Why New Directions Are Imperative 1

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

—Carnegie Task Force on
Education of Young Adolescents (1989)

What did you learn in school today?　Not enough, I guess; they told me I have to go back tomorrow!

ORIENTING QUESTIONS

? How many students are not doing well at school?
? What are schools doing about this?
? What's wrong with the way most schools provide learning supports?

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*A*sk any teacher: "Most days, how many of your students come to class motivationally ready and able to learn what you have planned to teach them?" We have asked that question across the country. The consistency of response is surprising and disturbing.

In urban and rural schools serving economically disadvantaged families, teachers tell us that about 10% to 15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile.

Talk with students: Student surveys consistently indicate that alienation, bullying, harassment, and academic failure at school are widespread problems. Discussions with groups of students and support staff across the country suggest that many students who drop out are really "pushed out." Ironically, many young teachers who burn out quickly also could be described as *pushouts.*

TOO MANY KIDS ARE BEING LEFT BEHIND

Although reliable data do not exist, many policy makers would agree that at least 30% of the public school population in the United States are not doing well academically and could be described as having learning and related behavior problems. In recent years, about 50% of students assigned a special education diagnosis were identified as having a learning disability (LD). Such numbers are far out of proportion with other disability diagnoses. If estimates were correct at the turn of the 21st century, about 80% of those diagnosed as having LD actually did not. They certainly were having problems learning at school, and they undoubtedly needed and deserved assistance in overcoming these problems.

Given the above, it is not surprising that teachers, students, and their families continuously ask for help. And given the way student supports currently operate, it is not surprising that few feel they are receiving the help they need.

Schools must be able to prevent and respond appropriately each day to a variety of barriers to learning and teaching. This, of course, is not a new insight. It has long been acknowledged that many factors can negatively and profoundly affect learning. Moreover, the resulting problems

are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of all this, school policy makers have a lengthy, albeit somewhat reluctant, history of trying to assist teachers in dealing with factors that interfere with schooling. Schools that can't effectively address barriers to learning and teaching are ill-equipped to raise test scores to high levels.

WHAT SCHOOLS DO TO MEET THE CHALLENGE

Currently, there are about 91,000 public schools in about 15,000 districts in the United States. Over the years, most (but obviously not all) schools have instituted programs designed with a range of learning, behavior, and emotional problems in mind. Some directly budget for student support programs and personnel. Some programs are mandated for every school; others are carried out at or linked to targeted schools. In addition to those that are owned and operated by schools, community agencies are bringing services, programs, and personnel to school sites. Interventions may be offered to all students in a school, to those in specified grades, or to those identified as at risk. The activities may be implemented in regular or special education classrooms or as pullout programs and may be designed for an entire class, groups, or individuals.

Across a district, one can find a wide range of efforts to address concerns such as school adjustment and attendance problems, substance abuse, emotional problems, relationship difficulties, violence, physical and sexual abuse, delinquency, and dropouts. As a result, most schools have some support programs and services.

School-based and school-linked programs to address barriers generally focus on responding to crises, early intervention, and some forms of treatment. There also may be a focus on prevention and enhancement of healthy development (e.g., promotion of positive physical, social, and emotional development) through use of health education, health services, guidance, and so forth—though relatively few resources usually are allocated for such activities. As we emphasize in Chapter 9, the science base supporting the promise of much of this activity is large and growing.

Student and teacher supports are provided by various divisions in a district, each with a specialized focus, such as curriculum and instruction, student support services, compensatory education, special education, English language learners, parent involvement, intergroup relations, and adult and career education. Such divisions usually are organized and operate as relatively independent entities. For example, many school-owned and school-operated services are offered as part of what are called pupil personnel or support services. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate

compliance with mandates. Governance of their work usually is centralized at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units, overlapping regular, special, and compensatory education.

Staffing and Delivery Systems

School districts use a variety of personnel to address student problems. These may include resource teachers, special education staff, "pupil services" or "support services" specialists, such as psychologists, counselors, social workers, psychiatrists, and nurses, as well as language-hearing-speech, occupational, physical, recreation, art, dance, and music therapists and paraprofessionals. Federal and state mandates play a significant role in determining how many personnel are employed to address problems.

