

Youthwork in a System of Care: Key Challenges for Youthwork in Responding to Poverty and Social Inclusion



Dr. Paul Downes
Senior Lecturer, Psychology
Director, Educational Disadvantage Centre
St Patrick's College
Dublin City University

Member of the European Commission Network
of Experts on the Social Aspects of Education
and Training (NESET I & II) (2011-2015)
paul.downes@dcu.ie

**YOUTH WORK SYMPOSIUM ON CHILD AND YOUTH
POVERTY** Youth Work Ireland National Office
3rd December 2015

Youthwork in a System of Care: Key Challenges for Youthwork in Responding to Poverty and Social Inclusion

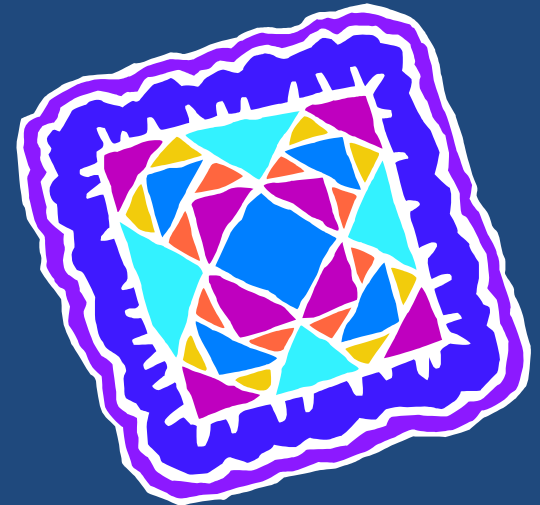
- 1. Multidisciplinary team working to cope with complexity of chronic needs**
- 2. Acceleration of Poverty in Ireland: Mental Health consequences**
- 3. Acceleration of Poverty in Ireland: Youthwork's role in a National Hunger Prevention Strategy**
- 4. Broadening the Outcomes Agenda for Social Inclusion: A Focus on Structural Indicators**
- 5. Youthwork and the Arts**

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

The *Alliances for Inclusion* report (Edwards & Downes 2013) reviewed the enabling conditions for the effectiveness of multidisciplinary teams and crosssectoral approaches for social exclusion 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



Backdrop of increased poverty rates for children

- The AROPE indicator is defined as the share of the population in at least one of the following three conditions: 1) at risk of poverty, meaning below the poverty threshold, 2) in a situation of severe material deprivation, 3) living in a household with a very low work intensity. From 2008 to 2011, the AROPE for children rose in 21 EU Member States
- Eurostat: **The largest increases in the AROPE since 2008 were in Ireland (+11.0 percentage points (pp) up to 2010) and Latvia (+10.4pp). They were closely followed by Bulgaria (+7.6pp), Hungary (+6.2pp) and Estonia (+5.4pp).**

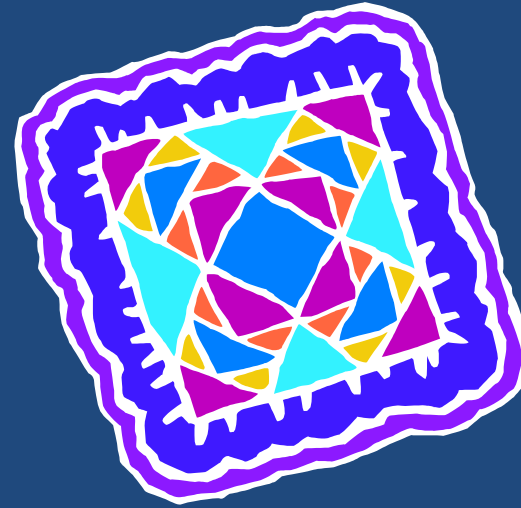
Building on Success/Strengths: Remarkable Success against the backdrop of Child Poverty Increases

ESRI 2015:

