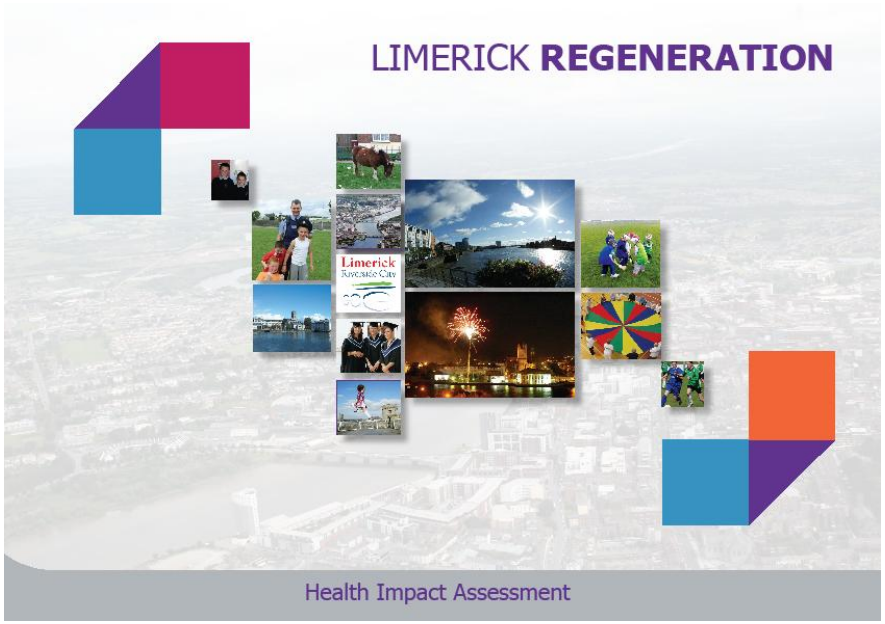
'Nihil Nisi Labore' – 'Nothing Achieved Without Effort'

2008

Health Impact Assessment of Early School Leaving, Absenteeism and Truancy



Limerick Health Promotion

Health Service Executive

'Education makes a fundamental and important contribution to the quality and well-being of our society, by enabling a person to realise their full potential, to develop as a social being. Therefore, education and learning must sit at the core of the regeneration process; for it is critical to social inclusion, economic competitiveness and sustainability. However, if progress is to be made in moving beyond educational disadvantage in Limerick City, care and education must not be viewed in isolation but must form part of all actions and recommendations of the Regeneration Agency Master Plan'.

(Limerick Regeneration Agency Master Plan, October 2008).

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- ***The Education System***
- ***Primary – Secondary School Transition***
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Background to the Health Impact Assessment

Our shared responsibility for health

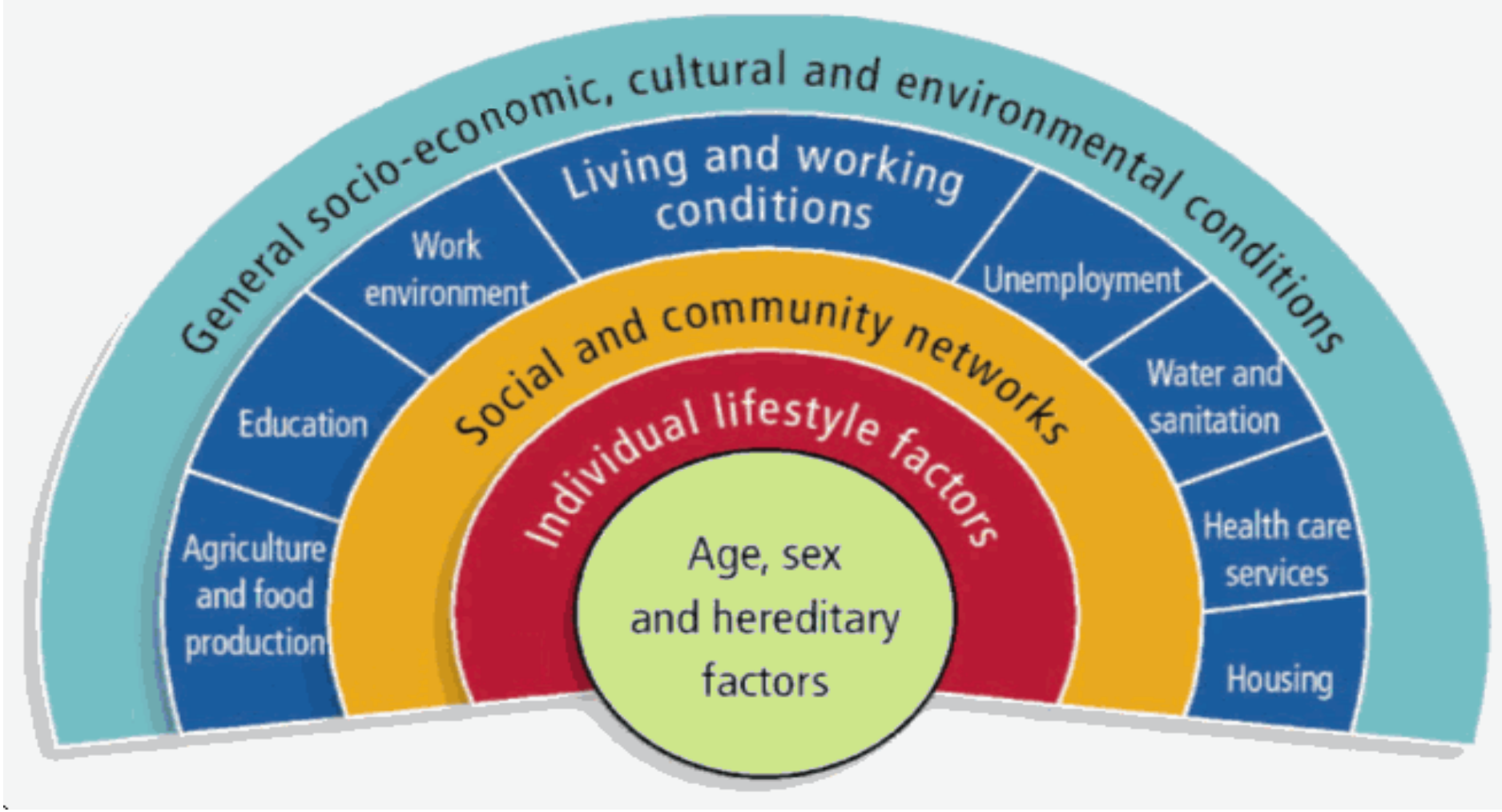
It has become a widely accepted fact that people's opportunities for health are strongly influenced by the social cultural, economic and environmental conditions in which they live. Health is not dependent on individual lifestyle factors alone but a broader range of determinants such as housing, transport, community safety, social cohesion as well as education and employment opportunities as indicated in figure 1 below. While the opportunity to influence many of these factors lies outside of the health care sector, building greater awareness of the impact of policies, practice and procedures on individual health is essential for the improved health of our community. The Limerick Regeneration Agency have committed to looking at all these factors in partnership with all key stakeholders and therefore have the potential to have a significant impact on the health and well-being of these communities. To support this process the Health Service Executive has agreed to undertake a Health Impact Assessment on all proposed plans being undertaken as part of the Regeneration programme.

What is a Health Impact Assessment?

A Health Impact Assessment allows us to take a close look at the potential of any project, policy or programme to positively or negatively impact the health of the target group in question. By building a picture of potential positive and negative health impacts the correct steps can be made to maximise opportunities to improve health and protect against health damaging impacts.
Health Impact Assessment (HIA) is commonly defined as *"a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. It is designed to inform and influence decision-making and to reduce health inequalities".*

(Gothenburg Consensus, 1999).

Figure 1.



(Dahlgren and Whitehead, 1991).

Education as a social determinant of health *(Health Impacts of Education: A Review by the Institute of Public Health Ireland 2008).*

Education is an important social determinant of health. For the population as a whole, greater levels of education help to create wealthier economies. However, the benefits of education go far beyond economic concerns. Education impacts positively on levels of social engagement, an important element in generating more cohesive, safer and healthier communities. At an individual level, the knowledge, personal and social skills provided through education can better equip individuals to access and use information and services to maintain and improve their own and their families health and life options and opportunities.

However, a major concern in this regard is the problem of early school leaving. Efforts made to address this problem and at the same time preventing youth crime and encouraging social responsibility; are all important factors for health. Therefore, improved understanding of the relationship between education and health and the relationship between early school leaving and health will also help to identify the most appropriate and effective interventions for both individual and population health and well-being.

Health Impact Assessment of Early School Leaving, Absenteeism and Truancy in Limerick City

Since the publication of the Fitzgerald Report, 2007, together with the Regeneration Agency Vision Document *'Our Vision, Our Community, Our Future'* (January, 2008) and the Limerick Regeneration Agency *Master Plan* (October, 2008), the issue of tackling educational disadvantage has been firmly set on the agenda for the programme of change under regeneration. Side by side with this, the HIA *Community Profile,* also highlighted the problems of early school leaving, absenteeism and truancy as significant factors affecting Regeneration area communities. Subsequently, tackling these issues are priority concerns for the regeneration programme, wherein a prospective Health Impact Assessment [HIA] on this issue could also help to inform the development of a subsequent early school leaving strategy and early school leaving action plan in Limerick City.

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- **Staff and students of St Nessan's Community College, Moylish;**
- **Staff and Students of St Enda's Community School, Kilmallock Road;**
- **Staff and Students of Limerick Youthreach, O'Connell Avenue;**
- **Staff and Students of Limerick Youth Service, Lower Glenthworth Street;**
- **Staff and Students of Limerick Youth Encounter Project, C/o Augustinian Priory;**
- **Teachers of the Limerick Plus Network and Mary Immaculate College, TED Project;**
- **Home School Community Liaison Services;**
- **School Completion Programme;**
- **National Education Welfare Board.**

Chapter 1
The HIA Process

Stages of a Health Impact Assessment

Screening

Screening determines whether or not to undertake a HIA

Scoping

Scoping sets the boundaries and terms of reference for the HIA

Appraisal

Appraisal involves gathering the evidence and identifying the positive and negative health impacts associated with the policy, programme and project.

Recommendations

Recommendations are formed based on the identified health impacts and the evidence from the literature

Monitoring and Evaluation

Monitoring and evaluation will involve examining the impact of the HIA on the decision making process of key stakeholders and where possible identifying its contribution to positive health outcomes.

The Health Impact Assessment Process on Education and Early School Leaving

The working group for this HIA comprised of key stakeholders working in the area of early school leaving, prevention and the promotion of school attendance, participation and retention. The following outlines the HIA process.

