Two Frameworks for Analyzing Relationships among School Communities, Teacher Education, and Interprofessional Education and Training Programs

By Hal A. Lawson

As a new century dawns, revolutionary policy changes are affecting all public sector institutions. While all public sector institutions are affected by this policy environment, arguably public schools are affected more than the others. "One size fits all" may have characterized schooling before, but not anymore. Charter schools, magnet schools, alternative schools, home schooling, private schools, and voucher plans for school choice are increasing. Schools within schools also are being created. School-linked services, community schools, and new approaches to parent empowerment and family support add to this growing variety. Full-service, community schools are rounding out the list (Dryfoos, 1994; 1998).

A quiet revolution is occurring as educators, social and health service providers, policy leaders, and concerned citizens begin challenging the enclosed

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boundaries of the school and the education profession. Informed by an emergent social-ecological perspective, these leaders are mapping new relationships and theories of change. They are changing the boundaries of practice and research. For example, the school community, not just the school, becomes the unit of analysis and planning (Lawson & Briar-Lawson, 1997). As with all revolutions, this one also presents challenges, and well-intended innovations are impeded by barriers.

Some school community practitioners view university faculty and professional education programs as barriers to innovation. Simply stated, the universities are having difficulty keeping up with the changes occurring in school communities (Lawson & Hooper-Briar, 1994). Professional education programs and faculty work orientations have been part of an interlocking system, a system that has helped structure standardized and uniform schools. Therefore, when schools change, other elements in the system also must change, at least in principle. In practice, however, change has not been easy to effect. The aforementioned novelty, ambiguity, uncertainty, and complexity in today's school practice contexts often have had paralyzing effects. Faculty have had difficulty keeping up because the rate of change has been so fast, and the diversity has been nearly overwhelming.

Change in universities has been constrained by other factors. Strong faculty cultures and university-specific incentive and reward systems are powerful shapers of the status quo. For example, a successful faculty career is individualistic, sometimes entrepreneurial, in laissez faire departmental-disciplinary structures (Lawson, 1998a). In this perspective, school-responsive professional education programs, research, and scholarship are voluntary activities. In other words, faculty cultures and reward systems make it convenient for faculty to excuse themselves from responsive changes in relation to diverse schools. Growing resource constraints in the public universities add to the entrenched and conservative orientations of many faculty and academic administrators. For these reasons and others, gaps among teacher education programs, faculty research, and school-community needs may be widening. Will universities and their faculties be able to catch up? Some school community leaders may wonder if enough university faculty care enough to try.

Interprofessional education and training (IPET) programs are being developed under these challenging circumstances. As with all innovations, identifiable resource requirements, along with technical assistance and capacity-building needs, accompany IPET program development. Pervasive changes may be mapped, and IPET programs may challenge departmental-disciplinary boundaries and "turf." Little wonder that IPET programs invite resistance and indifference; that resource-related challenges are evident; and that, in many places, IPET programs are "add-ons" reliant upon grants and contracts. Two recent books are especially instructive on these and other opportunities, barriers, and lessons learned (Knapp & Associates, 1998; McCroskey & Einbinder, 1998).

How might changes in school communities and teacher education influence the

design, conduct, and evaluation of IPET programs? How might IPET programs influence school communities and teacher education? These questions are explored selectively in the following analysis. Its aims are to sharpen dialogue, advance action-planning, and promote more effective partnerships among school communities, social and health service agencies, families, other community stakeholders, and colleges and universities.

Two analytical frameworks are constructed from past-present practices. By drawing contrasts between the two frameworks, key questions, assumptions, and choices are illuminated. Helpful in this way, analytical frameworks may be a problem if they present a dichotomized, frozen, and singular view of social life worlds. Because change is occurring so rapidly in today's policy context, it is essential that these two frameworks be framed in relation to a continuum of practices. In other words, the two frameworks are not dichotomous, or oppositional. Each has merit. Both are needed. The first framework, which is well-developed in many school communities, can pave the way for the second.

