

Training & Employment

n° 108 November-December 2013

School drop-outs: the lessons from an experiment linking education and health services

The young persons' guidance and support programmes (ateliers pédagogiques/APs) at the Jean Wier Medico-Psychological Centre in Nanterre are an innovative project in the fight against early school leaving. They are run by professionals from the health care, social work and education sectors. Well established in their local communities, they provide support and guidance for the young people experiencing the greatest difficulties among those at risk of permanently dropping out of school. In the light of the social utility of such services, and taking into account the lessons to be drawn from the evaluation, the conditions that would facilitate the implementation of similar programmes in other areas are identified and listed.

partnership
Youth cooperation
evaluation
experimentation
early school leaving

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The strengthening of the partnership between the national education system and the various institutions charged with implementing urban renewal policies has marked a change of direction in the fight against early school leaving. When the partnership is extended to include health care professionals, the shift is even more striking. The experimental support and guidance programmes for young people at the Nanterre Medico-Psychological Centre (MPC) are emblematic of this change of direction. Implemented under the auspices of the Fund for Experimental Youth Projects (Fonds d'expérimentation pour la jeunesse/FEJ) and evaluated by Céreq, the APs are based on an innovative approach to tackling early school leaving. Adolescents aged between 12 and 18 who have dropped out of school or are at imminent risk of doing so are offered a range of educational activities on a part-time basis (a maximum of 7 hours per week), in small groups and outside of mainstream school. The young people are taken under the wing of the MPC following various adverse events, such as a series of exclusions from several schools or a failure to find a place in a special school. Some have been out of school for several months or even years. The psychological factors behind this non-attendance are tackled by the health care staff. The programme's objective is to reintegrate about 20 young people per year, or about 60 over the three years of the

experimental programme, through a process of resocialisation and personalised access to treatment and support. In fact, because the time spent on the programme often extends beyond a year, the number of participants fluctuates between 25 and 35. Perceived by the young people themselves, the professionals and the institutions as beneficial, this programme, or a similar scheme, could usefully be extended, provided that certain conditions are met.

An innovative programme rooted in an urban and peri-urban area

The APs can be seen as innovative in two main ways. First, social workers and part-time teachers work alongside health care workers. Second, a permanent link is maintained with mainstream schools. The psychiatric sector¹ constitutes the programme's catchment area. The young people referred to the APs attend in three easily accessible places. Individual consultations take place at the MPC, while the therapeutic writing and painting workshops and the group outings are organised at the part-time therapeutic activities centre in a nearby wing of the MPC. Finally, the teaching ●●●

1 - Translator's note: State mental health care in France is divided into 'sectors'. Each of the 829 psychiatric sectors is in charge of mental health in its defined catchment area.

●●● sessions are held on the 'garden level' of a tower block in a more densely populated area a quarter of an hour's walk away. These places are visible to the young people and provide them with a spatial framework they can relate to.

In contrast to the education system, in which pupils are allocated to a particular school on the basis of administratively defined catchment areas, in a psychiatric sector it is the health care teams that go out into the community in search of their patients (cf. Box 2). The profile of the target groups and the methods adopted to reach them put them, in part at least, beyond the scope of the large centralised systems used by the education authorities and regional government. The young people concerned may, after all, have been out of school for more than a year, in some cases since the end of primary school, or they may have become the responsibility of the health or justice systems. Consequently, young people who have dropped out of school are identified from within their communities, through the networks established with voluntary associations, child welfare services, child protection services and young persons' information and guidance centres. Spontaneous requests for consultation can also be made to the MPC.

This rootedness in the local area has implications for evaluation of the benefits the community might derive from the experiment. It is less a question of ascertaining whether a 'small-scale' programme could be 'generalised' administratively on a large scale than of identifying how certain forms of cooperation might inspire similar programmes in other places. Any such programmes would have to meet four preconditions: a multi-partner approach, with particular emphasis on the involvement of local authorities and central government ministries; a cross-cutting programme, involving the institutions with responsibility for young people in the areas of health, social work, justice and education; a culture of cooperation between the various professions and, finally, recognition of the need to maintain an organisational memory.

CNIL • *Commission nationale de l'informatique et des libertés, The French data protection agency*

A partnership that cannot be taken for granted, even though urgency is the order of the day

Programmes based in mainstream schools and those managed by the Ministry of Education are no longer able to reach the 'hard core' of youngsters experiencing the greatest difficulties among all those at risk of early exit from education. They have gone 'out of control' or dropped 'off the radar', usually because existing preventive measure and sanctions have been exhausted. Mostly aged between 12 and 16 (more rarely 10-11 and 17-18), they are, nevertheless, still legally obliged to attend school.