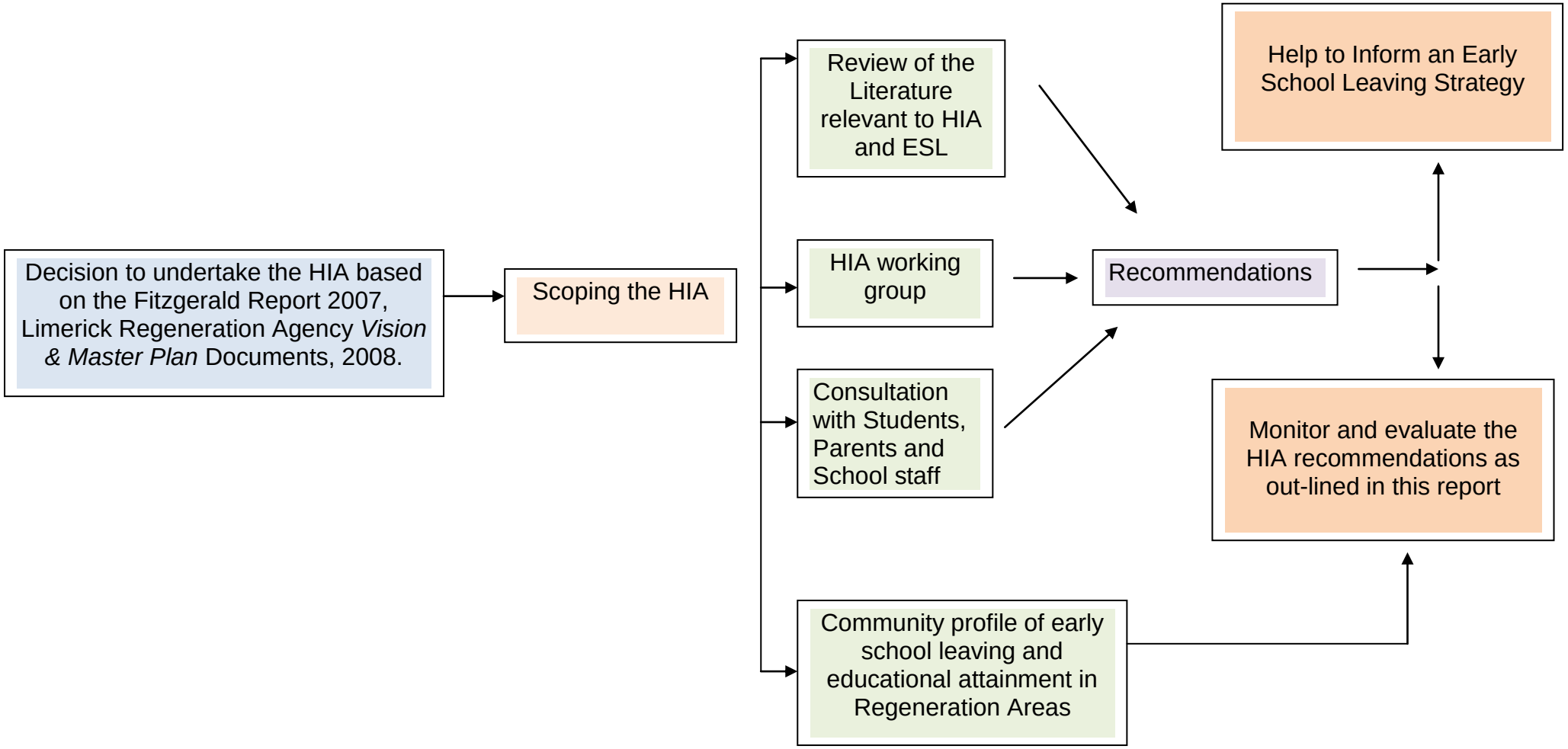
Screening – The decision to undertake this HIA was based on the expressed need to deal with the problem of early school leaving [ESL] as identified by the Fitzgerald Report (April, 2007), Limerick Regeneration Agency, Vision Document 'Our Vision, Our Community, Our Future' (January, 2008) and the Limerick Regeneration Agency, Master Plan, (Oct. 2008). These have highlighted the extent of the problem and its potential impact and effect on the lives of children, their families and the community.

Scoping – The Terms of Reference for this HIA were outlined from the beginning by the steering group, in keeping with HIA principles.

Appraisal – The data gathered during this HIA process, attempted to assess the health impacts of early school leaving, absenteeism and truancy from a number of perspectives: the HIA working group, consultation with students, consultation with parents and school personnel, the local community, the literature review and the profile gathered on the early school leaving in Limerick City.

Recommendations – All recommendations were reviewed by reference to the literature, the consultation process and by agreement from the working group and steering group.

Monitoring and Evaluation – During this HIA a process of evaluation was conducted at all stages with the working group and amendments made as appropriate. The recommendations from this report will help to inform the development of a strategy and action plan to tackle early school leaving in Limerick City. This strategy will be facilitated and coordinated by the Regeneration Agency in 2009.


Decision to undertake the HIA based on the Fitzgerald Report 2007, Limerick Regeneration Agency *Vision & Master Plan* Documents, 2008.
Scoping the HIA
Review of the Literature relevant to HIA and ESL
HIA working group
Consultation with Students, Parents and School staff
Community profile of early school leaving and educational attainment in Regeneration Areas
Recommendations
Help to Inform an Early School Leaving Strategy
Monitor and evaluate the HIA recommendations as out-lined in this report

Chapter 2
Community Profile

Community Profile on Education within the Regeneration Areas of Limerick City

Introduction

In the world of population health the use of epidemiology and demographic statistics to guide our work on indicators of 'risk' has a place of significant value. In the 'at-risk' or 'deficit model', education is analogous to medicine, and school failure or dropping out, analogous to disease (Richardson et al., 1989). Adopted from the field of epidemiology this approach has proved useful in its ability to predict the likelihood of educational disadvantage and early school drop-out, by providing a profile of 'at-risk' students. However, it tends to rely on statistical data and adopts a *'deficit'* or *'pathological'* view of the young person, their family and environs (Tormey, 1999). Richardson et al. (1989), argues that to employ statistical measures to understand complex social phenomena such as social and educational disadvantage, limits society's way of thinking about the problem, as it focuses on personal and social background. Therefore, the possibility of considering other factors are not encouraged or even pursued. Neither does it presume to examine the characteristics of schools, the education system itself and indeed society as a whole; which can play their part in perpetuating 'disadvantage' (ibid). Richardson et al. (1989), also notes that some epidemiologists admit that labeling people 'at-risk' can perpetuate the problem and in the case of social phenomena, is *"highly controversial and inexact"*. Furthermore, the 'at-risk' or 'deficit model' fails to give sufficient reasons as to the causes of educational disadvantage and does not *"specify the exact relationship between a given variable and the incidents of educational failure and / or early school leaving"* (Boldt, 1994:9). Subsequently the data presented in this profile is given solely for the purposes of highlighting the extent of the problem of early school leaving. To be faithful to the values of a HIA namely, to *'respect the knowledge base within communities'*, this HIA proceeded as per the guidelines and practices of a HIA. The value of this is reflected in the richness of the data collected, and in the health impacts identified.

Community names by Estate

Rathbane (incl. Carew and Kincora Estates of Southill)

Galvone B (incl. O'Malley Park and Keyes Park of Southill)

Prospect B (Incl. Crecora, Beechgrove, Weston and Clarina Estates of Ballinacurra Weston

Ballynanty (incl. Sarsfield Gardens, Dalgish Park, College Avenue, Cliona Park, Whitecross Gardens, Cosgrove Park & Hartigan villas of Moyross)

St. Mary's Park John's A (incl. Kings Island, Oliver Plunkett Street, St. Brendans St, St. Bridgets Avenue, St. Ita's Street, St. Munchins Street, St. Patricks Avenue and St. Senan's St.)

Education Achievement levels (Census, 2006):

The census reflects a pattern of early school leaving for Limerick City, vis-a-vis national averages. Also highlighted is the fact that enrolment to Further Education & Higher Education level education is significantly lower in the areas profiled.

Early School Leavers (Census, 2006):

This report highlights that there is a high percentage of early school leavers in Limerick City [4% higher than the national average]. The highest incidence of early school leaving exists in the St. Mary's Park area of Limerick City - John's A (55.4%).

Education (Census, 2006):

Persons aged 15 years and over whose full time education has ceased by sex, principal economic status and highest level of education completed 2006.

No Formal Education

Geographical area	Men %	Women %	Total pop. %
Irish State	0.6	0.5	0.6
Limerick City	0.4	0.4	0.4
Rathbane	0.2	0.3	0.3
Galvone B	1.3	1.2	1.2
Prospect B	0.3	1.6	1.9
Ballynanty	0	0.5	0.5
John's A	1.6	0.3	0.9

Community names by Estate

Rathbane – includes the Carew and Kincora Estates of Southill.

Galvone B - includes O'Malley Park and Keyes Park Estates of Southill.

Prospect B - includes Crecora, Beechgrove, Weston and Clarina Estates of Ballinacurra Weston.

Ballynanty - includes Sarsfield Gardens, Dalgish Park, College Avenue, Cliona Park, Whitecross Gardens, Cosgrove Park and Hartigan Villas Estates of Moyross.

John's A - includes Kings Island, Oliver Plunkett St., St. Brendans St, St. Bridget's Avenue, St. Ita's Street, St. Munchin's Street, St. Patrick's Avenue and St. Senan's St. Estates of St. Mary's Park

Primary Education

Geographical area	Men %	Women %	Total pop. %
Irish State	18.2	16.7	17.4
Limerick City	21.1	22	21.6
Rathbane	35.2 (181 people)	36.7 (225 people)	36 (406 people)
Galvone B	42 (196 people)	44.4 (230 people)	43.2 (426 people)
Prospect B	44.5 (142 people)	40.3 (143 people)	42.3 (285 people)
Ballynanty	38 (402 people)	38.6 (453 people)	38.5 (855 people)
John's A	55.7	48.3	51.9

Lower secondary Education (to junior cert or equivalent)

Geographical area	Men %	Women %	Total pop. %
Irish State	21.3	18.8	20.1
Limerick City	24.0	23.9	23.9
Rathbane	30 (155 people)	32.6 (200 people)	31.5 (355 people)
Galvone B	30.6 (143 people)	30.6 (159 people)	30.6 (302 people)
Prospect B	29.4 (94 people)	26.2 (93 people)	27.7 (187 people)
Ballynanty	33.6 (351 people)	32.1 (377 people)	32.8 (728 people)
John's A	29.4	28.2	28.8

Early School Leavers (Those who have left education aged 15 years or younger)

Geographical Area	Male %	Female %	Total pop. %
Irish State	19.6	16.3	17.9
Limerick City	23.0	21.5	22.2
Rathbane	35.8	32	33.7
Galvone B	42	43.2	42.6
Prospect B	49.0	43.7	46.3
Ballynanty	42.7	42.2	42.2
John's A	59.1	51.8	55.4

Chapter 3
HIA Working Group

Health Impact Assessment working group

The HIA working group was established in September 2008, consisting of key stakeholders in the prevention of early school leaving and the promotion of school attendance, participation and retention in Limerick City area schools.

