



Developing multi-agency and cross- sector synergies in and around education: Future steps for meeting the EU 2020 10% target for early school leaving prevention

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Presentation to the European Commission Directorate General, Education and Culture, Thematic Working Group on Early School Leaving, January 28, 2013

Edwards, A. & Downes, P. (2012). *Developing Multiagency and Cross-sector Synergies in and around Education.* Commissioned Research Report, Oxford University, Department of Education and EU Commission NESET (Network of Experts on Social Aspects of Education and Training). Edwards & Downes 2012 'The multi-faceted nature of risk requires a multi-faceted response'

- Beyond 'passing on bits of the child' (Edwards et al 2009)
- Beyond referral models
- Prevention and early intervention focus
- Outside scope of largescale community regeneration ESL only focus here

Genuine interprofessional collaboration - teachers, social workers, outreach care workers, therapists/counsellors, nurses, speech and language therapists, occupational therapists

How to organise this? team working ? local networks ? interagency working and multi-agency responses ? *Teams, whether they are single service or contain different professions, usually have a shared history and some common understandings from which they can work responsively with children and families towards shared goals.

*Networks may also have built up some degree of common knowledge and patterns of fluid inter-professional collaboration over time – need to distinguish direct delivery network from committee type network. The key focus here is on direct delivery networks

* Inter-agency and multi-agency work suggest stronger boundaries between services that come together to tackle the complex problems of social exclusion

A policy focus is needed to go beyond multiple agencies – fragmentation, competition and territoriality, especially in a recession – beyond passing on bits of the child referrals approach

- For ESL, to adopt a multifaceted approach via multi-disciplinarity through either one team or two collaborating agencies as a common direct delivery network
- A focus is needed on expanding the multi-disciplinarity of existing teams (2 agencies or one team) in a local area, bridging (mental) health and education expertise

Quality of Evidence

'Evaluations have tended to be local and formative in order to support service development. Evaluators therefore observe that robust evidence of the outcomes of multi-agency synergies aimed at prevention is frequently difficult to discern. Reasons include: the nature of preventative work, where the extent of difficulties is often revealed once work has started; the sensitivity to local conditions to be found in responsive preventative activities; methodological difficulties in identifying the impact of complex ecological interventions over time; and the time-scales of most evaluations' (Edwards & Downes 2012).

Child-centred inter-professional collaborations

The Reinke *et al.* (2009) review of US combined school and family interventions to prevent disruptive behaviour reported:

In addition to targeting malleable risk and protective factors, successful programs tend to be multifaceted ecological models aimed at multiple domains changing institutions and environments as well as individuals (Reinke *et al.* 2009: 34).

Lessons from Reinke et al's (2009) review of US combined school and family interventions

- Malleable risk and protective factors
- Multifaceted ecological models
- Multiple domains (e.g., family, school, groups, individual, community)
- System change (Institutions and environment)
- Individual change

Potentially relevant *malleable risk and protective factors* for a multidisciplinary response to ESL ?

Commission Documents 2011 and Council Recommendations 2011 on ESL

- Bullying
- Emotional supports for students trauma while having long term effects can be malleable to overcome short term impacts on school attendance and ESL
- Conflict resolution and diversity skills for teachers
- Interventions to prevent sleep deficits (emotional supports for stress related deficits, also family supports)
- Language development interventions

Other key malleable risk and protective factors for a multidisciplinary response

- Parenting skills (in early years and adolescence)
- Alternatives to suspension (see Lithuania 10% suspensions, Ireland 5% 16,000 students annually)
- Challenge fatalism (Downes 2003) to help prevent substance abuse in a recession

System change (Institutions and environment)- Changing what schools do

- Bolin (2011) outlines a type of collaboration in Sweden which she terms school social interventions (p: 20). These include teams which implement collaboration between teachers, social workers, students and their families. The Resource Schools in which this happens are 'new arenas for interprofessional collaboration' (p: 20) which aim at preventing the escalation of pupils' problems.
 - A large number of early intervention activities, such as *Let's make school attractive to young people* in Bulgaria, aim at altering school practices to enhance the inclusion of vulnerable groups.
- Evaluation of 21 pilot LSB teams in the Netherlands (van Veen 2011)
 the schools recognise the adjustments they need to make to support the student
- Continuum of care model

