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Myers-JDC-Brookdale Institute
Engelberg Center for Children and Youth

At-Risk Children and Youth: Results of the Identification and Mapping Conducted by the National Program for Children and Youth at Risk

Rachel Szabo-Lael ♦ Talia Hasin

The study was initiated by the National Program for Children and Youth at Risk and funded with its assistance, on the basis of the identification and mapping process conducted through the Program

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Executive Summary

The government of Israel adopted the recommendations of the Schmid Commission, which had been appointed to examine the status of disadvantaged and at-risk children and youth, and in 2007 it began to implement the first stage of the National Program for Children and Youth at Risk in 70 localities in Israel that are in the lowest socioeconomic clusters (ranked 1-4 by the Central Bureau of Statistics). The National Program gives priority to Arab localities and localities with large concentrations of immigrants and ultra-Orthodox Jews

The program goal is to change the way in which Israeli society copes with children and youth at risk and to enhance and strengthen the services for them. The localities included in the program were allocated an additional budget and were authorized to use it judiciously to develop interventions for children and youth at risk, in accordance with their needs and the particular characteristics of each locality, at the discretion of a multidisciplinary team of professionals in the locality.

The local authorities in the National Program pledged to work according to a structured process of planning and decision-making, based on a model constructed and tested by a team from the Myers-JDC-Brookdale Institute. The first stage of the process was to gather information about the children and youth at risk in each locality. The data were obtained from the main services working with children and youth:

- ◆ Universal services: Family health clinics (ages 0-3), preschools and day care centers (4-5), elementary and high schools (6-17). The process of gathering data from universal services was known as "identification."
- ◆ Community treatment agencies: Social service departments (including family social workers, community workers working with adolescent boys and girls, addiction therapists), the Youth Probation Service, the Truancy Service and the Kidum Noar Youth Advancement Section. The process of gathering data from the community treatment agencies was known as "mapping."

The data were gathered using forms that the professionals completed on the Internet. The children were reported by the universal services anonymously. Since each service works with children of distinctly different ages, no child can be served by more than one of them, and there was no risk of duplicate identification. The identity of the children mapped by the community treatment agencies was revealed and it was possible to cross-reference the information about each child and ascertain that every child receiving care was counted once. It was also possible to check whether the children were receiving care from a single service or from more than one.

The estimated number of children at risk in a locality was determined to be the number of children at risk identified by the universal services plus those who had dropped out of school and

been reported by the community treatment agencies. Nevertheless, some children may not have been identified by the universal services, so it is possible that the figure reached is an underestimate.

It is believed that the community treatment agencies are more familiar with some of the aspects of life/needs than the professionals at the universal services are and that it is important to have the perspective of a range of professionals. Therefore, in determining the characteristics of the children who were identified as being at risk, information was integrated from both sources – the universal services (nurses, preschool teachers and teachers) and the community treatment agencies (social workers, youth workers and professionals at the probation service and truancy service). In this way, we estimated the extent of the risk situations, which was based on weighting the extent of risk situations of the children identified by the universal services and the extent of risk situations of children mapped by the community treatment agencies.

This information is important not only because of its contribution to structured planning of the services, but also because prior to this study, no systematic and comprehensive data about children had been gathered in Israel. The data collection process is also important because the various professionals pledged to identify children according to an array of areas of life and needs that are not generally defined as being their responsibility. That the professionals assumed responsibility for children at risk and made the commitment to identify them according to a range of needs in different areas of life marks a considerable advance in cooperation between professionals and the creation of a coordinated, comprehensive service system.

The current report presents an analysis of the information gathered in the process of identifying and mapping children at risk in every locality in the National Program (apart from one, which had not completed the process at the time of writing). The report describes the extent and characteristics of children and youth identified as being at risk, noting the demographic characteristics, the risk areas, the risk situations and the complexity of the problems.

Main Findings

Estimated Extent of Children at Risk

- ◆ A total of 156,024 children and youth were identified at risk in the localities in the program – 16% of the children in those localities.
- ◆ On the one hand, it can be assumed that the percentage of children at risk in Israel (the entire country) is lower than the percentage of children and youth identified in the localities in the program because these localities are in the lowest socioeconomic clusters in the country, a high percentage of them are Arab and many have a high percentage of ultra-Orthodox and new immigrants. On the other hand, as noted, there may have been children who were not identified and this could balance the picture. In general, the estimated extent is similar to previous estimates of children and youth at risk.

