Implementation of improvement project for special services in education in Reykjavík - Breiðholt district

Evaluation Report – November 2020

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Introduction

All Icelandic students are entitled to receive assistance to deal with any physical and psychological problems (Mennta- og menningarmálaráðuneyti 2010). The City of Reykjavik operates a Department of Sport and Leisure and a Department of Welfare, which are independent units, but both provide services to students in one way or another. The legislation in force clearly specifies the content and objectives of specialist services provided to, on the one hand, compulsory school students and their parents and, on the other hand, the staff of the schools (Act and associated Regulation on "Specialist Services of Municipalities" No 2008/2010).

During the first half of the first decade of the century, waiting times for both services and diagnosis frequently reached several years. Obtaining psychological, social and/or psychiatric services for students with problems required an initial confirmed diagnosis by a psychologist, followed by a referral by that psychologist to a relevant specialist. As a result, waiting times for diagnostic services lasted up to three years. In addition, it was discovered that in cases involving complex problems and requiring a wide range of resources to be provided to a family, the services provided were fragmented and no single provider was responsible for ensuring the provision of integrated services designed to address every aspect of the problem. There was considerable pressure from parents and schools to reduce waiting times for diagnosis and help, and to improve the services provided to provide children in need with adequate services.

In 2005, the City of Reykjavík reorganised its social and school services by establishing seven Service Centres, later reduced in number to five that operate in different locations around the city. A relatively small number of rules were put in place on how each Centre should be organised, but each Centre's main purpose was to improve the services provided to the city's inhabitants by increasing efficiency, i.e. by reducing waiting times, improving interdisciplinary collaboration between specialists in the needs of children and families, adding resources, and improving access to specialists. How this was achieved was up to each Centre.

For six years the Breidholt Service Centre mainly serviced preschools and compulsory-level schools, but this has since changed and the Breidholt Service Centre is now a general service centre for all services offered by the City. As shown in Table 1, the Breidholt Service Centre services around 17% of all children living in Reykjavík and is in terms of size in the middle of the City's service centres.

Service Centres	Proportion of the total number of children under the age of 18 living in Reykjavik	Proportion – children of compulsory school age	Proportion – children of preschool age
Western Reykjavik, central Reykjavik, and Hlídar districts	25%	26%	30%
Laugardalur and Háaleiti districts	25%	24%	23%
Breidholt district	17%	16%	16%
Árbær and Grafarholt districts	18%	19%	17%
Grafarvogur and Kjalarnes districts	15%	15%	15%

Table 1 Relative size of Service Centres

The Breidholt district has a very diverse demographic population, whether considered from a social, economic, educational, or ethnic perspective. The proportion of immigrants among the district's

inhabitants has grown very fast over the past two decades, rising from 5% in 2002 to 22% in 2017, thus exceeding the average for the City of Reykjavik as a whole, which is 14%. The proportion of children whose parents' native language is not Icelandic is over 80% in Fellahverfi, a neighbourhood within Breidholt district.

As can be expected with a project of this amplitude, the main objectives have changed due to continual reviews prompted by the information collected and analysed. The most extensive changes occurred in 2011 when the project was expanded by adding district development, increased cooperation, and democracy to existing priority areas.

The present evaluation only considered the original goals, not those added at a later stage.

Purpose of the evaluation

The purpose of this evaluation was to provide an evaluation of the extent to which the original goals of the project were attained. The evaluation was based on the goals set by the Breidholt Service Centre management team, those goals being used as a starting point in interviews and all document analyses. The conclusions will be presented to representatives of the Breidholt Service Centre and of the Department of Welfare of the City of Reykjavik. Additionally, the conclusions will be presented at the closing conference of a project initiated by the Nordic Council of Ministers and entitled "Cross-sectoral collaboration on vulnerable children and young people".

Methodology

Both quantitative and qualitative methods for gathering data were used. All quantitative data were obtained from the Breidholt Service Centre, the Department of Welfare and/or the Department of Sport and Leisure. Former employees of the Centre also provided data. Qualitative data were gathered through interviews with current (2) and former (6) employees, as well as from additional sources including reports, research papers, debriefings, and articles. Interviews were conducted both in person as well over the phone.

Results

The changes implemented by the City of Reykjavik were prompted by long waiting lists for services to students in the City's schools and the general dissatisfaction of all groups of stakeholders with the services provided. Calls by families, schools and specialists for radical changes to "the system" led to a decision by Reykjavik City authorities to change the way in which services are provided to children and their families. The service centres were given a short notice to implement the changes and few guidelines as to how to proceed, providing an opportunity to the directors of the Breidholt Service Centre to develop the services in a manner likely to produce suitable results for the environment in which they were working. Several of the interviewees stated that competition between the centres was encouraged, and that collaboration was not seen as desirable. These expectations have changed in the intervening years, and today a considerable amount of collaboration takes place between the centres, although traces of the original policy remain. Thus, some of the interviewees said that there were still cases of employees of different centres feeling resentment toward each other.