Youth Care Advisory Teams (YCATs) **multi-service schools**, with support from national policy, are growing in number in the Netherlands. There are several models of multi-service arrangements with schools: ranging from community-based (75%) to school-based (15%). However, as van Veen observes (2011), rigorous studies on outcomes for children and families are lacking.

van Veen's own recent evaluation of LSB-teams, which consist of a teacher or other school staff, a social worker, youth worker, school health care worker, police and truancy officer (Educational Welfare Officer in England), suggests that inter-professional collaboration is strengthened by establishing teams of *complementary expertise* with a clear focus on contributing to support structures for teaching and learning in schools and networks of schools.

The 21 regional LSB pilots examined by van Veen have improved achievement, well-being and service delivery in most of the sites. However, he notices a tension that points once again to the broader preventative role of schools. The LSB teams need to balance 'primary prevention, selective prevention and interventions' (van Veen 2011). Professional energy is inevitably drawn to the more demanding cases.

School system change- Complementary expertise

Resistance and entrenched practices that are unreflectively sustained, despite agreement on new institutional purposes, are a persistent problem in all the research on organisational change. The 2008 Audit Commission report on interprofessional work in Children's Trusts in England observed that inter-professional collaborations were occurring among front-line staff **despite** the organisations in which they worked.

'policy-led co-location is not sufficient. Efforts are needed to support interprofessional collaborations and overcome resistance' (Edwards & Downes 2012).

- Relational expertise and idea dominance

'Flexibility in inter-professional preventative work is important for two reasons:

- practitioners need to collaborate in response to the unfolding complexity of children's problems;
- ii. vulnerability is a dynamic state, therefore a child will move both up and down the hierarchy of need...' (Edwards & Downes 2012)

overly hierarchical organisational structures can inhibit flexible professional responses. However, a focus on agreed outcomes for children, young people and families can provide a coherence to inter-professional work (Daniels and Edwards 2012)

Meetings need to be structured so that meanings are shared, professional dialects are translated and taking the standpoint of the other is encouraged. Bolin (2011) has identified a similar feature in collaborations between Swedish social workers and school staff. She terms the phenomenon doing 'common grounds'

Key conditions for internal effectiveness of teams based on international research, summarised in Downes 2011a:

- Idea dominance - Unifying ideas to bring coherence to teams – common goals reached through diverse methods
-Distinct leadership role to avoid diffusion of responsibility
- Awareness of potential for role conflict
-Awareness of within-team communication building and conflict resolution approaches

System change (Institutions and environment) and families

• Some focus on changing family practices specifically in relation to education, for example in the pre-school period, through *Early Learning Parent Partnerships* in England (Evangelou *et al.* 2008); while others aim at a mutual changing of practices in both families and schools (Diez *et al.* 2011).

- Not one single generalisable ideal model or specific list of disciplinary professionals but a framework of key structural indicators can be established to guide such models, noting also that 'Attention should be paid to the principles and values under-pinning interventions' (Edwards & Downes 2012).
- Structural indicators yes/no answers with various levels of proof to be furnished for a yes claim (Downes et al. 2008; Downes 2011)

Summary of key structural indicators to inform a funding framework at national levels and EU level for multidisciplinary teams and interagency collaborative networks for ESL prevention EU2020 10% target

- Prevention and early intervention focus
- Malleable risk and protective factors
- Multifaceted ecological models
- Multiple domains (e.g., family, school, groups, individual, community) outreach
- System change (Institutions and environment) school, family
- Individual change
- Continuum of care
- Bridging health and education
- Relational Expertise
- Idea dominance Child-centred interprofessional collaborations

• Bridging health and education

- 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).
- Evidence also suggests that the emotional support needs of withdrawn students, who are at risk of early school leaving, may be missed by teachers compared with those students displaying and externalising problems through aggression (Doll 1996; Downes 2004).