Framework One:
Children and Youth Ready and Able to Learn

A growing number of school communities are beginning to abandon some of the imagery and practices of the stand-alone school. Although many traditional practices remain, the change process has been facilitated by challenging the long-standing assumption that teachers and other educators can and will "do it all and alone." Leaders in these school communities have worked to establish relationships with other professions and community organizations which touch the lives of children and youth. For example, preschools have been linked to elementary schools. Prenatal and birth-to-age-three programs have linked to preschools. This is important work, and its unifying theme was promoted by one theme of the U.S. Department of Education (1996) in its Goals 2000 report: *All children and youth should come to school ready and able to learn.* The framework that derives from this statement merits analysis.

Several related assumptions underpin this first framework. It is assumed that schools are constrained, or even ineffective, because a growing number of children and youth bring health- and learning-related barriers into classrooms. In other words, teachers cannot teach and students cannot learn because of barriers that are outside of the schools' jurisdiction and control. It follows that schools will become more effective, and children and youth will benefit, to the extent that these barriers are removed by early intervention strategies. Better yet, benefits will be even greater if these barriers are prevented by other new strategies and programs. Efforts are thus made to integrate early intervention and prevention efforts.

What are the unmet needs and problems that children and youth present? How might these needs and problems be nested in families and local neighborhood

communities? In response to these questions, attention is directed toward mapping learning barriers and then tailoring strategies and programs to address and prevent them. Mapping is done, for the most part, by professionals because "professionals know best" usually is the rule of thumb (e.g., McKnight, 1995). In this framework, the challenge is to convene the specialized professionals responsible for child, family, and community needs and to facilitate their collaboration. In a growing number of places, *interprofessional collaboration* is presented as the strategy that will solve the problem of children's learning barriers.

Once professionals are convened for their collaboration, the mapping of barriers and each profession's respective responsibilities begins. Barriers are frequently classified as involving parents and families; local neighborhood communities; peers (especially where gangs are implicated); and leisure or discretionary time. Strategies and programs follow suit: Parent involvement, school-linked services, community schools, and full-service (community) schools. Each is framed and evaluated in relation to specific categories of learning barriers.

Parent Involvement

Parent involvement programs are designed to develop better teacher-parent relationships to serve the best interests of children and the school. Involving parents also means training them so children can be helped at home. The relationship is essentially one-way: Parents serve the schools. Shared commitments to children, it is assumed, will unite parents and teachers. Children, teachers, and schools benefit as parents meet their responsibilities.

Moral-evaluative judgments often are made by educators. Good parents are the ones who are involved; bad parents are not (e.g., Vincent, 1996). Social and health service providers and pupil-support professionals are assigned primary responsibility for turning bad parents into good ones. It is not unusual for these professionals to view "bad," i.e., needy, parents as needing special training on how to be good parents. In addition, professionals offer parents psycho-therapeutic counseling and subject-specific preparation. Oftentimes their goal is to enable parents to help their children with homework.

School-Linked Services

Needs of parents and families also are addressed by school-linked services. School-linked services involve coalitions of community-based health and social service providers. Examples include California's Healthy Start, Missouri's Caring Communities, New Jersey's School-Based Youth Services Program, and Utah's Families and Communities Together (FACT). These configurations add to the variety of school communities. Some providers may re-locate at schools, either part-time or full-time. Others remain housed in the community, but they are firmly linked through established communication channels and referral networks. Wherever they are located, service providers are on call to address learning barriers,

needs, and problems. Some school-linked service providers address neighborhood safety and security.

These school-linked services are often described as entailing service integration, interprofessional collaboration, or both. In fact, in some places school-linked services, service integration, and interprofessional collaboration are used interchangeably. When stakeholders are asked to define one, they frequently resort to either or both of the others. For example, service integration is defined as interprofessional collaboration in school-linked services. Another example: When persons are asked by site visitors about what's new and different, their response is "we're collaborating and integrating services." When a follow-up question is posed—namely, what has changed?—their response is "we're collaborating and integrating services" (Lawson & Briar-Lawson, 1997). This response suggests circular reasoning, and it is understandable. Such polite and well-intended responses by providers often compensate for ambiguity, uncertainty, complexity, and job-related stress.