The core objectives *of this group were as follows:*

- To advocate the importance of addressing the health impacts of early school leaving and its prevention.
- To provide guidance to the Limerick Regeneration Agency in relation to developing a strategy to deal with early school leaving In the City.
- To raise the awareness and the profile of the HIA among the various stakeholders.

The core functions *of the group were as follows:*

- To provide guidance on the strategy for the HIA.
- To ensure appropriate stakeholder participation in the HIA.
- To report findings to the HIA Steering Group and the Limerick
- Regeneration Agency Management Team.
- To explore the scope of HIA.
- To comment on the results of the HIA, including the recommendations arising from it to the Regeneration Agency Management Team.
- To advise on appropriate decision making forums to which the results and recommendations can and will be presented.
- To evaluate the working processes of each HIA working group meeting and amend working practices as required.

Health Impact Assessment Values (agreed by HIA Working Group, January 2008)

- Participation
- Partnership
- Inclusion
- Transparency
- Honesty
- Democracy
- Sustainability
- Respect for the knowledge within the community
- Ethical use of evidence

Health Impact Assessment Timeline

Week beginning	Date	Action
September 8th	September 11th	HIA Working Group Meeting – Scoping
September 15th		
September 22nd	September 26th	HIA Working Group Meeting
September 29th		
October 6th		
October 13th	Whole week	Consultation
October 20th	Whole week	Consultation
October 27th	Mid Term Holidays for schools	
November 3rd	Whole week	Consultation
November 10th	Whole week	Desk top research and report writing
November 17th	Whole week	Desk top research and report writing
November 24th	November 25th	Agree final recommendations with HIA working group
	November 27th	Agree final recommendations with HIA steering group

Chapter 4
HIA Literature Review

Literature Review: Health Impacts of Early School Leaving, Absenteeism and Truancy

Introduction

The literature review compiled for the Health Impact Assessment of Early School Leaving, Absenteeism and Truancy in the Limerick Regeneration communities, addressed two broad areas:

- The potential health impacts of leaving school early (defined as before age 16 or before completion of the Junior Certificate), are reviewed.
- The potential health impacts of different factors that influence early school leaving (and those factors that may form part of a prevention strategy.

While many factors have been found to influence school attendance and retention, a number of themes emerge in the literature on the health impacts of education, in addition to other available sources of data and information. Given the limited timescale of this study, efforts have been made to be as comprehensive as possible in the review. However, it is acknowledged that this review is not an exhaustive account of the subject under investigation.

Health impacts of early school leaving – the link between education and health

It is well known that education is a key social determinant of health. People with more education are likely to have better health. People with lower levels of education are likely to die younger and experience poorer health than people with higher educational achievement levels.[1] [2] People with lower levels of education are also at risk for adopting lifestyle behaviors that can have a potential negative impact on health, such as diet, physical activity, sexual activity, smoking and cannabis and drugs misuse[3] [4] [5].

[1] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.
[2] Freudenberg, N. (2007) 'Reframing School Dropout as a Public Health Issue', *Preventing Chronic Disease, Public Health Research, Practice and Policy*, 4, 4, 1-11.
[3] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.
[4] Freudenberg, N. (2007) 'Reframing School Dropout as a Public Health Issue', *Preventing Chronic Disease, Public Health Research, Practice and Policy*, 4, 4, 1-11.

There is a strong correlation between early school leaving and the problem of substance misuse[6]. Conversely, educational attainment is significantly associated with self-reported levels of perceived health, being free from long-term illness, satisfaction with one's health and quality of life[7] [8]. However, young people aged between 16-18 years old who are outside education and employment during this time are reported as being particularly vulnerable to continuing disadvantage in adulthood as well as subject to and experiencing sub-optimal health.[9]

How education can influence health and well-being

The links between education and health are complex. The pathways are influenced and mediated by a number of personal, social and economic factors, which in turn are influenced by the wider social and economic policies; as well as specific education and health policies[10]. The literature identifies that there is a life course which is cumulative and interactive, with an identifiable relationship between education and health. Poverty is a key link between educational disadvantage and health. People with higher levels of education are likely to have a better income and thereby better quality of life. Early school leavers are at higher risk for unemployment and lower skilled employment, associated with lower incomes.[11] As a result, they are at an increased risk of being marginalized and socially excluded. Poverty, marginalisation and social exclusion are all associated with negative health outcomes. Unemployment and belonging to a lower occupational class are also associated with lower life expectancy and premature death[12], higher mortality rates from all causes[13], and higher levels of poor mental health.[14]

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[5] Barrowman, C., Nutbeam, D., and Tresidder, J. (2001) 'Health risks among early school leavers: findings from an Australian study examining the reasons for, and consequences of, early school drop out' *Health Education*, 101, 2, 74-82.

[6] O'Brien, M., Moran R., Kelleher, T, and Cahill, P. (2004) National drug treatment reporting system: Statistical bulletin 1997 and 1998. Dublin: Health Research Board.

[7] Balanda, K.and Wilde, J. (2001) *Inequalities in Mortality 1989-1998: A report on all-Ireland mortality data.* Dublin: Institute of Public Health.

[8] Kelleher, C., Nic Gahbainn, S., Friel, S., Corrigan H., Nolan, G., Sixsmith, J., Walsh, O. and Cooke, M. (2003) *Survey of Lifestyles, Attitudes and Nutrition (SLAN) and The Irish Health Behaviour in School-Aged Children Survey (HSBC),* Dublin and Galway: Health Promotion Unit, Department of Health and Children, Centre for Health Promotion Studies, National University of Ireland, Galway, Department of Public Health Medicine and Epidemiology, University College Dublin.

[9] Graham, H. and Power, C. (2004) *Childhood disadvantage and adult health: a life course framework.* London: Health Development Agency, NHS.

[10] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.

[11] McCoy, S., Kelly, E., Watson, D. (2007) School Leavers' Survey Report. Dublin: ESRI and Department of Education and Science.

[12] Marmot, M.G., and Wilkinson, R.G. (eds) (2006) *Social determinants of health. Second Edition*. Oxford: Oxford University Press.

[13]Balanda, K. and Wilde, J. (2001) *Inequalities in Mortality 1989-1998: A report on all-Ireland mortality data.* Dublin: Institute of Public Health.

[14] Ferrie, J., Shipley, M., Stansfeld, S. and Marmot, M. (2002) 'Effects of chronic job insecurity on self-reported health, minor psychiatric morbidity, physiological measures,

However, education also plays a role in fostering social development and the social skills of an individual[15]. Education can and does have a positive influence on the wider community and society in general, where social participation and support networks are enhanced. These in turn strengthen social capital and the over-all health of individuals and communities.

Young people who stay in the school setting have access to positive school cultures, supportive environments, educational programmes and healthy policies that can impact positively on their health and lifestyle choices (for example, healthy eating, physical activity, smoking, and substance misuse) [16] [17] [18] [19] [20] [21]. These include initiatives such as Health Promotion in schools, Social, Personal and Health Education (SPHE), access to Guidance Counselling, and healthy eating policies among others. These measures aim to enable young people to develop the skills and attitudes that facilitate informed decisions about health and healthy choices, which in the literature is referred to as ***'health literacy'***.

Prevention of early school leaving, absenteeism and truancy

The factors contributing to early school leaving, absenteeism and truancy are multiple and complicated (Boldt and Devine, 1998), where factors at different levels of society play their part, such as: personal and family circumstances, community environment, the culture of school, the education system and the wider political, economic and social arena. Responses to this phenomena must then in turn be both multiple and multi-faceted. However, the review of the literature for purposes of this HIA will focus on the health impacts of early school leaving and absenteeism and on the potential health outcomes that accrue as a result of better school attendance, participation and retention.

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and health related behaviours in British civil servants: the Whitehall II study', *Journal of Epidemiology and Community Health*, 56, 6, 450-454.

[15] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.

[16] ibid

[17] Freudenberg, N. (2007) 'Reframing School Dropout as a Public Health Issue', *Preventing Chronic Disease, Public Health Research, Practice and Policy*, 4, 4, 1-11.

[18] Piontek. D., Buehler. A, Rudolph. U., Metz K, Krueger. C., Gradl. S., Floeter. S and Donath. C. (2008) 'Social context in adolescent smoking; does school policy matter?' *Health Education Research*. 23(6), 1029 – 1038.

[19] Baillie LE, Lovato CY, Taylor E, Rutherford MB and Smith M (2008) 'The pit and the Pendulum: the Impact on Teen Smokers of including a designated smoking area in school tobacco control policy' Health Education Research 23, 6, 1008 –1015.

[20] Bisset S, Wolfgang AM, Aceyard P (2007) 'School culture as an influencing factor on youth substance use' , *Journal of Epidemiology and Community Health*. 61, 485 – 490

[21] Foxcroft D, Ireland D, Lowe G et al (2005) cited in Bisset S, Wolfgang AM, and Aceyard P. (2007) 'School culture as an influencing factor on youth substance use'. *Journal of Epidemiology and Community Health*. 61, 485 – 490.

Personal Factors

Evidence from the literature also suggests that personal-psycho-social factors, such as: self-esteem levels, self-perception levels, expectations for success, hopefulness and perceptions of social acceptance are all long-term predictors for successful social functioning and outcomes, particularly in disadvantaged environments[22] [23]. Research suggests that substance misuse by adolescents is often associated with poor educational attainment, poor academic outcomes, reduced self satisfaction and negative attitudes towards school.[24] Substance misuse use can also be viewed as a symptom of underlying educational problems and difficulties.[25] Initiatives aimed at reducing risk factors can have potential positive impacts on health and educational outcomes. Education and awareness plays an important role in developing these personal-psycho-social factors through learning various coping strategies and mechanisms, enhancing self-efficacy and enhancing individual and community resilience[26]. Education can also support the development of positive attitudes towards health and healthy lifestyle choices[27].

