

RESEARCH BRIEFING

ISSN 1366-803X

RB 3/2002

March 2002

LITERATURE REVIEW: EFFECTIVENESS OF DIFFERENT FORMS OF INTERVENTIONS IN THE SCHOOLS AND YOUTH SECTORS

KEY POINTS

- ◆ Numerous factors have been highlighted as potential 'risk' factors in the educational underachievement of pupils. Such risk factors may include age-related behaviours, contextual factors, parenting style or neighbourhood influences. The range of risk behaviours is wide and includes abuse of alcohol, substance abuse, pregnancy, truancy and smoking.
- ◆ The development of successful programmes is possible, but only if they are designed and delivered in the context that risk behaviours are interrelated and influenced by a range of individual and contextual factors.
- ◆ There have been few successful teen pregnancy prevention programmes. Programmes that have been most successful have extended beyond reproductive health to include life options, such as education and job skill training and psychosocially-based components, including decision making, problem solving and communication enhancement.

- ◆ In relation to drug prevention, studies strongly suggest that interventions should be targeted at primary schools with multi-component multi-channel programmes¹ with booster sessions.
- ◆ For pupils involved in truancy a number of approaches have been tried. It has been found that rewards and sanctions tend not to affect persistent truants (while positively affecting occasional truants) but ICT solutions can be effective, at a cost. Whole school solutions, coupled with unambiguous discipline policies and computerised registration, early literacy/numeracy intervention and extra-curricular activities have been the most effective.
- ◆ Since bullying has been shown to be implicated in pupil truancy and lack of achievement, intervention is recognised as being necessary. Whole school approaches, which are evidence-based, are needed to address bully/victim problems at the pupil, staff, parent and community level.

¹ *A 'multi-component' programme refers to a number of different approaches that are adopted to address a particular issue. A 'multi-channel' programme involves using various means to communicate these strategies, for example using different agencies or groups in the delivery of the strategies.*

1.0 INTRODUCTION

Reductions in levels of pupil disaffection and potential social exclusion have been a central tenet of the UK Government's Social Exclusion Unit (SEU). Personal and situational risk factors relating to the education of young people have been highlighted and been the focus of intervention and prevention strategies within the schools and youth sectors.

The current literature review sets out the background to these risk factors and critically reviews the academic and community literature from Northern Ireland, the rest of the United Kingdom, Europe and beyond that has evidenced the effectiveness or otherwise of prevention and intervention strategies in addressing underachievement and social disadvantage, in both the schools and youth sectors.

Evidence and suggestions are presented on the most effective strategies and their constituent components, the most appropriate time of application and the expected benefits of such strategies. The methodologies utilised in the selected intervention and prevention strategies have been screened to determine their reliability and validity for potential usage within the local schools and youth sectors. Where suggestions have been made for future practice, methodological limitations inherent in the research reports have been taken into account.

Key factors relevant to policy development aimed at combating social disadvantage and reducing low achievement are discussed, thereby contributing to the Department of Education's (DE) objective in their New Targeting Social Need (NTSN) Action Plan.

1.1 Social Exclusion, School Exclusion and Risk Factors relating to Educational Attainment

Disaffection and exclusion from school, particularly permanent exclusion, may be the first step in the direction of exclusion from society (Blyth and Milner, 1996). The rationale for addressing such disadvantage and multiple problems is quite clear in that:

"If they [pupils] fail to become contributing adults, these young people represent a very substantial loss of potential to the country, to the economy, to communities and to individual lives".

(Morris et al., 1999, p.1)

The seriousness of permanent exclusion is further evidenced from the now well-established link between exclusion and criminality (Audit Commission, 1996) with serious costs for young people themselves and for society as a whole (Harris, 2000). Thus, early intervention where there are signs of disaffection, may prevent problems from deteriorating.

Risk factors relating to the educational attainment of young people have been shown to be associated with drop out and underachievement (Lerner and Galambos, 1998). This report reviews the literature on the efficacy of prevention and intervention strategies currently used within the schools and the youth sectors for the purpose of ameliorating the potency of 'risk' factors which affect the educational attainment of school age children.

1.2 Educational Risk Factors – Who are at Risk?

The World Health Organization's (WHO) Health Behaviour Among Young People Survey (1997/1998) provides information on the behaviours of young people in Northern Ireland in terms of substance abuse (including alcohol and illegal drugs), sexual behaviour and relationships within school. The survey identified a cluster of certain 'risky' behaviours including:

- ◆ smoking more than 20 cigarettes per week;
- ◆ having been drunk more than ten times;
- ◆ having experienced sexual intercourse before the age of 16; and
- ◆ currently using drugs.