Despite a scarcity of documents describing how and why the directors of the Breidholt Service Centre arrived at their decisions, the directors had a clear picture of what they wanted to achieve and were able in the interviews to easily explain the processes and reasons behind their decisions. After seeking guidance from research by social and management scientists in Iceland and abroad, Breidholt Service Centre staff decided to implement the changes on the basis of three principal methods:

systematic problem-solving (D'Zurilla et al.), where the emphasis is on solving problems systematically by analysing the problems through an integrated approach, that is both on a macro and on a micro level; multi-tiered systems of support (MTSS) (Brown-Chidsey et al., Weist et al.), where the emphasis is on analysing the urgency of the need and how many responders are required, and determine the help to be provided on that basis; and early intervention (Odom and Wolery), where the aim is to prevent or respond to children's psychological, emotional or educational problems at the earliest possible stage. Among these methods, none is used in isolation; instead, they are intertwined and complement each other from different perspectives. Figure 1 shows how multi-tiered support is implemented at Breidholt Service Centre. The vast majority of those interviewed stressed that the contact persons are the key to providing effective support.

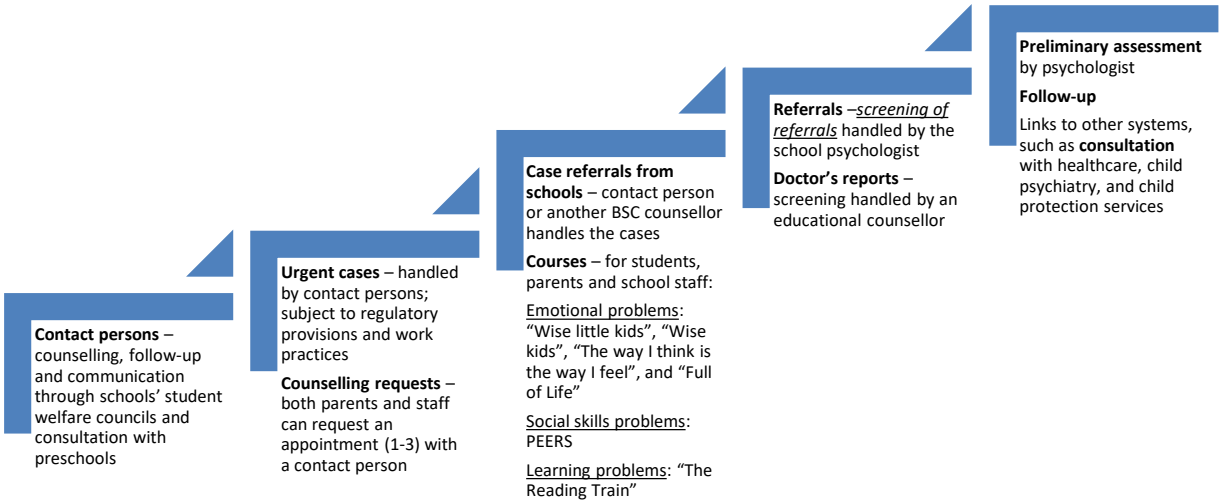

Figure 1 Implementation of multi-tiered support at Breidholt Service Centre

The goals to be achieved were defined at a very early stage of the process. Those interviewed agreed that this made it easier to decide methods to be used and the ways in which to implement the changes. The original goals were as follows:

1. To reduce waiting times for support
    a. To place less emphasis on diagnoses
    b. To strengthen on-site interdisciplinary counselling
    c. To introduce new organisational structures and procedures
2. To improve interdisciplinary collaboration between specialists
    a. To ensure improved flow between the support services provided by the Breidholt Service Centre
3. To set up new access routes for the Breidholt Service Centres clients
    a. Parental skills
    b. Emotional management
    c. Language development and reading literacy

Goal 1: To reduce waiting times for support

Prior to the reorganisation of the specialist services offered by the City of Reykjavik in 2005, practically all support was provided based on psychological and psychiatric diagnoses, where the main emphasis was on referrals and reports while support resources and follow-up were scarce and could take up to between 6 and 12 months to access. On top of this, waiting times for diagnosis could reach up to three years. This arrangement led to tight bottlenecks that nearly blocked all access to

support for students, parents/guardians, and school staff, often ultimately causing students to receive support late or not at all.