Parenting & Parental Education

There is evidence that initiatives such as Community Mothers Programmes can have positive impacts on parenting skills and maternal self-esteem that is sustained over time[28]. A literature review of the potential health impacts of parental education found evidence that the educational levels of parents particularly mothers, has potential health impacts both positive and negative on health related behaviours (e.g. diet, substance misuse, take up of immunization, etc.)[29]. Evidence also suggests that participation in adult education programmes has positive impacts on civic participation, which in turn enhances social networks, which in turn has proven beneficial for health and greater social inclusion.

[22] Boykin McElhaney, K. (2008) They Like Me, They Like Me Not" Adoloscents' Perceptions of Acceptance Predicting Changing Social Functioning Over Time , *Journal of Child Development*, Volume 79, Issue 3, May/June.
[23] Jessor, R., Turbin, M.S. and Costa, F.M. (1998) 'Risk and protection in successful outcomes among disadvantaged adolescents', *Applied Developmental Science*, 2,4, 194-208.
[24] Graham, H. and Power, C. (2004) *Childhood disadvantage and adult health: a life course framework.* London: Health Development Agency, NHS.
[25] ibid
[26] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.
[27] ibid
[28] Molloy (2002) Still Going Strong. A Tracer Study of the Community Mothers Programme Dublin, p 9, Ireland. The Hague: Bernard van Leer Foundation.
[29] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.

Relationships

Poor social relationships are often associated with poor health - physical and psychological symptoms (head ache, stomach ache, back pain, dizziness, difficulty getting to sleep) in adolescents. These symptoms were also found to have a potential influence on school attendance, particularly in relation to scenarios of bullying and concerns over safety[30]. There is evidence too that children who experience strained family relationships experience higher levels of poor mental health, substance use, earlier sexual activity and other risk taking behaviours[31]. If problems remain unidentified, through a lack of early intervention, this can also lead to poor concentration and poor engagement at school.

In the literature it was also highlighted that the quality of interpersonal relationships between children, peers, the teacher/school and parents has profound positive impacts on the health of children and teachers. This has a direct influence on educational attainment, participation levels and the retention of children in school. The teacher-student relationship can have a powerful influence on the health of both teacher and children. There is evidence that school climates and cultures that foster positive teacher-student relationships had positive effects on drop-out rates in the US[32]. Quality relationships that *'go beyond the class room'* builds trust and can have potential positive impacts on mental well-being[33]-[34]. In addition the fostering of school connectedness (a feeling of closeness to school personnel and school environment) can have potential positive effect on health risk behaviours and drop-out rates from school[35] [36] [37] [38]. Where adolescents feel that someone within the school environment

[30] Due, P., Holstein, B., and Modvuig, J. (2003) 'Socio-economic health inequalities among a nationally representative sample of Danish adolescents: the role of different types of social relations', *Journal of Epidemiology and Community Health*, 57, 692-698.
[31] Barrowman, C., Nutbeam, D., and Tresidder, J. (2001) 'Health risks among early school leavers: findings from an Australian study examining the reasons for, and consequences of, early school drop out' *Health Education*, 101, 2, 74-82.
[32] Lee, V.E. and Burkam D.T. (2003) 'Dropping out of high school: the role of school organization and structure' *American Educational Research Journal*, 40, 2, 353-393.
[33] Spratt, J., Shuckssmith, J., Philip, K., and Watson, C. (2006) 'Part of who we are as a school should include responsibility for well-being: Links between the school environment, mental health and behaviour', *Journal of Pastoral Care*, September, 14-21.
[34] Nadge A.(2005)'Academic care; from research to reality'. *Independent Education*, 35(2), 30 –32.
[35] Bonny, A.E., Britto, M.T., Klostermann B.K., Hornung, R.W., and Slap, G.B. (2000) 'School connectedness: identifying adolescents at risk' *Pediatrics*, 106, 5, 1017-1021.
[36] Voisin, D.R., Salazar, L.F., Crosby, R., DiClemente, R.J., Yarber W.L., Staples-Horne, M. (2005) 'Teacher connectedness and health related outcomes among detained adolescents' *Journal of Adolescent Health*, 37, 17-23.
[37] Patton, G.C., Bond, L., Carlin, J.B., Thomas, L., Butler, H., Glover, S. (2006) 'Promoting social inclusion in schools: a group-randomized trial of effects on student health risk behaviour and well-being' *American Journal of Public Health*, 96,9, 1582-1587.
[38] Barrowman, C., Nutbeam, D., and Tresidder, J. (2001) 'Health risks among early school leavers: findings from an Australian study examining the reasons for, and consequences of, early school drop out' *Health Education*, 101, 2, 74-82.

cares, listens to them and respects them can go a long way towards eliminating absenteeism, truancy and early school leaving. Negative interactions can also have consequences, where students feel they do not belong, are not wanted or encouraged in the school system can all lead to disengagement from school[39]. An Irish study found that compared to primary school, in secondary school, many students perceived that they were not treated fairly; in addition many students felt that they would or could not tell teachers about difficulties they have with school work, this in turn exacerbated feelings of failure and alienation from school.[40]

Teacher health is also influenced by their relationships between pupils and parents and between their colleagues in the work place. Positive feedback from parents and pupils and social support in the workplace was found to be correlated with a protective effect on teachers' mental health, while hostility and verbal abuse or fear of verbal and physical abuse and lack of support for teachers directed against teachers by pupils correlated with measures of teacher mental ill health & stress related disorders[41] [42].

Bullying is another well documented factor with proven negative health impacts. These include physical and mental health complaints of those bullied, e.g. sleeping problems, head ache, stomach ache, bed wetting, depression, suicidal thoughts, and mental and emotional. The literature also notes negative health impacts of those who themselves are bullies; these include depression, emotional and behavioural disorders[43] [44] [45][46] [47] [48] [49].

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[39] Darmody, M., McCoy, S. and Smyth, E. (2007) Adolescents' educational attainment and school experiences in contemporary Ireland. ESRI Working Paper No. 213, Dublin: ESRI and Department of Education and Science.

[40] Downes, P, Maunsell. C. and Ivers J (2006) *A holistic approach to early school leaving and school retention in Blandardstown: Current issues and future steps for services and schools*. Blandchardstown Area Partnership. Dublin

[41] Kovess-Mastefy V., Rios-Seidel, C., and Sevilla-Dedieu, C. (2007) 'Teachers mental health and teaching levels', *Teaching and Teacher Education*, 23, 1177-1192.

[42] Unterbrink, T, Zimmerman, L., Pfeifer, R., Wirsching, M., Brähler, E. and Bauer, J. (2008) 'Parameters influencing health variables in a sample of 949 German teachers' *Int. Arc Occup Environ Health*, 82, 117-123.

[43] Williams, K., Chambers, M., Logan, S., and Robinson, D. (1996) 'Association of common health symptoms with bullying in primary school children', *British Medical Journal*, 313, 17-19.

[44] Salmon, G., James, A., and Smith, D.M. (1998) 'Bullying in schools: self-reported anxiety, depression, and self-esteem in secondary school children', *British Medical Journal*, 317, 924-925.

[45] Rigby, K. (1998) 'The relationship between reported health and involvement in bully/victim problems among male and female secondary school children' *Journal of Health Psychology*, 3, 465-476.

[46] Forero, R., McLellan, L. Rissel, C., and Bauman, A. (1999) 'Bullying behaviour and psychosocial health among school students in New South Wales, Australia: cross sectional survey', *British Medical Journal*, 319, 344-348.

[47] Kaltalia-Heino, R., Rimpela, M., Marttunen, M, Rimpela, A. and Rantanen, P. (1999) 'Bullying, depression, and suicidal intention in Finnish adolescents: school survey', *British Medical Journal*, 319, 348-351.

[48] Cleary, S.D. (2000) 'Adolescent victimization and associated suicidal and violent behaviours', *Adolescence*, 35, 671-682.

[49] Van der Wal, M.F., de Wit, C.A., and Hirasing, R.A. (2003) 'Psychosocial health among young victims and offenders of direct and indirect bullying' *Pediatrics*, 111 , 1312-1317.

Peers as social capital are important for positive adolescent outcomes, such as engagement in school. There is also evidence to indicate that having friends that like school or do well in school, and who model 'conventional behaviour' is associated with more positive health and educational outcomes[50] [51].

Pastoral care in education has been described as "the caring quality of relationships between people", whether between teachers and pupils, pupils and pupils, teachers and teachers, teachers and parents…"[52]. Evidence shows that high quality pastoral care in schools can have positive health impacts. Pastoral care measures can also contribute to the development of adolescents' in areas such as self-esteem, healthy risk taking decisions, goal setting, negotiation skills and development of a sense of cohesion, all of which support participation and retention in school[53] [54].

Transition from Primary to Secondary School

Transition from primary to secondary school is associated with negative health impacts, including dips in self-esteem levels and increased social anxiety, particularly among young people from the lower socio-economic groups, who tend to experience the most difficulty[55]. Therefore it is imperative for positive health outcomes that transition programmes from primary to secondary level are promoted and developed, particularly in the context of regeneration, given the population profile and the realities experienced for some young people living in regeneration area communities.

[50] Crosnoe, R., Cavanagh, S. and Elder, G.H. (2003) 'Adolescent friendships as academic resources: the intersection of friendship, race and school disadvantage'., *Sociological Perspectives*, 46, 3, 331-352.
[51] Jessor, R., Turbin, M.S. and Costa, F.M. (1998) 'Risk and protection in successful outcomes among disadvantaged adolescents', *Applied Developmental Science*, 2, 4, 194-208.
[52] Best, R. (1995) 'Concepts in pastoral care and PSE' in Best, R., Land, P., Lodge, C. and Watkins, C. (eds) (1995) *Pastoral Care and Personal-Social Education*, New York: Continuum. (Page 5).
[53] Hearn. L.,. Campbell- Pope, R . House, J and Cross. D (2006) *Pastoral Care In Education*, Child Health Promotion Research Unit, Edith Cowen University. Perth
[54]Barrowman, C., Nutbeam, D., and Tresidder, J. (2001) 'Health risks among early school leavers: findings from an Australian study examining the reasons for, and consequences of, early school drop out' *Health Education*, 101, 2, 74-82.
[55] Tilleczek, K. (2007) 'Building Bridges: Transitions from elementary to secondary schools' *Education Canada*, 48, 1, 68-71.

