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# What Does It Mean to Educate the Whole Child?

*This is not a tidy tale; collaboration is an untidy business, full of uncharted territories, ambiguities, and institutional complexities.*

—Marilyn Johnston, 1997, p. 3

*To the doctor, the child is a typhoid patient; to the playground supervisor, a first baseman; to the teacher, a learner of arithmetic. At times, he may be different things to each of these specialists, but too rarely is he a whole child to any of them.*

—From the 1930 report of the White House Conference on Children and Youth

## CHAPTER TOPICS

- Collaboration Makes Pioneers of Us All
- Dance of Development: The Paradox of Educating Children Who Develop at Different Rates
- What Does It Mean to Educate the Whole Child?
- What Is Collaboration, and Why Is It Important for Educating the Whole Child?
- What Is Developmentally Responsive Practice?
- How Do Environment and Health Status Affect Learning and Development?
- How Does Social-Emotional Health Affect Learning and Development?
- How Does Participation in High-Risk or Illegal Behavior Affect Learning and Development?
- What Is the Family's Role in Promoting the Development of the Whole Child?

## **INTRODUCTION: THE NEW FACE OF DIVERSITY**

Educational professionals today expect highly diverse groups of students in their schools. Most deeply appreciate the value of such diversity for the learning communities that a school and classroom represent. What many may not be prepared for is the profound nature of the life experiences many students have faced or are facing that form the basis from which they will try to frame their futures. Many of the diverse faces in the classroom have grown up in circumstances that make them highly vulnerable, that can undermine their ability to learn and progress in school, or that make them unable to connect with adults and peers. This may not be news to a teacher who has worked to pull a struggling student back from the brink of failure. But it is a very timely subject for communities across the nation that face staggering social and economic costs resulting from the growing numbers of children and youth with highly complex barriers to learning.

### **Children of Poverty**

Vulnerable children and youth include those in chronic poverty and victims of domestic violence and community unrest for whom daily survival is the primary goal. They are the children whose families and homes are threatened by crushing economic circumstances beyond their control. They include the orphans and foster children and others who are wards of the State.

### **Exploited and Refugee Children From Other Nations**

This new face of diversity is a growing population that includes a wide range of exploited, refugee, and abandoned children from around the world who have come to the United States, often with the support of U.S. and international aid, relief, and protection agencies. They include the 10-year-old Sudanese boy whose family recently fled from a nation in conflict, having had no time to grieve the slaying of his brother and sister. They are the 15-year-old girl from Afghanistan who did not continue her education beyond elementary school because her high school was located 12 challenging miles on the other side of a mountain. They are the 8-year-old Namibian boy who has lost both parents to HIV; before he was rescued by his uncle, he had been raising his six brothers and sisters alone after his grandmother died. They are the daughter of a Guatemalan widow who is in the United States to earn what she can to send home to her family. They are the children of a Bosnian restaurant owner who managed to escape the occupation of his town and entered the United States under asylum. They are the 5-year-old orphan brothers from the Ukraine who were adopted by an American family after three years in an institution. They are the son of a 17-year-old Indonesian mother who was illegally trafficked into the United States and escaped with the help of a U.S. Department of State victim protection program.

These are the faces of trauma, deep emotional pain, survival, and struggle—but also often of great hope. They may come with little experience with schooling, and in most cases, they have substantial social and emotional needs.

### **Children of Divorce, Family, and Community Violence**

Children of divorce and family violence now represent over half of all children in the United States. Research reveals that children from divorced families, or who live with family violence, are more likely to have academic problems than those in intact families,

more likely to get into trouble with school authorities and police, and more likely to have social and emotional problems. In terms of grades, standardized test scores, and dropout rates, children whose parents divorce generally have poorer results (Jeynes, 2002).

### **Children With Health and Mental Health Disparities**

The population of children with health and mental health disparities is on the rise. Health disparities directly and indirectly affect students' motivation and ability to learn. Reducing educationally related health disparities can favorably influence education outcomes and help close the achievement gap (Basch, 2009). Six educationally relevant health factors—vision, asthma, teen pregnancy, aggression and violence, physical activity, and nutrition/breakfast—disproportionately affect the urban minority youth population, and each affects educational outcomes. To this should be added diabetes, a growing problem that disproportionately affects the health of African American children and adults (Peek, Cargill, & Huang, 2007). According to Basch, healthier students make better learners, yet health issues mostly have been neglected in school reform.

### **Children in Families in Financial Crisis**

A recently expanding population of children are those whose families are losing their homes due to foreclosure and bankruptcy and their jobs due to layoffs. The current economy has transformed many families from working or middle class to poor. The most vulnerable are children who

- have families directly impacted by economic difficulties.
- have parents working for financial institutions directly affected by the current economic situation.
- have suffered a personal loss from economic problems and/or other stressful events.
- live in communities seriously impacted by economic problems and/or other stressful events.
- suffer from mental health challenges (National Association of School Psychologists [NASP], 2008).

The sense of confusion and uncertainty experienced by many adults in these circumstances can be transmitted to children. Therefore, professionals should be alert to indications of stress in children under their care.

### **Children With Special Learning Needs**

Finally, we add the children who learn differently or at a pace that is different from their typical peers, whether they need more time or less time to achieve developmental levels or proficiency in academic subjects. They include the talented child who appears bored, alienated, and silent in class and dreams only of getting home to create the music that has been the center of his attention since he can remember; the intensely gifted teen who can complete all of the mathematics problems before his peers but must wait for others to catch up; the child who cannot organize and focus on her work or sit quietly for any length of time without distracting her peers; and the student who is plagued with anxieties, the source of which he does not understand.

Children who come to school from dramatically unequal circumstances often leave school with similarly unequal skills and abilities (Neuman, 2009). However, many such children have been strengthened by their experiences and are mature beyond their years. Their success in the traditional school setting depends upon the sensitivity of professionals: educators who understand the child's unique experiences, appreciate the aspects of development that need special nurturing, and find a way to integrate the child into the social as well as academic community of learners.

As school professionals become increasingly concerned about student achievement, they also recognize that academic development and performance are intertwined with many other aspects of development that *must be nurtured*. They recognize the need to educate the *whole child*—attending to cognitive, social, emotional, physical, and talent development of children and youth from widely diverse backgrounds. The future of our nation depends on the healthy development of our children, and the development of our children depends on the readiness and dedication of qualified professionals dedicated to working with all children. Today's professionals appreciate diversity in learners and understand that no dimension of development is outside their role or concern. They likewise appreciate diversity in their colleagues and accept that the work of building the future cannot be done in isolation but only in collaboration with all who share the common mission.

## **COLLABORATION MAKES PIONEERS OF US ALL**

As we read the litany of challenges and barriers to learning that children, families, and professionals face, it may be easy to become discouraged. But with us or without us, these children, youth and families face their challenges every day. Like parents, we professionals may feel the problem pile is too big for us. Parents, however, don't have the option to throw in the towel. Our discouragement is usually born out of a sense that we are too far behind to make improvements. We are too small to attack a Goliath of obstacles that seem to grow every day, and we feel very alone in the task. But *this is where we are—and it is where we must begin*. Like parents, professionals are on a journey that continues one step at a time. We attack each new challenge not alone but together, reaching out for support, and we make a difference one student at a time. Each act of collaboration forces us to see the world anew, rethink our traditional roles, and create new relationships with our peers that can help us work differently together on behalf of children and families. We all become pioneers on the frontier of our own making.

This chapter presents a picture of the conditions for children and youth today that greatly affect their educational participation, engagement, progress, and ultimate life outcomes—and that warrant a call to action. The chapter explores the challenges of educating children who develop at greatly different rates, examines the connection between children's environment and learning, and defines the collaboration essential in schools' responses to serving the whole child. The chapters in the balance of this book address *how* collaboration and coordination work to educate the whole child and who takes responsibility for the process. The primary goal is to explore the possibilities and potential of professional collaboration and interagency coordination for improving the education of all students with complex needs—both with and without identified disabilities. How our schools support children through different developmental paths reflects our nation's understanding of child development—and our commitment to students' long-term success.

## **DANCE OF DEVELOPMENT: THE PARADOX OF EDUCATING CHILDREN WHO DEVELOP AT DIFFERENT RATES**

While tension will always exist between standardized education and individualized education, all educators agree on one thing: children and youth develop at very different rates cognitively, socially-emotionally, physically, and in language development. Until the late 1980s, most research examining life transitions and adjustments as students moved from elementary to middle school and from middle through high school was guided by the theory that problems with coping during development were caused by rapid cognitive, physical, and social-emotional changes. While grade progression occurs in lockstep fashion for all students, the developmental process for children does not occur in a step-by-step linear fashion. Rather, it zigzags, or dances, side to side and forward and backward but with a net movement forward, like the child who skips in small circles as he winds his way slowly down the street. Development is a gradual process, not an event, though children are often expected to force-fit their individual dance of development into the straight lines of grade progression and one-size-fits-all developmental expectations.

If we view educational environments as well-choreographed routines and students whose “dance” of development varies widely, then only a very few might actually dance “correctly.” Most of the others will either be force-fit with some partial degree of success, or they may never fit at all. Yet the educational enterprise continues to offer standard routines unless the student has a legally required Individualized Education Program. Keeping with the metaphor, dance experts recommend that if a routine is for a group, then the dance instructor should gauge each person’s flexibility and ability to follow through. Additional supports are provided for those who need extra time or preparation. Thus it is—or should be—with education.

### **Beyond the Metaphor: Research Confirms the Dance of Development**

Humans develop in stages and in a variety of domains—physical, cognitive, emotional, social, and moral. Each domain develops in the context of all others and cannot be separated. Each affects the others in important ways. Development in these multiple, interacting domains can be viewed as passing thorough specific stages, with transitions to each new stage being influenced by, or contingent upon, accomplishments attained in previous stages. Just as children’s language or mental capabilities develop as a result of maturation and experience, so too do children’s development in other domains, such as social, emotional, and ethical. Development in the multiple domains varies somewhat for each child and is affected by both internal (biological predispositions, within-child abilities) and external (physical and social environment) influences (Brett, Smith, Price, & Huitt, 2003; Case & Okamoto, 1996).