Like so many cases of school reform, school-linked services often have been mandated from the top down. In many states, front-line practitioners and middle managers have not been provided clear design models and professional development in support of their work (Lawson, 1998c). Accountability processes and criteria that evaluate what and who are supposed to change, when, why, how, and with what purposes in mind are often missing.

Considerable variety is encouraged by the lack of accountability and precision in design model development. For example, at least seven different functions and plans for school-linked services have been identified (Lawson, 1998c). In addition to these cross-site differences, there are within-site sources of variation and disagreement. Some service providers, for example, focus only on children, while others focus on families, and still others address all people in the catchment area of an entire school community. In most places, "services" means counseling and psychotherapy. In a few, integrated services includes social support systems. Rarely does service integration mean economic resources, employment supports, transportation assistance, income supplements, and housing supports (Lawson, 1998c). In most school communities, the majority of teachers are not involved in planning, implementation, evaluation, and interprofessional case planning (Briar-Lawson, Lawson, Collier, & Joseph, 1997; Lawson & Briar-Lawson, 1997).

Community Schools

Community schools also take different forms and have different meanings. The most common meaning is the provision of educational, health-related, and recreational opportunities for children and youth during the non-school hours. Summer enrichment programs for children and youth are a mainstay. Learning and success in school, it is assumed, involve competitions for children's discretionary time and the activities that fill it (e.g., Carnegie Council for Adolescent Development, 1992;

1995; Steinberg, Dornbusch, & Brown, 1996). Time devoted to healthy develop-
ment and learning in the non-school hours will facilitate learning and success in
school. Community school programs thus address two kinds of barriers: Time-
related barriers and peer-related barriers. Family and community-related barriers
are addressed when programs are offered for families and adult residents.

The Full-Service School

The idea of the full-service school, or full-service community school, com-
bines all three initiatives: Parent involvement, school-linked services, and benefi-
cial programs and services offered at the school during the non-school hours.
Whether incrementally or all at once, all three initiatives are offered at a school site.
People and programs are not merely linked to schools. Many are permanently co-
located so that barriers to learning can be addressed in a coordinated fashion. The
full-service school thus necessitates new building designs and facilities planning,
and claims are made that other transformations follow (e.g., Dryfoos, 1994; 1998).
On the other hand, the full service school may, or may not, involve teachers or
impact upon their work (Adelman & Taylor, 1997; Lawson & Briar-Lawson, 1997).
Real school, especially life in classrooms, may not change (Tyack & Cuban, 1995).

Twin Strategies: Co-Location and Add-Ons

These four approaches to addressing barriers to learning—parent involvement,
school-linked services, community schools, and full-service schools—tend to
follow a predictable and understandable pattern. It is not uncommon for schools to
start by attempting and implementing just one of these three initiatives—typically,
parent involvement. Over time, a second one is added, often school-linked services.
When some learning barriers persist, a third is implemented (community school-
ing). Moreover, each initiative—parent involvement, school-linked services, and
community schools—tends to have its respective advocates, responsible profes-
sionals, funding streams, and evaluation criteria. Each initiative develops a "life of
its own." Each tends to be separate from school reform (with the possible exception
of some parent involvement plans). In fact, these initiatives may even compete with
each other—and with school reform—for resources (Lawson & Briar-Lawson,
1997). Co-location and add-on programs, in short, may create problems. Categori-
cal policies reinforce these problems.

The descriptors assigned to school communities, which adopt these initiatives,
may conceal as much as they reveal. Although they are called "interprofessional
collaboration" and "service integration," upon closer inspection many are uneasy
alliances. For example, even in full-service schools, parent involvement, school-
linked services, community schools, and school reform often are not integrated.
That is, they are not viewed as one initiative. Collaboration, defined first and
foremost as shared outcomes and shared accountability for them, will not result
unless these separate initiatives become united.

In fact, in some school communities these initiatives and school reform are like children's parallel play. In the cases of service integration and school reform, for example, separate and grand restructuring schemes mandated from the top down are commonplace. These schemes may not change teaching-learning practices by teachers any more than mandated service integration changes service delivery strategies by front-line social and health service providers. Following the prescribed lesson plan and offering units of service are the criteria for good work, and they often are weighed apart from outcomes accountability requirements related to children, youth, and families. They may be called interprofessional collaboration, but in actual practice, something entirely different is going on. Mutual blame and maltreatment cycles may even intensify because co-location strategies and add-on programs often do not produce significant gains in children's academic achievement.