The WHO report also found an identifiable cluster of young people engaged in this 'cluster' of activities:

- ◆ more boys than girls;
- ◆ the majority in their last two years of compulsory education;
- ◆ a pattern of lower school performance;
- ◆ a pattern of persistent non-attendance; and
- ◆ a pattern of poorer socio-economic backgrounds (using free school meals as an indicator).

The DE Inspectorate (2000) report that the socio-economic indicators of those young people in Northern Ireland at greatest risk of underachievement and social disadvantage include the:

- ◆ 1,104 children aged 12–16 + in care (47.5% of total number of children in care);
- ◆ 1,463 children on the Child Protection Register; and
- ◆ 5,302 children at Key Stage 4 referred to Education and Library Boards (ELBs) who were experiencing problems attending mainstream education (10% of the Key Stage 4 cohort).

1.3 Targeting Educational Risk Factors

The characteristics associated with risk behaviours may serve as the targets for successful interventions. The range of risk behaviours which affect the educational attainment and experiences of young people include:

- ◆ pregnancy;
- ◆ substance abuse;
- ◆ abuse of alcohol;
- ◆ smoking;
- ◆ truancy;
- ◆ violence and bullying; and
- ◆ diet and nutrition.

Other factors associated with the interruption in learning include:

- ◆ ADHD (Attention Deficit Hyperactivity Disorder);
- ◆ dyslexia;
- ◆ dyspraxia;
- ◆ poverty;

- ◆ minority group background; and
- ◆ emotional and behavioural difficulties.

In addition, underachievement in learning may be exacerbated by:

- ◆ despair;
- ◆ low self-esteem;
- ◆ poor employment prospects; and
- ◆ poverty.

While knowledge about such risk factors to the educational attainment of young people does not automatically provide a formula for prevention, it does, however, assist in the identification of potential targets for preventive intervention. Risk factors are generally viewed as relatively stable entities, in spite of changing norms (see for example Hawkins et al., 1992). This would suggest the stability of risk factors as predictors and their viability as targets for preventive work.

1.4 Intervening to Reduce the Impact of 'Risk' Factors

Social inclusion has become a political and educational issue, which focuses on the need to address division and exclusion in learning, while aiming to promote participation in learning activities, either formally or informally. In this perspective the range of possible interventions are extended to include planned cultural and structural changes in the learner's social and political circumstances, within and beyond the formal learning situation. As such, there has been a move away from interventions based on the individual to those that take the social situation of the problem into account and move towards inter-agency, multi-component approaches. Indeed, the SEU advocates 'joined up solutions to joined up problems'.

1.5 The Need to Target Early Years

Most prevention and intervention strategies begin when young people are in their teens, a time at which they are more likely to be multiply disadvantaged. Programmes such as 'Head Start' (Nielson, 1989) in the US, which target disadvantaged children in early childhood, have been shown to be effective in promoting long-term improvement in motivation, social competence and academic

achievement. Whilst a similar approach has been adopted in the UK (Sure Start), Morris et al., (1999) argue that there is even more that could be done in the early years to prevent disadvantage and disaffection.

1.6 Generic Features of Successful Programmes

Effective prevention and intervention programmes seek to engage the system of individual and contextual variables affecting youth development. Successful prevention and intervention programmes within the schools and youth sectors have been identified and evaluated. From these, it has been possible to determine 'what works' and which are likely to be the most promising approaches for the future. Furthermore, it becomes apparent that attention should not be focused solely on the programme itself, but on the effective components of the successful programme.

A range of characteristics relating to effective interventions have been highlighted:

- ◆ community wide, multi-agency collaboration should be pursued with existing services working together collectively;
- ◆ programmes should be planned, focused and long-term, with early identification and intervention, intensive action at key transition points, sustained throughout, and ways back offered to those who have gone off track;
- ◆ individual and contextual influences that contribute to youth problems should be considered;
- ◆ innovation and a proactive attitude are important, making use of 'non-professional' resources, for example, communities, families, young people themselves;
- ◆ the best programmes are based on a robust understanding of risk and protective factors – including the development of self-esteem, self-competence, beliefs and values;
- ◆ good programmes build on data and local knowledge which helps target action and monitor success;
- ◆ programmes should start from the premise that all children can learn and reach age - and skill-appropriate targets in literacy and numeracy;

- ◆ a link to the world of work through work experience enhances motivation and responsibility to achieve; and
- ◆ the best programmes are underpinned by proper planning and training.