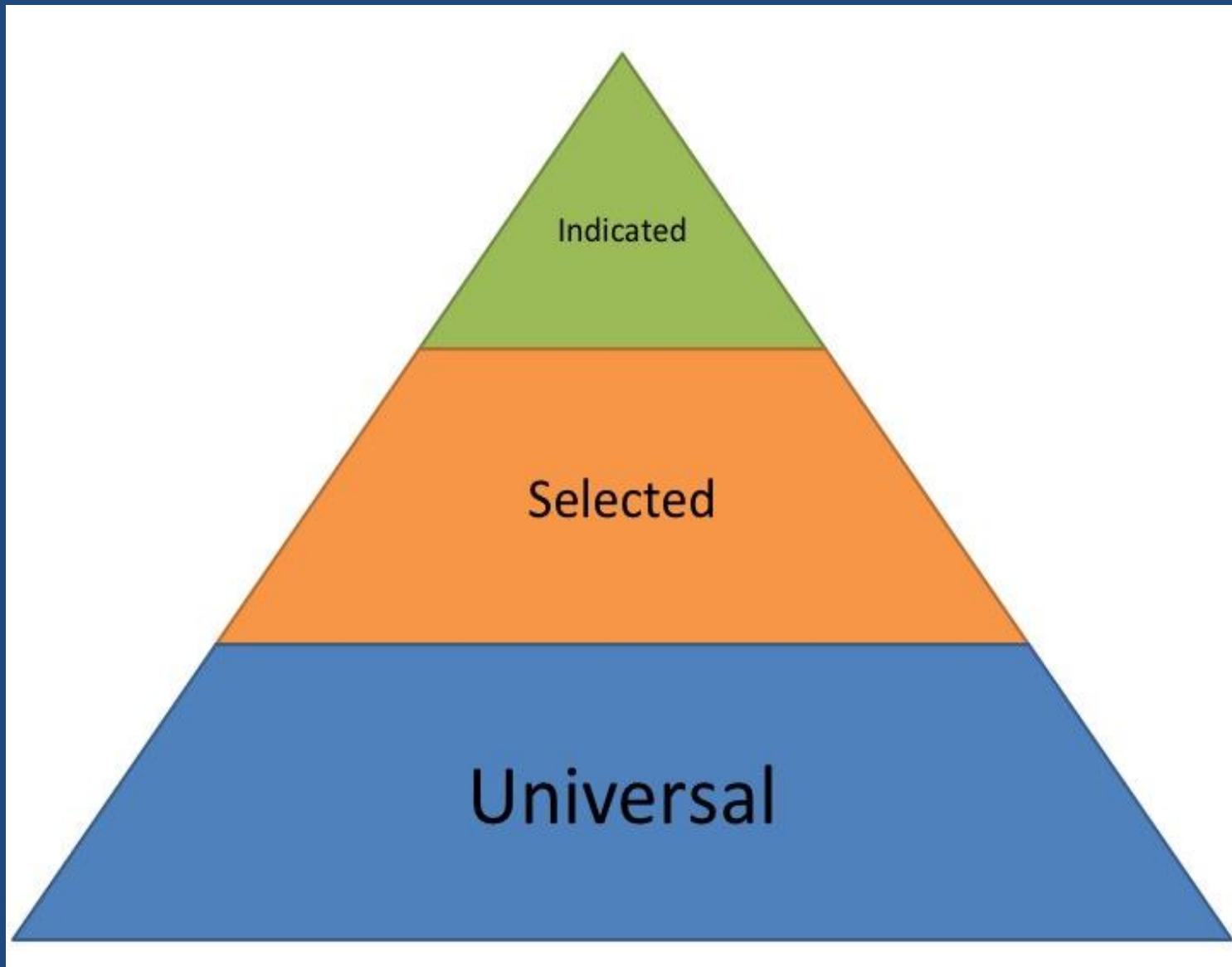
Attendance rates have improved in urban Band 1 primary schools

The gap in retention rates between DEIS and non DEIS has narrowed significantly over time; from 22 per cent at senior cycle for the 1995 school entrant cohort to 10.5 per cent for the 2008 cohort.

DEIS urban primary – further improvements in reading and maths scores between 2010 and 2013 (Weir & Denner 2013)



Differentiated Levels of Need for Prevention
see Downes (2014) on this for ESL



Impact of Poverty

*Children living in low-income families are especially vulnerable to mental health difficulties (US Department of Health and Human Services, 2001; Annie E. Casey Foundation, 2009).

*The huge socio-economic disparities in levels of illness across the lifespan are well documented (Townsend and Davidson, 1992; Acheson, 1998).