As changes had to be made to all fundamental aspects of the work, from the composition of the team of specialists employed by the Breidholt Service Centre to the working procedures, the centre needed to be rebuilt from scratch. Services to schools, children and parents were divided into five levels (Figure 1) where the clients' contact persons are responsible for the follow-up of counselling and other measures and for communication through schools' student welfare councils and consultation with preschools. Table 2 shows the division of responsibilities between the levels in Figure 1.

Urgent cases	Contact persons handle urgent cases in accordance with rules of procedure
Counselling requests	Both parents and school staff can request counselling
Case referrals from schools	The contact person or another BSC counsellor handles the cases
References	The screening of referrals is handled by the school psychologist
Doctor's reports	Screening is handled by a educational counsellor
Courses	For parents and school staff, and for students at FB, an upper-secondary school

Table 2 Division of responsibilities at the Breidholt Service Centre

Whether the request originates from school staff or from the student's parent(s)/guardian(s), the first step is to fill in a list of screening criteria which is then sent, accompanied by the information provided by the school, to a psychologist at the Breidholt Service Centre who prepares a draft assessment. This is followed by a meeting at the school with the parent(s)/guardian(s) and school staff, to decide on the next steps to be taken. Finally, the psychologist writes an assessment, which is forwarded, along with the conclusions of the meeting, to all parties concerned. Urgent cases receive a much speedier treatment than other cases and according to specific procedures.

As shown in Figures 2 and 3 the work of the centre changed considerably following the implementation of these measures given that a much wider range of access routes became available. As seen at the far left of each figure, in 2005 only two access routes – referrals and doctor's reports – were available, while in 2008 the number of access routes had grown to five at the compulsory school level and four at the preschool level. Additionally, several access routes were available at each level. The actual number within each level fluctuated until 2013, but since then it has fallen gradually.