Individual variation in development has at least two dimensions: (1) the inevitable variations around the average or typical path of development and (2) the uniqueness of each person developing in a unique social and community environment. Each child possesses an individual pattern and timing of growth, as well as individual personality, temperament, physical constitution, learning style, family, and experiential background. All children have unique strengths, talents, and interests,

and for some children, special or atypical learning and developmental needs require special responses from the educational community.

As professionals recognize that individual variation is not only to be expected but also *valued*, they realize that decisions about curriculum and adults' interactions with children must be as individualized and as **developmentally responsive** as possible (National Association for the Education of Young Children [NAEYC], 2009). Development and learning result from the interaction of biological maturation and the environment, which includes both the physical and social worlds in which children live. Children are results of both predetermined heredity and environmental influences that affect maturation. Neither perspective alone is sufficient to explain individual learning or development; development is viewed as the result of an interactive, transactional process between the growing, changing individual and his or her experiences in the social and physical worlds (Butcher & Plomin, 2008; NAEYC; Petrill, Pike, Price, & Plomin, 2004). For example, a child's physical condition at birth may predict healthy growth, but family poverty and chronic malnutrition in early years may affect long-term outcomes and trigger a variety of developmental disabilities. Similarly, a child's unique temperament creates personality characteristics that can make a child cautious about the world, or outgoing, which in turn shapes his or her experiences and social environment.

## WHAT DOES IT MEAN TO EDUCATE THE WHOLE CHILD?

The purpose of education has been debated for centuries. Many educators and child development experts argue that the overarching goal of education is to promote the highest possible levels of cognitive, social, emotional, physical, and ethical development for each child. The whole-child movement is based on the proposition that education must move beyond preparing children to become "well-educated" citizens who are productive participants in the economic system. Education must also cultivate in young people spirituality, reverence for the natural environment, and a sense of social justice. Education must inspire children's creativity, imagination, compassion, self-knowledge, social skills, and emotional health. In this way, the term *holistic education* simply means cultivating the whole person and helping individuals live more consciously within their communities and natural ecosystems (Miller, 2005).

More recently, educational psychologists have proposed that holistic education is aimed at helping students be the most that they can be, or what Maslow (1954) referred to as "self-actualization." Education with a holistic perspective is concerned with the development of every person's intellectual, emotional, social, physical, artistic, creative, and spiritual potentials. It seeks to engage students in the teaching/learning process and encourages personal and collective responsibility on the part of professionals charged with students' development.

The quest for holistic education requires that educational experiences and environments be adapted to the developmental path of the individual, rather than the individual adapted to the environment. In today's economy—and an era of standardization of curriculum, student assessments, educational environments, and expected grade-level progress—schools find little incentive for individualization based on the needs and postschool goals of the student. Having high expectations for all children is important, but

expectations that are cast as rigid group norms do not reflect what is known about real differences in individual development and learning during the early years. Too many children and youth who cannot adapt to the standards are being left behind.

### **What Are the Core Qualities of Holistic Education?**

Ron Miller (2008), a leading proponent of holistic education, defined it as follows:

Holistic education is an effort to cultivate the development of the whole human being. Where conventional schooling traditionally reflects the view of the child as a passive receiver of information and rules, or at most as a computer-like processor of information, a holistic approach recognizes that to become a full person, a growing child needs to develop—in addition to intellectual skills—physical, psychological, emotional, interpersonal, moral and spirited potentials. The child is not merely a future citizen or employee in training, but an intricate and delicate web of vital forces and environmental influences. (p. 5)

Miller identified four core qualities that characterize a holistic education:

1. *It encourages experiential learning.* There is more discussion, questioning, experimentation, and active engagement in a holistic learning environment and a noticeable absence of grading, testing, labeling, and comparing. Learning is more meaningful and relevant to students—it matters to their lives.
2. *Personal relationships are considered to be as important as academic subject matter.* These learning environments strive to cultivate a sense of community and belonging and qualities of safety, respect, caring, and even love.
3. *There is concern for the interior life of children; that is, for the feelings, aspirations, ideas, and questions that each student brings to the learning process.* Education is no longer viewed as the transmission of information; instead it is a journey inward as well as outward into the world.
4. *Holistic education expresses an “ecological consciousness.”* It recognizes that everything in the world exists in context; that is, in relationship to inclusive communities. This involves a deep respect for the integrity of the biosphere, if not a sense of reverence for nature. It is a worldview that embraces diversity, both natural and cultural.

O’Hara (2006) explained that our current educational goals and practices are insufficient to the level of complexity of our world; they cannot deal with the uncertainty, flexibility, creativity, dialogue, understanding, and wisdom being asked of the 21st-century journeyer. What is being called for is the “cultivation of levels of consciousness and habits of mind that go way beyond the mental capacities canonized in the Western industrialized world” (p. 111).

### **What Does Educating the Whole Child Look Like?**

The boxed text presents the experience of a full-service school that incorporates whole-child strategies.

## **A FULL-SERVICE SCHOOL FULFILLS ITS PROMISE**

### **Positive Outcomes of a Whole-Child Approach (1999–2008)**

*In the late 1990s, teachers and administrators here at Thomas Edison Elementary School in Port Chester, New York, could see that the struggles of neighborhood families were affecting students' safety and well-being. They were also contributing to low academic achievement.*

*Although Port Chester is surrounded by affluent areas of Westchester County, our community is far from wealthy. More than 80 percent of Thomas Edison's students receive free or reduced-price lunch, and nearly 50 percent are English language learners. The majority of our families are recent immigrants. They struggle to afford adequate housing, child care, nutrition, and health care. They also face the stresses that accompany immigration: worry about legal status, the difficult process of acculturation, language barriers, frequent moves and disrupted schooling, separation from family members, and school expectations very different from those in their home countries. These factors all contributed to low academic performance at Edison: in 1999, only 19 percent of Edison's fourth graders passed New York State's English language arts assessment, and only 75 percent passed the state mathematics assessment.*

#### **Divining Community Concerns**

*That year, Edison began the process of becoming a full-service community school. First, Edison faculty and community stakeholders sought a deeper understanding of the conditions that were influencing student learning. We conducted focus groups, individual interviews, and surveys in which we asked school practitioners, parents, students, and representatives of community-based organizations what concerns they had about Edison's students' lives and schooling.*

*Teachers' frustrations included the fact that parents sent children to school sick—expecting the school nurse to provide primary health care—and the difficulty of communication with parents. Parents, in turn, expressed needs for child care, help overcoming language barriers, and guidance on school involvement. Community groups recognized how often emotional and physical stresses were handicapping students.*

*We drew on these concerns to design a school where the school district and community-based organizations combined resources to meet students' needs. We created a community-school advisory board that represented key constituents and met once a month during our first year, planning and putting in place the community-school framework and developing goals and measurable objectives. We hired a community-school coordinator to help secure funds, coordinate partnership activities, and serve as a liaison between Edison and the partner agencies.*

#### **Partnerships in Action**

##### ***Our School-Based Health Center***

*A review of the school's health records confirmed teachers' observations that many students were coming to school sick. We discovered that less than 23 percent of Edison students had health care coverage. The school shared these data with the Open Door Medical Center, an organization providing medical care to poor and underserved families in Port Chester, and initiated a partnership with them. Open Door secured federal grants and other funding to establish a school-based health center.*

*At the health center, the Edison school nurse and the Open Door nurse practitioner coordinate health care initiatives involving students and their families. The nurse practitioner provides primary care to students at the school. Common colds and other illnesses, which were previously often left untreated, now receive prompt medical attention, reducing the number of student absences. A weekly visit from Open Door's dentist provides much-needed dental care for Edison's students.*



All Edison students can receive health care at the center, including screenings, vaccinations, and prescription medication. During these procedures, the staff has uncovered more serious illnesses, such as diabetes, which might have remained undetected until serious symptoms or complications appeared. We refer students needing more complex medical care to Open Door's main medical facility in the community. And in addition to providing medical services, Open Door staff members provide nutrition and wellness education to parents and help families obtain federally funded medical insurance.

As a result of the health center's services, 94 percent of Edison's students are now medically insured and receive ongoing medical and dental care. The success of this model has led the district and Open Door to expand this kind of program to other schools.

### **Therapy and Family Casework**

To complement the work of teachers and health center staff in addressing the developmental needs of the whole child, Edison set up a partnership with the Guidance Center, a local mental health facility. A bilingual family caseworker meets with families in crisis and helps parents realize their roles as their children's first teachers and primary advocates. The caseworker also supports the general parent population at the school, sometimes by facilitating communication between school staff and parents who do not speak English and by providing new families with school supplies and clothing, if needed. A social worker provides therapeutic counseling for students in crisis and teams up with the family caseworker to ease the stresses on students' families. These services help Edison establish links with the families that are hardest to reach.

### **Parent Education and Capacity Building**

For the past six years, Edison has hosted the weekly bilingual gathering *La Segunda Taza de Café* ("A Second Cup of Coffee") for parents at the school, facilitated by the caseworker from the Guidance Center. At these gatherings, parents participate in workshops, seminars, and discussion groups about topics of interest to them. These topics include state standards and assessments, parents' rights and responsibilities in schools, strategies to help their children learn, and information on citizenship and naturalization. One goal behind this parent program is to develop parents' leadership capacity. Edison's immigrant parents are now visible in the school and active with the Parent Teacher Association.

### **Afterschool Enrichment**

Services, Education, and Resources of Westchester, a nonprofit organization, was instrumental in creating Edison's afterschool program. This program now serves 130 students daily and meets the twin needs of homework help and child care that parents and teachers identified in our initial community survey. Through professional and nonprofessional staff members, including many bilingual workers, we both support students' growth in English and offer them enrichment experiences in their native languages—martial arts, photography, chess, tennis, computer-assisted instruction, and the opportunity to produce a literary magazine. We strive to validate the richness of our students' Hispanic heritage by bringing in artists to teach arts and crafts reflecting the culture and styles of indigenous Hispanic peoples. We also invite students to join a folk dance troupe that performs frequently.

