Agencies Addressing Problems of Children and Youth: Pursuing a Continuum of Interventions and Working with Schools*

Every community has some agencies whose mission includes concern for the problems of children and youth. Their effectiveness is enhanced when they are able to (1) pursue a full continuum of interventions and (2) work collaboratively with schools. The following highlights how we frame such a continuum and the arenas for agencies to focus on in working with schools.

A Comprehensive Intervention Continuum Framed as a Set of Integrated Subsystems

A comprehensive continuum of interventions can be formulated as three levels of subsystems that strive to

> (a) promote healthy development and prevent problems

> (b) intervene early to address problems as soon after onset as is feasible

> (c) assist with chronic and severe problems.

As graphically portrayed in Exhibit A the three subsystems overlap and all three require integration into an overall system that encompasses community and school resources.

Some formulations of a continuum of intervention focus simply on describing the levels. In doing so, they do not address the problem of systematically connecting interventions that fall into and across each level, and do not address the need to connect community and school interventions.

In keeping with developmental, educational, and public health perspectives, the continuum encompasses efforts to enable academic, social, emotional, and physical development and to address behavior, learning, and emotional problems. The formulation presented in Exhibit A first and foremost emphasizes promoting assets and preventing problems and addressing problems as quickly as feasible after they arise. The focus on treating serious, pervasive, and chronic problems is added as it is proven to be necessary. The intent at all times is to use the least intrusive, disruptive, and restrictive forms of intervention necessary to respond appropriately to problems and accommodate diversity.

The community and school examples listed in Exhibit A highlight interventions focused on individuals, families, and the contexts in which they live, work, and play. There is a focus on mental and physical health, education, social services, and much more. Given that many problems are not discrete and must be addressed holistically and developmentally and with attention to root causes, efforts are made to minimize use of separate programs for each observed problem.

Building a comprehensive intervention system is accomplished over several years. System development requires moving away from fragmented approaches and weaving together community and school efforts at each level in ways that are consistent with respective institutional missions. Properly done, the work enables better use of sparse resources and is a key to enhancing impact and cost-effectiveness.

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Comprehensive Intervention Continuum: Interconnected *Subsystems*

***Community* Resources**
(facilities, stakeholders,
  programs, services)

***School* Resources**
(facilities, stakeholders,
  programs, services)

Examples:
- Recreation & Enrichment
- Public health &
   safety programs
- Prenatal care
- Home visiting program
- Immunizations
- Child abuse education
- Internships & community
   service programs
- Economic development

- Early identification to treat
  health problems
- Monitoring health problems
- Short-term counseling
- Foster placem't/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
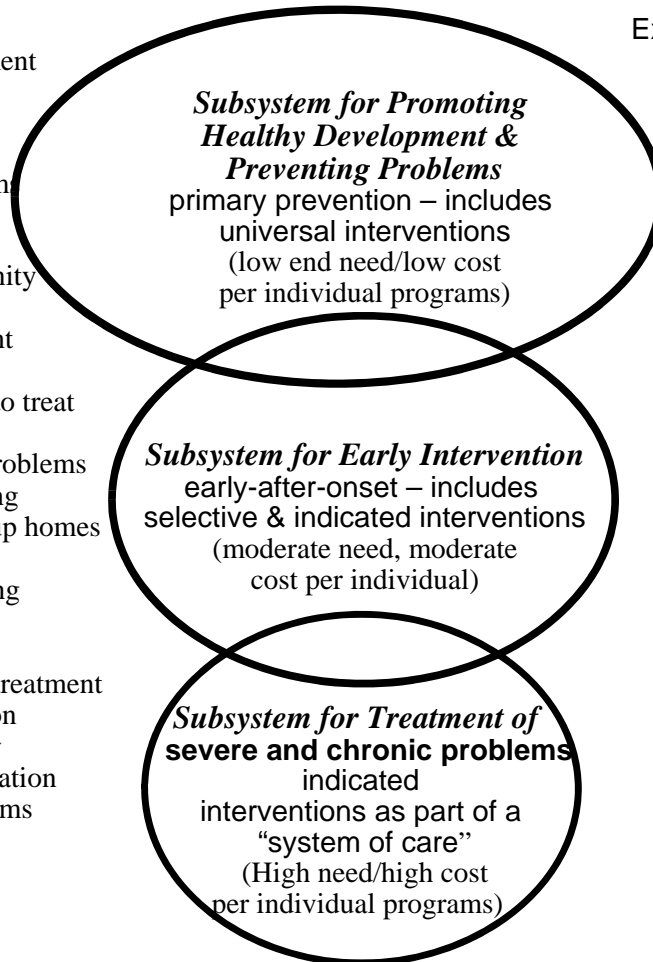- Disabilities programs
- Hospitalization
- Drug treatment