And, why should achievement increase? After all, "real school" (Tyack & Cuban, 1995) may not change because "the problem," as planners frame it, is not with schools. The problem resides in the learning barriers children and youth bring to school, barriers that often are rooted in their family and community systems. Planners assume, therefore, that the school will succeed when the "ready and able to learn problem" is solved. Consequently, no other changes may occur in the school, especially in classrooms, after people have been co-located and additional programs and services have been implemented.

Teacher Education Programs in This Framework
Teacher education programs need not change much if this first framework exclusively guides practice. After all, the ready and able to learn theme focuses attention outside the classroom and the school. In this framework, once barriers to learning are removed and prevented, teachers will be able to do what they are trained and committed to doing. They need not change; children, youth, and families do. Teachers may need to be aware of other programs and alternatives. For example, teachers may learn about referral possibilities and processes. In this framework, however, only parent involvement impacts directly upon their training.

Improved parent involvement requires that teachers learn more about strategies for working with parents, for appreciating parent and family diversity (both cultural and family systems differences), and for easing the transitions children and youth experience between the home and the school. On the other hand, parent involvement and its accompanying model of the PTA are not new to many teacher education programs. Changes in teacher education programs thus may be minimal.

IPET Programs in This Framework
Three alternatives for IPET programs are associated with this framework. The first alternative is to minimize needs for IPET. This option is justifiable insofar as specialized professions assume responsibility and accountability for each initiative.

For example, social workers and health professionals can do school-linked services and parent involvement, and community educators and recreationists can assume responsibility for community schools. Their respective preparation programs, it is assumed, can provide needed skills and abilities. The real need is for communication networks and program coordination, not for collaboration.

The second alternative is to provide a course on training for interprofessional collaboration in response to school-linked services and mandates for service integration. A seminar, typically restricted to graduate professional students, is offered on campus, and it is combined with a practicum in a school community. This is presently the most popular way to conceptualize, implement, and evaluate IPET (e.g., Knapp & Associates, 1998; McCroskey & Einbinder, 1998). Students are recruited from social work, school psychology, counseling, nursing, and other health-related fields. They elect the course. Teachers are not required to join in, and neither are principals. Core requirements that unite educators with other helping professions are not customary.

The third alternative, sometimes inseparable from the second, is to invite teachers and principals in the training for interprofessional collaboration course. Participation is still voluntary. Their inclusion is justifiable insofar as teachers and principals, in some schools, are expected to play key roles in interprofessional case management. Time in the university seminar is complemented and enriched by time in the field.

These three alternatives suggest a particular conception and definition of IPET. IPET programs are conceptualized technologically and somewhat narrowly in relation to interprofessional collaboration and service integration initiatives in school communities. Two related questions focus the work of IPET program planners. What does collaboration involve, and how can professionals learn to collaborate? What does service integration entail, and what principles of service delivery should social and health service providers learn and evaluate? Group dynamics and problem-solving strategies are identified in response to the first question. The second question leads to the identification of service delivery themes (e.g., family-focused, asset-based, culturally-responsive, and preventive).

In this framework, IPET programs are defined in two related parts (e.g., Gardner, McCroskey, & Zlotnik, 1998). Part one draws from the work of Houle, Cyphert, and Boggs (1987)—IPET refers to the communication, cooperation, and coordination that occurs between members of two or more professions when they are dealing with client concerns that extend beyond the usual area of any one profession. It is, in essence, a bridge-building exercise. Part two, derived from Robertson and McCroskey (1996), is this: IPET implies ongoing interactions among disciplines necessary to achieve a common vision. Like all IPET definitions, this one carries assumptions about changes in the universities, changes in school communities, and their relationships. It merits a critical assessment.