As far as those who have dropped 'off the radar' are concerned, administrative incompetence certainly plays a role. After all, the Interministerial Information Exchange System, which is supposed to provide the most comprehensive list of young people who have exited initial education early, excludes the under-16s following a recommendation by the CNIL (the French data protection authority, the Commission nationale de l'informatique et des libertés). And for those who have gone 'out of control', the gradual ratcheting up of sanctions, from written notifications and warnings to temporary exclusions, has little impact on a group of youngsters who are frequently only dimly aware at best of the gravity of their offences. They slip into a pattern of repeated bad behaviour until they are permanently excluded, which puts them at risk of being pushed from one institution to another, or even being left entirely to their own devices.

This is why the APs constitute a 'last chance' initiative, for both the young drop-outs and the schools. The team's job is to put together an individualised plan comprising three elements: access to care, reintegration and learning. The viability of this plan is determined by a partnership involving bodies answerable to ministries other than the Ministry of Education and which therefore do not necessarily have the same priorities at the same time. Some of the partners have already been mentioned: child welfare services, child protection, local authorities and voluntary associations. To these can be added the Maison des adolescents in the département of Hauts-de-Seine, whose inclusion was being planned as the project got under way.

A cross-cutting programme combining therapeutic and educational approaches

In mainstream education, young people are not viewed holistically but essentially just as pupils.

Box 1 • The evaluation

Observation of AP sessions and internal meetings provided the basis for developing evaluation tools and adjusting the protocol. The observation was followed by five semi-structured interviews with teachers, the psychiatric nurse, a psychology student on a placement and a sports instructor. Three other interviews were conducted with professionals from the MPC and the part-time therapeutic activities centre, namely with the paediatric psychiatrist in charge of the programme and two specialist teachers who are linked to the APs.

Nineteen young people took part in individual interviews, as well as one mother. Several parents agreed to take part in an unstructured group interview. Interviews were conducted in five schools with the head or his deputy, the teacher in charge of general and vocational special needs education, the school nurse, the senior educational adviser or a teacher, depending on the case.

Perceptions of them are based largely on academic performance and their compliance with certain norms, particularly attendance. Consequently, it is difficult to dissociate the monitoring of pupils from the rhythms of school life, including the weekly timetable, end-of-term assessments and the annual programme. Adapting to the rules in force within the Ministry of Education is one of the difficulties faced by projects that take place outside schools. Nevertheless, some existing schemes, such as individual education plans for children with special needs, offer a possible framework for mediation (cf. Box 3).

In the APs, early exit from education is viewed as a symptom rather than a transgression to be punished; the programme serves as a springboard on to a course of treatment and support. At the outset, the educational element, which paradoxically retains some of its legitimacy, is emphasised, while the therapeutic element, which tends to be regarded with some hostility, is introduced only gradually. The innovative nature of the Nanterre APs is due in no small part to the strategic function of this combination of education and therapy within the programme.

Interprofessional cooperation makes compromise necessary

Combining the approaches of different professionals extends the range of possible solutions for combatting early school leaving. A certain common culture has developed around the APs, which has required a number of settlements or compromises to be struck between different sets of professional standards.

Nevertheless, cooperation between different professions requires agreement on relinquishing certain norms. Thus the teachers expressed a certain reluctance to exempt young people in difficulty from lessons because, in their view, they needed more lessons or hours of 'support'. This opinion is sometimes shared by parents when certain norms seem to them more or less non-negotiable. On the other hand, however, when a cooperative initiative is set up, some secondary school teachers complain about the lack of coordination between school work and what goes on in the APs: they say they do not know what type of lesson are being provided for the youngsters and how they are being taught. Just like the parents, they expect considerable improvements in educational performance and behaviour in the short term, whereas progress is not always immediately apparent. In the present case, such statements reflect the absence of a space in which ideas on teaching methods can be pooled and lesson content in secondary schools and the APs coordinated. This observation applies to any situation involving partnership.

Box 2 • Medico-psychological centres (MPCs)

Medico-psychological centres (MPCs) are defined in a ministerial decree of 14 March 1986 as 'coordination and consulting centres, open to the public, that organise preventive and diagnostic programmes and out-patient and domiciliary services for the population in their catchment areas', for the benefit of people presenting with mental health problems.

Their activities were defined from the outset as multidisciplinary and based on partnership. The professionals who cooperate with each other are psychiatrists and psychologists, as well as social workers, speech therapists, psychomotor therapists, specialist instructors and psychiatric nurses. The 1986 decree and the decree that preceded it make no mention at any point of the presence of schoolteachers or of partnerships with local schools.

In 2003, the total number of MPCs was put at 2,043. Although they were established only in towns with more than 20,000 inhabitants, they are very well distributed across the country, much more evenly than the 291 education districts or, more recently, the 326 School Drop-Out Tracking and Support Programmes (Plateformes de suivi et d'appui aux décrocheurs/PSADs) (Céreq count as at 1.10.2013, 360 PSADs are planned) set up by the Ministry of Education.