### **Partnership With Manhattanville College**

Edison's long-standing professional development relationship with Manhattanville College is an important resource for improving teaching and learning. Edison hires many teachers trained at Manhattanville (30 percent of our teachers are alumni), which provides us with qualified teachers willing and prepared to work in a school confronting the conditions of poverty.

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*The majority of our new teachers from Manhattanville have participated in structured preservice learning experiences at Edison, ranging from facilitating small-group instruction to student teaching. All our new hires participate in a two-year induction program coordinated by the college liaison, with Edison teachers serving as mentors. This formal guidance has increased the school's retention of new teachers. In addition, veteran teachers continue to refine their practice by taking courses in English as a second language, literacy, and content-area instruction at the college for free or at reduced cost.*

### **Results: Ten Years of Whole-Child Education**

*The changes we made in becoming a community school have led to dramatic achievement gains for our students. In 2008, these are our results:*

- *In 2008, 70 percent of fourth graders scored proficient or better on the New York State's English language arts assessment (compared to 19 percent passing in 1999).*
- *In 2008, 94 percent of fourth graders scored proficient or better on the New York State's mathematics assessment (compared to 75 percent passing in 1999).*
- *Of our students, 94 percent are now medically insured (compared with less than 23 percent in 1999).*
- *Of our families, 75 percent now participate in schoolwide events.*

*The New York State Education Department has recognized Thomas Edison for its innovative practices and achievement gains. Through 10 years of growing into a full-service community school, Edison has had some insights. A key feature of our design is the fact that community-based partners provide services on the school site and that it cultivates interagency cooperation. Reshaping ourselves as a community school has enabled our faculty to focus more on teaching and learning, has given families direct access to resources that improve their lives, and has expanded our partners' ability to reach children and families. We are now educating the whole child at Edison.*

Source: Santiago, Ferrara, & Blank, 2008. Used with permission.

How did the school fulfill its promise and address the range of children's needs that affects academic progress? Who was involved in the whole-school change process?

### **How Do We Prepare Students for Life?**

The Association for Supervision and Curriculum Development (ASCD; Commission on the Whole Child, 2007) has initiated a political movement to address this question: How do we equip today's students with 21st-century skills necessary for success? ASCD proposes a whole-child approach to provide the foundation for success in school, the workplace, the community, and life. This approach is supported by extensive research on six out-of-school factors (OSFs) common among the poor that significantly affect the health and learning opportunities of children and, accordingly, limit what schools can accomplish on their own:

1. Low birth-weight and nongenetic prenatal influences on children
2. Inadequate medical, dental, and vision care, often a result of inadequate or no medical insurance
3. Food insecurity

4. Environmental pollutants
5. Family relations and family stress
6. Neighborhood characteristics

These OSFs are related to a host of poverty-induced physical, sociological, and psychological problems that children often bring to school, ranging from neurological damage and attention disorders to excessive absenteeism, linguistic underdevelopment, and oppositional behavior. A seventh OSF, extended learning opportunities such as preschool, afterschool, and summer school programs, can help to mitigate some of the harm caused by the first six factors (Berliner, 2009).

The definition of a whole-child approach evolved from the work of ASCD's Commission on the Whole Child, especially the Commission's report *The Learning Compact Redefined: A Call to Action* (2007). ASCD leaders argue that educational institutions currently focus on students' success in reading and math, two vital subjects, but the educational experience should be made up of more than just these two subjects. The specific assumptions and challenges for practice upon which the initiative is based include the following:

- Healthy kids make better students. What can we do to ensure that all kids arrive at school healthy and ready to learn?
- Students who are scared have trouble concentrating. What can we do to ensure students feel safe and secure, both physically and emotionally, in their schools?
- Academic engagement is critical for success. How can schools and communities engage students in ways that are relevant and tied to the broader community beyond the classroom?
- Students who are supported by caring adults are most likely to excel. What elements are critical for student support, both inside and outside the classroom, to ensure high success? What does support for students mean, and how can we ensure all students have it?
- Students must be prepared for life outside of school. What must we do to provide a challenging, rigorous curriculum that prepares today's students for success in the workplace and higher education (McCloskey, 2007)?

According to the Commission on the Whole Child (2007), the whole child is

- intellectually active;
- physically, verbally, socially, and academically competent;
- empathetic, kind, caring, and fair;
- creative and curious;
- disciplined, self-directed, and goal oriented;
- free;
- a critical thinker;
- confident; and
- cared for and valued (p. 10).

ASCD (2008) further proposes that adults in the school's surrounding community need to be accountable for ensuring that students are safe; healthy; engaged; supported; and challenged with access to a broad curriculum that includes art, music, foreign languages, history, and social studies. These factors are defined below.

### *How Does Safety Affect Learning?*

Students learn at high levels when they feel safe and secure. Safety also impacts attendance and cognitive development. Students who are fearful, bullied, or distracted by fights and other disruptive behavior are unlikely to do well academically. For example, only 38 percent of U.S. students always feel safe at school, and 30 percent rarely or never feel safe (School Health Policies and Program Study, 2007). About two-thirds (62 percent) of high school dropouts say their schools should have done more to enforce classroom discipline (Bridgeland, DiIulio, & Morison, 2006). Contributing to these conditions, only 20 percent of students report that they take part in making rules at their school (School Health Policies). In the school year 2003–2004, 1 in 10 teachers in the nation’s city schools was threatened with injury or physically attacked. In-school threats and injuries were almost twice as prevalent in cities as in suburbs and towns or rural areas. In cities, public school teachers were six times more likely to be threatened with injury than private school teachers (12 percent versus 2 percent) and five times more likely to be physically attacked (5 percent versus 1 percent).

### *How Does Health Affect Learning?*

Students learn at high levels when they are healthy. Students who are sick, who come to school hungry, who can’t breathe because of asthma, who can’t see the blackboard because of poor vision, or who can’t concentrate because of pervasive toothaches or depression are unlikely to do well academically. ASCD recommends, at a minimum, the following (Commission on the Whole Child, 2007):

- A school health advisory council with students, family, and community members
- Routine screening for immunizations and vision, hearing, dental, and orthopedic concerns
- Physical education and health classes that emphasize sustaining healthy behaviors over a lifetime
- Making healthy food choices available at school

### *How Does Being Engaged Affect Learning?*

It makes sense that for students to learn at high levels, they must first be motivated to learn and interested in their studies. Students who are bored by their classes, who don’t feel motivated to achieve, and who don’t see the connection between what they are learning in school and their real-world goals are unlikely to do well academically. One of every three high school students drops out of school—one in two for African American and Hispanic students (Swanson, 2008). Of these, nearly 7 in 10 (69 percent) say they weren’t inspired or motivated to work hard, and 66 percent say they would have worked harder if they’d been challenged more (Bridgeland et al., 2006). Also, 7 in 10 employers say high school graduates don’t have a strong work ethic, and nearly 4 in 10 say they have poor teamwork skills (Olson, 2007). To ensure that all students are adequately engaged, ASCD (2008) recommends, at a minimum, the following:

- Students participate in a wide array of extracurricular activities.
- Schools provide opportunities for community-based apprenticeships, internships, or projects.
- Teachers use active learning strategies, such as cooperative learning and project-based learning.

### *How Does Feeling Supported Affect Learning?*

It makes sense that for students to learn at high levels, they must first feel supported by caring, qualified adults. Students who don't have access to adult role models, advisors, mentors, counselors—or to teachers who understand their social and emotional development—are unlikely to do well academically. Too few teachers have learned about child development as part of their preparation or ongoing professional development. Experts recommend one counselor for every 250 students across all grade levels, but the current average ratio is 1:488, with several states exceeding 1:700 (American School Counselor Association, 2004). Also, 15 million struggling students need mentors but don't have them (ASCD, 2008). To ensure that all students are adequately supported, ASCD recommends, at a minimum, that every student has an adult advisor or mentor and that students have access to school counselors or other student support systems.

### *How Does Feeling Challenged Affect Learning?*

It makes sense that for students to learn at high levels, they must have access to a 21st-century curriculum that both challenges and inspires them. Students who spend most of their day being lectured and drilled in reading and math only, and who don't have access to courses in the arts, music, social studies, civics, and other broadening subjects, are more likely to tune out and are less likely to do well in school. Too many children don't have access to a 21st-century series of courses. For example, only one-third of U.S. middle and high school students and 5 percent of elementary students study a foreign language (Committee for Economic Development, 2006). The Partnership for 21st Century Skills (2009) says that schools are falling short in teaching such "emerging essential content" as global awareness; financial, economic, and entrepreneurial literacy; civic literacy; health and wellness; and life skills (Kay, 2009). However, 6 in 10 members of the public want students to take a wide variety of courses beyond "the basics" (Rose & Gallup, 2006), and 89 percent believe that arts should be taught in the public schools (Americans for the Arts, 2009). To ensure that all students are academically challenged with a well-balanced curriculum, the Association for Supervision and Curriculum Development (2008) recommends, at a minimum, the following:

- Schools provide a well-rounded curriculum for all students.
- Students have access to rigorous programs in arts, foreign languages, and social studies.
- Schools maintain flexible graduation requirements.

A child simply cannot learn at his or her best if he or she is not healthy, safe, engaged, supported, and challenged. As Miller (n.d.) observed, there is no best way to accomplish the goal of providing a holistic education to children.