Despite the descriptor "program," in most places just one graduate course is

offered. Apparently, interactions that occur during one course—training for interprofessional collaboration—provide communications and interactions that serve as bridges between disciplines and professions. Confusion may result because "discipline" and "profession" are not defined. They are viewed as synonyms, and this is a serious problem. Discipline and profession may be related, but they are, in fact, very different constructions (Lawson, 1998a). Any serious attempt to change the helping fields must begin with these differences.

Ripple effects stem from this fundamental problem. For example, key differences between interdisciplinary (and crossdisciplinary) education and IPET are obscured. Interdisciplinary education is a mechanism for integrating arts and sciences knowledge and perspectives (Klein, 1996). While arts and sciences knowledge is related, it is not the same as practice-embedded and responsive knowledge (Lawson, 1998a). Planning for IPET is constrained because faculty do not have a language and conceptual framework for it.

Moreover, this definition of IPET does not specify who will change, when, why, how, under what circumstances, and with what results. Shared outcomes and mutual accountability for them, two key features of collaboration, are often absent in the definition of IPET. The bridge-building metaphor invites interactions involving communication, cooperation and coordination even though the language of collaboration is used. As Klein (1996) notes, the bridge-building metaphor excuses participating disciplines from serious knowledge reconstruction and permanent boundary changes. In this case, bridges are to be built, through one course experience involving the university and a school community setting, through group problem-solving skills, by sharing themes, and by promoting interprofessional case management. The assumption seems to be that helping fields, as they are currently structured and operate, are not in need of repair. The problem is lack of coordination and communication more than in what front-line professionals do and don't do as a function of their preparation, research-based knowledge, job descriptions, and working conditions. The implicit theory of change involves "tinkering toward utopia" (Tyack & Cuban, 1995).

Mirroring the co-location and add-on pattern in school communities, the IPET experience tends not to be well-integrated. The faculty are released from customary duties, or volunteer. In other words, faculty involvement is above, beyond, and apart from the customary call of duty. Programs in their home departments and disciplines typically remain unchanged. Because faculty involvement in add-on IPET programs is apart from mainstream departmental-disciplinary activities, some may express concern about whether their work will be valued and rewarded, especially in retention, promotion and tenure decisions. Faculty involvement and the IPET experience frequently depend upon grant funds.

In this framework, IPET in the universities is like school-linked services for school communities. In both cases, an add-on strategy is employed. IPET might be called "university-linked disciplines" (part two of the definition), or "university-

linked professions" (part one). Just as "real school" may not change with social and health services co-located, neither does "real university" change with add-on IPET courses-as-programs. University-school community partnership initiatives are constrained as a consequence.

The Second Framework:
Changes in Real School and Real University
Through Firm Partnerships for Simultaneous Renewal

The second framework has as its centerpiece the twin assumptions that real school and real university must change; and that they must do so interactively and continuously through firm, sustainable partnerships. Here, the helping fields, their organizations, and policy structures are subjected to critical examination. It is assumed that the helping fields often do not help, indeed, in some cases they may even cause harm, however unintentionally (e.g., McKnight, 1995). University disciplines, school community helping professions, and their relationships are analyzed for structural faults and disconnections (Lawson, 1998a). Once this line of reasoning is accepted, merely building bridges among disciplines, professions, or both—without reculturing and restructuring them as needed—will not provide all of the help children, youth, families, and school communities need and deserve. Mere bridge-building will not honor these fields' social responsibilities (Lawson, 1997), nor will tinkering toward utopia (Tyack & Cuban, 1995) position public schools to meet all of the needs evident in vulnerable school communities challenged by poverty, unemployment, deindustrialization, and toxic environments (Lawson, Briar-Lawson, & Lawson, 1997).

School Practices as Barriers to Learning,
Healthy Development, and Well-Being

When leaders shift their focus to the school community, emphasizing barriers to learning and healthy development outside the school, they have made an important start. Viewed from the perspective of leaders in the second framework, this line of thought and action is not wrong; but it is viewed as incomplete and insufficiently comprehensive. The challenge is to build from the achievements of framework one, both in school communities and in universities. In brief, this critique is not an attempt to discredit leaders. Nor does it under-estimate the immense challenges involved in mounting IPET programs and changing schools.