*Children in the child welfare system, who come primarily from families in poverty, have a greater prevalence of mental health problems compared with those in the general population (Leslie et al., 2004; Dore, 2005).

Rural poverty: O'Donoghue (2014) Teagasc study:

Bunclody in Co Wexford, Robertstown in Co Kildare and Rathkeale in Co Limerick are the towns with highest poverty in a new index measuring economic conditions in rural towns.

The study by Teagasc examined conditions in 300 rural towns with a population of 1,500 or more, together home to 1.5 million people, a third of Ireland's total population.

It found that towns closer to major cities tended to perform better while those furthest away at the very edges of commuting zones were generally weaker.

The Teagasc study found that rural towns had a consistent poverty rate of 10% compared to 5% in cities, while unemployment had trebled during the recession, whereas it had doubled in cities.

A third of households of working age in these towns had nobody at work, which was much higher than the 20% of city households where nobody had a job.

Food poverty – Hunger prevention in schools centred on needs of child

*12,661 10-17 year olds in Ireland from randomly selected schools throughout the country (Callaghan et al. 2010), 20.9% of schoolchildren in Ireland report going to school or bed hungry because there is not enough food at home.

*A 2013 IPPN survey of over 600 primary school principals found that over 20% of primary principals observed an increase in children coming to school hungry.

*Differences between 7 DEIS Dublin primary schools ranged from 6% to 33% of pupils stating they were either often, very often or everyday too hungry to do their work in school (Downes & Maunsell 2007).

In a different Dublin area approximately 18% of the 6th class pupils attending school on the given day stated that they were either often, very often or every day too hungry to do their work in school – this figure was notably higher in 3 of the 4 schools where 21%, 25% and 25% of pupils stated that they were either often, very often or every day too hungry to do their work in school (Downes, Maunsell & Ivers 2006).

***A systematic national strategy to prevent hunger in school is not currently in place.**

Current initiatives include the School Meals Programme funded by the Department of Social Protection and Breakfast clubs facilitated by School Completion Programme through the Department of Children and Youth Affairs. Yet these are not systematically available for all children in need.

Not every School Completion Programme includes breakfast clubs and school participation in the School Meals Programme is varied and requires a school principal to apply to be part of it.

Unlike countries such as Britain, France and Poland, Irish schools have poor infrastructure for meals in schools, with little investment historically in kitchen facilities in schools.



Broadening the Outcomes Agenda for Social Inclusion: A Focus on Structural Indicators

Better Outcomes, Brighter Futures: The national policy framework for children & young people
2014 - 2020

‘The five national outcomes that we want for all our children and young people are that they:

1. Are active and healthy, with positive physical and mental wellbeing.
2. Are achieving their full potential in all areas of learning and development.
3. Are safe and protected from harm.
4. Have economic security and opportunity.
5. Are connected, respected and contributing to their world.’

Broadening the Outcomes Agenda for Social Inclusion - Beyond a Dreary Instrumentalism

Downes (2007) critique of SMART (Specific, Measurable, Achievable, Relevant, Timed) Outcomes

- Risks filtering out hardest to work with, most marginalised as complex needs make it most difficult to attain outcomes
- Endangers person-centred, relational approach and emotional supports that start with where people are at
- The person's pace may not fit with the SMART outcomes timeframe
- In complex systems, one element may have only limited influence over outcomes, e.g., youthwork over wellbeing or education outcomes
- System obstacles, lacks may block even the best interventions from showing outcome gains

An approach to facilitate both central strategic direction and accountability and local flexibility and creativity

Structural indicators are 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.