There are many *paths to learning* and the holistic educator values them all; what is appropriate for some children, in some situations, in some historical and social contexts, may not be best for others. The art of holistic education lies in its responsiveness to the diverse learning styles and needs of evolving human beings. . . . While few public schools are entirely committed to holistic principles, many teachers try hard to put many of these ideas into practice. By fostering collaboration rather than competition in classrooms, teachers help young people feel connected. By using real-life experiences, current events, the dramatic arts and other lively sources of knowledge in place of textbook information, teachers can kindle the love of learning. (Miller, ¶ 2–3)

## WHAT IS COLLABORATION, AND WHY IS IT IMPORTANT FOR EDUCATING THE WHOLE CHILD?

*My daughter could not have finished her 10th grade without a lot of support from her teachers and school counselor. After her father passed away, she needed extensive tutoring in reading and mathematics and group counseling services for an anxiety disorder. Without the collaboration among teachers and school professionals, we would not be here.*

—Mother of a high school student with emotional disabilities

The idea of shared responsibility for a community's children has recently become a watchword for educators and human service personnel. The overarching goal of education is to promote the highest possible levels of academic, social, and career-vocational achievement for all children who enter the school doors. Achieving these goals depends on how professionals collaborate with one another to bridge the different and separate worlds of family and school, academic disciplines, professional roles, school and community, and community agencies. The notion of shared responsibility also implies working across agency boundaries to create a well-coordinated service system to meet the holistic needs of students. Coordination and collaboration are about connecting people within systems and the extraordinary commitment that is required to accomplish this goal.

### What Is Collaboration?

The concepts of collaboration and coordination are not simply pleasing abstractions—they represent effective practices that affect student outcomes. A definition of collaboration can be drawn from the Latin roots meaning “to work” (*laborare*) “together” (*com*) (Merriam-Webster's Collegiate Dictionary, 2003). Therefore, collaboration, most simply, can be defined as work done jointly with others. The term *collaboration* is used widely today in education and human service fields.

We commonly refer to collaboration among different groups of people within and outside the schools—among teachers, between teachers and parents, among teachers in different schools, among teachers and related services personnel (e.g., speech therapist, audiologist, counselor, psychologist, reading specialist), and among teachers and community agency personnel. *Collaboration* is generally defined as a process of participation through which people, groups, and organizations form relationships and work together to achieve a set of agreed-upon results (Kochhar-Bryant, 2008). At the heart of effective and long-lasting school collaboration are effective relationships among professionals. Collaboration in special education and human services involves a range of relationships among people in different roles and disciplines within schools and among schools and with human service agencies in the community that serve children and families. The terms *collaboration* and *coordination* represent the following:

- *Ideas* about how people can work together to improve teaching and learning, student development and achievement, and the engagement of community service agencies
- *Philosophies* about how creative change blends or synthesizes a variety of perspectives and values among people to make things possible for students, families, professionals, schools, and systems

- *Practical strategies and processes* through which people can effect change, solve problems, or improve practices
- *Commitment* to working together constructively and embracing new ideas

*Collaboration* can be thought of as the “people” part and *system coordination* as the “organizational,” or broader system, part. However, collaboration and system coordination are inextricably linked—collaborative relationships are essential for system coordination to occur. Results of collaboration may affect an individual student (collaboration on an Individual Education Program team or child study team), a group of professionals (co-teaching team), or a whole organization (school improvement team). Collaboration has also been defined recently in a variety of other ways.

- The process of shared creation between two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own. Collaboration creates a shared meaning about a process, a product, or an event (Montiel-Overall, 2005).
- A style of interaction professionals use in order to accomplish a goal they share, often emphasized in inclusive schools. Collaboration emphasizes common goals, relationships, and mutual interdependence and is a way to build community as well as being a way of life within a community (Friend & Cook, 2009).
- The sharing of resources among school community stakeholders toward accomplishing goals and objectives or solving problems (Midura & Glover, 2003)
- Team-building activities that develop mutual trust and promote collaborative decision making that meets the diverse needs of the school community (Lambert, 2003)
- Communities of practice, which are groups of people who share a concern or a passion for something they do and who interact regularly to learn how to do it better (Wenger, McDermott, & Snyder, 2002)
- Relationships that provide opportunities for mutual benefit and results beyond what any single organization or sector could realize alone (Peter F. Drucker Foundation for Nonprofit Management, 2002)
- Planning, deciding, and acting jointly but also *thinking* together. There is a commitment to shared resources, power, and talent (John-Steiner, Weber & Minnis, 1998).

Six common themes arise from these definitions, indicating that collaboration

1. involves new *relationships* among people.
2. involves *sharing of resources* (human or other).
3. involves *trust* among people working together in peer (nonhierarchical) relationships.
4. involves *joint responsibility* for outcomes.
5. involves *joint decision making* and actions.
6. is aimed at achieving specific *results* or change.

Expectations for collaborative practices are a centerpiece of the No Child Left Behind Act of 2001 (NCLB), the Safe and Drug Free Schools Act, the Individuals with Disabilities Education Improvement Act of 2004, and related education and disability laws discussed in Chapter 3.

## **What Is the Difference Between Collaboration, Consultation, and Interagency Service Coordination?**

Collaboration can be distinguished from *consultation* and *interagency service coordination*. Consultation, a form of collaboration, typically refers to one-time or short-term services that teachers and other professionals offer or receive from one another or offer to parents. It involves a request for a service or an advisory opinion. Consultation can also involve problem-solving relationships in which peer professionals share their unique skills and provide group recommendations to improve a situation for a child or group of children or to solve an organizational problem (Chrispeels, Strait, & Brown, 1999; Dettmer, Dyck, & Thurston, 2005).

Collaboration can also be distinguished from interagency service coordination. As mentioned previously, collaboration refers to the relationships among people working together (e.g., special education teachers and general education teachers), and system coordination refers to the organizational or institutional relationships among agencies that are linked in their efforts to educate and support students and their families (e.g., the school counseling unit and the community mental health service agency). However, collaboration and interagency coordination are inextricably linked—collaborative relationships are essential for interagency coordination to occur.

The field of children's mental health services in the United States has embraced the philosophy of systems of care over the past few decades, leading to the development of improved interagency coordination and more comprehensive services to children and families. Learning from the mental health field, schools are increasingly recognizing that the educational performance of all children, particularly those who are at risk, will not improve unless efforts are made to remove the barriers to learning that begin outside the classroom walls. Linking students and schools to integrated health and human services is one strategy. Collaboration across agency lines and among public and private providers is one of the most significant—yet challenging—developments in human services in recent years.

## **Why Collaborate?**

Recent arguments for strengthening professional collaboration and for implementing coordinated school-linked services rests on six basic premises. These premises could serve as a point of discussion among school faculty and staff as they define their roles in student-centered support teams.

1. All facets of a child's well-being impact his or her potential for academic success, career development, and long-term independence.
2. A growing number of American school-age children can be considered at risk for school failure and other social problems, such as substance abuse and incarceration (Centre for Educational Research and Innovation, 1998; Cuban & Usdan, 2002; Hodgkinson, 2006).
3. Prevention is more cost-effective for society than correction or remediation. For example, Hodgkinson (2003) reported that an established relationship exists between dropping out of school and the probability of committing a crime and that dropout prevention is cheaper in the long run than the cost of incarceration.
4. Children who are at risk for school failure come to school with multiple problems that cut across conventional health, social, and education systems boundaries, and



schools are ill-equipped to handle such problems alone (Cuban & Usdan, 2002; Kirst & Jehl, 1995).

5. The current system of child-related service delivery is fragmented and in need of coordination, since many children fall through the cracks and fail to get the services they need.
6. Because schools have sustained long-term contact with children, they are the logical gateway for providing a spectrum of services to address the needs of children that affect academic progress (Adelman & Taylor, 2007b; Kirst & Jehl, 1995).

All children have unique strengths, talents, and interests, and for some children, atypical learning and developmental needs require differentiated and individualized responses from the educational community.

## **WHAT IS DEVELOPMENTALLY RESPONSIVE PRACTICE?**

Because developmental domains are interrelated, educators can organize children's learning experiences in ways that help them to develop optimally in all areas and that make meaningful connections across domains (Bredekamp & Copple, 1997). More recently, however, researchers are asking—due to widely varying developmental differences—if some factors not centered in the child or adolescent but rather associated with the school environment may create stress. They have begun looking at the structure of classes, student decision making (or lack thereof), increased school size, greater departmentalization, ability grouping, increased use of competition as a motivator, and increased rigor in grading and testing. Studies have suggested that as students mature, they want more autonomy and opportunity for self-management and personal decision making (Bremer, Kachgal, & Schoeller, 2003; Deci & Ryan, 2008; Doll, Sands, Wehmeyer, & Palmer, 1996; Eisenman & Chamberlin, 2001; Field, Hoffman, & Spezia, 1998; J. E. Martin, Marshall, & De Pry, 2002; Wehmeyer, Abery, Mithaug, Powers, & Stancliffe, 2003).

The term *developmentally appropriate practice* (DAP) has been part of the educational lexicon for decades, particularly in reference to the education of young children. Developmentally appropriate practice is a perspective within early childhood education in which a teacher or caregiver nurtures a child's social/emotional, physical, and cognitive development by basing all practices and decisions on (1) theories of child development, (2) the individually identified strengths and weaknesses of each child, and (3) the child's family and cultural background (Bredekamp & Copple, 1997; NAEYC, 2009). In a DAP environment, individualization becomes a key component in making sure the needs and interests of each child are focused on.

For very young children, developmental milestones mean a set of functional skills or age-specific tasks that most children being to do within a certain age range. The pediatrician uses milestones to monitor how a child is developing. Although each milestone has an age level, the actual age when a typically developing child reaches that milestone can vary quite a bit: again, every child is unique (American Academy of Pediatrics, Committee on Children with Disabilities, 2001).

DAP emphasizes learning as a socially interactive process. Teachers prepare the classroom environment for children to learn through active exploration and interaction

with adults, other children, and materials. Nondevelopmentally appropriate practices include overuse of individual drill and other practice techniques that can stifle interest, creativity, and curiosity and lead to boredom in children. Such techniques stress memorization of facts and do not prepare children to adapt to different situations. In non-DAP programs, adult attitudes are not informed by an understanding of how children learn and develop, and non-DAP programs lack appropriate training and support systems for teachers.