The Curriculum

There is evidence that experiencing difficulty with the set curriculum in school can lead to negative impacts on health, including feelings of inadequacy and low self-esteem[56]. An enriched curriculum, with a variety of choices in subjects, spanning vocational and academic subjects, supports greater participation of children in school and invariably leads to enhanced school retention, particularly, from among those from low socio-economic groupings.[57]

Whole school approach

The literature suggests that a whole school approach towards enhancing health, rather than isolated efforts and programmes, have positive and more long term effects on mental health and health behaviours i.e. healthy eating, physical activity, diminished levels of smoking, alcohol consumption and substance misuse[58] [59] [60] [61] [62]. A whole school approach encompasses all areas of school activity, including personalities, structures and cultures. A whole school approach to health and well-being can reduce negative health impacts on children, teachers and staff, parents and the wider community and so should be actively promoted.

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[56] ibid

[57] Barrowman, C., Nutbeam, D., and Tresidder, J. (2001) 'Health risks among early school leavers: findings from an Australian study examining the reasons for, and consequences of, early school drop out' *Health Education*, 101, 2, 74-82.

[58] Stewart-Brown, S (2006) "What is the evidence on school health promotion in improving health or preventing disease and specifically, what is the effectiveness of the health promoting schools approach?" WHO Regional Office for Europe 9Health Evidence Report0; Copenhagen, available at www. euro . who.int/document/e88185. pdf(accessed 1 March 2006).

[59] West, P. (2004) *West of Scotland 11 to 16 Study*, Glasgow: Social & Public Health Sciences Unit Glasgow UK

[60] Wells J.; Barlow J.; Stewart-Brown S. (2003) A systematic review of universal approaches to mental health promotion in schools Health Education, Vol. 103, No 4, pp. 197-220 2003

[61] Green J., Howes, F., Waters, E., Maher, E. & Oberklaid, F.(2005) Promoting the social and emotional health of primary school children :reviewing the evidence base for school based intervention interventions", International Journal of Mental Health Promotion, Vol. 7 No 3., pp.30-6.

[62] Spratt, J., Shuckssmith, J., Philip, K., and Watson, C. (2006) 'Part of who we are as a school should include responsibility for well-being: Links between the school environment, mental health and behaviour', *Journal of Pastoral Care*, September, 14-21.

Students with Special Education Needs

Children with special educational needs are considered as having a higher risk of early school leaving than those who do not have special education needs. There is evidence to suggest that the early assessment of children with special educational needs has the potential for positive health impacts on the child and their parents (i.e. enhanced perceptions of the problem and better parental understanding and enhanced coping skills).[63] [64] [65]. There is evidence too that teachers feel inadequately prepared to manage pupils with specific and profound mental health needs, and there is a growing need for teacher training in mental health related areas, namely areas such as recognition skills, practical in-class teaching and management strategies[66]. Evidence also suggests that working with emotionally disturbed children and those who exhibit challenging disruptive behaviour impacts negatively on other pupils health and the health and well-being of teachers and other school personnel[67]. Some teachers reported increased stress levels, feeling isolated and reluctant to seek support due to the fear of loss of credibility. The same study also found that confidential teacher support systems improved confidence and their own sense of well-being, which in turn impacted positively on their relationships with their pupils.

School size

Evidence also indicates that school size can influence the educational attainment of children for good or for bad, with indirect health impacts. Studies have found that in smaller schools there tended to be a culture of teachers holding more positive attitudes towards their pupils and having a greater sense of responsibility and care for their students (possibly linked with higher student expectations), which were also found to have a positive and beneficial influence on student participation, retention and learning[68] [69].

[63] Clemente, C., McGrath, R., Stevenson, C. and Barnes, J. (2006) "Evaluation of a waiting list initiative in a child and adolescent mental health service., Child and Adolescent Mental Health, Vol. 11 No 2, pp98-103.

[64] Heywood, S., Stancombe, J.,Street, E., Mittler, H., Dunn, C. and Kroll, (2003) "A brief consultation and advisory approach for use in child and adolescent mental health services: a pilot study" , Clinical Child Psychology and Psychiatry, Vol. 8No. pp. 503-12.

[65] Jarvis , C., Trevatt, D. and Drinkwater,D.(2004) "Parenting Teenagers: setting up and evaluating a therapeutic parent consultation service: work in progress", Clinical Child Psychology and Psychology, Vol. 9 No 2, pp.205-25.

[66] Rothi, D. M., Leavey, G. and Best, R. (2008) 'on the front-line: Teachers as active observers of pupils' mental health', *Teaching and Teacher Education*, 24, 1217-1231.

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[68] Lee, V.E. and Loeb, S (2000) 'School size in Chicago Elementary schools: Effects on Teacher's Attitudes and Students' Achievement' *American Educational Research Journal*, 37, 1, 3-31.

Partnership between Schools, Families and the Community

There is growing evidence that highlights the fact that educational inclusion projects have positive impacts on children, parents, schools and the wider community. Family and community connections to schools have also been found to have positive impacts on mental health and the social functioning of students, as well as on their academic achievements.[70] An American study found that levels of trust were more positive between parents and schools at elementary level than at the higher levels[71]. Anecdotal evidence would suggest that this is also true of the Irish context.

Early Intervention Education

A review of the literature on health impacts in education suggest that high quality early years intervention and pre-school education can have positive impacts on future retention rates in education, especially for children from more disadvantaged backgrounds[72].

Discrimination

A body of research on the effects of the experience of discrimination on health has found a range of negative health impacts, which include physical and mental symptoms, mental ill-health, violent behaviours, etc., and the increased use of health service facilities[73]. In addition, this study also found that negative media portrayals can have potential negative health impacts on adolescents, particularly that of negative self-identity[74]. However, an education system that is more socially integrated can help young people from marginal communities to counteract negative media portrayals of themselves and their community [74,75 & 76].

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[69]Lee, V.E. and Burkam D.T. (2003) 'Dropping out of high school: the role of school organization and structure' *American Educational Research Journal*, 40, 2, 353-393.

[70] South-West Educational Development Laboratory Boethel, Martha. Diversity, School, Family & Community Connections. 2003. National Centre for Family & Community Connections with School Website http;//www.sedl.org/ connections 21.11.2008.

[71] Adams, K.S. and Christenson, S.L. (1999) 'Trust and the Family-School Relationship. Examination of parent-teacher differences in elementary and secondary grades '*Journal of School Psychology*' Vol. 38, Issue 5, September- October 2000, Pgs. 477-497.

[72] Higgins, C, Lavin, T. and Metcalfe, O. (2008) *Health Impacts of Education. A Review*. Dublin: Institute of Public Health in Ireland.

[73] National Institute of Public Health (Sweden) (2006) *Discrimination – A Threat to Public Health. Final report Health and Discrimination Project.* Sweden: National Institute of Public Health.

[74] Kelly, D.M. (2006) 'Frame Work: Helping youth Counter Their Misrepresentations in Media.' *Canadian Journal of Education 29 (1)* 76 Franklin D Gilliam Jr., F.D.

Learned Helplessness

The concept of *'learned helplessness'* describes a situation which is both socially and psychologically rooted. Learned helplessness occurs when people have had a series of disappointments and seeming failures in their lives, thus leading them to believe they are useless and simply can't do or achieve anything[79]. Adolescents living in urban environments, like regeneration communities are particularly vulnerable to develop a sense of 'learned helplessness' and depression. Some commentators have described learned helplessness as the hallmark of depression that arises when punishment is seen to be received without it being related to the actions of the individual[80]. In the literature of 'disadvantage the term depression is also often used. Depression describes a normal and familiar mental condition of a sense of inadequacy, despondency, lack of vitality, pessimism and sadness[81]. Grades of depression exist from a lowering of spirits to a serious condition causing inability to function and even suicide. Where it leads to suicide it causes it to be among one of the leading causes of death. The growing incidence of juvenile suicide is an indicator of the extent of this problem. It has been noted that this phenomenon of 'learned helplessness' has also a role to play in academic failure, early school drop-out, drug and alcohol misuse, poverty and gang related activities [82]. In addition, many experience feelings of low-self worth, sadness and a profound sense of helplessness[83]. Some commentators suggest that learned helplessness occurs when a person believes that he or she no longer has control over certain events in their lives. Residents in troubled and disadvantaged estates can be susceptible to this; often in order to rationalise and cope with the environment in which they live.

Valentino, N.A., Beckmann, M.N.(2002) Where you live and What You Watch; The Impact of Racial Proximity and Local Television News on Attitudes about Race and Crime, Political Research Quartly,554,755-780.

77Kelly, D. M. (2006) 'Frame Work: Helping Youth Counter Their Misrepresentations in Media. *'Canadian Journal of Education 29 (1)*

78Franklin D Gilliam Jr., F.D. Valentino, N.A., Beckmann, M.N.(2002) Where you live and What You Watch; The Impact of Racial Proximity and Local Television News on Attitudes about Race and Crime, Political Research Quartly,554,755-780.

It should also be noted that there exists a strong debate around the notion of a 'collective depression', which displays the same symptoms as individuals. Attempts to address the above can be achieved through group dynamics, community leadership, group development, social learning, self-insight techniques, positive social influences and enhanced social provisions"[86]. Whilst there are few resources available to counteract this phenomenon, evidence exists to suggest that programmes involving students, parents and teachers, which attempt to 'reframe' negative perceptions, are worthwhile pursuing[84]. One such prevention programme has been designed in the USA, by the *Miami Institute of Psychology of the Caribbean Centre for Advanced Studies*. This is aimed at inner city adolescents and is delivered in a school setting over a 12 week cycle. The content of this programme involves the learning of new cognitive strategies and the development of coping and enhanced social skills. Maybe similar programes could be replicated here, particularly in the context of the Regeneration of Limerick City?

79 Alex P W Gardner , We Aim to Pee: Unmasking the Secret Phobia and Reducing Performance Anxiety
80 Litten, Kristen G., Miami Institute of Psychology of the Caribbbean Ctr. For Advanced Studies
81 Bostock Wm Collective Depression: Its Nature,Causation and Alleviation, 82 ibid
83 Litten, Kristen G., Miami Institute of Psychology of the Caribbbean Centre for Advanced Studies, 84 – 86 ibid.
87 Bostock Wm Collective Depression: Its Nature, Causation and Alleviation p. 43.

Chapter 5 Consultation Process & Health Impacts

Stakeholder Consultation

The consultation process outlined below took place over a three week period between October and November, 2008. During this process consultation took place with students, parents, school staff and educational support agencies. The following data was gathered:

Students

Students from both main stream and alternative education systems were involved in this consultation process. All students under the age of 16 years had to receive signed consent from their parents / guardians to be involved.

Two Mainstream Schools (Two focus groups):

- One junior cycle class of 8 students (4 males / 4 females approximate age 12 years)
- One senior cycle class of 10 students (3 males / 7 females approximate age 15 – 16 years)

Three Alternative Education Centre's / Schools (four focus groups):

- 28 plus students (11 male / 17 female approximate age 12 -18 years).

