מאיירס-ג'וינט-ברוקדייל
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360° National Program for Children and Youth at Risk

Engelberg Center for Children and Youth

360° – The National Program for Children and Youth at Risk: The Needs of the Participants and the Services Received

Rachel Szabo-Lael ✦ Hila Zadka

The study was commissioned by the National Program for Children and Youth at Risk and funded with its assistance

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Executive Summary

360 Degrees – the National Program for Children and Youth at Risk – is an inter-ministerial program headed by the Ministry of Social Affairs and Services (MOSAS) and in partnership with the ministries of Education, Health, Immigrant Absorption, and Public Security. The program goal is to change the way that Israeli society deals with children and youth at risk by enhancing and expanding the services for them in the community. The program was first implemented in 2007 in 72 local authorities in the lowest socioeconomic clusters. In 2012, it was decided to expand the program and by the end of that year, it was being implemented in over 90 additional authorities. In 2014, the program was implemented in some 170 local authorities and an additional 11 are slated to join the program in the course of 2015.

The local authorities in the program pledged to follow a structured process of planning and decision-making. The first stage in the process of planning the services in the authorities was to collect information about the children and youth at risk in each authority. To this end, from 2009 to 2011 a process of identification and mapping was conducted among all the children and adolescents in each authority that joined the program in those years. The mapping was conducted by all the professionals working with the children using an agreed-upon standard definition of "children and youth at risk." The findings indicated that 156,024 children and adolescents at risk lived in the authorities where the program was implemented and around half of them (some 79,000) had already been in the care of existing community-based services for children and youth at risk and their parents.[1]

By early 2011, many of the authorities had completed the planning processes and started implementing the new services in accordance both with the needs of the children and adolescents and with the characteristics of the authority. At the same time, a locality-based information system (LIS) was developed to enable the authorities to monitor, oversee, study and examine implementation of the services and the status of the children and adolescents receiving them. The LIS also facilitates information-based decisions about the children and adolescents and the services at every level of implementation: local, regional and national. The information in the LIS comes from reports entered using online forms that were developed jointly by the program staff, the research team at Myers-JDC-Brookdale Institute (MJB) and the Tehila organization, based on the mapping and identification forms. The person responsible for providing the service is also responsible for completing the forms.[2]

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[1] Szabo-Lael, R. and Hasin, T. 2011. At-Risk Children and Youth: Results of the Identification and Mapping Conducted by the National Program for Children and Youth at Risk. RR-589-11. Jerusalem: Myers-JDC-Brookdale Institute (Hebrew).

[2] The people responsible for the services are professionals who have appropriate knowledge and experience in one of the main service areas. They are responsible for setting up, implementing and reporting on the service and the status of the children receiving it. They are appointed by the head of the service providing the care (360 Degrees – the National Program for Children and Youth at Risk, Dossier for the Locality, December 2013 – Hebrew).

The data in the LIS are very important in the following respects:

- The professionals in the local authorities utilize the system to learn about the children receiving services through the National Program and to examine their suitability for the services.
- The data can be used at the regional and national levels to obtain a comprehensive picture of the children and adolescents receiving services at all the local authorities in which the National Program is implemented and to examine directions for future development.
- The system makes it possible to monitor changes in the status of the children and adolescents over the course of their participation in the service, as well as subsequently, at the locality level as well as at the regional and national levels.

One of the key tasks that MJB is commissioned to undertake for the National Program is to analyze the data collected from 2009 to 2011 in the identification and mapping process together with the data on the status of children and adolescents at risk who received services through the National Program in 2011/12 and 2012/13. Using data collected during six years of implementation of the program (2009-2015), the research team has prepared local, regional and national reports that can be used by the various professionals and agencies involved in the program.

The National Program is an extensive reform in the area of community services for children and youth at risk; for this reason, it is important to provide the public with information about it.[3] Our previous report[4] provided information about the risk situations of children and adolescents who were identified at risk in 2009-2011. The current report includes an analysis of the information collected in the LIS. It presents the number of the children and adolescents at risk who received services through the National Program along with their characteristics (demographic, risk area, risk situations, and complexity of problems) and compares them with the characteristics of the children and adolescents at risk who were identified in 2009-2011. It was decided to focus on the services most frequently provided in 2011/12 and 2012/13 and describe the changes in the recipients' status. The LIS was by then widely used and the percentage of completed follow-up forms was relatively high – 75% in 2011/12 and 77% the following year.