Developmentally appropriate practices are based on extensive research about child development and learning; what is known about the unique needs, strengths, and interests of each child; and what is known about the cultural and social environments in which each child lives—in other words, looking at the whole child (NAEYC, 2009). Children learn when they feel secure and accepted and are encouraged and respected as people who can initiate decisions, make judgments, and take responsibility. Classroom practices that are developmentally appropriate tend to be child initiated, and they have been shown to be associated with higher levels of cognitive functioning, social skills development, and creativity in comparison to traditional didactic teaching methods. Learning activities and materials are concrete and relevant to children's lives (Bredenkamp & Copple, 1997; Clements, Reynolds, & Hickey, 2004). This topic is discussed in greater depth in Chapter 2.

### **What Is Developmentally Responsive Practice for Adolescents?**

Developmentally responsive practice is as important for preadolescent and adolescent students as it is for young children. Building on the DAP concept for young children, the term *developmentally responsive* was introduced for adolescents by the National Middle School Association (George & Lawrence, 1982). Early adolescence is a period of great variability in development among youngsters of the same gender and chronological age (Anfara & Andrews, 2003). The changes and variability have implications for middle school teachers and counselors seeking to foster the growth, development, and learning of early adolescents (Mertens, Anfara, & Caskey, 2007).

#### *Youth Development Framework*

The youth development framework incorporates developmentally responsive practices for adolescents. The youth development approach prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them to become socially, emotionally, physically, and cognitively competent. The positive youth development movement has emerged as a reaction to the problematic assumptions around deficit models of development. Approaching development as a healing of “maladaptation” has proven to be an ineffective as well as an uninspirational approach to a young person and to building human potential.

A positive youth development framework views youth with the glass half full—seeing what can go right with youth, rather than what can go wrong. Rather than seeing young people as problems, it views them as capable of building on their strengths and talents and contributing to their communities. Rather than asking, “What’s wrong with these kids?” professionals ask, “What is right with these teens? What is working in their

lives? What are their special talents and interests?" The National Youth Development Information Center (n.d.-a) defined *youth development* as a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them to become cognitively, socially, emotionally, physically, and ethically competent.

Personal and social development is a fundamental part of the curriculum for all students, because society is concerned with children's all-round development as persons living in society. Secondly, such development is important as of the foundation for other types of learning and for lifelong learning. The youth development framework is based on the following assumptions for effective programs:

- Focus on strengths, capabilities, and developmental needs rather than on problems, risks, and vulnerabilities
- Appreciative, health-based approaches
- Belief that young people can make successful transitions to adulthood and gain lifelong resilience
- Appropriate and positive supports from adults and peers
- Building self-determination skills

Effective youth development programs are characterized by the following:

- Promoting comprehensive and flexible youth development
- Engaging youth in planning for the future
- Integrating multiple developmental domains: academic, social-psychological, and career
- Including a curriculum that blends school-based and community-based approaches
- Designing programming as part of a larger developmental space linked to other settings
- Designing programs to be intensive during middle to high school transition years, in Grades 9 to 12 and through age 21 if needed
- Accounting for variation in the development of adolescents and their needs for long-range planning and services before age 16
- Focusing Individualized Education Program (IEP) post-secondary goals to help students move away from home, establish a social life, become lifelong learners, and work a part- or full-time job
- Designing individual programming around a coordinated set of activities and systematic approach, as required by the Individuals with Disabilities Education Improvement Act of 2004

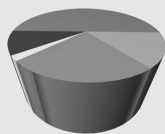
Programming for youth, therefore, becomes part of a larger developmental space and should be intentionally linked to other settings in which young people grow and develop, particularly post-secondary settings. Meaningful participation of young people in their own educational and future planning is considered a key youth development practice and promotes healthy development and learning (Roth & Brooks-Gunn, 2003; Sagawa, 2003). Meaningful participation means activities through which young people have opportunities to make significant decisions, develop and practice leadership skills, and experience a sense that they belong or matter to others.

## HOW DO ENVIRONMENT AND HEALTH STATUS AFFECT LEARNING AND DEVELOPMENT?

Each child who enters the school represents a unique mosaic of individual, family, and community experiences that affect how they engage with their teachers and their peers each day. A variety of factors shape the child or youth's potential for creativity and critical thinking, including prenatal care, health status, food insecurity, poverty, family structure and absence of one or both parents, physical environment in the home, environmental pollutants, neighborhood characteristics, and participation in high-risk or illegal behaviors (Berliner, 2009). When these impacts on children are understood, the urgency with which educational and related professionals must reassess school priorities becomes clear.

### How Does Child Poverty Affect Learning and Development?

The child poverty rate is perhaps the most widely used measure to identify the health and well-being of children. Conditions of poverty have been associated with crime, physical abuse, and learning and emotional problems. Measures of poverty status, secure parental employment, and food security offer insight into the material well-being of children and factors that affect their health and development. While the number of poor children living in families totally dependent on welfare has fallen in the past two decades, the number of poor children living in families earning an income (no income from public assistance) increased from 4.4 million in 1976 to 6.9 million in 2000. Currently, 13.3 million children live below the official poverty level (Annie E. Casey Foundation, 2009; Wertheimer & Atienza, 2006). Despite the wealth in the United States, the rate of poverty among children is higher than in any other developed country. Elders (2002) observed that children of the "Five-H Club"—hungry, healthless, homeless, hugless, and hopeless—have difficulty concentrating on schoolwork, which often leads them to mask learning difficulties by exhibiting acting-out behaviors.



#### SOBERING STATISTICS ON POVERTY

In 2007, 18 percent of children ages 0 to 17 lived in poverty, up from 17 percent in 2006. The poverty rate for younger children was higher than for older children. About 21 percent of children under 6 years and 16 percent of children 6 to 17 years lived in poverty in 2006. The poverty rate was higher for Black children and for Hispanic children than for White, non-Hispanic children. In 2007, 10 percent of White, non-Hispanic children lived in poverty, compared with 35 percent of Black children and 29 percent of Hispanic children. Poverty among related children varies greatly by family structure. In 2007, children living in families with a female head with no husband present continued to experience a higher poverty rate (43 percent) than children living in married-couple families (9 percent).

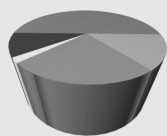
A family's food security is its access at all times to enough food to ensure active, healthy lives for all family members. In some food insecure households, only adults are affected, but in most such households, children are also affected to some extent. About 17 percent of children (12.4 million) lived in households that were food-insecure at times in 2007.

## What Health Disparities Are Facing Children and Youth?

Healthier students make better learners, yet health issues have been mostly neglected in school reform issues, observed Charles Basch (in press). Children's health is influenced by their genetic makeup and biology, social and physical environment, and behaviors, as well as the availability of services. However, a track record now demonstrates that certain programs and policies favorably influence these factors and, since educationally relevant health disparities directly and indirectly affect students' motivation and ability to learn, help close the achievement gap. In the short term, schools may be the best hope for addressing the physical health and social-emotional needs of urban minority youth and for helping them to succeed academically and in life. While most schools in the United States implement some programs or policies that address health, the extent and quality of these programs is by and large limited and insufficient to meet the needs of youth facing the greatest educational and health challenges.

Basch (2009) described six educationally relevant health factors—vision, asthma, teen pregnancy, aggression and violence, physical activity, and nutrition—that should be priorities for schools serving urban minority youth: each disproportionately affects that population, there is strong evidence that each affects educational outcomes, and the feasibility of school-based policies and programs that address them has been demonstrated. All are interrelated synergistically.

1. **Vision affects learning.** An estimated one in five school-age youths has a vision problem. Less than half of the states require that teachers be notified of the results of vision screening. In a nationally representative sample of more than 48,000 youths, poor minority youths appear to be underdiagnosed and undertreated for eye-care problems. In another national sample of more than 14,000 children with special health care needs, Black, Hispanic, and multiracial children were two to three times more likely than Whites to have unmet vision care needs (Heslin, Casey, Shaheen, Cardenas, & Baker, 2006).



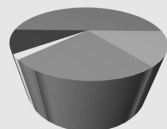
### SOBERING STATISTICS ON ASTHMA

"In 2006, 9 percent of children had current asthma. This included children with active asthma symptoms and those with well-controlled asthma. This percentage had not significantly changed since 2001. The incidence of asthma in children differs by race/ethnicity: in 2006, the highest rates of current asthma were reported among Black, non-Hispanic children (13 percent) and Puerto Rican children (26 percent), compared with the lowest rates of asthma among White, non-Hispanic children (9 percent) and Asian children (6 percent). In 2006, nearly 6 percent of all children had suffered one or more asthma attacks in the previous 12 months."

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

2. **Asthma affects learning.** Asthma is a leading chronic disease among children, and rates of childhood asthma have remained at historically high levels since the 1990s. Compared with children who do not have asthma, children who do are more likely to

have disturbed sleep. Nocturnal asthma is associated with greater severity of the disease, but even youth with “stable asthma” experience considerably more sleep problems than children who do not have asthma. In a recent review of all studies examining asthma and school attendance, virtually every study found a positive association between the disease and school absenteeism (Stranges, Merrill, & Steiner, 2008).



### SOBERING STATISTICS ON TEEN BIRTH

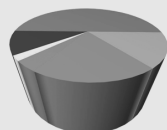
In 2007, the adolescent birth rate was 22.2 per 1,000 adolescents ages 15 to 17 (140,640 births, according to preliminary data), up from the 2006 rate of 22.0 per 1,000. A long-term decline had begun in 1991–1992. However, this was the second consecutive year of increase, possibly showing an interruption in what had been a positive trend.

Compared with women who delay childbearing until age 30, teen mothers’ education is estimated to be two years shorter. Teen mothers are 10 to 12 percent less likely to complete high school, and they have 14 to 29 percent lower odds of attending college.

*Sources:* Federal Interagency Forum on Child and Family Statistics, 2009; Hofferth, Reid, & Mott, 2001.