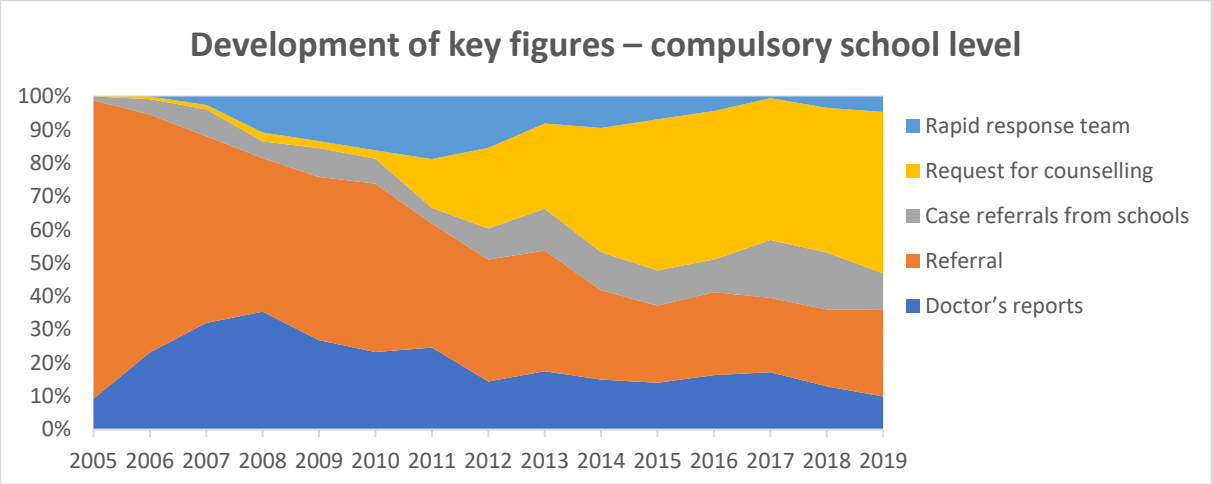

Figure 2 Development of key figures – Compulsory school level

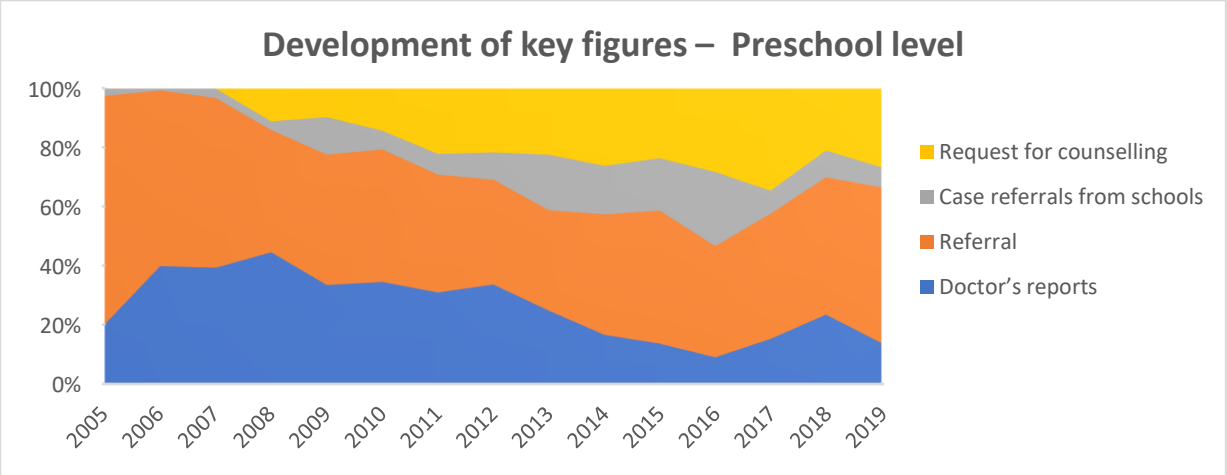

Figure 3 Development of key figures – Preschools level

Figure 4 shows the development of the total number of cases since the establishment of the Breidholt service centre.

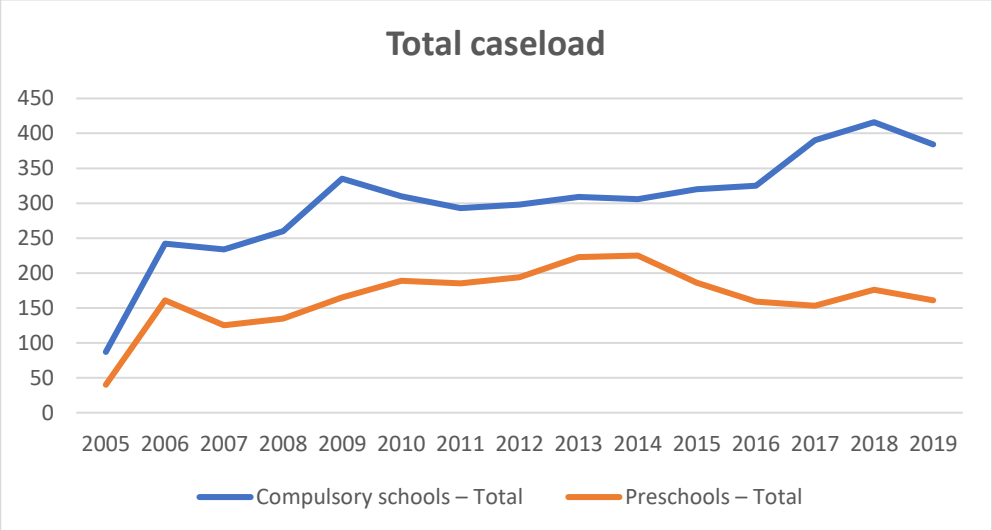

Figure 4 Total caseload

In 2005, the Breidholt Service Centre received a total of 40 cases from preschools and 87 from compulsory schools, while in 2015 the numbers were 186 and 320 respectively, corresponding to a 465% increase at the preschool level and a 368% increase at the compulsory school level (Figure 4). The increase can be attributed to pent-up demand in the period preceding the reorganisation. During the years immediately following the financial crisis of 2007, the number of cases received rose by 25%, and then stabilised between 2012 and 2016. The number of cases rose again between 2016 and 2018, mainly at the compulsory school level, but has since fallen once more. A glance at the number of referrals during the same period (Figure 5) reveals a decrease of 57% at the compulsory school level from the peak observed in 2006, and of 12% at the preschool level over the same period (2006 to 2015), but since 2014 the number of referrals has been relatively stable.