Structural indicators go beyond the quantitative/qualitative distinction as they are factual, potentially verifiable yes/no answers. They are action-guiding and policy and practice relevant.

g principles as SIs:

ive involvement of target groups in design YES OR NO

ive involvement of target groups in delivery YES OR NO

in organisational structures as SIs

ervention of sufficient intensity to bring change

YES OR NO

tem-change focus and not simply individual-change focus

YES OR NO

ar focus on level of prevention – universal, selected (moderate risk)

/or indicated (chronic need)

YES OR NO

inct age-cohort focus

YES OR NO

ar outreach strategy to reach marginalised groups

YES OR NO

ernatives to Suspension

YES OR NO

al spaces as SIs

pecific space in school building for parents to meet

YES OR NO

(Downes 2014)

5. Youthwork and the Arts



- Acheson, D. (1998). Great Britain independent enquiry into inequalities in health and adult disease. London: Ciba Foundation Symposium No. HMSO.
- Annie E. Casey Foundation. (2009). 2009 Kids count data book: State profiles of wellbeing. Baltimore, MD:
- Annie E. Casey Foundation Callaghan, M. and the HBSC Ireland Team (2010). Food poverty among schoolchildren in Ireland. Health Promotion Research Centre, NUI Galway
- Dore, M. (2005). Child and adolescent mental health. In G. Malon and P. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 148–172). New York: Columbia University Press.
- Downes, P. (2007). *Why SMART outcomes ain't always so smart...* pp.57-69. In *Beyond Educational Disadvantage* (2007), (P.Downes & A-L Gilligan, Eds.), Dublin: Institute of Public Administration.
- Downes, P. (2014). Towards a Differentiated, Holistic and Systemic Approach to Parental Involvement in Europe for Early School Leaving Prevention. Policy Recommendations Report for the EU Urbact, PREVENT project involving 10 European City Municipalities. European Union, European Regional Development Fund, Urbact Programme, Paris.
- Downes, P. (2013a) Invited Presentation, Developing multi-agency and cross-sector synergies in and around education, 5th meeting of the European Commission, Directorate-General for Education and Culture (EAC), Thematic Working Group on Early School Leaving, Brussels, 28-29 January 2013
- Downes, P. (2008) Mental health strategy for deprived children missing from education plan in Action on Poverty Today, 21: Combat Poverty Agency: Dublin
- Downes, P, Maunsell, C. & Ivers, J. (2006). A Holistic Approach to Early School Leaving and School Retention in Blanchardstown Current Issues and Future Steps for Services and Schools. Dublin: Blanchardstown Area Partnership.

Downes, P. & Maunsell, C. (2007). Count us in: Tackling early school leaving in South West Inner City Dublin, An integrated response. Dublin: South Inner City Community Development Association (SICCCA) & South Inner City Drugs Task Force.

Edwards, A. & Downes, P. (2013). Alliances for Inclusion: Developing Cross-sector Synergies and Inter-Professional Collaboration in and around Education. Commissioned Research Report for EU Commission NESET (Network of Experts on Social Aspects of Education and Training). Foreword to report by Jan Truszczynski, Director-General of DG EAC

Edwards, A. and Downes, P (2013a). Invited Presentation, Cross-sector policy synergies and inter-professional collaboration in and around schools: Examples and evidence. May 28, Brussels, European Commission, Directorate General, Education and Culture and Directorate General, Research and Innovation.

Eurochild (2011). The role of local authorities in parenting support. Family and Parenting Support Thematic Working Group Round Table Report. Brussels: Eurochild.

IPPN (2013). Survey of School Principals, Conference data.

Leslie, L. K., Hurlburt, M. S., Landsverk, J., Barth, R., and Slymen, D. J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse and Neglect*, 28, 699–714.

National Reform Programme For Ireland under the Europe 2020 Strategy Submitted to the European Commission 29 April 2011

http://ec.europa.eu/europe2020/pdf/nrp/nrp_ireland_en.pdf

Oireachtas (Irish Government and Senate) Joint Committee in Education and Skills on Early School Leaving (2010). Staying in Education: A New Way Forward - School and Out-Of-School Factors Protecting Against Early School Leaving

Smyth, E., McCoy, S & Kingston, G. (2015). Learning from the Evaluation of DEIS RESEARCH SERIES NUMBER 39 April 2015

Townsend, P., and Davidson, N. (Eds.). (1992). Inequalities in health: The Black report. London: Penguin.

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.

Weir, S & Denner, S., (2013). The evaluation of the school support program under DEIS: Changes in pupil achievement in urban primary schools between 2007 and 2013. Dublin: Education Research Centre.

Weir, S., Archer, P with Adrian O'Flaherty and Lorraine Gilleece (2011) DEIS 2005 - A Report on the First Phase of the Evaluation of DEIS. Dublin: Education Research Centre