3. **Teen births affect learning.** Teens who become pregnant are less likely to complete high school or college. Teens who have one pregnancy are at increased risk of having another. Children born to teen mothers are more likely to become teen mothers themselves. In all likelihood, an unmarried teen mother and her child will live in poverty, further perpetuating a cycle of poverty and subsequent nonmarital teen births. Even small changes in the rate of nonmarital teen births would have substantial effects on the numbers of children living in poverty. Most students receive some kind of sex education programs, but those with the greatest needs are least likely to receive these kinds of programs.

Besides poverty, consequences of teen parenting are infant low birth weight and a high risk of child maltreatment. Low birth weight (LBW) is an important risk factor for future health conditions, disability, and death. The percentage of infants born LBW has increased for more than two decades. A number of factors may have contributed to this increase: the increases in multiple births, which are more likely to result in LBW infants than single births (though single LBW has also increased); obstetric interventions such as induction of labor and cesarean delivery; infertility therapies; and delayed childbearing.



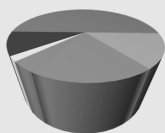
### SOBERING STATISTICS ON LOW BIRTH WEIGHTS

In 2006, 14 percent of Black, non-Hispanic infants were born LBW; even when maternal age was taken into account, this percentage continued to be higher than that of any other racial or ethnic group. Of all infants, the trend has been upward: 7.0 in 1990, 8.1 in 2004, 8.2 in 2005, and 8.3 percent in 2006.

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect), and it is associated with a number of negative outcomes for children. In 2006, there were 12 substantiated child maltreatment reports per 1,000 children ages 0 to 17 (U.S. Department of Health and Human Services, 2007). Younger children were more frequently victims of child maltreatment than older children. These children enter the school system with several strikes against them. Maltreatment affects typical brain development and undermines development of peer and adult relationships.

**4. Physical activity and nutrition affect learning.** The percentage of overweight children is a public health challenge. Physical activity affects metabolism and all major body systems, exerting powerful positive influences on the brain and spinal cord and, consequently on emotional stability, physical health, and ability to learn (Maddison et al., 2009). Over the past few decades, a steady and dramatic increase in obesity has occurred throughout the U.S. population, particularly among children and youth. Currently, one-third of American children and youth are either obese or at risk of becoming obese. The National Governors Association (2003), representing all 50 of the nation's governors, reported that the prevalence of obesity among U.S. students contributes to poor academic performance, increases health and education costs, and threatens to constrain state budgets and economic growth. Children with chronic health conditions can also be limited in their ability to participate fully in age-appropriate activities.



#### SOBERING STATISTICS ON OBESITY

In 1976–1980, only 6 percent of children ages 6 to 17 were overweight. By 1988–1994, this percentage had risen to 11 percent, and it continued to rise to 15 percent in 1999–2000. In 2005–2006, 17 percent of children ages 6 to 17 were overweight. While there was an increase in overweight among U.S. children between 1988–1994 and 2003–2004, the percentage of overweight children did not significantly change between 2003–2004 and 2005–2006.

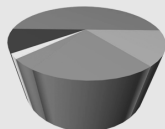
Over the past 30 years, the obesity rate has nearly tripled for children ages 2 to 5 years (from 5 to 14 percent) and youth ages 12 to 19 years (from 5 to 17 percent), and it has quadrupled for children ages 6 to 11 years (from 4 to 19 percent). In 2006, 9 percent of children were reported by parents as having activity limitation due to chronic conditions. This rate has remained stable since 2001.

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

Many school districts are challenged to create healthy environments because of the prevalence of unhealthy food choices in schools, the elimination of health education and physical education classes, and the abandonment of recess. For instance, nearly 79.1 percent of elementary schools provide daily recess for all grades. Furthermore, 77.0 percent of middle schools and 91.3 percent of high schools offered students opportunities to participate in at least one interscholastic sport, and 29.1 percent of these schools provided transportation home for participating students (Centers for Disease Control and Prevention [CDC], 2006).

Nutritional health has been associated with children's memory development and ability to learn. Animal studies have shown that a diet rich in high levels of saturated fat

(French fries, donuts, hamburgers) can hinder brain function associated with memory. Even though some fat is important for health, rats fed diets in which approximately 40 percent of daily calories came from saturated fats performed poorly on tests of memory and learning. Human studies have also reported negative results of high-fat diets (Society for Neuroscience, 2003b).

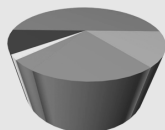


### SOBERING STATISTICS ON ENVIRONMENTAL POLLUTANTS

Child exposure to air pollution, as established by the Primary National Ambient Air Quality Standards, has improved recently. In 1999, 65 percent of children lived in counties in which one or more air pollutants rose above allowable levels; in 2006, the percent was 55, still more than half. The ozone standard is exceeded most often. Ozone can cause respiratory problems and aggravate diseases such as asthma. Particulate matter can have these effects as well. About 13 percent of children in 2006 lived in counties that exceeded the annual allowable level for fine particulate matter (smog). The percentage of children served by community drinking water systems that did not meet all applicable health-based standards has fluctuated between 5 and 12 percent during the period 1999–2006; it was 10 percent in 2006.

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

**5. Physical environment of home and school affects learning.** Children’s physical environments should support their healthy development and keep them safe from hazardous conditions. Indicators of physical environment and safety include exposure to air pollutants, drinking water contaminants, and lead, as well as measures of housing problems and deaths from injury.



### SOBERING STATISTICS ON HOMELESS CHILDREN

“In 2005, 40 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or a housing-cost burden of more than 30 percent of household income. Cost burdens have driven significant increases in the incidence of problems since 2003, when 37 percent of households had one or more such housing problems. Severe cost burdens—housing costs exceeding 50 percent of income—are especially prevalent among the lowest-income renters, affecting 45 percent of very-low-income renters with children in 2005” (Federal Interagency Forum on Child and Family Statistics, 2009). “For the 2006–07 school year, 78 percent of local education agencies (LEAs) across the nation enrolled more than 679,000 homeless students” (Bowman, Burdette, & Julianelle, 2008).

**6. Housing and homelessness affect learning.** Inadequate, crowded, or costly housing can pose serious problems to children’s physical, psychological, and material well-being.

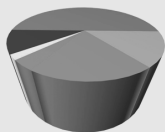


*Primary nighttime residence* is defined as the type of residence (e.g., shelter, hotel, doubled-up in the home of a relative or friend) where a homeless child or unaccompanied youth is staying at the time of enrollment or the type of residence where a currently enrolled child or youth is staying when he or she is identified as homeless (Bowman, Burdette, & Julianelle, 2008). Families experiencing homelessness are not a static group. As a result of catastrophic events such as hurricanes, job loss, or death of a parent, families fall into homelessness every day. Many states (34 percent) have difficulty maintaining accurate data counts of homeless children and youth enrolled in local education agencies (LEAs).

When homeless children also need special education services, the problems are compounded for families. Social and educational services must be designed to be supportive of homeless children and families, and collaboration and coordination across educational and human service systems are essential for meeting these challenges.

## HOW DOES SOCIAL-EMOTIONAL HEALTH AFFECT LEARNING AND DEVELOPMENT?

Emotional and affective development occurs in specific stages, with transitions to new stages dependent upon accomplishments attained in earlier stages. Just as children's language and mental capabilities develop as a result of maturation and experience, so too does children's affective development. Affective development is impacted by both internal (biological predispositions, within-child abilities) and external (physical and social environment) influences (Brett et al., 2003).



### SOBERING STATISTICS ON EMOTIONAL AND BEHAVIORAL DISABILITIES

"In 2006, 5 percent of parents reported that their child had definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people. The rate at which boys were reported as having such difficulties (7 percent) was twice the rate for girls (3 percent). Among parents of children with serious difficulties, 84 percent reported that they had contacted a health care provider or school staff about their child's difficulties, 49 percent reported that medications were prescribed for their child, and 44 percent reported that their child received treatment other than medication" (Federal Interagency Forum on Child and Family Statistics, 2009).

Mood disorders are common among children and adolescents (Davis et al., 2005; Guetzloe, 2003; Wood, 2007). At least 1 in 10, or about 6 million people, have a serious emotional disorder that requires professional intervention (S. Foster, Rollefson, Doksum, Noonan, & Robinson, 2005; U.S.DHHS, 2007). Furthermore, the U.S. General Accountability Office (GAO, 2003) found that in six states, an estimated 12,700 parents gave up custody of their children in 2001 to obtain the mental and behavioral health services the children needed but could not obtain in schools. Between 10 and 15 percent of the child and adolescent population exhibits some symptoms of depression (GAO, 2007).

The affective domain involves complex information processing that is integrally related to all other domains of human development (Brett et al., 2003; Plutchik, 2001). The affective

domain is seen as contributing to social interactions through a concept often referred to as social-emotional learning (SEL) skills. SEL can be defined as the process through which people learn to recognize and manage emotions, care about others, make good decisions, behave ethically and responsibly, develop positive relationships, and avoid negative behavior (Fredericks, 2003). Parents' reports of their children's serious emotional and behavioral difficulties are a crucial first step so that medical professionals can be alerted and needed mental health services obtained.

Although Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 requires that schools integrate children with diagnosed emotional disabilities, many more go undiagnosed and may receive punitive treatment (for "bad conduct") rather than the therapeutic or educational interventions that they need. A primary contributor to this problem is the fragmentation of needed diagnostic and intervention services and supports and the inability of schools and community agencies to collaborate to provide them. The adult and child mental health systems have embraced the philosophy and collaborative practices of "systems of care" or "wraparound" services over the past 20 years. However, these models are only recently being adopted in education. It is important for school professionals to be aware of the kinds of supportive service models and professional collaboration in use in schools across the United States that are demonstrating positive outcomes for students.