(Morris et al., 1999; Lerner and Galambos, 1998; SEU, 1999)

1.7 Intervention Strategies

In line with the characteristics outlined above, there has been a shift away from single-focus, researcher-driven approaches towards more community-based, multi-component approaches that are rooted in partnerships among diverse stakeholders (Nelson et al., 2000; Schorr, 1997). In this new approach, the implementation of programmes is rooted in community development (Powell and Nelson, 1997), with a variety of agencies, both statutory and voluntary, pooling resources and expertise. Six steps that can guide this process have been identified:

- ◆ create partnerships;
- ◆ clarify values and vision and derive working principles;
- ◆ identify and merge the strengths of different approaches and partners;
- ◆ define the problem collaboratively;
- ◆ develop the intervention programme collaboratively; and
- ◆ research and evaluate the programme collaboratively.

(Nelson et al., 2000)

Practice Example: Community Support Team - Educational Support

The 'Blackford Brae Project' (Barnardos in partnership with Edinburgh Council) is a multi-disciplinary community support team with the aim of helping children at risk of exclusion remain in mainstream schools. Results have shown that 41 of the 45 children worked with directly, have been able to stay in mainstream schools.

Barnardos report that the savings for these 41 children, however calculated, are substantial. The total saving for these 41 children over special day schools is reported as being substantial.

In conclusion, the 'Blackford Brae Project' has demonstrated that a multi-disciplinary community support team can be successful in keeping those at risk of exclusion in full-time education through direct work, work with families and group work with schools, families and children. Such an approach has evidenced substantial monetary savings.

2.0 RISK FACTORS RELATING TO EDUCATIONAL ATTAINMENT

2.1 Adolescent Pregnancy in Northern Ireland

In 1998, there were 537 births (2.3% of total births) to teenage mothers under the age of 18 in Northern Ireland. Approximately 30% of 15 year olds in Northern Ireland report having had sexual intercourse, with an average age of initiation at age 14 years. Whilst 20% of the males and 12% of the females report that they do not use any protection against pregnancy or sexually transmitted diseases, approximately 70% of this age group do report using protection.

2.1.2 Strategies to Reduce Adolescent Pregnancy

Despite the problematic nature of intervening and attempts to influence the behaviour of 'socially experimenting' adolescents, the problems of teenage pregnancy and the subsequent risk to the education of those concerned can be

targeted with some success. Numerous projects have demonstrated that the problem can be addressed both effectively and efficiently.

It has been asserted that school-based programmes have been ineffective because they exclude the societal influences outside the school as a contributing factor to teenage pregnancy (Shamai and Coombs, 1992). Comprehensive programmes that go beyond a narrow biological approach to include societal and contextual factors are believed to be crucial to programme effectiveness (de Gaston et al., 1995). In addition, programmes must reflect the current research on adolescent sexual activity and have a clearly articulated theoretical base (Schinke, 1998).

2.1.3 Strategies to Reduce Adolescent Pregnancy – Sex Education

Research has consistently reported that ignorance about sex is a key risk factor for adolescent pregnancy - doubling the risk, according to one 1991 study (Wellings et al., 1996). With regards the efficacy of relationships and sexual education (RSE), there is a consistent positive finding that RSE can be effective in reducing teenage pregnancy, and does not lead to an increase in sexual activity or pregnancy rates (Kirby, 1997; Kirby et al., 1994; Baldo et al., 1993). Indeed, in a major review of the literature on RSE, Grunseit and Kippax (1994) concluded that they could find no support for the contention that sex education encourages sexual experimentation or increased activity. New RSE guidelines for schools in Northern Ireland have been developed by the Council for the Curriculum, Examinations and Assessment (CCEA) and have been disseminated by DE (DE, 2001).

2.1.4 Strategies to Reduce Adolescent Pregnancy – Abstinence

The concept of abstinence embraces both primary abstinence, refraining from sexual intercourse by an individual who has never experienced it, and secondary abstinence, or discontinuation of sexual intercourse among those already sexually experienced. Abstinence-based programmes are the increasing choice of both the Government and programme developers in the US. Such multi-agency abstinence-based prevention programmes have evidenced a reduction in adolescent pregnancy.