Examples:
- General health education
- Social and emotional
   learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Gang intervention
- Dropout prevention
- Suicide prevention
- Learning/behavior
  accommodations &
  response to intervention
- Work programs

- Special education for
  learning disabilities,
  emotional disturbance,
  and other health
  impairments

Subsystem for Promoting Healthy Development & Preventing Problems
primary prevention – includes
universal interventions
(low end need/low cost
per individual programs)

Subsystem for Early Intervention
early-after-onset – includes
selective & indicated interventions
(moderate need, moderate
cost per individual)

***Subsystem for Treatment of* severe and chronic problems**
indicated
interventions as part of a
"system of care"
(High need/high cost
per individual programs)

As graphically illustrated by the tapering of the three systems, development of a fully integrated continuum is meant to reduce the number of individuals who require specialized supports. That is, the aim is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few students needing specialized assistance and other intensive and costly interventions. For individuals, this means preventing and minimizing many problems and doing so in ways that maximize engagement in productive learning. For the community and school as a whole, the intent is to enhance a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations.

The intervention continuum represents one facet of establishing, over time, a comprehensive, equitable, and systemic approach that is multifaceted and cohesive.

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Working with Schools

The other facet that is of concern for agencies in addressing the problems of children and youth involves their role in working with schools. While some agencies provide schooling, most must decide on how they will relate to the schools their clientele attend. A particular and shared concern for agencies and schools involves assuring that youngsters receive effective *student and learning supports.*

Research has clarified that the various student and learning supports needed by young people experiencing learning, behavior, and/or emotional problems can be grouped into six arenas. These arenas encompass efforts to

- *enhance strategies in regular classrooms to enable learning* (e.g., working collaboratively with teachers and student support staff to enable the learning of students and to re-engage those who have become disengaged from learning at school; providing learning accommodations and supports as necessary; using response to intervention in applying special assistance; addressing external barriers with a focus on prevention and early intervening)

- *support transitions* (e.g., assisting students and families as they negotiate the many hurdles encountered during school and grade changes, daily transitions, program transitions, accessing supports, and so forth)

- *increase connections and engagement between parent and school* (e.g., addressing barriers to parent involvement, helping a parent enhance supports for the child, strengthening parent and school communication)

- *increase community-school collaborative engagement* (e.g., enhancing linkages, weaving together resources to address overlapping concerns, participating in a school-community collaborative)

- *respond to, and where feasible, prevent crises* (e.g., preparing for emergencies, implementing plans when an event occurs, countering the impact of traumatic events, implementing prevention strategies; creating a caring and safe environment)

- *facilitate student and family access to special assistance* (including specialized services and an emphasis on "systems of care" planning and implementation)

Note: Effective agency and school collaboration requires development of a formal and enduring operational infrastructure.

Concluding Comments

Connecting community, school, and home resources is essential to the well-being of children and youth and to enhancing equity of opportunity for them to thrive. With this in mind, many initiatives have pursued "integrated student supports." Too often these efforts have focused on a narrow approach to addressing factors interfering with general well-being. They generally fail to recognize that addressing most learning, behavior, and emotional problems requires a comprehensive continuum of interventions and collaboration between agencies and schools and with those at home. While all this is not easy to accomplish, to settle for less is to maintain the currently unsatisfactory state of affairs that severely limits intervention effectiveness.

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