### **What Does Brain Research Reveal About Social-Emotional and Behavioral Disorders?**

An increasing proportion of the general school population has mental health and behavioral disorders and is at risk of academic failure, school dropout, incarceration, suicide, and extended dependence in adulthood (Koller, 2007; Seltzer, Greenberg, Floyd, & Hong, 2004). In any given year, nearly 10 percent of the U.S. population suffers from a mood disorder; depressive disorders, anxiety disorders, and substance abuse often co-occur (National Institute of Mental Health [NIMH], 2008). The U.S. Department of Health and Human Services (2000) estimated that 21 percent of young people in the United States ages 9 to 17 (about 15 million children, or one in five) have diagnosable emotional or behavioral health disorders.

More than half of all cases of adult mental illnesses begin in the teenage years, and when untreated, depression and other mental health problems set up a child for a potentially difficult transition into adulthood (Bostic & Miller, 2005). Medical researchers studying depression are pointing to chemical imbalances in the brain as a likely cause (Alloy et al., 2001; Brosse, Sheets, Lett, & Blumenthal, 2002; Lewis, Lamm, Segalowitz, Stieben, & Zelazo, 2006; Ratner, 2004).

#### *Brains Are Plastic Through Childhood and Adolescence*

Recently neuroscientists have made great strides in understanding the brain, using increasingly sophisticated imaging techniques. Although great emphasis has been placed on the first three years of development, the enormous dynamic activity that occurs in the brain's biology between ages 3 and 16 has been less well studied. For decades, neuroscientists believed that our brains are hardwired after childhood, but recently, through the use of brain-imaging technology, they are reaching the conclusion that the human brain is capable of profound and permanent alterations throughout the life span. New studies graphically reveal that the brain's center of reasoning and problem solving is one of the last areas to mature and that higher-order brain centers, such as the prefrontal cortex, don't fully develop

until young adulthood (Giedd, 2004; Gogtay et al., 2007; Lenroot & Giedd, 2006). The brain is also understood to be a good deal more plastic (able to reorganize neural pathways based on new experiences) than once thought (Giedd; Gogtay et al.). The findings have tremendous implications for understanding thinking, motivation, and behavior in adolescents and young adults as they navigate middle and high school and transition to adulthood.

### *Teens Process Emotions Differently*

MRI studies are also shedding new light on how teens may process emotions differently than adults (Immordino-Yang & Damasio, 2007; Lucas & Baird, 2004). Recent advances in neuroscience highlight connections among emotions, social functioning, and decision making that have the potential to revolutionize our understanding of the role of affect in learning. Until recently, emotions were not viewed as having a brain basis, and their central role in governing behavior and rational thought had been overlooked (A. R. Damasio, 2005). Today, through studies of individuals with brain lesions, researchers can map emotional processes and atypical responses to specific areas of the brain (H. Damasio, 2005; Davis et al., 2005). In particular, the neurobiological evidence suggests that the aspects of cognition that we engage most heavily in schools—learning, attention, memory, decision making, and social functioning—are profoundly affected by and subsumed within the processes of emotion (Bechara, 2005; A. R. Damasio, 2005; Goswami, 2006; Hauser, 2006; Immordino-Yang, 2008; Immordino-Yang & Damasio). The study of emotions, and of the relationship between early and continuing social development and learning, requires greater collaboration among neuroscientists, psychologists, and educators.

### **What Effect Does Child Abuse Have on the Brain?**

Child abuse occurs in families of every socioeconomic level, ethnic background, and religion. Only recently have researchers begun to attend to the potential influence of childhood traumatic experiences on adult disease, preferring to look for genetic causes of disease and pure biochemical factors without considering experiential influences (McCollum, 2006). Children who are physically abused are more likely to exhibit problem behaviors that require discipline than those children who do not experience abuse. These students have difficulty forming relationships with their peers and exhibit physically aggressive behaviors and social skills deficits.

Two major types of abuse are typically identified—emotional and physical (Menard, Bandeen-Roche, & Chilcoat, 2004). Emotional abuse has been defined as excessive demands placed on children by parents, peers, or siblings and the failure of parents to provide an emotional support system (Thompson & Kaplan, 1999). Students who have experienced emotional abuse may exhibit a low self-esteem, suicidal thoughts, depression, antisocial behaviors, and difficulty initiating and maintaining relationships with adults and peers. Deficits in cognitive functioning are greater in students who are abused than in those who are not (DHHS, 2007).

Recent brain research indicates that while physical wounds typically heal over time, maltreatment at an early age can create an enduring, harmful influence on a child's developing brain (McCollum, 2006; Society for Neuroscience, 2003a). A growing body of research has linked childhood experiences of maltreatment with a host of physical conditions that can emerge in adolescence or adulthood. Maltreatment disrupts early sensitive periods of growth and creates lifelong challenges for social, emotional, and cognitive development, as well as physical health. Many health problems—including panic disorder/posttraumatic

stress disorder, chronic fatigue syndrome, depression, some autoimmune disorders, suicidal tendencies, abnormal fear responses, preterm labor, chronic pain syndromes, and ovarian dysfunction—can be understood, in some cases, as the result of childhood maltreatment (De Bellis, 2005; McCollum).

### **How Does Social-Emotional Health Fit in With Curriculum Standards?**

The growing population of students with social-emotional and behavioral difficulties that interfere with learning represents a major challenge to achieving the goals of No Child Left Behind (NCLB). New state data reveal unanticipated consequences of the high-stakes accountability system mandated by the NCLB (Center on Education Policy, 2006). Students with social-emotional and behavioral difficulties are particularly at risk. There is a disconnect between standards-based educational environments on one hand and the highly variable cognitive, social, and emotional development of children and youth on the other, including the learning preferences, interests and talents, and rapid physical changes that occur during early adolescence (Takanishi, 1997). Critics of highly standardized education claim that states have crafted standards that are too narrow and do not allow educators to include nonacademic learning objectives such as those that focus on social and behavioral skills, career-vocational development, physical and health development, and functional skills (Izzo, Hertzfeld, Simmons-Reed, & Aaron, 2001).

As school curriculum and instruction are increasingly driven by academic tests, there is evidence in the states of gaps that prevent students from accessing a rich and broad curriculum because of reduced attention to subjects such as social studies, art, music, drama, physical education, sports, and many extracurricular and afterschool activities (National Education Association, 2009). These activities are a source of satisfaction for many students and keep them engaged in school. For example, the arts connect many students' interests and talents to the learning environment and can combat alienation. There is an urgency for professionals to understand the relationships among elements of the curriculum, students' interests and talents, and student engagement in learning. The boxed text presents one teacher's perspective on why students need access to a comprehensive curriculum.

#### **COMPREHENSIVE CURRICULUM**

*In my school, the staff is so worried about closing the achievement gap for the students, it is becoming the norm to have academic afterschool groups. On rotating days, the students stay for one-and-a-half hours to review and learn math and reading skills. The idea looks good on paper, but it has cut into our arts programs, limiting the music, art, and drama groups to only a few students. For chorus or band, this is not a good thing.*

*It seems to the children who are in the afterschool math and reading groups that they will never measure up to the other students who are in the chorus. The performing groups have become the elite bunch in the school.*

*For many of the slower achievers, the arts are what keep them interested in coming to school. It may be just the motivation they need to stay in school and succeed in other areas. We had a student who was labeled as "troubled" from his elementary school, and he was placed in the school chorus his first year in the middle school. His behavior changed both in school and at home. His mother got more involved in his academic education, and the student went on to the high school and was very popular and successful.*

*With NCLB, pulling students from arts classes should not be a remedy for making sure all students learn together. The problem with NCLB is that all children do not achieve at the same time. They are not all on the same page when it comes to learning. All students will learn what they need to become successful, but they will do it at their own pace. NCLB must make sure all students start at the same level in order to achieve what needs to be done. We must all make sure the resources are in place for the development of the whole child. To lose any of our classes just to ensure that one program works the way the government wants it to is not an option.*

*Leave the education to the ones who are in the trenches and work every day with the students who need them. We do know what we are doing, and we can help all students become smart, successful, productive citizens for the future.*

*Ina Allen, Music Teacher, Evanston District #65, Chicago*

## **What Are the Outcomes for Disconnected Youth?**

There is a sizable group of highly disadvantaged young people whose risks are multiplied because they are not productively engaged in either school or work and, therefore, are not likely to become financially independent (Lippman, Atienza, Rivers, & Keith, 2008). The Bureau of Labor Statistics refers to them as “disconnected youth.” Approximately 8 percent of young people in the United States between the ages of 16 and 19 are not in school and are not employed (Federal Interagency Forum on Child and Family Statistics, 2009). BLS indicates that these groups include the following:

- Youth in lower-income households
- Youth whose parents are Black
- Youth who live with just one biological parent
- Youth whose parents are unemployed and have less education (Hair & Moore, 2007)

In addition, young people were more likely to be disconnected later in life if their physical health was reported as less than “very good” and if their friends belonged to gangs, were truant, smoked, drank heavily once or more a month, and used illegal drugs. In contrast, young people who participated in job training programs, job search programs, or school-to-work programs during high school were less likely to become disconnected. This research suggests that improving physical health, avoiding negative peer groups and risk behaviors, and participating in programs that facilitate employment can reduce youth alienation and dropout.

### ***Reconnecting Youth***

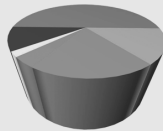
Young people who drop out of high school are typically encouraged to earn their GED credential. While those who earn a GED have higher hourly wages and finish more years of high school than do people who drop out and do not earn a GED, they also have lower levels of work-related skills, such as perseverance, dependability, and consistency (Heckman & Rubinstein, 2001). Employers look for job-specific skills and personal qualities that suggest a person will be a dependable worker, rather than looking only at high school educational credentials (Kerckhoff, 2002). Building and assessing work-related skills in addition to, or as part of, a GED course can help dropouts succeed in the job market after obtaining their GED. Having effective job assistance programs available in the community for youth who have dropped out of high school might help these youth avoid low-wage first jobs and attain higher-quality employment.