- ◆ There was great variance among the localities in the percentage of children identified as being at risk, ranging from 7% in one locality to 41% in another.
- ◆ Preschoolers identified as being at risk accounted for 14% of all children of their age in the localities in the program; children at elementary school identified at risk account for 18% of all children of that age in the localities in the program; adolescents accounted for 17% of all the adolescents in the localities in the program.
- ◆ Thirty-one percent of all the children identified at risk were preschoolers, 38% were at elementary school and 31% were adolescents. The percentage of preschoolers was higher than expected by the program directors, while that of adolescents was lower than had been expected. The high percentage of preschoolers can perhaps be attributed to the fact that the National Program particularly emphasized this age group, while the identification of youth at risk was less meticulous and it is possible that not all the school dropouts were mapped.

Characteristics of the Children Identified as Being at Risk

- ◆ Just over half the children and youth identified were boys and the percentage increased with age (56% of preschoolers, 58% of children at elementary school and 60% of adolescents).
- ◆ Over half of the children and youth identified were Jewish (17% ultra-Orthodox) and 43% were Arab. The Arab children and youth identified accounted for 23% of all Arab children and youth in those localities, compared with 16% of the children identified at risk in all localities in the program.
- ◆ Ten percent of the children identified were immigrants, about half of them from Ethiopia. The percentage of immigrant children increased with age (7% of preschoolers, 9% of children at elementary school and 14% of adolescents). The percentage of immigrant children identified was greater than the percentage of all immigrant children in the program localities. Among the population of immigrant children in the program localities, 29% were identified as being at risk.
- ◆ Fifty-six percent of the children identified were from large families (4 or more children); about a quarter lived in households where neither parent was earning; about a fifth were from single-parent families.
- ◆ About a third of the children had disabilities or disorders, the most prevalent being learning disabilities (15%). The percentage of children with disabilities was lower among preschoolers (26%) than among those at elementary school (39%) and among the adolescents (35%).

Estimated Risk Situations

The National Program identified children and youth at risk as those who live in situations that undermine their rights in 7 life situations: physical existence (health and development); family-related issues; education and the acquisition of skills; well-being and emotional health; social integration and belonging; protection from others; and protection from risk behaviors.

- ◆ Most of the children identified (73%) were characterized by family-related problems; over half of them (58%) had learning problems and difficulty acquiring skills; 43% had problems related to their emotional health and well-being; 39% had problems of social integration and belonging; 38% had physical, health-related and developmental problems; 18% were in need of protection from others; 13% exhibited risk behaviors.
- ◆ As expected, the percentage of children with problems in various aspects of life situations increased with age, with the exception of the percentage of children identified with physical, health and developmental problems, which decreased with age.
- ◆ The physical, health-related and developmental problems were: physical care (24%) and suspected physical/cognitive developmental disorders (23%). As noted, the extent of this type of problem declined with age (49% among preschoolers, 37% among children at elementary school, 27% among adolescents).
- ◆ The most common family-related problems were: inability of the parents to provide their children with enrichment (48%), difficulty of the parents to ensure their children received the services they needed (34%), difficulty of the parents in coping with the behavior of their children and setting limits (34%), difficulties with the emotional relationship between the parents and their children (26%) and lack of supervision (24%). As expected, problems of this kind increased with age.
- ◆ The most common learning problems and difficulties in acquiring skills were: low scholastic/performance achievements (43%), lack of involvement in studies (37%) and disruptive behavior and refusal to accept authority (26%).
- ◆ The most common emotional/social problems were: behaviors indicative of emotional difficulties (43%), adjustment problems and difficulties establishing relationships with others (28%) and aggressive behaviors (23%). As expected, problems of this kind increased with age.
- ◆ Fourteen percent of the children were identified to be at risk due to exposure to dangerous behaviors in their families. Six percent of the children were suspected or known to have suffered physical violence within the family. Two percent were suspected or known to have suffered sexual abuse within the family and a further 2% were suspected or known to have suffered sexual abuse outside of the family.
- ◆ Seven percent of the children were identified as having risk behaviors and harming themselves. Seven percent exhibited non-normative or illegal behaviors. Three percent of the children were identified for drug and/or alcohol abuse and 2% were identified for sexual behavior that was non-normative or inappropriate for their age. The extent of the problems increases with age and, as expected, is particularly evident among adolescents.

Estimated Complexity of the Problems

- ◆ The number of problems of the children identified ranged from a single problem to 25. This was found in all the age groups. The children identified had, on average, 5 problems. Fifteen

percent of the children identified had just one problem, due to which they were defined at risk. Fifteen percent of the children identified had 10 or more problems. The number of problems increased with age.

- ◆ A high percentage of the children (38%) were identified with problems in all 3 areas defined as risk areas for the purpose of planning interventions: problems with family relationships, problems with social/emotional functioning, and developmental/ scholastic problems. These children were in highly complex situations, with problems in all areas, and they were in need of multidisciplinary interventions.
- ◆ Fifteen percent of the children had only one problem in only one area. The situation was less complex for this population and allowed for focused preventive intervention. In contrast, 19% percent of the children had very complex problems, problems in all three areas, and multiple (two or more) problems in each area. The situation was very complex for this population and required multidisciplinary intervention.
- ◆ As expected, the complexity of the problems increased with age. About a fifth of the children of elementary school age and a quarter of the adolescents had problems in all of the areas.