Parents' consent, and even more importantly their commitment and involvement, is also one of the conditions that determine the success of this type of project. However, it is sometimes difficult to persuade them, or even to contact them, in order to arrange an initial meeting with staff at the MPC. The need to schedule such meetings, the waiting periods and the administrative formalities required may all be insurmountable obstacles for parents. Any organisation seeking to make a success of similar programmes will have to be careful to take these constraints into account.

Formalising the collective organisational memory

Efforts to coordinate the actors come up against the difficulty that each professional has to find his or her place within an innovative framework that is neither explicitly formalised nor finished. They are dealing with more than one professional context in which verbal exchanges have a high degree of legitimacy, particularly for therapeutic purposes. The fact that the programme is delivered at numerous sites and that the professionals involved have a range of different backgrounds and statuses means that the adolescents' discourse and behaviour are likely to be interpreted in a variety of ways. For all these reasons, the production of tools (scoreboards, internal fact files, external partnership agreements) emerges as a factor in facilitating exchanges. And, through the development of an organisational memory that can be accessed by others, it is also a factor in ensuring continuity and durability. These tools, which are recommended by the evaluator, have been put in place without waiting for the experimental project to come to an end. They have a number of advantages.

Formalising judgements eliminates any possible implicit judgements. It also encourages the objectivation of interactions, as well as opening up the possibility of transmission between places, between professionals and between generations of professionals. Finally, it may provide inspiration for other programmes and solutions that can be transferred or generalised.

Thus, providing these four conditions are met, similar arrangements between different professional groups could be copied in any other geographic entity in which educa-

tional and health care establishments work together. The School Drop-Out Monitoring and Support Units (plateformes de suivi et d'appui aux jeunes décrocheurs)*, which involve bodies beyond the confines of the Ministry of Education, have widened the scope of the partnership. In particular, they involve the local and regional authorities, although there is no mention of health and social work personnel. Extending the partnership to these professional groups could be a step towards improving services for school drop-outs experiencing the greatest difficulties. ■

*The School Drop-Out Monitoring and Support Units (plateformes de suivi et d'appui aux décrocheurs) are new bodies set up to coordinate the local actors involved in young people's education, guidance and integration services. Their task is to provide a personalised support package for each young person over the age of 16 without qualifications and not in employment, education or training (so-called NEETs).

Box 3 • Two tools for managing partnerships and interprofessional cooperation

Individual education plans for children with special needs are drawn up for pupils suffering from long-term health problems: chronic illnesses, allergies, food intolerance, speech and language disorders, etc. In principle, they are intended for use within the national education system but can be opened up to external providers if the head teacher so requests. While there is provision for changes to teaching arrangements, a reduction in the number of hours of teaching is not explicitly mentioned. They are valid for a year and can be renewed.

Articles D351-4 and D351-9 of the Education Code; circular 2003-135 of 8 September 2003.

Education Success Programmes (programmes de réussite éducative/PRE) are based on partnerships that extend beyond the education system itself. Their aim is 'to provide support, from nursery school to the end of compulsory education, for children and adolescents showing signs of vulnerability' and 'to take responsibility for young people who are failing at school or excluded from the education system'. Furthermore, 'multi-disciplinary education success teams able to take a holistic view of young people's problems should be set up as a matter of priority and all local projects should provide for the establishment of such teams as a matter of course.' The circular specifically mentions the health and social work sectors: 'in many cases, the role they play is still too small, with priority being given to time-honoured measures focused on educational activities' (...), they 'absolutely must be planned and implemented in close collaboration with professionals and existing organisations'.

Social Cohesion Act 2005; circular 2007-004 of 11 December 2006.

Education Success Programmes (PREs) fall within the scope of urban policy and are part of the five priorities for urban social cohesion contracts (Contrats urbains de cohésion sociale/CUCS). These are based on a local or regional diagnosis and then on a joint project involving all the partners (central government, local authorities, family allowance offices, voluntary associations, etc.), which may extend to the planning of 'awareness and training programmes for all actors in education (parents, teachers, elected representatives and officers in local government, voluntary association organisers and managers, etc.). The Nanterre Education Monitoring Unit (Cellule de veille éducative), which is responsible for identifying drop-outs from the education system, is included in a PRE. The psychiatrist at the MPC is also involved.

Further reading

Ateliers pédagogiques, Nanterre, G. Boudesseul (dir.), L. Lafitte, Net.doc n°99, 2012.

www.cereq.fr/index.php/publications/Net.Doc/Atelierspedagogiques-Nanterre

Les rapports d'expérimentation et d'évaluation sont également disponibles sur le site du Fej : www.experimentation.jeunes.gouv.fr/spip.php?page=article&id_article=437

Cinquante ans de sectorisation psychiatrique en France : des inégalités persistantes de moyens et d'organisation, M. Coldefy et alii, *Questions d'économie de la santé*, n°145, 2009. www.irdes.fr/Publications/Qes/Qes145.pdf

T&E n° 108 • November-December 2013

Newsletter on employment and training research from Céreq

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ISSN 2119-0496

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1st trimestre 2014

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Vocational training
and Social dialogue