

# Teacher Perspectives On Early Intervention For Students At-risk of Educational Disengagement

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*Abstract: Schools are now perceived as the government apparatus used to monitor and treat early indications of problematic health and social behaviour. A recent study is presented of five government schools in regional Australia to examine teacher thinking and action in response to a mandated early intervention policy for young people, aged 12-14, at risk of educational disengagement. The paper makes the point that teachers have adopted a pragmatic and unsophisticated version of early intervention that has been largely subsumed within the meta-concept of engagement.*

Keywords: At-risk, Early Intervention, Engagement, Problematic Behavior, Teacher Reasoning

## Introduction

**S**CHOOLS ARE NOW perceived as the government apparatus used to *monitor* and *treat* early indications of future problematic health and social behaviour (Roche, 2006). The implication within both health and education discourse is that teachers can and will incorporate the surveillance and management of individual risk into their day-to-day practice.

This raises the question of how teachers have interpreted and enacted the preventive medicine construct of early intervention in school settings. In this paper early intervention refers to strategies and programs implemented by teachers within school settings in response to the disengagement of young adolescents. At this point it is pertinent to note the predictive comment from Riley, Ellis, Weinstock, Tarrant, & Hallmond (2006, p. 29) that “Working with pupils on the margins is a challenging task and the change process is messy and complicated”.

This paper seeks to address the lack of research on how early intervention strategies are incorporated by teachers into their day-to-day school routines and processes – the practical aspects of implementation in school settings (Elias, Zins, Graczyk & Weissberg, 2003; Huba, Brown, Melchior, Hughes & Panter, 2000; Lehr, Hansen, Sinclair & Christenson, 2004). A recent study is presented of five government schools in regional Australia to examine teacher thinking and action in response to the implementation within school settings of a mandated early intervention policy for young people, aged 12-14, at-risk of educational disengagement.

The reported study contributes to understanding how real-world classroom complexities affect teachers’ capacity to identify and manage the risk status of disenfranchised young people. Knowledge

of those elements of teachers’ reasoning and action can increase the potential effectiveness of policy and classroom practice in relation to the most vulnerable and marginal groups in contemporary society.

## Early Intervention

The general concept of risk has been the subject of social theory discourse for more than twenty years (Ezard, 2001). Risk has become a central concept in the reflective practices of modern society, and is linked to the concept of normalization, the identification of requisite behavioral and health status norms (Lupton, 1999). Of particular relevance to this paper, Dean (1999) identified case management of risk, a medically derived model of risk rationality, where individuals with identified risk factors for negative health outcomes are subject to intensive observation and treatment. Individuals or groups deviating from established norms are seen as at-risk and requiring intervention.

Early intervention refers to programs targeted at individuals who have been identified as being *at-risk* of developing a significant health or behavioral issue (Davis, Martin, Kosky and O’Hanlon, 2000).

Early intervention emerged as a distinctive perspective within primary care health settings during the 1980s in Western countries (Skinner 1987) in response to the need to reduce the high per-client cost of medical treatment for alcoholism and substance addiction. This represented a conceptual shift away from specialized late-stage treatment of alcohol and substance issues, and was supported by the American Institute of Medicine whose view was that “the effective reduction of the burden of alcohol problems cannot realistically be viewed as the sole responsibility of specialized treatment programs” (Roche 1996, p. 202).



Early intervention has been adopted in a number of Australian youth-focused strategies since the late 1990s (see for example Davis et al. 2000; and Mitchell, 2000). Recently in Victoria, the Premier's Drug Prevention Council (2005, p. 24) commented on the "clear associations between educational achievement and health risk behaviors such as substance abuse and violence". Further, the Department of Education and Training's (2003) *Blueprint for Education* asserted that "teachers and administrators throughout the system have the responsibility to ensure that each child in our care is given every opportunity to develop their potential to the highest level". These government statements make clear the extent of responsibility for schools and provide an orientation for the policy examined in this paper: *Student Wellbeing Policy: Framework for Student Support Services in Victorian Government Schools* (Department of Education, 1998). This policy was implemented in all Victorian government schools in 1999 and remains the overarching policy for prevention and early intervention activity.

The stated purpose of the *Student Wellbeing Policy* is to: "maximize all students' access to teaching and learning and help them to develop as healthy, secure and resilient people" (Department of Education, 1999, p. 5). Early intervention strategies in school settings are the identification, assessment and management of students' at-risk (Department of Education, 1998, p. 10).

Although mandated, the policy is not a prescriptive blueprint and was described by the then Chief Executive Officer of the Department of Education as a "conceptual framework" (White, 2001, p. 12) for schools, within which they may enact a diverse number and type of strategies.