In order to standardize the criteria for the analysis, we chose to describe the children from the time they began receiving services through the National Program, and for a period not exceeding one year.

Main Findings

Children and Adolescents at Risk who Received Services through the National Program

- From 2009-2011, altogether 156,024 children and adolescents at risk were identified in the localities where the program was being implemented (16% of the children in these localities). It

[3] Furthermore, the Center for Educational Technology (CET) is currently conducting an evaluation of the National Program.

[4] Szabo-Lael, R. and Hasin, T. *op.cit.*

is estimated that in 2011/12 and 2012/13, about 30% of the children at risk in these localities[5] received services set up by the authorities with resources allocated by the National Program (hereafter, services through the National Program).

- It is also estimated that 39% of the preschoolers at risk in the localities where the National Program was implemented received services through the National Program. In addition, the percentage of preschoolers at risk who received services was higher than the percentage of children of that age among all children at risk identified between 2009 and 2011 (40% vs. 31%, respectively). It seems that the program reversed the earlier trend and according to its guiding principles, was able to place greater emphasis on providing treatment to preschoolers.

Demographic Characteristics and Risk-Increasing Situations

- The percentage of children and adolescents in risk-increasing situations[6] among those who received services through the National Program in 2011/12 or 2012/13 is similar to the percentage among children and adolescents at risk identified in 2009-2011. However, the percentage of those living in families with no wage-earning parent among those who received services through the National Program is distinctly lower than that among the children and youth at risk identified in 2009-2011 (11% vs. 24%, respectively). This could be because the children and adolescents living in financially distressed families (perhaps because neither parent is earning) are already known to social services and are receiving services from another source.

Prevalence of Risk Situations and Problems in Areas of Life[7]

- The percentage of children and adolescents with "family belonging" problems (problems in the family and problems in the family's care of the children and relationship with them) among those who received services through the National Program is lower than the percentage among those identified in 2009-2011 (54% vs. 73%, respectively). This same trend applies with regard to "protection from others" (10% vs. 18%, respectively). In the other areas, the gaps are not great.

- The incidence of problems of "family belonging" and "protection from others" and of risk situations that are more characteristic of children at the extreme end of the risk spectrum ("abuse," "inappropriate physical treatment," "inappropriate supervision" and "high risk behavior of youth") are higher among those identified in 2009-2011 than among those who received services through the National Program. This finding seems to indicate that the professionals making

[5] Note that this is an estimate on the basis of the data from the identification and mapping process. However, the children and adolescents who received services in 2012/13 are not necessarily those who were identified at risk from 2009-2011.

[6] Risk-increasing situations include financial worries, domestic crises (serious illness or death of one of the parents or separation/divorce), immigration, disability, learning, transitions among schools, and living in a poor or dangerous environment. Children living in such situations are not necessarily at risk, but the likelihood of risk increases.

[7] The National Program defined children and youth at risk as those living in situations that infringe their rights in 7 areas of life: Physical existence; health and development; family belonging (domestic problems); learning and acquiring skills; wellbeing and emotional health; social belonging and integration; protection from others; and protection from risk behaviors. Several situations of risk were defined for each of these areas (altogether 25 risk situations).

referrals and implementing the services prioritize children and adolescents who are not at the extreme end of the spectrum. It seems that they do so on the assumptions that this is essential in order to prevent the situation from deteriorating and that those at the extreme end are already receiving treatment and care through other services in the community. And, in fact, analysis of the data gathered during the identification and mapping (2009-2011) shows that the children receiving care services (social services, truancy officers, youth advancement, probation services) had characteristics typical of children and youth at the extreme end of the risk spectrum. This may also have to do with the type of services commonly developed and available in the local authorities, which reflect the prevalence of the problems and the characteristics of the recipients, as well as the priorities of the authorities. In addition, it may be that the services for those at the extreme end of the risk spectrum require staffing and infrastructures that are not available in every locality (particularly in the periphery and in Arab and ultra-Orthodox localities), so they were not implemented in those localities.