Children at Risk in the Care of the Community Treatment Agencies

- ◆ The percentage of children at risk who were identified and treated in the community was calculated on the assumption that the children mapped by the community treatment agencies were also identified by the universal services. According to this calculation, almost half of the children who were identified had been mapped by the community treatment agencies as being at risk and were receiving some form of service or treatment. The percentage of children receiving care (among the children identified) increased with age (33% of the preschoolers, 43% of the children at elementary school and 69% of the adolescents).
- ◆ Most of the children receiving care were mapped by a social worker from the social services department (83%).
- ◆ Most of the children at risk who were mapped by the community treatment agencies were receiving care from only one service. Only 8% of the children were in the care of more than one service – this percentage increases with age (0.3% of the preschoolers, 6% of the children at elementary school and 12% of the adolescents). These findings contradict the widespread view about the extent of overlap between the services and indicate that cases in which care is provided by more than one service are found predominantly among adolescents.

Special Populations

In selecting the localities participating in the program, the National Program has given priority to Arab localities and localities with concentrations of immigrants and ultra-Orthodox Jews.

- ◆ The situation of the identified *Arab children* at risk is more severe than that of the total population of children identified. A higher percentage of Arab children were identified; they have a higher percentage of risk situations; their problems are more complex. In addition, the percentage of children receiving care among all Arab children identified as being at risk is lower than the equivalent percentage for the total children identified.
- ◆ *Ultra-Orthodox children* are at risk to a lesser extent. They were characterized by fewer and less complex risk situations. Lower percentages of ultra-Orthodox children were identified with problems in the various areas. Those who were identified were in less complex situations, with regard both to the number of problems and to the type and number of areas in which they have problems. However, the percentage of ultra-Orthodox children identified at risk was low, particularly among the adolescents. Similarly, the percentage of mapped by the community treatment agencies was relatively low, compared with all children receiving care. The findings about the extent of risk and the complexity of the problems in this population may have been affected by the relatively limited familiarity with this sector among the professionals at the various services (due to the relatively low service utilization among the ultra-Orthodox); or hesitation among ultra-Orthodox professionals and the community to reveal problems to the outside world.
- ◆ The situation of *immigrant children* was better than that of the total children identified with regard to physical condition, health and development, learning and skill acquisition, social belonging and integration. In contrast, the situation of immigrant children was more severe with regard to family-related issues and protection from risk behaviors. The immigrant children suffered from a slightly larger number of problems and slightly more complex problems (i.e., problems in several areas) than the total children identified. The percentage of immigrant children in the care of the community treatment agencies was higher than the percentage of children in care of those services among the total population of children identified.
- ◆ When comparing the immigrant children identified by country of origin, the study found that immigrant children from the Caucasus were in a more severe situation than the identified children from other countries, with regard to both prevalence and complexity of their problems. However, the percentage of children at risk from the Caucasus who were in the care of the community treatment agencies was lower than the percentage of children from other countries in the care of these services.

Implications and Directions for Action

The data collected are very important for the development of policy on children and youth at risk.

- ◆ The variance among localities and sectors with regard to the extent of risk, the prevalence of risk and the complexity of problems calls for discerning planning and treatment of the different population groups in Israel.

- ◆ The findings about Arab children at risk call for special attention. The situation of Arab children at risk is particularly severe.
- ◆ The study found the prevalence of risk situations in the ultra-Orthodox sector to be lower than expected. It may be that the findings as to the extent and complexity of the risk were affected by the fact that the professionals at the various services are relatively unfamiliar with the children and by the apprehension about reporting among some of the professionals. Additional training and guidance is required for professionals working with this population.
- ◆ The findings reveal that many children are at risk and are not known to the community treatment agencies. Only half of the children identified by the professionals at the universal services are receiving care. Steps must be taken to make the community treatment agencies more available to those who need them.
- ◆ Contrary to the widely held view, it is unusual for children at risk to be in the care of more than one service; such cases are usually found among adolescents. The data dispel concerns about duplication and indicate the need to ensure that children with an array of complex needs receive all the necessary interventions.
- ◆ The process conducted by the program indicates that cooperation and information sharing among professionals at the different services can advance the process of identifying children at risk on a national scale and of understanding their needs and responding appropriately to all of them. The process conducted by the program indicates that professionals can relate to various aspects of the children's lives that are not necessarily included in their classic job descriptions. It does, nevertheless, seem to be important to continue developing ways of integrating the different perspectives of the professionals, to enable a comprehensive, holistic view of the needs of children at risk.

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