The development of the *Student Wellbeing Policy*, according to the principal writer G. Johnston (personal communication, January 16, 2002), was underpinned by the concept of risk management emerging from the American risk-focused prevention work of Resnick, Harris and Blum (1993); Hawkins, Catalano and Miller (1993); and the emerging Australian risk and protective factor research of Fuller, McGraw and Goodyear (reported in 2001).

Resnick et al (1993) and Hawkins (1993), in seminal studies of United States students, focused on identification of risk and protective factors for problematic behaviors. Resnick et al (1993, p. S6) identified that family and school connectedness predominate as protective factors for deviant adolescent behavior. In later Australian based research Fuller et al (2001, p. 25) reported a positive relationship between 'at-risk' young people and a teacher during the middle secondary years as the basis for effective prevention and early intervention.

Other research reports that educational disengagement, indicated by academic failure, negative school attachment or connectedness, and early and persistent anti-social behavior is likely to exacerbate other family, community and individual risk factors for mental health disorders, substance misuse and delinquency (Campbell, 1995; Toumbourou, 2001; Wade & Pevalin, 2005). A number of identifiable risk or protective factors can be potentially either mediated or enhanced within the school context, such as academic achievement, responses to anti-social behavior and development of emotional control (Hemphill, Toumbourou & Catalano, 2005).

The concept of engagement thus emerges as a pivotal element of the *Student Wellbeing Policy*. Fredricks, Blumenfeld and Paris (2004, p. 60) describe engagement as a " 'meta' construct" within the language of risk management. Engagement is multifaceted and includes: participation in social and academic activities (behavioral engagement); students' affective reactions within the classroom (emotional engagement); and strategic and complex learning (cognitive engagement) (Fredricks et al, 2004).

The design and implementation of early intervention is often viewed from the perspective of the primary health field. Measures of effective early intervention are usually based on the behavioral science construct of risk management. This reflects a contemporary evidence-based practice approach which in turn, emerged from a need to increase the sophistication of population monitoring and early intervention programs (Biglan, Mrazek, Carnine & Flay, 2003).

Principles of effective intervention programs incorporate a basis of coherent theory including the causes of risk for the identified issue and empirically tested programs that mediate or prevent the problematic behavior (Greenberg et al, 2003; Nation et al, 2003; Springer et al, 2004). Nation et al. (2003) emphasized the need for such programs to be carefully designed and make use outcome evaluation to ensure capacity for continuous improvement.

Even schools that are willing to attempt appropriate identification and assessment of at-risk students and provision of a continuum of early intervention activities may not find it easy to deliver a thorough evidence-based program as part of their day-to-day practice. The implementation of early intervention programs in real-life settings such as schools by generalist teachers would be an instance where fidelity of implementation would likely vary among sites (Dusenbury, Brannigan, Falco & Hansen, 2003). A number of factors work to constrain and enable the implementation of early intervention in school settings, including context, teacher reasoning and structural properties of schools (Deed, 2006).

A closer examination is therefore needed of how the early intervention construct has been translated by teachers into their daily practice.

## Method

The qualitative case study method, in the manner described by Yin (2003), was used to examine the perspective of school staff members in five schools in regional Australia. The use of the case study method allows the investigation of a “contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident ...” (Yin, 2003, p. 23).

Although the findings are limited to the context of the case study schools, the main themes identified will contribute to an understanding regarding the ongoing reworking of a framework for school-based practice based on the convergence of health and educational purposes.

The site selection for the five case studies was based on the main risk indicators for problematic health and social behavior, including: non-completion of school; lower socio-economic status; rural areas; and government schools (Kalff et al, 2001; Lamb, Dwyer and Wyn, 2000; Schneiders et al, 2003). The Australian Bureau of Statistics’ Index of Relative Socio-Economic Disadvantage (IRSED) was used to identify the areas of highest level of socio-economic disadvantage in the state of Victoria, Australia (Department of Human Services, 1999). Students within the age range 12-14 are at a critical juncture in their developmental pathways for antisocial behavior (Smart et al. 2005) and thus junior secondary students were targeted. The five campuses selected were relatively comparable, co-educational, with student populations ranging from 350-850. Three of the schools were Year 7-10, one site Year 7-8 and another Year 7-12. Preliminary discussion with school principals at each site identified that each school had implemented early intervention activity in response to their at-risk student cohort. Participants were not provided with definitions for concepts such as risk and early intervention as the study set out to examine the associative meanings provided by school staff members to these ideas.

School principals were asked to identify staff members who either managed or who were involved in early intervention programs for at-risk students. At least five and up to seven school staff members were interviewed at each site, with some staff members interviewed twice in order to follow up issues or to track a specific early intervention practice over several months. Typically, interviews were conducted with assistant principals, school support officers, year level coordinators and classroom teachers. All participants were both knowledgeable about the im-

plementation of early intervention policy within the school and in a position to comment on practicalities of implementing policy change.