- While some Danish models offer 1 to 1 ratio between multidisciplinary teams and a given school, this ideal situation may not be economically viable in many countries
- A more viable model would be a community based team or interagency collaboration working also onsite across a range of local schools, rotating their services for example regarding system level change initiatives while offering continuous ongoing services with flexible levels of intensity across the range of local schools – such as Familiscope, Dublin

Multidisciplinary team with combined community based and school site based approach:

A recent Familiscope initiative has focused on speech and language therapists working as part of a multidisciplinary team based in schools with children, teachers and parents. The 29 teachers in four schools who were surveyed in an evaluation noted benefits which included: giving confidence to quiet, withdrawn children, improving their peer interaction, facilitating their engagement in class and overcoming a fear of failure that stopped them trying to learn. Other benefits observed by teachers were an improved ability of pupils to follow '2-3 step directions' with consequent benefits for in-class behaviour, as well as improved phonemic and syllable awareness. This system-level work focused on developing teachers' language strategies through child language groups, collaborative classroom delivery (speech and language therapist and teacher), informal advice consultation on language difficulties, informal teacher support in the classroom, teacher workshops, as well as direct speech support for the child (Familiscope 2011)' (Edwards & Downes 2012).

A clear EU level funding strand for such teams/interagency multidisciplinary direct delivery collaborations for ESL prevention

'This review certainly supports the Commission's view that the prevention of early school-leaving is crucial and suggests that funding for multi-agency approaches should be considered a priority in reaching the EU2020 target of 10% early school leaving across the EU' (Edwards & Downes 2012).

Long-term funding for such teams/interagency multidisciplinary direct delivery collaborations

'Participants in the December 2011 workshop on 'Working together for equity' *argued strongly for funding that was sufficiently long-term to allow teams to take forward the systems level changes needed to produce evidence of benefits for children, young people and their families' (Edwards & Downes 2012).

* In the context of the consultation symposium *Measures to Combat Educational Disadvantage –a European consultation symposium* organised by the European Commission in Brussels on 8-9 December 2011.

Recommend

- Funding from National and EU levels to expand interdisciplinary capacity for focused, direct delivery cross-agency collaboration for ESL prevention and to establish completely new multi/interdisciplinary teams in areas of high need and under resourced facilities
- Funding for such teams or collaborating agencies would be contingent on:
- a) explicit support for collaboration with a number of named local schools in areas of high need/poverty (for instance, the Dutch LSB teams work with schools that are committed to multiagency working) – named schools would have to commit to working with such teams/dual agencies
- And
- b) clear commitment to engagement with a substantial number of the key structural indicators described above

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- Multiple domains (e.g., family, school, groups, individual, community) - outreach
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- There is more than one ESL problem and more than one set of supports and structural reforms needed
- Other ESL prevention risk and protective factors largely *outside* scope of such teams/interagency collaborations include:
- Hunger in school (Downes, Maunsell & Ivers 2006; Downes & Maunsell 2007)
- Extracurricular activities
- Pupils with learning difficulties
- Grade retention/streaming strategies

Annie E. Casey Foundation. (2009). 2009 Kids count data book: State profiles of wellbeing. Baltimore, MD: Annie E. Casey Foundation.

Bolin. A. (2011). Shifting subordination co-located interprofessional collaboration between teachers and social workers. PhD Thesis - Gothenburg: Göteborgs Universitet

Council of the European Union (2011). COUNCIL RECOMMENDATION on policies to reduce early school leaving.

Proposal for a Council Recommendation on policies to reduce Early School Leaving SEC(2011) 98 final, SEC(2011) 97 final, SEC(2011) 96 final. 31st January 2011

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the committee of the regions. Tackling Early School Leaving: A key contribution to the Europe 2020 Agenda. 31st January 2011

Commission Staff Working Paper Reducing Early School Leaving. Accompanying document to the Proposal for a Council Recommendation on policies to reduce Early School Leaving. 26th January 2011

Daniels, H. & Edwards, A. (2012). Leading for Learning: how the intelligent leader builds capacity. Nottingham UK: National College for School Leadership

Diez, J., Gatt, S. & Racionero, S. (2011).Placing immigrant and minority family and community members at the school's centre: the role of community participation, European Journal of Education: research, development and policy, 46 (2), (online version downloaded October 2011).