Practice Example: A Multi-Agency Abstinence Based Programme

'Campaign for Our Children' (1997) is a successful community-based (US: Maryland) abstinence programme. The multi-component programme is funded (approximately \$2.5 million per year) from the public and the private sectors.

Pupils, parents and community leaders are targeted with messages strongly advocating abstinence through mass media advertising, press releases, active in-school programmes, and public health facilities. TV and radio spots, billboards, posters and brochures are all used to emphasise the message. Examples of messages include; 'You Play, You Pay', 'Abstinence Makes The Heart Grow Fonder', 'Virgin is not a dirty Word'.

The state of Maryland is one of only two states experiencing a decrease in the rate of teenage pregnancies, witnessing the seventh straight year of reduction (2000) - the programme being felt to have contributed to the 17% decrease in adolescent birth rates in the state since 1990. At least 13 other states and four different countries have adopted the programme.

2.1.5 Strategies to Reduce Adolescent Pregnancy – School and Community

Intervention programmes based on school and community involvement have been reported as successful. Zabin et al., (1986) report on the efficacy of one such programme. Results indicated that pregnancy rates for participants decreased 30%, while pregnancy rates for control group members increased by 58%.

Other programmes extend beyond pregnancy prevention to enhance adolescents' life options. Results from the 'Teen Outreach Program' (Allen et al., 1994) showed that participants in the programme were less likely to become pregnant and to drop out of school whilst participating in the programme. The 'Children's Aid Society's Teen Pregnancy Prevention Program' (Carrera and Dempsey, 1988) has also proved fruitful. Results indicate that participants were more likely to complete

school, attend college, and were less likely to become pregnant than the national average (Philliber, 1994).

2.1.6 Reducing Adolescent Pregnancy – Conclusion

Adolescent pregnancy is associated with multiple risk factors, including drug and alcohol use, delinquency and low educational performance (Zabin and Hayward, 1993). Adolescent pregnancy prevention programmes need to consider these problems. Thus, the most effective programmes are likely to be comprehensive and interdisciplinary (East and Felice, 1996). In summary, there have been few successful teen pregnancy prevention programmes. Those programmes that have been most successful have extended beyond reproductive health to include life options, such as education and job skill training and psychosocially-based components, including decision-making, problem solving, and communication enhancement (Nitz, 1999).

Such multi-agency partnerships working at local level have proven fruitful in the implementation of intervention and prevention programmes aimed at combating teenage pregnancy. No one group alone, can achieve by itself a reduction in teenage pregnancy rates. As such, a multi-agency community-based approach may be best suited to the provision of joined up solutions to the joined up problems, of which teenage pregnancy is just one.

2.2 Substance Misuse

2.2.1 Drugs

There is an upward trend in drug use in the whole of the UK. The prevalence of drug use among 12-13 year olds has increased fivefold and among 14-15 year olds eightfold since 1987 (SCODA, 1999). In 1998, the Health Promotion Agency for Northern Ireland (HPANI) stated that taking drugs was reported by young people as an accepted feature of life. The Youth Lifestyles Survey 1998/99 (Flood-Page et al., 2000) found that the 18% of 12-17 year olds who had used drugs in the last year were at least five times as likely to be offenders than non-drug users. There was also a clear overlap between those who had used drugs, and involvement in a range of other risk behaviours such as frequent drinking and truancy.

2.2.2 Alcohol

The Youth Lifestyles Survey 1998/99 (Flood-Page et al., 2000) found that overall, 60% of 12-17 year olds reported drinking at least once a week. The World Health Organization (1997/1998) has reported that over 20% of 15 year old students in Northern Ireland report at least ten experiences of drunkenness. Kilpatrick et al. (1999) report data from the 1996/97 Northern Ireland suspension and expulsion study showing that of 314 suspensions for 'illegal activity', 44 (14%) were for possession of alcohol.

2.2.3 Smoking

The World Health Organization (1997/1998) has reported that while just 1% of 11 year olds in Northern Ireland report smoking daily, the figure rises at age 13 to 10% for females and 7% for males. At age 15, these rise further to 24% and 16% respectively. The 1996/97 Northern Ireland suspension and expulsion study shows that of 90 suspensions for 'minor rules infringement', 68 (75.6%) were for smoking (Kilpatrick et al., 1999).