## Findings

### *Identification of Students At-risk*

Students identified as being at-risk in the case study schools were generally those that severely disrupted the flow of school life through their anti-social behavior. These students were characterized as having:

... no skills, no understanding of how a book works, no numeracy or literacy skills.... A lack of social skills, poor language, violence, just a lack of ability to make positive relationships with peers or teachers.... A lack of ethics of education (as being) personally valuable or enjoyable or valuable to the community.... There isn’t a focus on school. (Teacher 27, School 5)

At-risk students were described as: “always in the teacher’s face” (Teacher 6, School 1); “in a downward spiral... pushing the boundaries with teachers” (Teacher 9, School 2); and who “struggle to fit into a normal classroom” (Teacher 10, School 2).

Participants perceived young people who exhibited anti-social behavior as a threat to the learning environment of the classroom. The perception of the participants in the case studies was that these students had to be immediately managed or controlled to ensure that the daily routine and purpose of teaching and learning continued.

The participants tended to perceive their response to these students in terms of crisis management including “putting a series of bushfires out and patching things up” (Teacher 2, School 1). The idea of *patching things up* was seen as necessary to ensure that the school kept functioning.

We spend a lot of time doing band-aid stuff ... that you have to do for the sake of the kid on your doorstep complaining about something, or the teacher who’s just fed up with one or two kids continually stuffing up the class; and **just for the running of the school** you have to deal with those. (Teacher 14, School 3, my emphasis)

Responding to problematic behavior occurred as part of the complexity, pressures and tensions of day-to-day school life. The explicit anti-social behavior of the at-risk students in the case study schools resulted in their temporary exclusion from the classroom. Yet these students, at 12-14 years of age, are still of compulsory school age and cannot be continuously excluded from the classroom.

The system hasn't caught up with the fact that most of your very difficult kids now are 12, 13, 14 year olds ... and there are very few programs for them. (Teacher 14, School 3)

Participants in the case studies had to make pragmatic and immediate decisions within the boundaries of their professional knowledge and the availability of local resources in an:

... attempt to survive with this cohort. I don't think we will necessarily expect to make enormous progress with them... It is absolute survival. It's constantly... brainstorming what else can we try? (Teacher 16, School 3)

Part of this pragmatism was recognition that an alternative approach was needed for those young at-risk adolescents. This alternative activity was small-scale, resourced by the school and bounded by the teacher's professional experience, purposes and knowledge.

It's not easy because sometimes you are at your wit's end and think, now what else can we do with this kid .... Because the school system as it stands does not suit them ... so we need something different. (Teacher 18, School 3)

The recognition by participants of the unsuitability of the conventionally structured classroom for at-risk students provided a context for immediate and urgent action to redress the behavioral disengagement. This context provides a space to consider school staff members understanding of early intervention. Participants had to think and act in a manner that balanced their need to maintain a functional classroom learning environment, and purposeful engagement of all students within the norms and routine of the classroom. One teacher summed up this tension as being about "the pressures we are under as a school and how do we respond in handling these and maintain ourselves as a school" (Teacher 11, School 2).

Students in the case study schools with high-level anti-social behavior were considered at-risk. A tension emerges at this point. While at-risk students were not always suited to the routines and practices of the mainstream classroom, they could not be excluded from these educative purposes.

Teacher reasoning and thinking were weighted towards a primary need to maintain mainstream educational processes, rather than the explicit development of protective factors for adolescent morbidities such as substance use, suicide, violence or sexual behavior.

### **Management of Identified At-risk Students**

The case studies clearly identified a lack of evidence-based and 'coherent program theory' which is indicative of the challenges facing school staff members that identify and manage at-risk students in the midst of the daily drama of school life.

The pragmatic purpose of managing at-risk students was to keep the school working. The early intervention actions of school staff members in the case study schools seemed to be based on the *practical theory* that problematic behavior was likely to be influenced by engagement with the educative process. School engagement was perceived as a generally positive idea and process that provided students with future choices.

We believe that connection with school is vital for them... It is important for their future outcomes and **choices** and options. (Teacher 9, School 2, my emphasis)

We feel we are doing a lot to try and give our kids opportunities to help them have positive outcomes and ... to give them a decent education, to give them **choices** when they leave school. (Teacher 28, School 5, my emphasis)

A basic element of the reasoning school staff members in the case studies was that the institution of school was a valuable resource in the lives of at-risk students that had the potential to mediate against developmental pathways for negative health, social and behavioral outcomes.

Although reliant on a pragmatic need for school workability, the premise expressed here by the key school agents is consistent with the findings of Resnick et al (1993) and Fuller et al (2001) who found that school connectedness was a significant protective factor for adolescent at-risk behavior and that the presence of at least one protective factor is likely to mean that other factors may develop.