## HOW DOES PARTICIPATION IN HIGH-RISK OR ILLEGAL BEHAVIORS AFFECT LEARNING AND DEVELOPMENT?

The participation of young people in high-risk or illegal behaviors can have severe, long-term consequences for our youth and our society. These behaviors include cigarette smoking, drinking alcohol, using illicit drugs, engaging in sexual activity, and participating in violent crimes. The information presented in the following sections should sound an alarm to all adults concerned about the long-term success of our children and should make professional collaboration a priority.

### How Do Drugs and Alcohol Affect Learning?

In contrast to the more positive outlook for smoking, the illegal use of drugs and alcohol and abuse of prescription drugs among adolescents is on the rise nationwide (Volkow, 2005). Even after aggressive substance abuse education, the use of drugs and alcohol has not decreased. Early onset of heavy drinking (five or more alcoholic beverages in a row during a single occasion in the previous two weeks) may be especially problematic, potentially increasing the likelihood of serious health, cognitive, and emotional outcomes.



#### SOBERING STATISTICS ON DRUG AND ALCOHOL USE

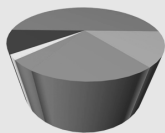
Heavy drinking has been declining among preteens and teens from 1995 to 2007: from 15 to 10 percent of 8th graders, from 24 to 22 percent of 10th graders, and from 30 to 26 percent of 12th graders. Recent illicit drug use, defined as using within the past 30 days, has also undergone a long-term decline from 1995 to 2007: from 15 to 7 percent of 8th graders, from 23 to 17 percent of 10th graders, and from 26 to 22 percent of 12th graders. However, illicit drug use held steady from 2006 to 2007.

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

Students who abuse substances have a difficult time keeping up with their peers academically. Substance abuse not only affects students' academic achievement but also may result in poor attendance, difficulty concentrating, apathy, impulsivity and disordered behavior, and sleeping in class, all of which greatly impact cognition and thinking patterns (SAMHSA Office of Applied Studies, 2006).

### How Does Smoking Affect Learning?

Cigarette smoking has serious health consequences; it is estimated that more than 6 million of today's underage smokers will die of tobacco-related illnesses (Federal Interagency Forum on Child and Family Statistics, 2009). On the positive side, cigarette smoking rates among adolescents are on the decline.



### SOBERING STATISTICS ON SMOKING

The percent of students who smoke has been declining, as measured by the number who report smoking in the previous 30 days. Among 8th graders, 10 percent smoked in 1996, 4 percent in 2006, and 3 percent in 2007. Among 10th graders, 7 percent smoked daily in 2007, 18 percent in 1996. Among 12th graders, 12 percent smoked daily in 2007, 25 percent in 1997.

*Source:* Federal Interagency Forum on Child and Family Statistics, 2009.

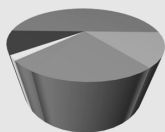
### How Does Early Sexual Activity Affect Learning?

Early sexual activity is associated with emotional and physical health risks that can undermine educational progress or lead to school dropout. Youths who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. The percentage of students in Grades 9 through 12 who reported ever having had sexual intercourse declined from 54 percent in 1991 to 46 percent in 2001 and remained stable from 2001 to 2005. In 2005, 18 percent of students in Grades 9 through 12 who had sexual intercourse in the past three months reported that they or their partner had used birth control pills before their last sexual intercourse, and 63 percent reported condom use (up from 46 percent in 2001) (Hallfors, Waller, Bauer, Ford, & Halpern, 2005; Meier, 2007).

### How Does Youth Violence Affect Learning?

Violence among children and youth contributes to disruptions in the educational process, including in-school and out-of-school suspension, school dropout, incarceration, or placement in alternative education programs. Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.

Child and adolescent violence in schools requires early assessment and positive interventions that involve collaborative and coordinated school and human service responses.



### SOBERING STATISTICS ON YOUTH VIOLENCE

In 2005, the rate of serious violent crime offenses was 17 crimes per 1,000 juveniles ages 12 to 17, compared with 52 crimes per 1,000 juveniles in 1993. In 2005, injury deaths among adolescents ages 15 to 19 were 50 deaths per 100,000 adolescents, a decrease from 51 deaths per 100,000 in 2004. However, deaths among adolescents due to homicides increased in 2005 for the first time since 1993. The homicide rate among Black males is particularly high and increased from 55 deaths per 100,000 adolescents ages 15 to 19 in 2004 to 60 deaths per 100,000 in 2005. Firearms account for the majority of homicides; 2005 also marked the first increase in the firearm homicide rate since 1993.

*Source:* U.S. Department of Justice, Bureau of Justice Statistics, 2005.

## **How Does Increased Placement in Alternative Education Affect Learning?**

Changes in the No Child Left Behind Act of 2001, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA), Safe and Drug-Free Schools legislation, Gun-Free Schools Act, and state laws on student discipline make alternative in-school and out-of-school settings more likely options for a growing number of students who may be experiencing academic failure or subject to disciplinary violations. The role of school professionals is affected by these policies. IDEIA 2004 and NCLB allow greater discretion for local school personnel to remove students, including students with disabilities, who violate codes of conduct (IDEA, § 665). States are experiencing a dramatic rise in the proportion of public school students who are voluntarily or involuntarily enrolled in alternative educational programs. In the past two decades, public concern about violence, weapons, drugs, and a climate of disrespect among students in elementary and secondary schools has contributed to an expansion of state policy options for students being “pushed out” due to poor academic progress and test scores, resulting in the exclusion of children at high school, middle school, and even elementary levels.

Most states have responded by revising their state discipline policies, allowing local schools to use suspension options for a wider range of behaviors and school code violations (Kochhar-Bryant, 2008; Lehr, Lang, & Lanners, 2004; White & Kochhar-Bryant, 2005). Together, these laws increase school personnel’s emphasis on policies and practices oriented toward safety, security, management of student behavior, and consequences for rule breaking. Because of the dramatic growth of school exclusion policies and alternative educational placements across the United States, there is increased scrutiny of these programs and policies. In other industrialized countries (e.g., United Kingdom, Canada, Australia), a rights-based approach to childhood social exclusion is being promoted in which exclusion is viewed as a consequence of education systems that do not systematically allow children access to the critical capabilities they need to integrate into society (Kochhar-Bryant & Stephenson, 2007).

The good news is that school districts that have made great progress in reducing student push-out or expulsion to alternative education through professional collaboration, coordinated support, and prevention services.

## **WHAT IS THE FAMILY’S ROLE IN PROMOTING THE DEVELOPMENT OF THE WHOLE CHILD?**

Educational research has provided evidence that the participation of parents and other family members is the most crucial factor in a child’s potential to benefit from education and related services. The success of the collaborative process in schools is closely linked to the quality of teacher–family relationships.

As children age, important changes in parent–child relationships affect learning. The strength of school–family partnerships declines with each grade level, beginning with kindergarten, and show the most dramatic decrease at the point of transition into the middle grades (Elias, 2001; Henderson & Raimondo, 2002). Preadolescents (ages 9–12) begin to push their parents away, and peers take on greater importance in their lives. For example, in the elementary years, the student may have been proud to have his mother or father as a school volunteer. But now, in middle school, having his mother’s presence in the school may be “embarrassing” or viewed as “spying” or undermining his independence. Students want their parents to be less visible and less active in school settings.



As a result, students often discourage their parents from volunteering to help in school and sometimes even from attending parent-teacher conferences (Billig, 2001; Brookmeyer, Fanti, & Henrich, 2006; Sadowski, 2003; Sanders & Epstein, 2000). While many parents would like to maintain their involvement during the middle school years, only a small percentage receives adequate guidance from schools on how to help their children. Families need timely information on courses, curriculum choices, grading procedures, and testing and assessments throughout elementary, middle, and high school.

Communication between schools and families during middle and high school years should not be one-way—from the school to the family—or only after the child has been in trouble for some time. When students face social, academic, and personal problems, a coordinated effort is needed among families, school professionals, and community agencies to address the problems (Hines, 2001; Swaim, 2003). Coordination between professionals and families can mean that clear messages are received and that adequate help is provided before the problem grows too large.

## **AN IMPERATIVE TO CELEBRATE OUR WORK**

The challenges presented in this chapter are sobering, and the urgency to address them is palpable in the school hallways and classrooms. Teachers and related professionals are under pressure to examine and improve their practices and gain new knowledge and skills. However, all too often, the emotional side of our work is unattended. What occurs within the school walls to grow young minds and bodies is among the most important work of a society. It is therefore imperative that those who work with children and youth have opportunities to celebrate their work and to renew their commitment and dedication. The low retention rate of too many professionals demonstrates that we have not yet found a way to integrate renewal processes into professional development. This topic will be discussed more in Chapter 8.

## **CLOSING**

Collaboration and coordination are essential to change in relationships among people, which leads to change in practices, which ultimately leads to change and progress in students. The development of collaborative relationships among professionals does not develop in a tidy, step-by-step, linear fashion. Instead, it is messy, complex, and unpredictable. New patterns of relationships typically emerge that are very different from the traditional isolation and independent work that has been characteristic of teachers, administrators, school professionals, and parents. A developmentally healthy school environment reflects a vision of professional collaboration that is focused on nurturing the whole child.

### **SUMMARY OF KEY POINTS**

- Educating the whole child means attending to cognitive, social, emotional, physical, and talent development of children and youth from widely diverse backgrounds.
- School professionals today must be prepared to understand the extraordinary nature of the life experiences of many children in schools today.
- While grade progression and performance expectations occur in lockstep fashion for all students, the developmental process for children is nonlinear and variable.

- Environmental conditions, poverty, and health status affect learning and development.
- Social-emotional health affects learning and development and children's long-term outcomes.
- Participation in high-risk behaviors affects short-term and long-term learning, development, and life outcomes for students.

## KEY TERMS AND PHRASES

- Whole child
- Holistic education
- System coordination
- System theory
- Broader definition of achievement
- Strategic collaboration
- Developmental variability
- Ecological theory
- Developmental perspective
- Developmentally responsive practice
- Youth development framework
- Transitions
- Health disparities
- Social-emotional health
- Child poverty
- High-risk behaviors
- Disconnected youth and development
- Alternative education
- Shared responsibility