As outlined in Guide 1.1, their many *functions* can be grouped into three categories:

1. Direct services and instruction

2. Coordination, development, and leadership related to programs, services, resources, and systems

3. Enhancement of connections with community resources

Prevailing direct-intervention approaches encompass responding to crises, identifying the needs of targeted individuals, prescribing one or more interventions, offering brief consultation, and providing referrals for assessment, corrective services, triage, diagnosis, and various gatekeeping functions. In some situations, however, resources are so limited that specialists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

Delivery Mechanisms and Related Formats

Key delivery mechanisms and formats for providing student support can be grouped into five categories:

1. School-financed Student Support Services

Most school districts employ pupil services professionals to perform services related to psychosocial and mental and physical health problems, including those designated for special education students. The format for this delivery mechanism tends to be a combination of centrally based and school-based programs and services.

Guide 1.1   Types of Interveners and Functions

I. Interveners Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Learning, Behavior, and Emotional Problems

Instructional Professionals

(e.g., regular classroom teachers, special education staff, health educators, classroom resource staff, and consultants)

Administrative Staff

(e.g., principals, assistant principals, deans)

Health Office Professionals

(e.g., nurses, physicians, health educators, consultants)

Counseling, Psychological, and Social Work Professionals

(e.g., counselors, health educators, psychologists, psychiatrists, psychiatric nurses, social workers, consultants)

Itinerant Therapists

(e.g., art, dance, music, occupational, physical, speech-language-hearing, and recreation therapists; psychodramatists)

Personnel-in-Training

Others

- Aides
- Classified staff (e.g., clerical and cafeteria staff, custodians, bus drivers)
- Paraprofessionals
- Peers (e.g., peer/cross-age counselors and tutors, mutual support and self-help groups)
- Recreation personnel
- Volunteers (professional/paraprofessional/nonprofessional—including parents)

II. Functions Related to Addressing Mental Health and Psychosocial Needs at the School and District Levels

Direct Services and Instruction

(based on prevailing standards of practice and informed by research)

- Crisis intervention and emergency assistance (e.g., psychological first aid and follow-up; suicide prevention; emergency services, such as food, clothing, transportation)
- Assessment (of individuals, groups, classroom, school, and home environments)
- Treatment, remediation, rehabilitation (incl. secondary prevention)
- Accommodation to allow for differences and disabilities
- Transition and follow-up (e.g., orientations, social support for newcomers, follow-through)

- Primary prevention through protection, mediation, promoting and fostering opportunities, positive development, and wellness (e.g., guidance counseling; contributing to development and implementation of health and violence reduction curricula; placement assistance; advocacy; liaisons between school and home; gang, delinquency, and safe-school programs; conflict resolution)
- Multidisciplinary teamwork, consultation, training, and supervision to increase the amount of direct-service impact

**Coordination, Development, and Leadership
Related to Programs, Services, Resources, and Systems**

- Needs assessment, gatekeeping, referral, triage, and case monitoring/management (e.g., participating on student study/assistance teams; facilitating communication among all concerned parties)
- Coordinating activities (across disciplines and components; with regular, special, and compensatory education; in and out of school)
- Mapping and enhancing resources and systems
- Developing new approaches (incl. facilitating systemic changes)
- Monitoring and evaluating intervention for quality improvement, cost-benefit accountability, research
- Advocacy for programs and services and for standards of care in the schools
- Pursuing strategies for public relations and for enhancing financial resources

**Enhancing Connections
With Community Resources**

- Strategies to increase responsiveness to referrals from the school
- Strategies to create formal linkages among programs and services

2. Classroom-based Curriculum and Special "Pullout" Interventions

Most schools include in some facet of their curriculum a focus on enhancing personal and social functioning. Specific instructional activities may be designed to promote healthy physical, social, and emotional development and/or prevent learning and psychosocial problems, such as behavior and emotional problems, school violence, and drug abuse. And of course, special education classrooms always are supposed to have a constant focus on such concerns. Three formats have emerged:

- Integrated instruction as part of the regular classroom content and processes
- Specific curriculum or special intervention implemented by personnel especially trained to carry out the processes
- Curriculum integrated into a multifaceted set of interventions designed to enhance positive development and prevent problems

3. School District Specialized Units

Some districts operate units that focus on specific problems, such as safe and drug-free school programs, child abuse, suicide, mental and physical

health (which sometimes include clinic facilities as well as providing outreach services and consultation to schools), newcomer processing centers, and so forth.

