

Integrating Student Services for Inclusive Systems to Support Learning, Health & Development: A Proposed Policy Direction in the Global White Paper

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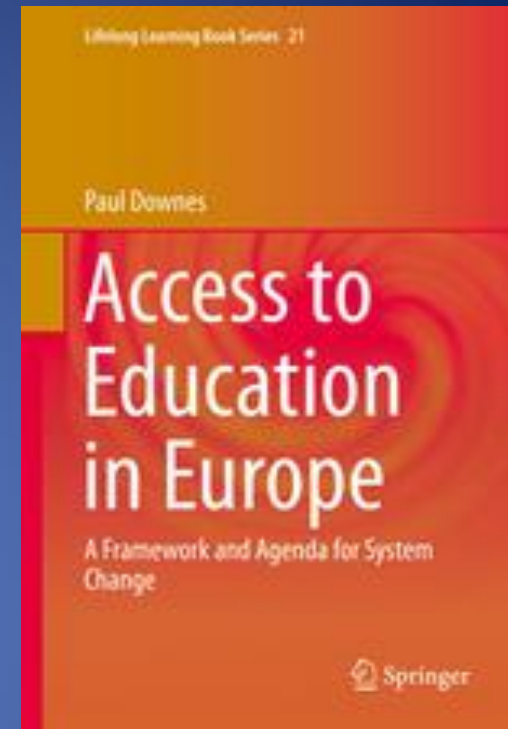
System Blockage and Inclusive Systems –

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) i.e, school based and school linked



OVERCOMING SYSTEM BLOCKAGE 1.: 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)

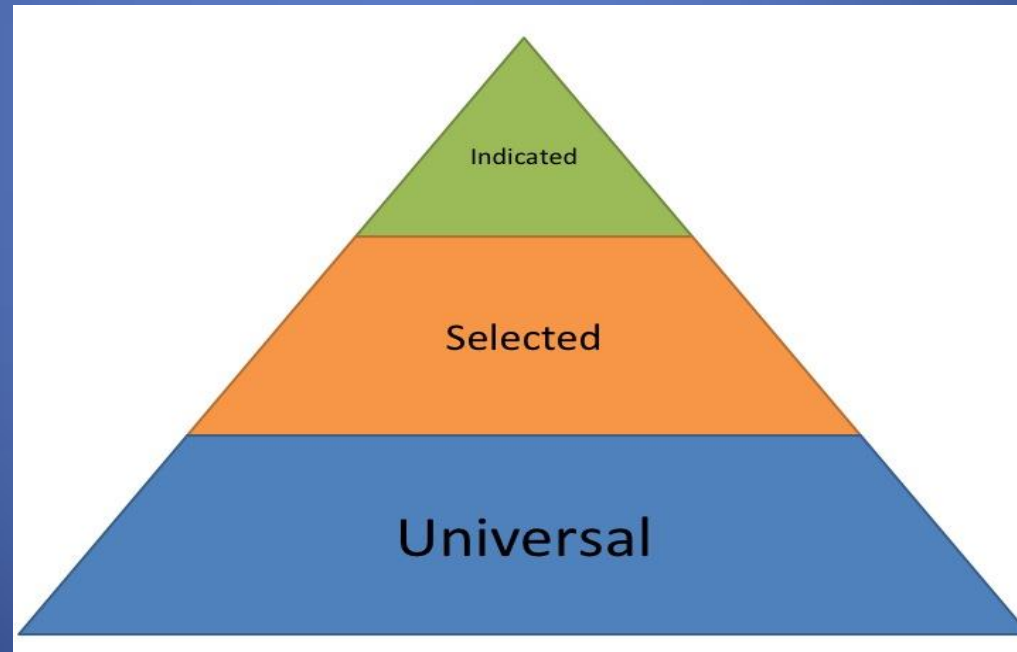


the 'apparent' official organization and the 'below the surface' unofficial organisation (Scholtes 1998).

OVERCOMING SYSTEM BLOCKAGE 2.: 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)

In conflict and disaster affected communities, continued schooling mitigate the psycho-social impact of conflict and disasters by providing a sense of routine, stability, structure and hope for the future. Specialized trauma and psycho-social supports in these contexts are vital – Indicated Prevention Level.

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

OVERCOMING SYSTEM BLOCKAGE 3.: FRAGMENTATION – Teams within one or two organisations not disparate agencies

From Multiple Agencies to Cohesive Multidisciplinary Teams for Early School Leaving Prevention and Mental Health Supports

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

-Combining various violence prevention, hygiene/sanitation, feeding and other interventions in low resource countries or in countries recovering from emergencies or conflicts to ensure access and participation in schooling



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 4.: 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 5.: 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 6.: 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 7.: 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 8.:

Alternatives to Suspension/Expulsion to Stop Diametrically Opposing Strategic Approaches



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

*Redirecting troubled and misbehaving students away from suspensions and conflicts with the law

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).

Add speech and language therapists to Global White Paper list:
school/public health nurses, school physicians, mental health professionals, school psychologists, public health inspectors, nutrition specialists, addiction workers

OVERCOMING SYSTEM BLOCKAGE 9.: 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

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

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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