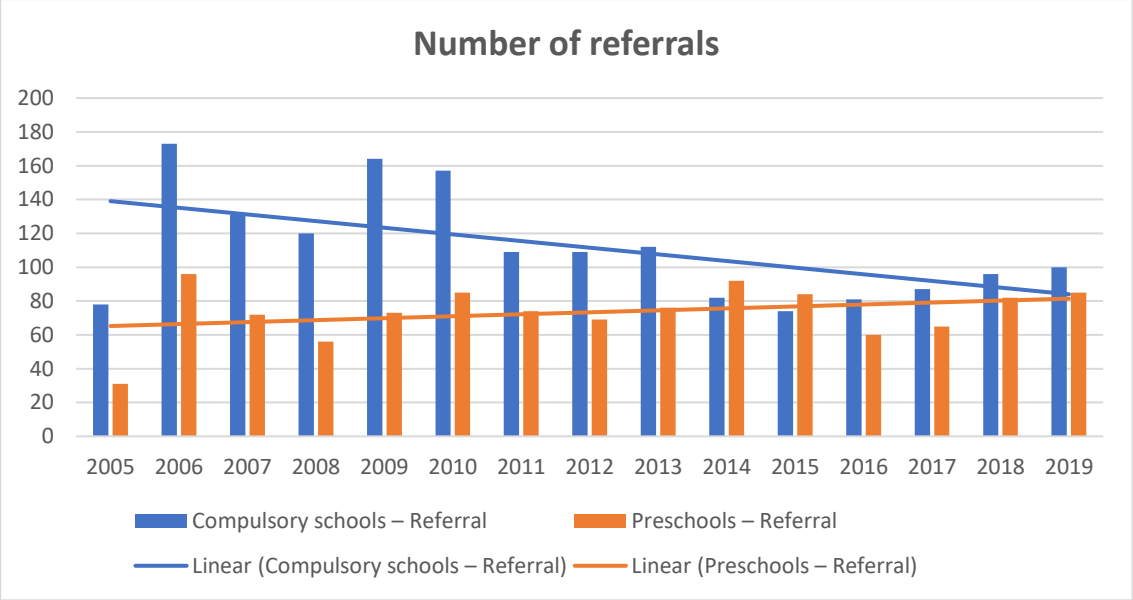

Figure 5 Number of referrals

As hoped, referrals to doctors and psychologists have gradually become less common at the compulsory school level. As shown in Figure 6, while at the outset referrals constituted nearly the entire caseload of the Breidholt Service Centre, in 2015 only 23% of all cases started as referrals.

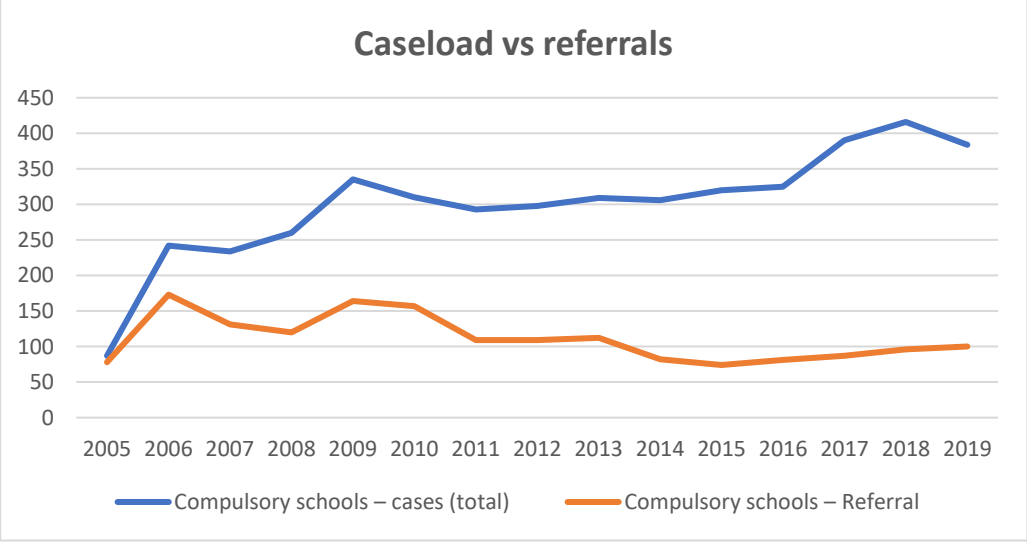

Figure 6 Caseload vs referrals

The single largest change observed because of reorganisation is the number of diagnoses as a proportion of the total number of cases (Figure 7). From constituting 41% of the total caseload in 2007, diagnoses only made up 7.2% in 2017. Thus, considerable progress has been made in reducing the share of diagnoses in the support process.