4. Formal Connections With Community Services

Increasingly, schools have developed connections with community agencies, often as the result of school-linked services initiatives (e.g., full-service schools, family resource centers), the school-based health center movement, and efforts to develop systems of care ("wraparound" services for those in special education). Four formats have emerged:

- Co-location of community agency personnel and services at schools
- Formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite office, or in a school-based or school-linked family resource center
- Formal partnerships between a school district and community agencies to establish or expand school-based or school-linked facilities that include provision of various services
- Contracting with community providers to provide needed student services

5. Comprehensive, Multifaceted, and Integrated Approaches

Some school districts have begun to restructure their student support services and weave them together with community resources. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early after onset as is feasible, and offer treatment regimens. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:
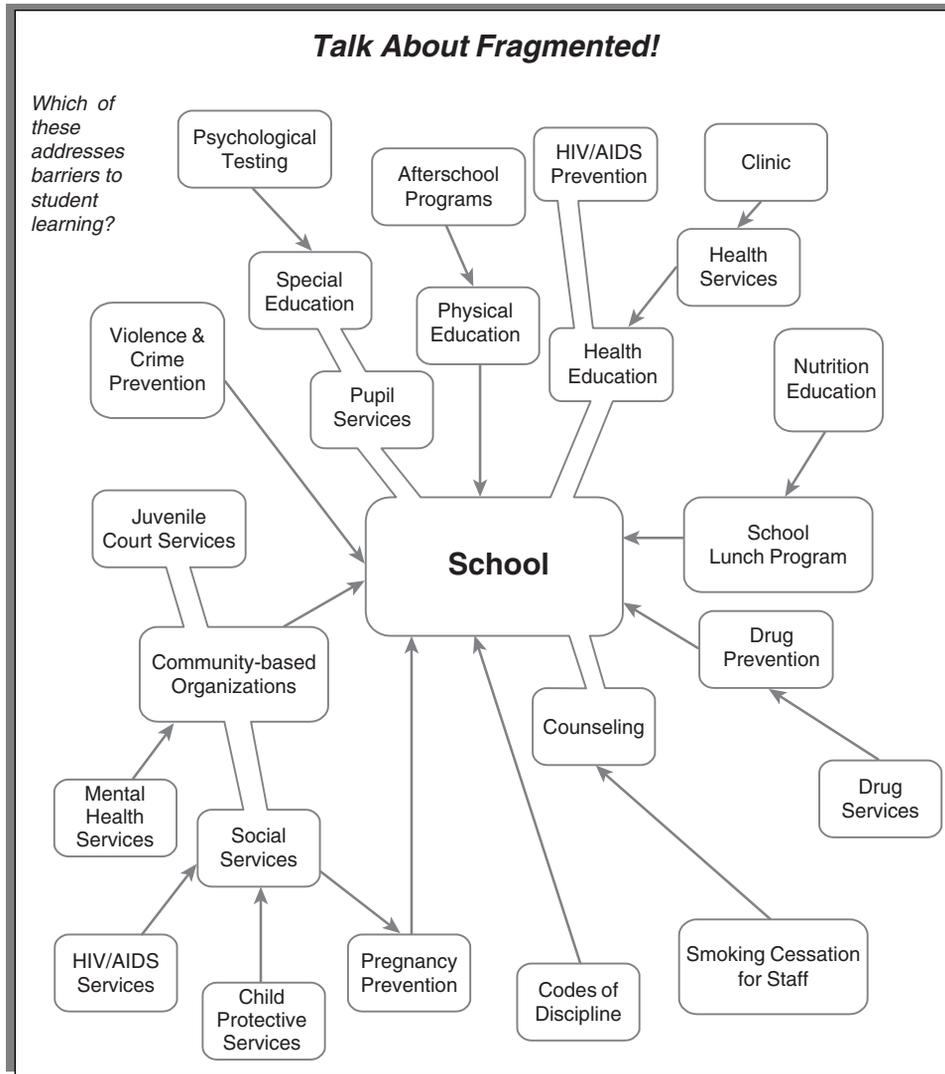
- Mechanisms that are established to coordinate and integrate school and community services
- Initiatives to restructure student support programs and services and integrate them into the school improvement agenda
- Community schools

Use of Resources

At the school level, analyses of the current state of affairs find a tendency for student supports to be highly fragmented (see Guide 1.2). It is commonplace for support staff to function in relative isolation from each other and other stakeholders, with a great deal of the work oriented to

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Guide 1.2   Talk About Fragmented!

