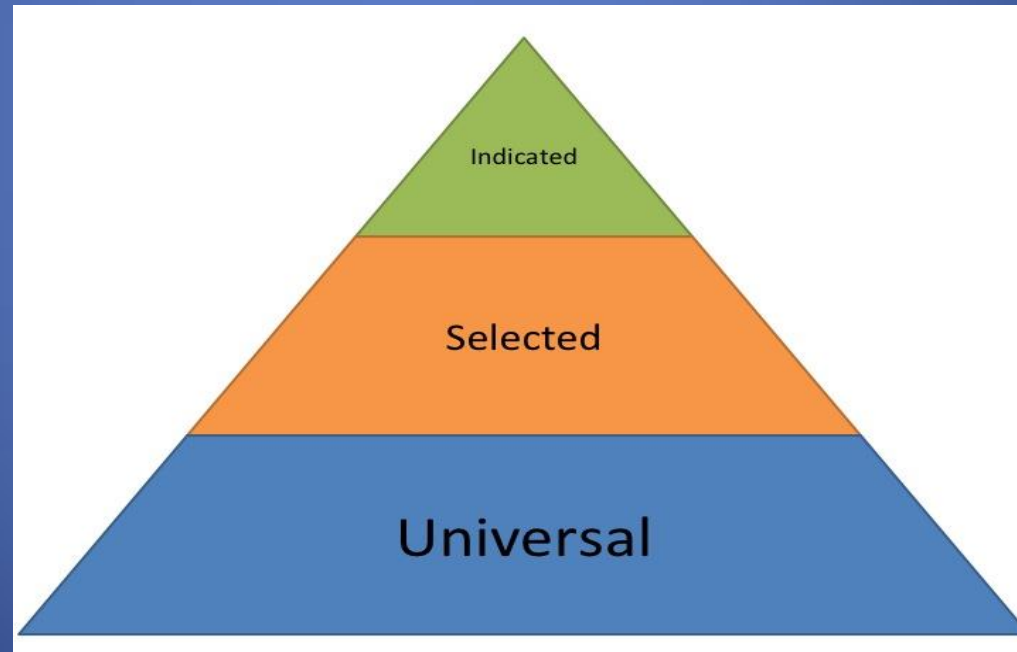


the 'apparent' official organization and the 'below the surface' unofficial organisation (Scholtes 1998).

OVERCOMING SYSTEM BLOCKAGE: 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)

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

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

From Multiple Agencies to Cohesive Multidisciplinary Teams for Early School Leaving Prevention

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

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

- bridging (mental) health and education expertise for ESL prevention

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: 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 et al., 2006; Downes & Maunsell 2007; Mellin et al 2011).

OVERCOMING SYSTEM BLOCKAGE: Community based 'one stop shop' family support centres linked with schools (Eurochild 2012; 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)

OVERCOMING SYSTEM BLOCKAGE: Need for individual family outreach

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:

Alternatives to Suspension/Expulsion to Stop Diametrically Opposing Strategic Approaches



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

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).

OVERCOMING SYSTEM BLOCKAGE: 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.

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

A Systemic Approach to Evaluation and Transparency: Structural Indicators to Address System Blockage and System Development for ESL Prevention

STRUCTURAL INDICATORS OF A SYSTEM FOR TRANSPARENCY: YES/NO ANSWERS BY ANALOGY WITH UN RIGHT TO HEALTH (DOWNES 2014)

- Structural indicators (SIs): Generally framed as potentially verifiable yes/no answers, they address whether or not key structures, mechanisms or principles are in place in a system.

- *As relatively enduring features or key conditions of a system, they are, however, potentially malleable.

- * They offer a scrutiny of State or institutional effort (Downes 2014, see also UN Rapporteur 2005, 2006)

- * Balance top-down framework address what issues to be addressed with local flexibility as to how the multidisciplinary team does so – recognises professional judgement of team



Illustrative Examples of Structural Indicators (Downes 2014a, 10 European city municipalities, PREVENT project)

Guiding principles as SIs :

- Active involvement of target groups in design YES OR NO
- Active involvement of target groups in delivery YES OR NO

Roles in organizational structures as SIs

- Intervention of sufficient intensity to bring change YES OR NO
- System change focus and not simply individual change focus YES OR NO
- Clear focus on level of prevention – universal, selected and/or indicated YES OR NO
- Distinct age cohort focus YES OR NO
- Clear outreach strategy to reach marginalised groups YES OR NO
- Alternatives to Suspension YES OR NO

Physical spaces as SIs

- Specific space in school building for parents to meet YES OR NO

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

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

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