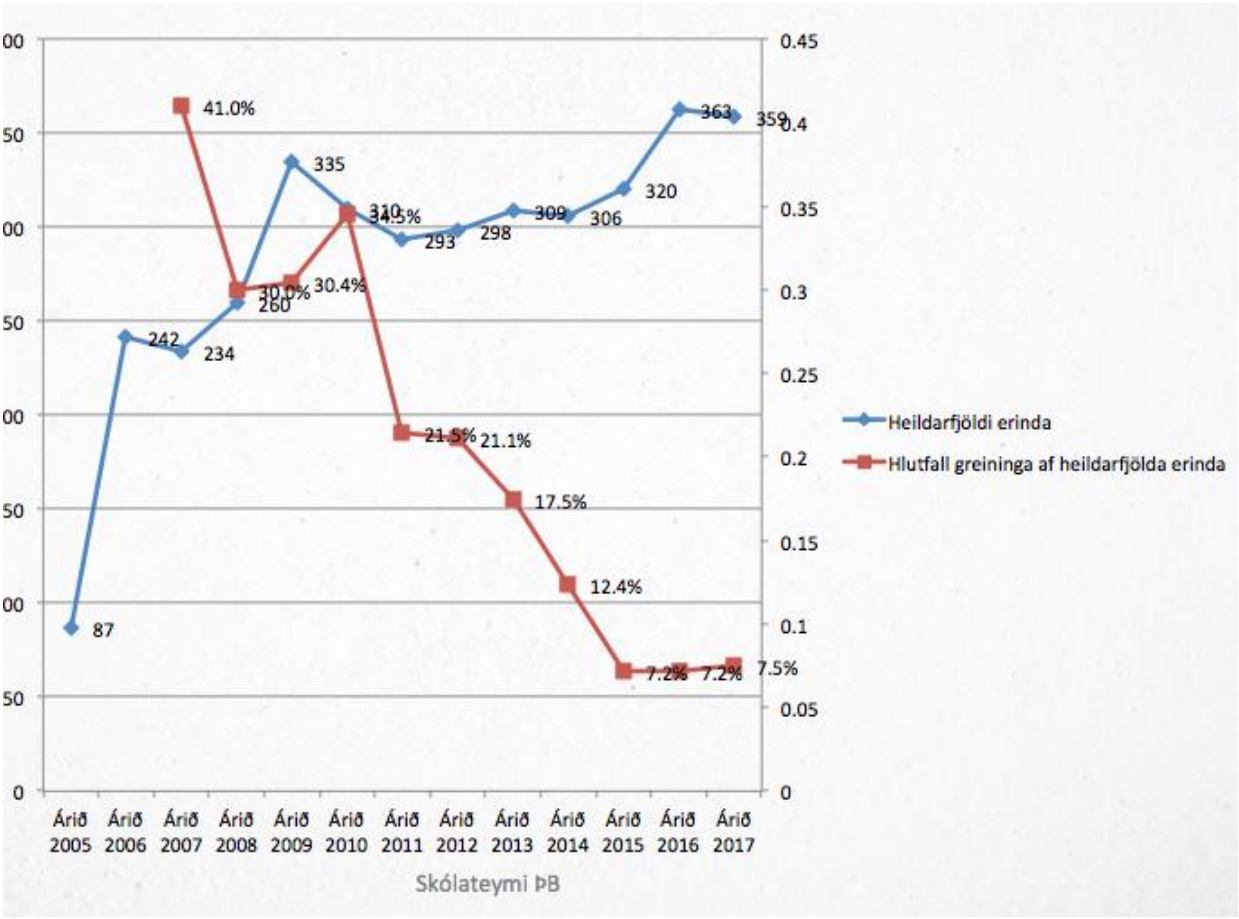

Figure 7 Proportion of students needing formal diagnoses

Considering the long waiting times for first appointments, one of the main goals of the project was to relieve that bottleneck and the reduce the waiting times. Figure 8 contains a comparison between the service centres operated by the City of Reykjavik. As mentioned at the beginning of this report, the Breidholt Service Centre is one of the city's five service centres, all of which received the same descriptions of the goals behind the reorganisation. The figure shows that the number of referrals being processed was much lower at the Breidholt Service Centre than at two of the other service centres. Further, the status of the referrals differs from that of the other service centres, given that only a small proportion of referrals await first appointment at the Breidholt Service Centre, while the inverse is true at the other centres where the vast majority of referrals await first appointment.