2.2.4 Preventing Substance Misuse – Early Targeting

Rather than attempting to prevent drug misuse in a permanent sense, most approaches tend to focus on delaying onset of drug misuse – in particular the onset of experimentation with so-called 'gateway' drugs such as tobacco, alcohol and marijuana. Gateway theories of drug misuse suggest that usage of one drug predisposes a young person to use another, often perceived as a more serious drug. The age of initiation into drug use is falling (Lloyd et al., 2000) and it is also known that the age at which drugs are first used appears to be associated with the nature of future drug use problems (Anthony and Petronis, 1995; Fergusson and Horwood, 1997; Kandel and Yamaguchi, 1993; Robins and Przybeck, 1985).

Alcohol, tobacco and marijuana have been shown to pre-date entry into other forms of drug use, including each other (Leitner et al., 1993; Hawkins et al., 1992; Collins et al., 1987; Kandel and Logan, 1984). Such associations have led researchers to suggest that early prevention efforts targeting the avoidance of young people's initiation with such substances may reduce future involvement with other illegal drugs (Werch and Anzalone, 1995; Guy et al., 1994).

2.2.5 Which Age Group Should be Targeted?

To increase preventative impact, educational interventions should start in the primary school. Such an approach, however, has not been explored thoroughly in the literature. Evaluations of programmes in this area are rare, partly because they require a long timescale before impacts on behaviours become measurable.

In the UK, most approaches are targeted at pupils within the 11-14 age group. Despite this fact, research findings demonstrate that initiation into smoking tobacco often occurs before this age is reached (Balding, 1997; Kandel and Logan, 1984; Swadi, 1989; Turtle et al., 1997).

Thus, it would appear that most UK prevention and intervention programmes are targeted at the wrong age group, concentrating, as they do, on secondary school-age children. Moreover, if, as is suggested by drug trends among young people, the age of initiation is decreasing, the mismatch between the delivery of drug education and the key stage in adolescent experimentation with drugs must be increasing (Balding, 1997).

A review of 108 drug education packages available in the UK has pointed out that the evidence strongly points towards an ever younger substance-misusing population and if educational preventative measures are to be effective they should be addressing these age groups. The review suggests that this is not the case in the UK (Swadi, 1989). Despite the fact that there is some reluctance to involve younger children in drug prevention programmes due to a wish to 'protect their innocence' and to avoid sparking an interest in drugs where there was no interest before (Dawson, 1997; Greer, 1989), there is also a growing body of knowledge (eg Wetton and McWhirter, 1998) showing that children as young as five have some knowledge and understanding about the various types of drugs – both legal and illegal.

2.2.6 Life Skills Training For The Under Tens

A common component in the successful programmes reviewed emphasised the need for social skills training. Some programmes using 'life skills' training components have evidenced reductions in drug use of 30% to 50% at the end of the primary year of intervention (Botvin and Botvin, 1992; Botvin and Wills, 1985).

A key point iterated in the literature is that life skills training should be presented early to young people and followed up with booster sessions to reinforce the programme message. It has already been noted that substance misuse programmes should be targeted at those pupils in primary school education.

Two such programmes in the UK have reported positive results. 'Project Charlie' is a multi-component life-skills programme targeted at primary-school children, which incorporates training in resistance skills, peer selection, decision making and problem solving, self-esteem enhancement and the provision of factual information. The evaluation of 'Project Charlie' (Hurry and Lloyd, 1997) indicated that the programme was successful.

Another multi-component life-skills programme, the 'Hampton Intervention and Prevention Program' (HIPP) takes this strategy one step further. HIPP is a multi-component multi-channel programme that provides a continuum of prevention and intervention support from nursery school through to high school (Carlson, 1990). The curriculum includes factual information on alcohol and drugs, skills training for resisting peer pressure, decision-making advice and activities that promote a positive sense of competence and self-worth. Evaluation of HIPP demonstrated effective outcomes.

2.2.7 Conclusion

A key conclusion from the literature on reducing the risk of substance misuse on the education and development of young people is that there is a surprising lack of well-conducted evaluations in this area. Whilst many programmes have been criticised for methodological weaknesses, another major limitation of research in this area is the dearth of studies with long-term follow-up data. A fundamental problem in the evaluation of such programmes is the delay involved in measuring the impact of the programme – that is, subsequent substance (mis) use outcomes. For example, a programme delivered to primary school pupils cannot be expected to have a measurable impact on drug usage for 4-5 years. Although the emphasis should be on early education through multi-component and multi-channel programmes, it should be realised that immediate effects will not be evident.