Talk About Fragmented!

Which of these addresses barriers to student learning?

[Diagram with "School" at center, connected to various boxes including:]

- Psychological Testing → Special Education
- Afterschool Programs → Physical Education
- HIV/AIDS Prevention
- Clinic → Health Services
- Special Education
- Physical Education
- Health Education
- Nutrition Education
- Violence & Crime Prevention
- Pupil Services
- Juvenile Court Services
- School Lunch Program
- Community-based Organizations
- Drug Prevention
- Counseling
- Drug Services
- Mental Health Services
- Social Services
- HIV/AIDS Services
- Child Protective Services
- Pregnancy Prevention
- Codes of Discipline
- Smoking Cessation for Staff

SOURCE: Adapted from Marx and Wooley (1998).

discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly in terms of redundancy and counterproductive competition, it works against developing cohesive approaches and maximizing results (Adelman & Taylor, 1997, 2000, 2002).

In short, various divisions and support staff usually must deal with the same common barriers to learning, such as poor instruction, lack of parent involvement, violence and unsafe schools, poor support for student transitions, and disabilities. And they tend to do so with little or no coordination and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a district's operations, an unproductive separation often is manifested between staff focused directly on instruction and those concerned with student support. It is not surprising, then, how often efforts to address barriers to learning and teaching are planned, implemented, and evaluated in a fragmented, piecemeal manner.

Inadequate data are available on how much schools spend to address learning, behavior, and emotional problems. Figures most often gathered and reported focus on pupil service personnel. These data suggest that about 7% of a school district's budget goes to paying the salaries of such personnel. As to numbers employed, the *School Health Policies and Program Study 2000* conducted by the National Center for Chronic Disease Prevention and Health Promotion (2000) sampled 51 state departments of education, 560 school districts, and 950 schools. Findings indicate that 77% of schools have a part-time or full-time guidance counselor, 66% have a part-time or full-time school psychologist, and 44% have a part-time or full-time social worker.

While ratios change with economic conditions, professional-to-student ratios for school psychologists or school social workers have averaged 1 to 2,500 students; for school counselors, the ratio has been about 1 to 1,000 (Carlson, Paavola, & Talley, 1995). At the same time, estimates indicate that more than half the students in many schools are encountering major barriers that interfere with their functioning. Given existing ratios, it is obvious that more than narrow-band (individual and small-group-oriented) approaches must be used in such schools if the majority are to receive the help they need. Yet the prevailing orientation remains that of focusing on discrete problems and overrelying on specialized services provided to small numbers of students.

Because the need is so great, a variety of individuals often are called upon to address problems of youth and their families. As highlighted in Guide 1.1, these include other health professionals (such as school nurses and physicians), instructional professionals (health educators, other classroom teachers, special education staff, resource staff), administrative staff (principals, assistant principals), students (including trained peer counselors), family members, and almost everyone else involved with a school (aides, clerical and cafeteria staff, custodians, bus drivers, paraprofessionals, recreation personnel, volunteers, and professionals-in-training). In providing services to students, their families, and school staff, some schools also are using specialists employed by other public and private agencies, such as health departments, hospitals, social service agencies, and community-based organizations.

What Is Spent in Schools?

• Federal government figures indicate $5.2 million are spent on special education (U.S. Department of Education, 2001). Overall costs are about $43 billion (and rising), with the federal government funding only about $5.3 billion. Estimates in many school districts indicate that about 20% of the budget is consumed by special education. How much is used directly for efforts to address learning, behavior, and emotional problems is unknown, but remember that over 50% of those in special education are diagnosed as learning disabled and over 8% are labeled emotionally or behaviorally disturbed.

• Looking at total education budgets, one group of investigators reports that nationally, 6.7% of school spending (about $16 billion) is used for student support services, such as counseling, psychological services, speech therapy, health services, and diagnostic and related special services for students with disabilities (Monk, Pijanowski, & Hussain, 1997). Again, the amount specifically devoted to learning, behavior, and emotional problems is unclear. The figures do not include costs related to time spent on such matters by other school staff, such as teachers and administrators. Also not included are expenditures related to initiatives such as safe and drug-free schools programs and arrangements such as alternative and continuation schools and funding for school-based health, family, and parent centers.