Empathy is as essential as critique. Public school teachers, principals, and other professionals in vulnerable school communities already feel unappreciated. Many believe justifiably that they do not receive enough support or sufficient resources. Teachers have had difficulty in documenting improvements in academic achievement, and criticism of them has grown as a consequence. In fact, many educators feel that they are under attack, and a siege mentality is not uncommon. A sense of isolation

also may be present. For example, as university-based education schools, colleges, and departments have selected their professional development schools, also called partner schools in some reform frameworks, these vulnerable school communities are often left out. Education professors do not believe that these school communities provide ready-made sites for student teachers and other education interns to practice under "optimal conditions." Being marginalized and isolated contributes to disconnections between universities and vulnerable school communities.

In this context, the last thing that teachers and other educators want to hear is that their practices may not help and, even worse, that some of their practices cause harm. Unfortunately, the evidence is in: some school practices cause harm. These practices must be viewed as barriers to the learning, healthy development, and well-being of children and youth and, in some cases, their families. Examples of these practices include ill-founded teaching methods; inappropriate textbooks; poorly sequenced and integrated curricula; curricular tracking practices; school disciplinary procedures; teachers' labeling, stereotyping, and marginalizing practices; and depersonalized, seemingly uncaring, and uninviting school environments. Once school practices are recognized as barriers, the limits to the ready and able to learn theme of the first framework become apparent.

For many children and youth, coming to school, and staying once they arrive, are big challenges. Two other important challenges are whether they will learn in school and, unfortunately, whether they experience psychological harm. Thus, a second theme is: *School communities must be ready for the learning, healthy development, and well-being of all children, youth, and families.* This second framework, the other side of the coin, targets school-related barriers. Here, school reform becomes school-community reform; separate programs and people are unified and integrated.

Some approaches to school reform have expanded agendas that reflect aspects of this second framework. These approaches incorporate, for example, aspects of school-linked services and parent involvement. Two of the most popular approaches are the School Development Program (Comer, 1995) and Success for All (Slavin, Madden, Dolan, & Wasik, 1996). There are others. Each school of thought for school reform has its preferred maps, change processes, procedures, and specialized language. Similar with respect to their aim of making schools ready for learning and healthy development, advocates for one approach may emphasize their differences (e.g., Hatch, 1998). They may even compete. These competitions, together with the inevitable selectivity that accompanies each approach to school reform, signal another need. Broader, more comprehensive planning frameworks are needed. These frameworks must strengthen, enrich, and expand these school reform approaches; but they should not compete with them.

At least two such comprehensive frameworks are being developed in response to this need. Both target comprehensive changes in practices, organizational structures and cultures, and policies. Both address limitations evident in many full-

service schools. The first framework is called the enabling component for address-ing barriers to students' learning and development (Adelman, 1996; Adelman & Taylor, 1997). The family-supportive community school is the other (Lawson & Briar-Lawson, 1997). It is not possible to describe them here or emphasize all of their similarities and differences.

One key difference merit emphasis, one that is evident in their names. The enabling component is more in line with conventional school practices, and this enhances its immediate appeal. To be sure, changes in families and communities are mapped and targeted, and this emphasis is consistent with the ready and able to learn theme. But in the enabling component, schools are still for children and youth. Thus, the theme derived from the enabling component might be characterized as *school communities ready for the learning and healthy development of all students.* By contrast, the family-supportive community school label suggests that schools need to be family-supportive, not just child-and subject-centered. A two-generation change strategy is implicated—focus on the child, support the parent(s), and, in turn, strengthen the family, all in the same moment. Here, the theme is *school communities ready for the learning, healthy development, and well being of all children, youth, and their families.* Related, but different, theories of change are involved.

How can leaders make sense of all of this change? Think of a continuum. The choices presented are different, but they are not mutually exclusive. In fact, this continuum may represent a change-related progression, one that maps the way for changes in real school, real university, and their relationship. Stand-alone schools focusing only upon academic achievement and cognitive development are at the far left on the continuum. School communities addressing extra-school barriers to learning through add-on programs and co-located services come next. The enabling component, which provides a plan for integrating school reform and these programs and services, comes next. Building from the enabling component, but also proceed-ing beyond it in some ways, family supportive-community schools mark the right end of the continuum. Unlike the others, both the enabling component and the family-supportive community school approaches emphasize changes in real school—at the classroom level. An example follows.