Despite the limitations of many of the approaches to reducing the impact of substance misuse, there is some ground for optimism. The evaluation of the 'Illwarra Drug Education Programme' suggests that life-skills approaches targeted at primary school-age children can have an impact on future smoking, alcohol

consumption and illegal drug use (Wragg, 1990, 1992). The 'Project Charlie' evaluation in the UK (Hurry and Lloyd, 1997) lends support to the conclusions from the 'Illwarra' programme, as does the 'New Hampshire' study in the US (Stevenson et al., 1996). The need for 'booster sessions' has been emphasised by Botvin et al. (1995).

In conclusion, successful approaches in this area have tended to be intensive (Kumpher, 1997), interactive (Tobler and Stratton, 1997), multi-component and multi-channel (Tobler and Stratton, 1997) and based on life skills (Botvin et al., 1995).

2.3 Truancy

2.3.1 Truancy – Suspension and Expulsion in Northern Ireland

Kilpatrick et al., (1999) report data from the 1996/97 Northern Ireland suspension and expulsion study showing that of 3,748 suspensions, 212 (5.7%) were for truancy – 165 males out of a total of 3,192 males (5.2%), and 47 females out of a total of 556 females (8.5%). Clearly, although boys outnumber girls in the category, the percentage of girls suspended for truancy was greater than that for boys. A small but significant number of pupils, 10.7% (n=281) were repeatedly suspended three or more times accounting for 996 suspensions. In this group of pupils 89.3% (n=251) were boys and 10.7% (n=30) were girls. Truancy as the primary reason for suspension of these pupils accounted for 45 (4.5%) of the suspensions. Out of 45 pupils given extended suspensions (ie the second suspension was an extension of an original suspension and whereby the pupil would not return to school in between the suspensions), one pupil was recorded in this category for truancy.

2.3.2 Risk Factors

As a risk factor to education, truancy could be argued to be one of the most potent with respect to the educational under-attainment of young people. It could be argued that whilst other risk factors occur when the pupil is at school, the pupil has a possibility of gaining a certain level of education from the curriculum. However, if the pupil is not attending school, they cannot gain any educational experience. Such a situation may result in long-term social exclusion for the young person. As with other risk factors which affect the educational attainment of young people, truancy is a multi-faceted problem, with each and every instance being unique in both character and the issues involved.

Whilst parents bear the primary responsibility for ensuring that their children attend school, parenting style, parental supervision, home circumstances and a lack of parental commitment to education are crucial factors behind truancy and condoned absences from school. The role of parents is illuminated in one study which found that while 44% of truants believed their parents knew they were truanting, 48% of non-truants said they were held back by fear of their parents finding out (O'Keefe, 1993).

Compounding this, the influence of peers is viewed by youth as even more important than family influence (Kinder et al., 1996). The curriculum has also been suggested as a cause of truancy (O'Keefe and Stoll, 1995). Kinder et al. (1996) report research in which students said they truant because they dislike particular lessons or teachers, or see school or the national curriculum as irrelevant. Some groups are particularly prone to truancy. OFSTED information shows around a fifth of primary school age and a third of secondary school age Traveller children have attendance levels below 50%. Many others may not even be registered at school (SEU, 1998). Bullying behaviours at school also act as a risk factor for truancy. One study reports that a third of girls and a quarter of boys described being afraid of going to school at some time because of bullying (Balding, 1996). In a further study, Sharp (1995) reported research from Sheffield schools that indicated that 20% of those who had suffered bullying would resort to truancy as a coping mechanism.

2.3.3 Risk Factors, Disaffection and Intervention

In a summary of the root causes of disaffection and school-based strategies to deal with the problem of truancy, key issues raised in a report by the National Foundation for Educational Research (NFER) (Kinder et al., 1995) fell consistently into three main groups. The three major arenas of influence upon disaffection were identified as:

- ◆ individual;
- ◆ family and social; and
- ◆ school factors.

Among the initiatives in place to deal with disaffection, three major focuses emerged:

- ◆ maintaining and monitoring attendance;
- ◆ providing support for emotional, social and/or behavioural needs; and
- ◆ offering an alternative learning environment or curriculum.

Finally, there appeared to be three possible dimensions to any such initiative:

- ◆ whole-school level;
- ◆ new school-based roles; and
- ◆ external support.

The report highlighted that these ‘three to remember’ were often interdependent in any attempt to deal with disaffection and absence from school.