Analyses that focus only on pupil service personnel salaries probably are misleading and a major underestimation of how much schools spend to address learning, behavior, and emotional problems. This is particularly so for schools receiving special funding. Studies are needed to clarify the entire gamut of resources that school sites devote to student problems. Budgets must be broken apart in ways that allow for tallying all resources allocated from general funds, support provided for compensatory and special education, and underwriting related to programs for dropout prevention and recovery, safe and drug-free schools, pregnancy prevention, teen parents, family literacy, homeless students, and more. In some schools, it has been suggested that as much as 30% of the budget is expended on problem prevention and correction.

WHY IT'S NOT ENOUGH

Whatever the expenditures, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with learning, behavior, and emotional problems. Many schools offer only the bare essentials. Too many schools do not even meet basic needs. Thus it comes as no surprise to those who work in schools each day that most teachers do not have the supports they need when they identify students who are having problems.

Moreover, the contexts for intervention often are limited and makeshift because of how current resources are allocated and used. A relatively small proportion of space at schools is earmarked specifically for programs that address student problems. Many special programs and related efforts to promote health and positive behavior are assigned space on an ad hoc

basis. Support service personnel often must rotate among schools as itinerant staff. These conditions contribute to the tendency for such personnel to operate in relative isolation from each other and other stakeholders. To make matters worse, little systematic inservice development is provided for new support staff when they arrive from their preservice programs. All this clearly is not conducive to effective practice and is wasteful of sparse resources.

Rather than address the deficiencies surrounding school-owned support programs and services, policy makers seem to have become enamored with the concept of school-linked services, as if adding a few community health and social services to a few schools is a sufficient solution. In part, this may be due to the social marketing that has gone on with respect to school-linked, integrated services. Whatever the reason, some policy makers have come to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing learning, behavior, and emotional problems. In turn, this has led some legislators to view linking community services to schools as a way to free up dollars underwriting school-owned services. The reality is that even when one adds community and school assets together, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find their resources stretched to the limit.

Another problem is that overemphasis on school-linked services exacerbates tensions between school district service personnel and their counterparts in community-based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the outsiders often feel unappreciated and may be rather naive about the culture of schools. Conflicts arise over turf, use of space, confidentiality, and liability. Thus counterproductive competition rather than a substantive commitment to collaboration remains the norm.

Whether the emphasis is on school-based or school-linked student support or some combination of both, it is clear that there will never be enough services to meet the demand in many public schools. For the foregoing reasons and more, it is imperative to rethink how schools provide essential learning supports.

CONCLUDING COMMENTS

Early in the 21st century, the following state of affairs is evident:

- Too many kids are not doing well in schools.
- To change this, schools must play a major role in providing supports for students experiencing learning, behavior, and emotional problems.

- However, student support programs and services as they currently operate can't meet the needs of the many whose problems are affecting their learning at school.

Leaders at all levels need to understand the full implications of all this. Limited efficacy and cost-effectiveness seem inevitable as long as related interventions are fragmented and carried out in isolation from each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice. Clearly, school improvement and capacity-building efforts (including preservice and inservice staff development) have yet to deal effectively with the enterprise of providing supports for students and teachers. And the straightforward psychometric reality is that in schools where a large proportion of students encounter major barriers to learning, test score averages are unlikely to increase adequately until such supports are rethought and redesigned. Indeed, a major shift in thinking is long overdue.

The next decade must mark a turning point for the way schools and communities address the problems of children and youth. In particular, the focus must be on initiatives to reform and restructure the way schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students. And the end product must be schools where everyone—staff, students, families, and community stakeholders—feels supported. This means reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. It means fully integrating their roles and functions into school improvement planning. There is much work to be done in addressing barriers to learning and teaching as public schools across the country strive to leave no child behind.

I failed every subject but algebra.   That's not too surprising since you didn't take algebra.
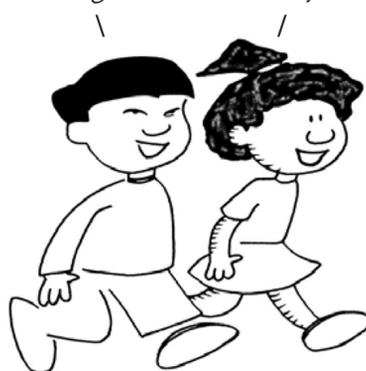
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