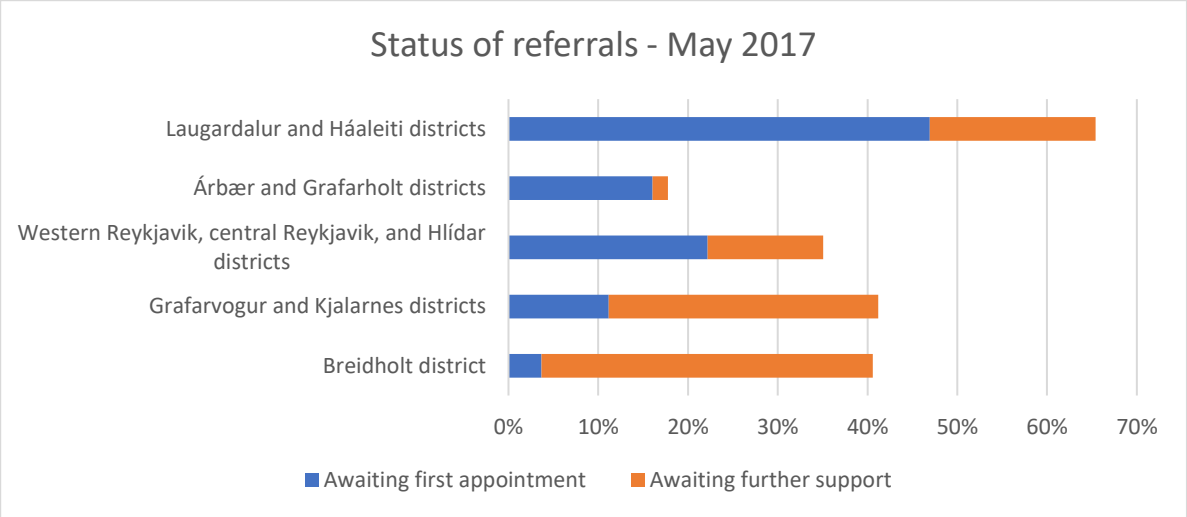

Figure 8 Comparison of status of referrals

Interviewees agreed that on-site interdisciplinary counselling had been revolutionised through the changes that were implemented. The reason is that much broader groups of professionals now participate in the activities, and that they now provide support to their clients on-site, even in their homes when necessary.

Evaluation of Goal 1

1. *To reduce waiting times for support*
    a. *To place less emphasis on diagnoses*
    b. *To strengthen on-site interdisciplinary counselling*
    c. *To introduce new organisational structures and procedures*

As detailed above, the Breidholt Service Centre has succeeded in considerably reducing the emphasis on diagnoses, and by recruiting specialists with different fields of specialisation the entire set of organisational structures and procedures was modified in order to better serve the needs of clients. The new organisational structures and procedures made it possible to implement on-site interdisciplinary counselling.

The Breidholt Service Centre achieved Goal 1.

Goal 2: To improve interdisciplinary collaboration between specialists

A much more varied team of specialists than before was assembled through new recruitments of social workers, psychologists, educational counsellors, sport and leisure counsellors, social educators, family counsellors, educational and vocational guidance practitioners, and a special education counsellor with multicultural competency. Contact persons in this team ensure the rapid and effective provision of counselling, follow-up, communication with schools, parents/guardians and students through the intermediary of student welfare councils at the compulsory school level, and consultation with preschools.

Several specialists are called upon to work on each case, the composition and size of the case team being determined by the extent of the case. Clients are therefore cared for by interdisciplinary teams, which adapt the services to their needs.

The interviewees agreed that interdisciplinary collaboration between specialists functions very well in most cases, and that flow between support services was satisfactory. Some of those interviewed mentioned that the system occasionally become needlessly cumbersome since teams tend to

become large and somewhat unwieldy because of that. This aspect of the activities is being reviewed to make it more efficient and flexible.

Evaluation of Goal 2

2. *To improve interdisciplinary collaboration between specialists*
    a. *To ensure improved flow between the support services provided by the* Breidholt Service Centre

To attain the results described under Goal 1, a much larger team of specialists with different fields of specialisation had to be recruited. Moreover, certain conditions, work practices, procedures and organisational structures had to be put in place to enable the collaboration necessary for the proper functioning of the support services. The results achieved under Goal 1 were attained in part through increased collaboration between specialists, meaning that Goal 2 was achieved. Despite this success, work is still ongoing to improve flow between support services as well as decrease waiting time even more for constituents.

Goal 2 is considered, to a large extent, to be attained

Goal 3: To set up new access routes for the Breidholt Service Centre's clients

One of the principal goals behind the changes implemented was to make it possible to solve problems with minimal intervention, which required an effort to strengthen the knowledge, skills and competence of all those involved with the upbringing and education of the students. Years-long experience had made it clear that providing support to the groups concerned was insufficient; instead they needed to be taught certain behaviour and trained to identify behavioural patterns in order to prevent minor failings from evolving into large issues and approach problems correctly. Some of the courses available for children are "Full of Life", education about anger and its triggers, and ways to prevent and control bouts of anger; "The way I think is the way I feel", education about how to recognise anxiety and sadness, and ways to tackle and manage the symptoms; "Wise kids", education about anxiety, and training in ways to prevent and manage anxiety symptoms; and PMTO parent management training, education and training in effective ways to bring up children that enhance and encourage desirable behaviour and reduce problematic behaviour patterns. One of the principal functions of the specialist services is to strengthen schools as professional institutions capable of finding solutions to most of the challenges encountered in day-to-day schoolwork. Therefore, the team of specialists at the Breidholt Service Centre have proposed to school staff a series of training courses in how to prevent and manage undesirable or threatening behaviour by students and parents/guardians.