2.3.4 Intervention – The Multi-Channel Approach

The SEU (1998) report commits the Government to the goal of a one-third reduction in the level of truancy by the year 2002 through national, local and school-based strategies. Whilst attempts by any agency to reduce truancy from education should be welcomed, it would appear that prevention and intervention strategies could be better focused and coordinated. This point has been highlighted in the SEU (1998) report:

“At the moment, no-one either nationally or locally has a clear overall responsibility to bring the level of truancy and exclusions down. We need to change that.”

(introduction, p.1).

As with other risk factors to the education of young people, there needs to be a clearly co-ordinated multi-channel approach to the problem of truancy (Reid, 2000; Berg, 1985). The SEU (1998) report on truancy and school exclusion emphasises that there is now a sufficient quantity and range of good practice to show that

truancy rates can be substantially cut. The SEU (1998) report sets out the following components of effective approaches:

- ◆ making a truancy crackdown an issue for the whole school - all children, all teachers, parents, ancillary staff and the local community. This can be extended to 'truancy watch' schemes, involving the police, local businesses and others;
- ◆ unambiguous discipline policies, applied consistently to stamp out bullying and negative peer pressures;
- ◆ computerised registration so schools can identify patterns and possible causes, for example particular groups of children who are truanting or particular lessons that are being missed;
- ◆ dealing early with children's literacy and numeracy problems so they catch up academically, and offering an alternative curriculum for those unlikely to achieve at GCSE; and
- ◆ extra-curricular activities - such as after-school clubs, study support, vocational learning, work experience and education-business-community links - have also been shown to motivate children at risk of becoming disaffected.

NFER (Kinder and Wilkin, 1998) has reported on the efficacy of five of the most commonly adopted new anti-truancy initiatives to emerge from the Grants for Educational Support and Training (GEST) funding opportunities available to schools since 1994. These are:

- ◆ IT systems (attendance and behaviour surveillance);
- ◆ rewards and sanctions;
- ◆ within-school units;
- ◆ school-based support roles; and
- ◆ alternative curriculum provision.

Practice Example: Bolton Multi-Component Multi-Channel Programme

Smithills Comprehensive School in association with Bolton Borough Council undertook a six-week trial project combining electronic registration (allowing six whole school registrations per day) and electronic pagers for parents of pupils who truant. Parents were contacted the moment the school knew that the child was missing and were expected to follow this up immediately. Attendance improved by between 19 and 23 per cent and post-registration truancy was virtually eliminated (SEU, 1998).

2.4 Bullying and Aggression

The potential of bullying and aggression at school to become a risk factor in the education of young people is not a new issue. The Elton Report (Department of Education and Science: DES, 1989) on discipline in schools stated that:

“ ... recent studies of bullying in schools suggest that the problem is widespread and tends to be ignored by teachers ... Research suggests that bullying not only causes considerable suffering to individual pupils but also has a damaging effect on school atmosphere”.

(p.102)

The situation has not changed since the publication of the Elton report. Recent research published by the National Society for the Prevention of Cruelty to Children (NSPCC: 'Full Stop Campaign') reported that the major concern from respondents in Northern Ireland with respect to children being harmed was bullying, with 45% of the sample seeing this as the biggest threat to children in their area.

2.4.1 Multi-Component Anti-Bullying Policies

Research suggests that the best prevention strategy that any school could implement is an evidence-based anti-bullying policy, drawing on experiences and lessons learned from other countries. Research findings support the assertion that anti-bullying policies do make a difference (Glover et al., 1998).

'Bottom-up' community-based multi-component approaches to tackling bullying have been advanced by many researchers in recent years (see, for example, Rigby, 1996). Top-down, school-based anti-bullying policies are less likely to be effective than those that have evolved from a long period of consultation involving pupils, staff and the school community. Although a school based top-down policy may be effective during the school day, external community influences may counter its effects outside school hours (Glover et al., 1998).

The chief features within such a multi-component policy include (Olweus, 1993):

General pre-requisites:

- ◆ awareness and involvement.

Measures at school level:

- ◆ questionnaire survey;
- ◆ school conference day on bully/victim problems;
- ◆ better supervision during breaks and lunch time;
- ◆ more attractive school playground; and
- ◆ parent circles.

Measure at the class level:

- ◆ class rules against bullying;
- ◆ regular class meetings;
- ◆ role-play, literature;
- ◆ co-operative learning; and
- ◆ class meeting teacher – parents/children.

Measures at the individual level:

- ◆ serious talks with bullies and victims;
- ◆ serious talks with parents of involved children;
- ◆ teacher and parent use of imagination²;
- ◆ help from 'neutral' students;
- ◆ help and support for parents.