School Personnel

Consultation was conducted with both staff from mainstream and alternative education settings. These consisted of a variety of staff personal which included: School Principals, Home School Community Liaison Staff, School Completion Programme staff, Guidance Counsellors, Education Welfare Officers, Primary & Post Primary Teachers - mainstream, Post-Primary Alternative School Teachers, Special Education Needs Assistants (SNA's) and school support staff [see below]:

- Seven 1:1 interviews were conducted (majority being staff from within mainstream education).
- Four focus groups.
- Staff personnel from mainstream post-primary schools (6).
- Staff personnel from primary school settings (5).
- Staff personnel from alternative education and second chance education settings (48).

Parents

Consultation with parents proved to be a challenging part of this process, as one parent of a child had left school early and the subject proved very painful for them when interviewed. A questionnaire was drawn up to be completed with the Home School Community Liaison staff and the parent with whom there was an established trust relationship built. However, this questionnaire presented a number of problems:

- Once parents realised that the HIA was being conducted by the HSE they were reluctant to participate for various reasons and concerns.
- For many the HSCL's questionnaire was seen as intrusive, and they did not feel comfortable in asking the questions to parents for fear of having a negative impact on their working relationship.

Acknowledging these realities the researchers respected the parent's position and sought not to compromise the good working relationship between the Home School Community Liaison Co-ordinator and the parent, and so did not force the process. Subsequently two questionnaires were completed and one in-depth interview between a parent and the HIA facilitation team.

Within the consultation process certain themes emerged:

- **The Impact of Relationships on Education and Early School Leaving.**
- **The Impact of Emotional and Social health on Education and Early School Leaving.**

Health Impacts

Relationships	Student	**P & N**	Friendships/ Peers
		N	Bullying at home and at school
		P & N	Student – teacher relationships
		P & N	Student –school relationship
	Parents	**P & N**	Parent – school
		P & N	Parental value on education
		P & N	Parent child relationship
	Teacher/School	**P & N**	Teacher – parent
		P & N	Teacher - Student
		P & N	School Personnel relationships
		P & N	Communication between services
		P & N	Communication between primary and post primary schools
		N	Poor expectations of student

P = positive health impact N = negative health impact

The impact of relationships on education and early school leaving

It was clear from all stakeholders that relationships were an important factor influencing whether a student attended school or not. It was also seen as contributory factor in the value placed on education. It was recognised by all stakeholders that the relationship a student had with their teacher and their own friends played a significant part on the students' school experience and on their willingness to learn. Good teacher-student relationships were considered as valued and impacted positively on the student's sense of being cared for and listened to, which increased the students' interest in learning and school. Where the teacher-student relationships was understood as weak, this resulted in poor student expectations of themselves and the value they seemed to place on education and learning.

Similarly, positive peer influences helped students to cope with school. However, negative peer influences were identified as contributing to absenteeism and early school leaving. Equally, for those who had remained out of school for an extended period of time, they were more likely to develop negative and unhealthy peer relationships.

The issue of bullying was recognised by all stakeholders as a significant factor contributing to absenteeism and early school leaving. Bullying was also viewed as having a distressing health impact on the victim; be they a student or a teacher. For some of those interviewed, bullying, was understood as contributing to feelings of anxiety, low-self esteem, fear, suicidal thoughts and the use of un-prescribed drugs. Some students felt they had to adopt a protective role of 'parent', particularly where their home circumstances were complex and chaotic, and in such instances students were unwilling to share problems they were having at school with parents, not wishing to cause unnecessary concern, even when they were being bullied.

The parent-teacher-school relationship was also seen to have a key role on a student's education. The relationship between the parent and the child was identified as contributing to both positive and negative educational outcomes, this depended on the involvement and willingness to engage and support the child. Where this was good, better health and educational impacts were recorded, conversely, where this was not so good the health and education impacts were low. Efforts to work with parents and to encourage their involvement in the education of the child and the life of the school were seen to have positive outcomes. The building of the parent-teacher-school relationship was however found to be a challenge for schools, and identified as requiring improvement.

While most staff working in disadvantaged area schools found teaching there to be both a challenging and rewarding experience, it emerged that most of these teachers and support staff depended on their own internal coping mechanisms or the good will of their colleagues for support when having to deal with challenging and complex issues. These measures were noted as not part of the school and teacher support structure, either within the school or within the education system itself.

The impact of Education and Early School Leaving on Social and Emotional Health

P = positive health impact N = negative health impact

Social / Emotional	**N**	Discrimination by society, within school and within the education system
	N	Poor expectations of self (student)
	N	Poor parental expectations of self and child
	N	Poor expectations by society
	N	Culture of Learned Helplessness undervalues the education system
	N	High levels of adult responsibility at a young age (caring for siblings and carers)
	P	Availability of a guidance counsellor in the school
	N	Lack of positive role models
	P	Internalised drive for a better life
	N	Constant negative media

Concerns were voiced that the education system tended to be dominated by a prevailing middle class culture and that the experience of being discriminated against; *perceived or real*; is for many living in regeneration areas a factor affecting their lives. Discrimination can happen at many levels. The experience of being discriminated against or poorly valued reinforces a sense of 'learned helplessness'. It was expressed within the consultation that with the *Common Application System* at secondary level in Limerick City, certain students were not given equitable access to certain schools, but were directed more towards other schools, often far from the catchment area in which they live. It was also felt that while the element of choice is recommended, students living in a particular catchment area should have priority to the secondary school in that area. It was further noted that what was needed to ensure greater equity in this matter, was to ensure that school intake policies and practices demonstrate equality of opportunity, and that pupil intake from socially and economically disadvantaged areas into such schools be demonstrable and transparent to all.

It was acknowledged in the consultation that while the various support measures granted by the Department of Education & Science under the School Support Programme and Delivering Educational Opportunity In Schools [DEIS], was viewed as positive for disadvantaged area schools, but does bring with it a tendency to stigmatizing of these schools, which in turn can lead to 'ghettoisation' and a reinforcement of some of the above.

The health impact of the education system on early school leaving

P = positive health impact N = negative health impact

Education	Curriculum & Pedagogy	**P & N** Subject variety availability (variety of subjects including more hands on subjects seen to accommodate more learning styles) **P** Curriculum variety where it exists (Leaving Cert. Applied, Leaving Cert Vocational Programme and the Junior Certificate Schools Programme) **N** Main Curriculum uninteresting and irrelevant to some **N & P** Mixture of pass and honours students in one class **N** Strong focus on academic achievement and competitiveness within mainstream
	Environment	**N** Large class sizes – difficult to manage, difficult to be heard and learn **P** Aesthetically pleasing school environment seen as an environment which is easier to learn in and supported students and staff to feel valued **N** Disruptive classroom **N** Large school size can be intimidating
	Outcomes	**P** Employment opportunities **P & N** Mainstream schools suitable for most, but not for all
	Early School Leaving	**N** Increase drug and alcohol use **N** Early motherhood **N** Negative peers **N** Poor mental health **N** Challenging to family relationships **N** Poor employment opportunities **N** Lose hope for the future **N** Poor self esteem and expectation for self **N** Increase involvement in criminal activity

	Pre-school	**P** Greater investment in pre-school / early years education
	Primary School	**P** Early school, parent and child initiatives (e.g. Incredible Years, First steps) **N** Inconsistency in the roll out of early school, parent and child initiatives and under resourcing of such initiatives **N** Lack of in-service training on Special Educational Needs of students **N** Transition from primary to secondary school
	Post primary Schools	**N** Transition from primary to post primary school a time of stress **P** Pastoral Care (a holistic approach to care in schools) **P** Guidance Counsellors **N** In-service training that ensures the needs and the culture of the school community are being met **P &N** Induction programmes / or lack thereof **N** Lack of co-ordinated approach by relevant services to meet the needs of disadvantaged child or child with special educational needs **N** Too many petty and inconsistent school rules
	Home	**N** Poor parental literacy **P** When little value is placed on education
	Second Chance Education / Alternative / Appropriate Education	**P** Open door policy **P** Holistic approach to education and care **P** Better teacher-student relationships **P** Smaller class sizes **P** Students felt understood **P** Students felt they belong

	DES	**P** School Completion Programme **P** Home School Community Liaison **P & N** National Educational Welfare Board **P & N** Delivering Educational Opportunities In Schools [DEIS] **N** Lack of coordinated approach between all services to tackle educational disadvantage

Most people consulted recognised that the post-primary school curriculum, while it suited most students did not suit all students; their learning styles, interests and individual needs. It was felt that a highly competitive and individualistic educational system cannot embrace the nurturing and caring elements that are required by some. In addition the school system bound by timetables, the emphasis on points and performance in exams, needs to be put under the microscope and questioned as to their educational value, particularly for those whose cultural norms differ to that of mainstream schooling. The school environment was also seen to have an impact on how staff and student felt valued by the DES. In schools that were well designed, maintained and resourced, users felt it supported a more positive working and learning environment, the opposite was also true; where the physical build of schools were clearly inadequate or appeared neglected or under-resourced, the learning and working environment tended also to suffer.

From the perspective of a number of early school leavers interviewed in this study, the health impacts identified by this group were negative, as can be seen above, and all were happy to be back in the 'education' system [albeit Second Chance]. For many of those interviewed; the greatest health impact of not attending school and leaving school early was on their mental health and their self-esteem, which was viewed as negative. This was associated with having a sense of failure by being an early school drop-out, which in turn also contributed to greater participation in negative and un-healthy lifestyles.

Stakeholders also expressed a strong appreciation and recognition of the value of both pre-school and primary school initiatives to tackle educational disadvantage. The anecdotal experience of staff on the ground, suggested that investment in the formative years was money well spent. Such measures were also seen as having a positive effect, through greater parent participation and interest in their child's education, which led to better child behaviour and development and enhanced parent-child bonding. These factors result in better health outcomes. However, concerns were raised as to the 'patchy' nature of some of these initiatives and the lack of consistent reliable funding for planning or for the development of such services.

The transition period from primary to post-primary school was seen as a vulnerable time for many young people. This transition period is even more challenging for young people with special educational needs and those who experience socio-economic disadvantage. It was noted that the unfamiliar and often impersonal environment of post-primary school, is characterised by a time of fear and anxiety for students, where many expressed feeling less cared for, than when they were in primary school.

The consultation process also revealed the many positive steps being taken at primary and post-primary level to tackle the challenges of educational disadvantage, particularly with the roll-out of the *School Support Programme* and *DEIS*. The presence of good pastoral care systems, supports through the Home School Community Liaison Scheme and the School Completion Programme and more recently the Northside Learning Hub, all seem to help 'vulnerable' children to make the primary-secondary transfer easier. Induction measures on transfer were also found to be helpful and supportive and yield positive health impacts.