Complexity of the Problems[8]

- The recipients of services through the National Program have an average of 4.1 problems. In contrast, those who were identified in 2009-2011 have an average of 5 problems.
- Among the recipients of services through the National Program, the percentage of those suffering from problems in the 3 categories (profile 7) is lower than among the children and adolescents at risk identified in 2009-2011 (32% vs. 38%, respectively). These children and adolescents are characterized by problems with emotional/social functioning and developmental/ scholastic performance and by the fact that their parents have problems with family belonging and care of their children. In other words, among the recipients of services through the National Program, there are fewer children and adolescents with very complex problems in need of multidisciplinary intervention.
- The percentage of children and adolescents with problems in the category of developmental/scholastic performance only (profile 2, children with less complex problems) is far higher among those who received services through the National Program (16% vs. 8% among those identified in 2009-2011).
- The percentage of children and adolescents whose status is less complex (both in regard to the number of problems and the number of areas of life in which there are problems) is higher among the recipients of services through the National Program than among those identified in 2009-2011. This finding is consistent with data indicating a lower incidence of risk situations

[8] One way to examine the complexity of children's status is to examine the number of problems confronting them. Another is to examine the number of areas in which they have a problem. The 25 risk situations included in the definition of children at risk were reduced to 3 categories to simplify the analysis of different combinations of areas and problems. The 3 categories refer to the parents (their status and care of their child); the emotional/social functioning of the child; and the developmental/scholastic performance of the child. Different combinations of the 3 categories produced the "profiles" of the children. There are profiles of children with one or more problems in one category, children with problems in 2 categories, and children with the most complex status (profile 7) – problems in all 3 categories.

characterizing children and adolescents who received services through the National Program, who are not at the extreme end of the risk spectrum.

Services Provided through the National Program in 2011/12 and 2012/13[9]

The most widely utilized services respond to multiple areas – emotional, social, health and educational needs. Furthermore, they are implemented in universal settings that serve all children in the community (mother and child healthcare centers, preschools and schools), so there is less stigma associated with receiving the service. Note that a large proportion of the widely utilized services for children of preschool and elementary school age are for the children **and** their parents, while those for youth are usually for the adolescents only.

Change in the Status of Recipients of Three Widely Utilized Services

By July 2013 over 970 different services had been implemented through the National Program, serving approximately 46,000 children and youth and approximately 29,000 parents. One of the interesting questions examined in this report was the situation of the children in entering the services, and the change in their situation upon completing the program one year later. To answer this question we chose to focus on one widely used service for each age group.

The data from the LIS enable us to examine the change in the status of the children and adolescents. However, it is important to note that change (or lack of change) cannot be attributed unequivocally to the intervention provided by one service or another, since there may be other factors involved: For example, the parents or children may be getting additional services, or there may have been other changes in the lives of the children and their families.

Preschoolers Enrolled in the Maagan[10] *Early Childhood Service in 2011/12 or 2012/13*

- 1,819 preschoolers were enrolled in the program. Reports were made at two points in time during the school year.
- There was a decline in the incidence of most of their problems.

There was a decline in the number of problems – from an average of 3.8 problems when they joined the program to 2.9 on average at the end of the program. In addition, a comparison of the number of categories in which the children had problems revealed a decline in the number of children with more complex status – children with problems in 3 categories (profile 7) and in 2 categories – while the percentage of children with problems in one category remained stable. Accordingly, there was an increase in the number of children defined as not having problems or having problems infrequently.

[9] Note that the analysis is of specific widely used services. Some of the specific services share similar goals and sometimes strategies as well, and it may be that an analysis by type of service would present a different picture with regard to the extent to which these services are widely used.

[10] "Maagan" is a multi-dimensional system-focused intervention based in pre-schools regarding various areas of children's development. It is targeted to children experiencing difficulties in pre-school settings.

Elementary School Children who Participated in Therapeutic After-School Programs[11] in 2011/12 or 2012/13

- 216 children of elementary school age (6-11) went to therapeutic after-school programs. Reports were made at two points in time during the school year.
- There was no significant change in the incidence of problems in any areas of life between the two points in time.
- There was a decline in the incidence of some risk situations ("low scholastic achievements," "exposure to dangerous behaviors in the family, "illegal or non-normative behaviors" and "physical abuse").
- There was a significant increase in the number of children reported to suffer from "inappropriate supervision." It is possible that the professionals making the reports had gotten to know the children better during the year and had been exposed to problems of which they had not previously been aware, which would explain the increase.
- The elementary school children who participated in the therapeutic after-school programs had an average of 6.1 problems when they joined the program. When they completed the program, they had an average of 5.8. In other words, there was a moderate decline in the number of problems. There was no significant change in the number of children with more complex problems – children with problems in 3 different areas (profile 7) or the number of children with less complex problems.