Improving Life in Classrooms While Supporting Families

Unlike co-located services, add-on programs, and many full-service school initiatives, emphasis is placed upon teachers' needs and working conditions. Reducing harms and maximizing benefits from schools means finding ways that children, families, and the professionals who serve them benefit mutually and interactively. *Improvements in children's learning, school-related efficacy, and success in school are not likely to eventuate without significant improvements in classrooms, teachers' work practices, school-wide cultures and climates, and in school-family-community agency-university relationships.* These improvements are central to increases in children's learning and school achievement. Because

academic achievement is usually the most important criterion measure in evaluations, there is an accompanying danger. *Promising complex change initiatives in school communities are likely to be called failures, and, teachers, other educators, children, and families are likely to be blamed when increases in achievement cannot be documented.* One root cause is the absence of clear design models that integrate, harmonize, and synchronize now-separate and competing programs, services, and change initiatives for incorporating and improving teachers' practices and well-being and their classroom cultures.

Several school reform movements address the isolation, loneliness, and lack of supports of teachers, so this focus on teachers is not new. Where teachers are concerned, two related assumptions are pivotal. Better schools will result only when better teachers are recruited, prepared, and retained (Goodlad, 1990). Attracting, preparing, and retaining better teachers requires changes in their working conditions, especially in their job satisfaction, professional efficacy, and overall well-being. Better teachers working in better school communities requires strategies for responding to the felt needs and realities expressed by a growing number of teachers. For example:

◆ A growing number of children bring learning barriers, health needs and other special challenges into their classrooms.

◆ Teachers do not want to be, nor can they replace, social workers, psychologists, counselors, nurses, and parents.

◆ Many experienced teachers are also unprepared for the growing ethnic, cultural and linguistic diversity of children and their families; teachers need help in using this diversity as a educational resource.

◆ Teachers lament that they are unable to give every child the special attention each needs and deserves because the highest and lowest achieving students in their classes command all of their time, energy and attention.

◆ As children's, families', and teachers' needs increase, teachers' time and effort will be devoted to these needs and, correspondingly, less time and effort will be spent on teaching-learning activities that lead to academic achievement.

◆ Mindful that they are not adequately supported, isolated, and left alone in their work, teachers are weary and resentful of being blamed when children's performance on standardized achievement tests do not meet others' expectations.

◆ Teachers are also burdened by escalating demands for authentic assessment and accountability requirements, new teaching-learning strat-

egies, and new subject matter demands, demands made worse when professional development supports are often limited and follow-up assistance in the classroom are not provided.

◆ As the well-being, job satisfaction, and efficacy of teachers declines, so does their effectiveness with children.

◆ As a growing number of teachers experience these declines, entire schools also decline. Since teachers are recruited from schools, this often discourages recruitment into teaching and impairs teacher education programs.

Senge (1990) would call this pattern "an organizational learning disability." New design models and change theories are needed.

For example, the most dedicated teachers and principals cannot work much harder. They will need to work smarter. Only rarely can one teacher provide this person-power—the time, energy and resources—needed for all children and youth. One new design model thus provides teachers with what Katharine-Briar Lawson calls a 911 system, a system that responds to the growing number of children who bring health needs, behavioral problems, and developmental challenges into classrooms. Teachers are not asked to be social workers, nurses, counselors, or psychologists. Instead, teachers learn how to recognize or detect needs for such professional assistance. For example, teachers learn how to recognize some of the tell-tale signs of child abuse, substance abuse, malnutrition, and family-based insecurities and stresses. Individuals and groups are "on call" at the school and in the community in response to teachers' referrals. Four lines of response are in place that simultaneously benefit and support teachers, children, parents, and other helping professionals.