It was expressed that the delivery of a whole school approach to in-service training could equip schools better to embrace the culture and specific needs of all young people. These measures would also serve to meet the needs of the broader educational system and the school–community environment.

The positive health and educational outcomes for young people attending Second Chance and Alternative Education settings was clear for all to see. For many of the young people spoken to, these settings had changed their lives for the better; taking them on a more positive life pathway than they had expected for themselves or previously experienced. For the majority of those interviewed, Second Chance / Alternative Education centre's provided education where the student felt welcome and part of the school environment. Second Chance / Alternative Educational settings also seemed to offer subjects and teaching styles that interested the students and appeared more relevant to them. In addition, within such settings, students felt valued and cared for, and many felt they had a future e.g. staying on in school and more likely to get a job or progress in education.

The health impact of lifestyle on education and early school leaving

P = positive health impact N = negative health impact

Lifestyle	**N** Overuse of prescribed drugs in the home and lack of education on health and well-being **N** Poor sleep **N** Poor diet **N** Irregular or no exercise **P** School Meals

During the consultation process value was placed on the health and educational impacts of school meals; a practice that was felt should be supported and further developed, particularly in all DEIS Band I schools.

The perceived irrelevance of school by some, and the 'culture' existing within regeneration communities, together with the lived reality of being an early school drop-out, was seen to have a significant negative health and educational impact on a student's life, at many levels. This ranged from the active use of both prescribed and non-prescribed drugs and other factors such as gang involvement, violence, intimidation and feuding. Young people caught up in this milieu were more likely to be prone to apathy, diminished life aspirations, greater alienation and social exclusion, all of which impacts negatively on lifestyle, educational opportunity and health. In addition schools in such communities have to struggle to maintain a level of normality for their students and their staff.

The health impact of Health Service provision on education and early school leaving

P = positive health impact N = negative health impact

Health Service	**N** A perception the General Practitioners are over prescribing drugs e.g. sedatives **N** Lack of co-ordinated work practices between various mental health services **N** Perceived lack of support from Social Work Services, HSE

There was a perception by some teachers and education support staff that the growing use of both prescription and over the counter medication by both parents and children was posing a serious threat to educational and social performance. Of concern was the fear that this medication was being used as a method of coping with everyday challenges, in the place of other and more appropriate interventions. It is a recommendation of this research that this situation warrants further investigation. Also further investigation should explore how the relevant services and providers can better integrate and co-ordinate their efforts for those 'in-need' / 'at-risk'..

Health Impacts of working with educationally disadvantaged students

P = Positive Health Impact, N = Negative Health Impact

Health Impact	Comments
Emotional	**N** = Draining / Tired **P** = Fulfilling **N** = Stressful **P** = Valued by students **N** = (from staff in 2nd chance /alternative school setting) Undervalued by colleagues in mainstream and DES **P** = Keeps you young **P** = Pride and sense of achievement (due to the challenging nature of the work) **P** = Students value the education and support **P** = Pride when student takes pride in own work and achievements **N** = Disappointment when despite all efforts you can't help a student **P** = Discovering hidden talents
Education	**P / N** Developing the appropriate experience, skills and attitudes to working with this grouping **P** = Sharing experience and learning with colleagues **P** = New generation of teachers appear to have a more diverse training however continue to need support in understanding from students perspective **N** = Lack of suitable pre-training in Educational Disadvantage **P** = Demands creativity in teaching style **N** = Curriculum does not suit all learning styles, individual needs **N** = Lack of suitably alternative subjects to meet the learning needs of all students

Working Conditions	**P** = When supervision is provided (not available to all) **P / N** = Unpredictability at work **P/N** = Depend on colleagues and internal coping mechanisms to deal with challenges of the environment.

Reflections on working with *'vulnerable'* children

The evidence from those in the study who work with educationally disadvantaged / marginalised children is, that whilst it can be draining and frustrating at times, it still gives a heightened level of personal satisfaction when student's accomplish even what seems to be simple skills and tasks. From those interviewed, it was evident that there also existed a deep commitment to the ***education*** and ***welfare*** of those young people in their care. It was also highlighted that accomplishments with this client group were often outside of the general 'measurements' of mainstream education. This may account for some of the frustration felt by teachers and education professionals, where such accomplishments are held 'less than' the successes that are valued within the current education system and curriculum standards. It was also noted that the quality of the student / teacher relationship in DEIS schools is often deeper and more flexible than that of the student / teacher relationship in mainstream schools. It was felt that such teachers were often better at coping with apparent unruliness, challenging behaviour and non- compliance, more so than their colleagues working in more advantaged environments. Increased flexibility, patience and creativity were cited as necessary requirements for such teachers working with students considered 'in-need' / 'at-risk'. The current construct of education provision was also seen as posing a challenge to the 'system' in regards to curriculum and pedagogy, and their relevance and appropriateness for students who experience social constraints with little or no educational or lifelong aspirations.

There was an overwhelming appreciation that more 'hands on' work within schools, together with a more democratic style of teacher-student relationship would make for a far more healthy, harmonious and productive learning environment for all concerned. The evidence shows that much is gained when mutual trust and respect exists. Many teachers also expressed that much of their capacity to deal with the myriad of issues they are presented with is in fact learnt 'on the job' and in the day to day dealings with *marginal* young people and their families, rather than what they learned in their initial teacher training.

Chapter 6
Final Recommendations

Final Recommendations

This Health Impact Assessment has been constructed to:

- Highlight the health impacts of early school leaving, absenteeism and truancy.
- To support the prevention of early school leaving and promote greater school attendance by making use of the identified health impacts and recommendations.
- Used as a basis to help inform the establishment of an Early School Leaving Strategy for Limerick City, in the context of the Regeneration programme.

Finally, the hope for the future as a result of this Heath Impact Assessment, is that the various statutory organisations, bodies and funded agencies, who have a remit around the ***care*** and ***education*** of young people, work together more cohesively and in a more co-ordinated and strategic way, to address the problems of educational disadvantage and early school leaving in Limerick City.

The recommendations of this Health Impact Assessment (2008).

The need to investment more in the formative years **Evidence from the field work and literature strongly supports the value of investment in child development and parental support in the early years of a child**	**Key stakeholder (s)**
Systems should be put in place to ensure that significant investment is made in early year's education, particularly at the pre-school and primary school years. Evidence based early childhood measures and programmes must also be promoted and enhanced, particularly in regeneration area schools.	Pre-school & Primary School Sector, DES & HSE and strategic partners

Parent-School Relationships **Evidence suggests that efforts by primary schools to build positive parent school relationships appear to be working well. However, this appears to be more of a challenge as the child moves through the education system, particularly from primary to post primary level.**	**Key stakeholder (s)**
1. Review and identify current initiatives and models of best practice that support positive parent-school relationships.	Regeneration Agency, DES Mid-West Regional Offices, CLVEC, SIF (UL) & MIC (TED).
2. Build upon and enhance the capacity of current DES and community initiatives to promote more positive parent-school - parent-teacher relationships.	School Personnel, HSCL, SCP, NEWB, CDP's & FRC's.

Parental understanding and the care and education of the child with special education needs [SEN] **Evidence from our field work suggests there is a high level of concern around the lack of consistent and co-ordinated approaches to special education needs provision.**	**Key stakeholder (s)**
Evidence from our field work suggests that special education needs identification and provision must be viewed within a continuum of care. It was also highlighted that discrepancies exist in terms of SEN service delivery from primary to post-primary schooling and / or second chance education settings. 1. Explore models of early intervention that will support parental understanding of the issues associated with children with special needs. This approach should be inclusive of child, parent and professional stakeholder(s), within the community setting and the broader societal environs. 2. The need to have a systematic and co-ordinated approach to the early identification of special education needs. 3. The provision of adequate supports for those with SEN 'as required'. 4. Consider Special Needs education being placed on a statutory basis within the Irish educational system. 5. There is an imperative to review current practices and funding allocations for assessment and the provision of appropriate SEN services in schools and in second chance / alternative education settings.	DES, NEPS, CAMHS, Child and Family Services HSE, NCSE, Public Health Centres, etc.

Supporting Parents	Key stakeholder (s)
All services within Limerick City that provide parental support services should continue to be well resourced and funded.	
1. Parents need space and facilitation to explore their own 'missing years', emotions / personal development/ education and training 2. Support to take on a parenting role in an extremely challenging environment 3. Parents need channels for connecting with appropriate services in their own right (versus total child centeredness) 4. More flexible ways of connecting with home, school and community 5. Parents need specific supports for children with behavioural, special needs or substance misuse issues. **6.** Support structures for their own emotional and mental health issues.	Teachers, Principals Boards of Management, Patrons & Trustees. Home School Community Liaison Counselling services, CDP's, FRC's, Community Adult Education Centres. Education support providers, Family Support Services DES / CLVEC**.**

Parental Education and Support **Evidence from the literature suggests that parental education initiatives have a positive health outcome for parents and children.**	**Key stakeholder (s)**
1. There needs to be continued and enhanced investment in parental education that gives the opportunity for better life outcomes for both parent and child.	DES, CLVEC, FAS, DSFA, Community Development & FRC's.

Working to address Educational Disadvantage	Key stakeholder (s)
Our field work suggests that the experience of teachers working in disadvantaged environments had both positive and negative health impacts. It was also noted that there is an existing gap in pre and in-service teacher training on educational disadvantage and its associated issues. Furthermore, some teachers do not fully understand or appreciate the 'culture', values and norms of 'disadvantaged' communities where many of their students come from. It was also noted that the *'habitus'* of schools is significantly different to that of regeneration areas, therein lies a challenge both for the community and the school as they try to understand the child who is seemingly failing at-school, 'at-risk' of dropping out or is an early school leaver. 1. A Whole school approach to in-service training is required. One that is not necessarily curriculum orientated, but also deals with many of the issues associated with 'educational disadvantage'.	DES, Teacher Training Colleges, Teachers, Schools, Boards of Management, Patrons & Trustees. NEWB, SCP, HSCL.
Evidence from the literature and from our field work suggests that some teachers are not adequately equipped with the skill-set to teach and mange children with special education needs or those with challenging behaviour. 1. Pre and in-service training of teachers must be constructed so as to reflect the realities that are encountered in today's classrooms. 2. Teacher training should also reflect recognition of the need to meet the holistic needs of the child in the classroom. 3. Teachers should be in receipt of specialist training around – challenging disruptive behaviour e.g. conflict resolution education / skills, etc.	DES, Teacher Training Colleges, Teachers, Schools, Boards of Management, Patrons & Trustees.