The participants were aware of the speculative nature of their reasoning and activity for at-risk students, as evidenced in the language of hope and possibility used when talking about expected outcomes. Participants were hoping to intervene with at-risk students by providing an engaging educational experience within the boundaries of the purposes of teaching.

We are **hoping** something like (an engaging activity) **might** change these students. ... **Hopefully** it will really be able to make a big difference to a lot of these students. (Teacher 18, School 3, my emphasis)

**If** we can build connectedness we would improve literacy and numeracy; ... **if** we can build literacy ... we would have more chance of

building connectedness of students to their school, to their teacher and to their class. (Teacher 29, School 5, my emphasis)

I think it **could** be a really pivotal experience for kids that are border-line... Kids who are hovering ... given an opportunity like that, **might** find their footing again, without being lost to the system. (Teacher 27, School 5, my emphasis)

Participants' recognised that one moment or activity can suddenly switch-on or trigger a student's interest. Teacher 27 (School 5) commented: "You never know when that thing is going to happen that's going to turn them around or they are going to wake up in the morning with the strength to do things differently".

As shown in the case studies, all participants had evolved reasons for their behavior, although this was not represented as a formal theory. The intuitive reasoning of the key school agents was broadly consistent with the findings of Springer et al (2004) who reported on characteristics of effective prevention programs for at-risk youth. Springer et al (2004, p. 190-191) found that: program content should focus on life skills such as anger management, conflict resolution, social skills, and literacy and numeracy; and program delivery should be interactive with an emphasis on building positive connectedness to peers and adults. These requirements for effective practice were broadly represented within the early intervention practice of all participant schools, although in an under-theorised manner.

The management of at-risk students was not a specific planned intervention, but occurred within a general understanding of the meta-concept of engagement. The connection or engagement of at-risk students to school was identified by Resnick et al (1993) and Fuller et al (2001) as a significant protective factor for adolescent at-risk behavior. While the language of engagement was prevalent within participant schools, the school staff members had not had sufficient time to explore or reflect on the details of the early intervention concept. There was a general perception that engagement was simultaneously the purpose, strategy and outcome of early intervention. The generic use of the term 'engagement' within participant schools as a circular set of actions (aim, strategy and outcome) could be characterised as an unsophisticated conceptualisation framing how school staff members regarded success.

Efforts at engagement in the case studies focused on confined moments in time and space. The complexity and flow of day-to-day school routines and norms meant that only small moments could be re-conceptualised and reconfigured. This is recognition that school life is a set of routines that intersect on the basis of their common purpose. It is possible that participants need to explore and experiment because

they know that what may work today may fail tomorrow.

## Conclusion

This paper describes from the school staff members' perspective the issues and the perpetual tensions that need to be considered and addressed where a health concept such as early intervention is adopted by an education system. The reported study makes the point that school staff members have adopted a pragmatic and unsophisticated version of early intervention that has been largely subsumed within the meta-concept of school engagement. It is suggested that this perspective is reasonable given the complexities of contemporary teaching and the need to achieve educational purposes expected by the community.

There are a number of implications for a school staff from these findings. While the study showed that early intervention action would be informally monitored by teachers, there was an identified need for schools to provide a structured opportunity for continuous reflection, adaptation and refinement in response to emerging issues. For instance, in order to improve the efficacy of early intervention action, the aims, strategies and outcome of such action needs to be differentiated and defined at the individual school level.

This would be facilitated by clearly stating the learning outcomes expected of an early intervention activity. This is consistent with the participants' own perspective that early intervention activity occurs within the purposes of teaching and learning (within the meta-concept of engagement). This would provide local evidence of the educative impact and possible benefits of early intervention. However, the study has identified a range of challenges in terms of resources and space that currently limit the capacity of school staff members to plan, reflect and refine early intervention practice.

School administrators could reasonably expect that a school staff would be able to articulate the educational aims, strategies and outcomes as part of an argument to resource or sustain any specific activity. Springer et al (2004, p. 191) identified that targeted early intervention activity that had a "coherent program theory that includes clear links between outcome objectives and program activities are more effective than programs with less clearly articulated theory". Greenberg et al. (2003) commented that schools do not need to generate new programs, but that it is sufficient to make use of current evidence-based activity. It is important that school-based approaches to early intervention be supported by provision of an evidence base of good practice in educational settings. To this end, further research is needed on programs that provide at-risk students with pur-

poseful experiences leading to learning achievement outcomes, rather than practical and pragmatic success.

It is apparent that teachers need to be supported by quality resources, both conceptually and materi-

ally, in order for them to constructively respond to the challenges of the demanding high-risk young people who inhabit modern school life.

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