Implemented in Norway, Olweus (1991) reported a 50% reduction in bullying. These positive changes were reported to still be evident 20 months after programme delivery, with no displacement from bullying at school to bullying on the way to and from school (Olweus, 1991). Similar (though not as high) results have been reported from other countries (eg Italy; Genta et al., 1996; Australia; Rigby and Slee, 1998; England; Smith and Sharp, 1994; Canada; Pepler et al., 1994).

² *Olweus (1993) asserts that the teacher can use the school situation and his/her knowledge of the students in many different ways to help bullies and victims find more appropriate reaction patterns. For example, the teacher can let the victim – together with one of the more popular students – carry out a task of some value to the class and then present the results to the class. However, the teacher must ensure that the task is within the capabilities of the student and they can handle the task, otherwise the results may have the opposite effect. Such an approach has been shown to be effective (Strain 1981).*

Practice Example: Applying the Scandinavian Approach in England

The Norwegian programme was implemented in 23 primary and secondary schools in Sheffield. Participants numbered approximately 6,000 pupils, ranging in age from 8 years to 16 years of age (Smith and Sharp, 1994).

Whilst there was a reduction in bullying, the reduction was not as large as that reported in the Norwegian research:

- ◆ primary schools evidenced a reduction of 17% in the numbers of pupils being bullied; and
- ◆ secondary schools evidenced a reduction in bullying reports by a more modest 5% (bullying behaviour/reports generally decrease with age).

Successful prevention and intervention strategies should also bear in mind the following key components highlighted in the literature:

- ◆ educate pupils that it is wrong to 'Suffer In Silence' - create a climate of a 'telling school';
- ◆ teacher training in counselling skills - talking is only as good as the teacher who is doing it (Glover et al., 1998);
- ◆ management of the built environment – research has indicated that it is possible to reduce bullying of 40-50% where playground measures are implemented (Smith and Sharp, 1994);
- ◆ training for ALL staff members – research indicates that each staff grouping recognises different actions as bullying (Glover et al., 1998; Smith and Sharp, 1994); and
- ◆ be primary school based - developmental characteristics of secondary school students (eg adolescents tend to conform less with the anti-bullying rules and authority figures) and characteristics of the school setting itself (eg secondary schools are characterised by more complex timetables) interfere with the programme outcomes (Stevens et al., 2000; Weissberg et al., 1989).

2.4.2 Conclusion

Whole-school approaches, which are evidence-based, need to address bully/victim problems at the pupil, staff, parent and community level.

3.0 APPLICATION OF PROGRAMMES IN NORTHERN IRELAND

A successful US-based model of prevention and intervention (Communities In Schools; CIS) is being piloted in an area of Northern Ireland that experiences higher than average levels of disaffection and educational underachievement (Health Action Zone, 1999).

The strength of the CIS programme is in its focus on all pupils – not solely those already disaffected. The creativeness and innovativeness of the CIS programme should enable the programme developers to truly develop ‘joined up solutions to joined up problems’. By focusing on a multi-component multi-agency delivery of action targeting all potential risk factors relating to educational attainment, it would be hoped that results of this pilot programme may evidence a holistic model of intervention and prevention strategies across the school and youth sector within Northern Ireland.

4.0 CONCLUSION

Based on the academic and community literature reviewed, it can be concluded that the most effective intervention and prevention programmes in the schools and youth sector focus on strategies that involve pupils, parents, schools and voluntary and statutory agencies. Integration of these stakeholders in programmes that are multi-component in nature have evidenced reductions in the effects of risk factors relating to educational attainment.

Such programmes require evidence-based research to focus programme content and delivery. Application of programmes also requires adequate resources to facilitate full programme evaluation and dissemination of results to the academic and community knowledge base. As such, these multi-component multi-channel programmes can be fruitfully developed in a true iterative cycle of planning, implementation, evaluation and revision.

5.0 THE PROJECT

The project was undertaken for the Department of Education by the Further and Higher Education Research Unit, School of Education, University of Ulster. The cost of the project was £ 9,000.

6.0 FULL REPORT

The full report entitled "Literature Review: Effectiveness of Different Forms of Interventions in the Schools and Youth Sectors" is available from the Department of Education, price £5³.

This paper is a summary of the research report and as such any views expressed are those of the authors and not necessarily those of the Department of Education.

³ *Each educational establishment and library is entitled to one free copy.*

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