The Education System **The field work suggests that the Irish mainstream education system does not meet the needs of all its students.**	**Key stakeholder (s)**
The current education system, particularly at second-level, is underpinned by the drive towards outputs, achievement, competitiveness and academic results, this leads to exclusion and the disillusionment of many, particularly for those who may be vulnerable. 1. There is the need for a curriculum that meets all learning styles, ambitions, likes and preferences and values all equally. Consideration needs to be given to wider availability to 'hands on' subjects, JCSP, FETAC, LCA, LCVP, even a modular type Leaving Cert. 2. Smaller class sizes are reported to support both the child's learning and social needs and teacher class management. It is recommended the current class sizes in Limerick DEIS schools are constructed according to ratios that meet the needs of children in regeneration areas. 3. Explore systems that support the children to 'catch up' when missing out on school.	DES, SSP, DEIS, NCCA, VEC's, Teacher Training Colleges, Teachers, Schools, Boards of Management, Patrons & Trustees. NEWB, SCP, HSCL.
Evidence from the field work suggests that a 'pecking order' seems to exist within the education system where value is placed on a highly driven academic curriculum. This forces a shift in the focus within the school system [particularly at secondary level] to achieving points rather than a more holistic education (e.g. life skills, social and personal development, critical thinking and problem solving skills, etc.).	DES, NCCA, VEC's, FAS? Teachers & Principals, Schools, Boards of Management, Patrons & Trustees.

The evidence also suggests that the more nurturing the context in which this is delivered the greater the educational and learning outcomes, particularly those who may be vulnerable.

1. Resourcing and broadening the remit of the Guidance Counselling service in schools and Second Chance education settings should also be considered, where the emphasis is on counselling, therapeutic and emotional support.	NEPS, NCGE, Teachers, HSE, EWO's, SCP & HSCL.
2. Explore the possibility that all teachers develop and deliver a broader skill mix of availability and nurturing within the classroom. In other words see 'Care & Education' as fundamental to the work of the classroom teacher and not an optional extra.	
3. School rules to reflect a sense of fairness and equality required by society. The development of school rules should be done in partnership with students and parents and be consistent in enforcement.	
4. The field work and literature suggest that pastoral care systems within the school setting can assist student health and support a co-ordinated supportive role for the child considered 'at risk'. Pastoral Care standards need to be identified both locally and nationally with a long term commitment to the process by both schools and the Department of Education and Science.	

The field work evidence suggests that the second chance and alternative education systems are meeting and achieving many of the unmet needs of mainstream education. For many of the young people in the study; schools were viewed by them as having a significant positive impact on their social and educational development.	
5. The alternative education settings need to receive greater recognition, resources and support from the DES / CLVEC & strategic partners. 6. Access to the *Alternative / Second Chance Education* setting needs to offer greater variety and choice option as well as providing the necessary supports so that these young people can avail of the education on offer and participate more fully at school.	DES, CLVEC – Youth Reach YEP, Dept. of Justice, Teacher Training Colleges, Teachers, Schools, Boards of Management, Patrons & Trustees. EWO's, SCP & HSCL.
The highly competitive nature of mainstream school' supported by honours and pass and the points system, helps to create an environment that equally supports failure for those who struggle to keep up.	
1. A wider definition of achievement would enable a more pragmatic measurement of success thereby supporting 'individual efforts versus academic achievement alone'. 2. The predominance of a 'single' *social class* within a school has negative consequences for all concerned. No cross fertilisation of cultural understandings and beliefs can bear the consequences of bias, misunderstandings and the negative undercurrents of frustration and anger. 3. Schools intake policies as reflected in the Common Application System for secondary school places must reflect greater transparency and be able to demonstrate a greater social and ethnic mix in its student population. 4. To support this, schools need to be supported by the DES to accommodate social inclusion and the needs of students with learning difficulties and special needs.	Principals, Teachers, Schools, Boards of Management. Patrons & Trustees. Parents. DES & DEIS.

Transition from Primary to Post Primary School	Key stakeholder (s)
Evidence from the field work and the literature suggests that the period of transition from primary to post- primary is a very challenging time for most students and a key point at which a 'vulnerable' child becomes at risk of early school leaving.	
1. As a matter of priority a joined-up approach between all educational systems and structures need to be identified and implemented. This model should be informed by current best practice that exists within the DES and local Limerick schools and education support providers. 2. Consideration needs to be given to a first year transition or induction period, possibly (Sept. – Dec.) to facilitate the smooth transition from primary to post-primary school, particularly for vulnerable / marginal young people. 3. School attendance policies, school reporting systems, together with outreach work , should all be employed to foster attendance, participation, retention and accountability, in order to address early school leaving, absenteeism and truancy.	Schools, Boards of Management, Parents, NEWB, School Completion Programme, Home School Community Liaison Family Resource Centre's, etc.

Student - Teacher Relationships	Key stakeholder (s)
The field work and the literature strongly supports the view that the student-teacher relationship has both a profound positive and negative impact on health and education outcomes.	
1. As key role models in a student's life, the teacher is in a special place to model positive communication and behaviours, with a particular focus on listening, respectfulness, affirmation; avoiding humiliation and sense of isolation. These are proven methods of building relationships and trust which is to be reflected in daily teacher practice. 2. Pre or in-service training should facilitate teachers towards having a greater understanding of how their own actions, their relationships with students and the learning environment they create can enhance or harm the wellbeing of students. The evidence from the literature would suggest that the teacher-student relationship is one of the most significant factors influencing a child's decision to leave school early or not.	Teachers, Principals Boards of Management, Patrons & Trustees. Teacher Training Colleges,

Bullying **Our field work strongly suggests that current systems of managing bullying within schools are ineffective and cause highly negative emotional and health impacts including ESL.**	**Key stakeholder(s)**
1. New approaches to tackle bullying are required. These must go beyond the education system, as bullying is recognised as a broader societal issue.	Teachers, Parents, Principals Boards of Management, Patrons & Trustees, Gardai – Community Education support providers.

Mental health **The incident of poor mental health is of major concern within the regeneration areas, this is supported by the literature and field work.**	**Key stakeholder (s)**
1. Schools who take ownership of mental wellbeing by reviewing all aspects of their functioning (structures and cultures), may help to minimise the negative mental impacts that school life can have on some students while at the same time improve positive and supportive aspects.	Education support providers, Schools.
2. To address the mental health needs of young people in the school setting, requires an approach that is collaborative; involving joined-up thinking between the HSE, the DES and other support services.	CAMHS (HSE), DES, NCGE, NEPS.

Substance Misuse	
Evidence from the field work and literature suggests that drug use within and outside the school setting was having a negative learning and behaviour of the student. The problem is compounded by the fact that in some homes the issue of addiction is two generational (parent and child)	**Key stakeholder (s)**
1. Schools and local statutory and voluntary agencies to support the work of the local Drugs Task Force in the Limerick area. 2. Promote the development of drugs awareness and harm reduction programmes. 3. Support and promote healthy life options and choices in schools and community / youth work and sporting settings.	Regional Drugs Task force, Gardai, Education & Youth Work support providers, Teachers, Principals and Boards of Management, DES – PHSE, Sports Development Officers and sports clubs.

Media

It was identified that media negative reporting has had a profoundly negative impact on health and life outcomes for people living in communities such as Regeneration areas, at both a micro and macro level; from a child's view of themselves and their world, to the Nations view of Limerick City.	**Key stakeholder (s)**
1. Limerick City should develop a communication strategy and an action plan that challenges national and local media practice to work in a balanced and responsible fashion – one that is mindful of people who have to live in 'disadvantaged' / 'troubled' estates. 2. Media reporting should also be proactive in highlighting the achievements and positive aspects of life in parts of Limerick City. 3. Residents, agencies and public representatives should promote and be actively engaged in highlighting all that is good and unique to Limerick City.	Local Authority, National and local media, all figures in Public Office, Statutory, Voluntary and Funded Agencies, together with the People of Limerick.

Learned helplessness

Learned helplessness exists *when people have a series of disappointments and seeming failures, that have led them to believe they are useless and simply cannot do anything*

Key stakeholder (s)

Field work suggests that learned helplessness has negative health and educational impacts.

1. Skills of 'problem solving' and 'decision making' need to be re-visited and fostered within the Irish education system from an early age.	Teachers, Parents and care personnel, CDP's, RAPID, FRC's, DSCFA, Limerick Regeneration Agency, Political and community activists
2. Teachers and school personnel should at all at all times aim to raise the expectations of local communities and students and to challenge 'low expectations' and 'learned helplessness' where it exists.	
3. Processes need to be identified through both the school and community settings to challenge the prevalence of 'learned helplessness' within regeneration communities. Such processes should consider leadership, social learning, self insight and the development of logical and critical skills. Questioning the decision making that affects a person's life, is an important element in overcoming learned helplessness.	CDP's, RAPID, FRC's, PAUL Partnership, Estate Management Structures.
4. Community Development projects are seen as having a positive community focus that can challenge learned helplessness. The Community Development approach strengthens local democracy and the capacity and voice of communities to participate actively in determining the process and outcomes of social and economic change. It is therefore recommended that practices be considered, supported and resourced within regeneration communities, so as to deal with this phenomenon.	

Acronyms and Abbreviations

Central Statistics Office	**CSO**
City of Limerick Vocational Educational Committee	**CLVEC**
Clinical and Mental Health Services, HSE	**CAMHS**
Community Development Project	**CDP**
Delivering Educational Opportunity in Schools	**DEIS**
Department of Education and Science	**DES**
Department of Social Community and Family Affairs	**DSCFA**
Early School Leaving	**ESL**
Family Resource Centre	**FRC**
Further Education and Training Awards Council	**FETAC**
Health Impact Assessment	**HIA**
Health Service Executive	**HSE**
Home School Community Liaison	**HSCL**
Junior Certificate Schools Programme	**JCSP**
Leaving Certificate Applied	**LCA**

Limerick Regeneration Agency	**LRA**
National Council for Curriculum and Assessment	**NCCA**
National Council for Special Education	**NCSE**
National Council for Guidance in Education	**NCGE**
National Educational Psychological Society	**NEPS**
National Educational Welfare Board	**NEWB**
Revitalising Areas by Planning, Investment and Development	**RAPID**
School Completion Programme	**SCP**
Social Personal and Health Education	**SPHE**
Special Education Needs	**SEN**
School Support Programme	**SSP**
Tackling Educational Disadvantage	**TED**
Training and Employment Authority	**FAS**
United States	**US**
Youth Encounter Project	**YEP**

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