Doll, B. (1996). Prevalence of psychiatric disorders in children and youth: An agenda for advocacy by school psychology. School Psychology Quarterly, 11, 20-47 Downes, P. (2011). A Systems Level Focus on Access to Education for Traditionally Marginalised Groups in Europe: Comparing Strategies, Policy and Practice in Twelve European Countries. Report prepared as subproject 5 of European Commission Sixth Framework Project 'Towards a lifelong learning society: The contribution of the education system' (LLL2010). Dublin: Educational Disadvantage Centre

Downes, P. (2011a). Multi/Interdisciplinary teams for early school leaving prevention: Developing a European Strategy informed by international evidence and research. NESET (Network of Experts on Social Aspects of Education and Training) Report, University of Cardiff. Downes, P. (2007). Why SMART outcomes ain't always so smart... In Beyond educational disadvantage (Downes, P & Gilligan, A. L.) (Eds.) pp. 57-69. Dublin: Institute of Public Administration.

Downes, P. (2003). *Living with heroin: HIV, identity and social exclusion among the Russian-speaking minorities in Estonia and Latvia.* English version. Tallinn: Legal Information Centre for Human Rights.

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

Downes, P., Zule-Lapimaa, A., Ivanchenko, L. & Blumberg, S. (Eds.) (2008). Not one victim more: Human trafficking in the Baltic States. Tallinn: Living for Tomorrow.

Downes, P & Maunsell, C. (2007) Count Us In. Tackling early school leaving in South West Inner City Dublin: An Integrated Response. SICCDA and South Inner City Dublin Drugs Task Force Edwards, A. & Downes, P. (2012). Developing Multi-agency and Cross-sector Synergies in and around Education. Commissioned Research Report, Oxford University, Department of Education and EU Commission NESET (Network of Experts on Social Aspects of Education and Training).

Edwards, A, Barnes, M., Plewis, I. & Morris, K. (2006). Working to prevent the social exclusion of children and young people: final lessons from the National Evaluation of the Children's Fund, Research Report 734. London: DfES

Edwards, A., Daniels, H., Gallagher, T., Leadbetter, J. & Warmington, P. (2009). Improving interprofessional collaborations: multi-agency working for children's wellbeing. London: Routledge. Evangelou, M., Sylva, K., Edwards, A. & Smith, T. (2008). Supporting parents in promoting early learning, Research Report 039, London: DCSF.

Familiscope (2011). Internal evaluation of speech and language therapists support for schools based on teachers' and principals' responses. Dublin, Ballyfermot: Familiscope Flecha, A., Garcia, R. & Rudd, R. (2011). Using health literacy in school to overcome inequalities, European Journal of Education: research, development and policy, 46 (2), (online version downloaded October 2011).

Gardner, F., Burton, J. & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change Journal of Child Psychology and Psychiatry , 47(11), 1123-1132. Kessler, R. (2009). Identifying and screening for psychological and comorbid medical and psychological disorders in medical settings. Journal of Clinical Psychology, 65(3), 253–267.

Reinke, W.M., Splett, J.D., Robeson, E.N. & Offutt, C.A. (2009). Combining school and family interventions for the prevention and early intervention of disruptive behavior problems in children: A public health perspective. Psychology in the Schools, Vol. 46(1), 33-43.

World Health Organization. (2003). Caring for children and adolescents with mental health disorders: setting WHO directions. Geneva Switzerland: WHO.

US Department of Health and Human Services. (2001). Mental health: culture, race, and ethnicity—a supplement to mental health: a report of the surgeon general. Rockville, MD: US Department of Health and Human Services.

van Veen, D. (2011). Rebound programmes for youth at risk Preventing drop-out and violence in Dutch secondary schools Seminar 12-14 January 2011 Universidad de Alicante