Thus, the solution is to increase the knowledge, skills, and competence of all those to which the Breidholt Service Centre provides support. The results of this work can be measured in many ways. As seen in Figure 3 the total caseload has remained relatively stable since 2009 and increased knowledge and training cannot therefore be said to have impacted on the number of cases. However, there are now fewer referrals, and the number of diagnoses has fallen significantly (Figure 7).

Figure 2 also clearly shows that the available access routes are all in use and are used in a relatively constant and reliable way. As shown in Figure 8 cases receive a first response much faster than at the city's other service centres, and this is only made possible by collaboration between all those working at the Breidholt Service Centre.

According to information provided by the Child and Adolescent Psychiatric Department of the National University Hospital of Iceland (BUGL), hospitalisations of children from Breidholt district fell by 56% between 2011 and 2015 while admissions to emergency services increased by 122% over the

same period, all of which can be interpreted as meaning that there are now fewer serious (defined as not needing hospitalisation) cases than before. During the same period, the percentage of Grade 9 students diagnosed with depressive symptoms increased from 7% to 15%, while anxiety symptoms increased from 5% to 18%. It can be deducted from these data that the drop in hospitalisations was not caused by a reduction in depressive or anxiety symptoms in students.

Evaluation of Goal 3

3. *To set up resources for the* Breidholt Service Centre*'s clients*
    a. *Parental skills*
    b. *Emotional management*
    c. *Language development and reading literacy*

One type of support available to the Breidholt Service Centre's clients is a range of training courses. The courses have been well attended, but their effectiveness is difficult to assess because of a general lack of documentation. However, the statistics provided by BUGL may be an indication that progress has been made in preventing the occurrence of serious cases requiring hospitalisation. Regardless, it is not possible to know for certain how useful the courses have been or whether they have made desirable impact.

Since Goal 3 only states that new resources should be set up for the Breidholt Service Centre's clients, Goal 3 is considered to be attained even though it is unknown whether these access routes are appropriate or whether they help.

Goal 3 is considered, to a large extent, to be attained.

Discussion

Although few documents are available that directly describe the decision-making process at the beginning of the project, there is no doubt that the management team set clear and useful goals, looked into research by scientists in Iceland and abroad, followed-up on goals, and reviewed the goals whenever necessary. Although more recent objectives were not considered in this evaluation, the interviews conducted and analyses by others have clearly shown that the goals were reviewed on a regular basis and improved on or expanded as needed. The circular process of effective management (the process of organizational learning)– establish goals, implement, evaluate, review – has been used in a sensible way, and proven and well-targeted management methods have been employed.

As explained above, the Breidholt Service Centre has succeeded very well in attaining its original goals. It is interesting to observe that almost all charts and statistics reveal a similar trend in regard to the solutions implemented in that 8 years were needed to implement a structure where all levels were being used and reach a balance between them; 8 years were needed to stabilise the total caseload after the work on the backlog of cases started; 9 years were needed to bring the number of referrals to a manageable level and maintaining stability between years; and 10 years were needed to stabilise the number of diagnoses. There is no doubt that operating a service centre is difficult if the annual number of cases and clients is subject to uncertainty, but if the number of cases is reasonably stable and plans can be adhered to it becomes possible to organise the activities and maintain a team of employees capable of handling the workload.

The impact of the financial crisis of 2007 is clearly discernible in the data, in that measurable results (for example the number of cases) did not stabilise until a few years after the crash.

Time must tell what effects COVID-19 will produce on the work of the Breidholt Service Centre and other similar institutions, but this evaluation clearly demonstrates that external events and circumstances in the society greatly influence the activities of the Breidholt Service Centre and the support provided, and that its work is not carried out independently of societal issues and expectations but is intertwined with societal evolvement and concerns of all types. This evaluation clearly shows that it is very important to use an approach similar to the one chosen by the City of Reykjavík in this project, that is, to allow plenty of time and space for large projects of this kind to evolve and bear fruit.

Even though original objectives were, to a large extent, met it is clear that paucity of available and accessible data limited the specificity of the outcome of this evaluation and the data that were available dictated somewhat what evaluation questions were asked and/or we were able to answer. As the Breidholtsmodel that was the object of this evaluation has been transitioned into all of the education system in Reykjavik and is now called Reykjavik model this evaluator recommends that the City of Reykjavik makes a great effort to collect and store necessary data. Additionally data need to be collected in a systematic way where all aspects of the organization are considered and presented in a consumer friendly way, such as with dashboards, where they can support decision making, oversight, and management.

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