Adolescents who Attended Youth Centers[12] in 2011/12 or 2012/13

- 924 adolescents attended learning centers. Reports were made at two points in time during the school year.
- At the end of the year there were fewer problems reported in the area of "wellbeing and emotional health." This area in fact receives much attention in activities at the centers. In contrast, in the other areas of life, there was either a moderate increase or no significant change in the incidence of problems experienced by the adolescents. This may have to do with the fact that the service does not address these issues (e.g., family belonging or parental care). It is also possible that the professionals responsible for reporting got to know the adolescents better during the year and were exposed to problems that they had not been aware of before.
- The adolescents at the centers had an average of 4.4 problems when they started the program and an average of 4.7 when they left. A comparison of the areas where they experienced problems revealed an increase in the number of adolescents with the greatest complexity – problems in all 3 categories (profile 7). In contrast, there was a decline in the number of adolescents with

[11] Therapeutic after-school programs is a supplementary therapeutic-educational setting which operates after school. The after-school programs provide scholastic and enrichment, social activities, support for homework preparation and individual and group therapy to strengthen social relations and provide emotional support and to strengthen parent-child relations.

[12] Youth centers are targeted to adolescents age 12-18. Their goal is to provide a comprehensive service to meet their various needs and problems under one roof.

problems in 2 categories and an increase in the number of those defined as having no problems or having problems infrequently.

Programmatic Directions

Analysis of the information collected in the LIS indicates several programmatic directions. Some have to do with further development and implementation of the National Program; others concern social welfare services for children and youth in general.

- The study found that in 2011/12 and 2012/13 about a third of the number of children potentially at risk in the local authorities received services through the National Program. Data collected in the identification and mapping process revealed that about half of the children received inputs through the range of services available in the locality at the time. Assuming that there were no changes in the percentage of children in the care of various agencies in the community and assuming that today, as was the case at the time of the identification process, few children receive care from more than one agency in the community, it is possible that the Program has managed to increase the number of children at risk who are receiving care in the community by up to as much as 80%. However, it is worth checking which children at risk are not receiving any services, what their needs are, and what barriers are preventing them from receiving them. This way, it will be possible to identify the challenges facing the overall service system for children, both through the National Program and through other initiatives.
- Analysis of the information indicates that the authorities clearly prefer to offer services to children at the beginning and middle of the risk spectrum. It seems that children and youth at the end of the risk spectrum may already receive care from existing services, outside of the National Program. Since the program is committed to helping every child at risk, this issue must be examined in depth and thought given to ways of including more children at the extreme end of the continuum and ways of tailoring services for them too.
- The choice of services in the localities indicates a preference for multidisciplinary holistic services, in an effort to provide assistance to the full range of the children's needs. Thought should be given to adopting this approach when developing new services.
- The choice of services in the localities also indicates a preference for providing care through universal services (schools, preschools, mother and child healthcare centers). This preference makes it possible to provide assistance to families and children in a non-stigmatic way while utilizing existing public buildings. In developing new community services, the possibility of providing services in cooperation with existing universal services should be examined.
- A large proportion of the widely utilized services for children of preschool and elementary school age are for the children and their parents, while those for adolescents are usually for them alone. There is a need to examine in which situations work with the parents of adolescents should also be strengthened, and, if so, how.
- The follow-up of children receiving services through the program indicates that the professionals are willing and able to implement processes required for ongoing learning and monitoring. learn, This process of follow-up and review of the status of children should be encouraged for other

programs as well. A high percentage of follow-up forms were completed. Efforts should be made to ensure that the forms for all the children receiving services are completed more fully and, over time, that forms are completed for all the services implemented through the National Program.

- In this report, we examined changes in the status of children receiving 3 services only about a year after they began receiving them. It is important to examine the change in the status of all children in the program and the complexity of their problems, and to track progress over a longer period. Moreover, it is worth continuing to conduct evaluation studies of the various services for an in-depth examination of the implementation processes, of the extent that the strategies that are actually implemented conform to the proposed model and of their contribution to the children and their families.

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