The first line of response is in the classroom. Classroom-based teams, led by teachers and including culturally-diverse parents, integrate pedagogy and service delivery in what might be called an empowerment-oriented social pedagogy (Lawson, 1998c). Teachers learn how to organize, train, and deploy classroom-based helpers. These helpers include parents, elders, community leaders, and university students. Working under the leadership and supervision of teachers, teams of caring adults provide the answer to personalized and tailored learning-support strategies for children (Adelman, 1996; Briar-Lawson, & Drews, 1998; Lawson & Briar-Lawson, 1997). With other helpers in the classroom, the needs of some children can be met in the classroom, as they arise, with teachers mediating this assistance. Learning and supports can be personalized. These relationships with caring adults are important in their own right; they are an important protective factor for children and youth (Benson, 1997). Two important school-related barriers are reduced—push-outs and pull-outs.

The second line of response is outside the classroom. It is provided by parent paraprofessionals who are trained as teachers' assistants, child-family advocates,

and social and health service providers. They teach and supervise children and youth in after-school programs, work with other parents, and provide counseling and social supports for families. Once underway, these parent groups will provide many of their own recruitment, training, and support systems (e.g., Alameda, 1996; Briar-Lawson & Drews, 1998). Their employment also benefits family stabilization and community development plans, adding to the strategies associated with service integration initiatives.

In this approach, parent empowerment and family support are as important as PTA-like parent involvement. A service provider—usually a specially prepared social worker—is needed to provide the start-up supports and continuing resources for parent professionals. Together, they establish and operate a school-based parent-and-family resource center (Briar-Lawson, Lawson, et. al., 1998). They mediate parent-teacher and parent-service provider relationships. They provide social supports and needed resources for children and their families through home visits and the establishment of family-to-family networks. They help diverse people from all walks of life understand, appreciate, and respond to cultural and ethnic differences. These parent paraprofessionals, both in their preparation and in their presence, change conventional ideas about "parent involvement" in schools. Parent empowerment, through employment and family supports, is part of a two-generation change strategy. Based upon the assumption that children's needs and barriers to learning and healthy development are often nested in families and linked to parents' unmet needs, this is a change strategy that strengthens parents, families, and local neighborhood communities at the same time it helps children and supports teachers. For example, employment assistance and social support networks help stabilize families, in turn, reducing the high mobility rates that plague schools.

The third line of response is provided by the existing school professionals— e.g., counselors, school psychologists, school social workers, school nurses— whose roles and responsibilities are modified somewhat to enable them to serve on school-based child-family support and resource teams (Adelman, 1996; Lim & Adelman, 1997; Smith, Armijo, & Stowitschek, 1997). Ignored in many full-service schools and school-linked services initiatives, these pupil support professionals are important resources (Adelman & Taylor, 1997). School-based resource teams are developed, and training and follow-up assistance are provided. In addition, preparation is provided for teachers and parents, ensuring that they are key players in the child and family support teams. Without teachers and parents as partners and co-facilitators, the most elaborate designs for school-based case management will fall short of their potential. Appropriate follow-ups, follow-through, and supports must be evident in the classroom and in the home for these teams to have a lasting impact upon children.

The fourth line of response is provided by community health and social service providers. They help coordinate service, support, and resource strategies in the

community. They also help with coordination across a feeder pattern of schools. In addition, these service providers lead community development initiatives. These service providers are uniquely prepared and positioned for this work. One limitation of today's school-linked services is that the respective and unique contributions of these service providers, parents and existing pupil support professionals have not been maximized (Adelman & Taylor, 1997; Lawson & Briar-Lawson, 1997).

These four lines of response, with new teacher-led, classroom-based collaborative practices, help constitute a new design model that addresses school-related learning barriers and the accompanying "organizational learning disability." Absent such a new design, teachers could claim that their working conditions did not permit them to do implement and evaluate optimal practices. With this new design and the supports it provides, teachers and others who work with children are given the improved working conditions that allow them to do the work they were prepared to do. With these new working conditions, they are even more accountable for the outcomes associated with their work. *Mutual accountability for shared outcomes is one of the defining features of this new design.* And this means that teachers and their helpers must make firm commitments to using teaching-learning and service strategies that are warranted and valid—that is, that there is evidence that they improve outcomes.

The underside of this design model serves as a reminder of the pivotal role played by teachers. *Children's learning and academic achievement are not likely to improve substantially in the short term, nor will they be sustained, if teachers do not implement valid teaching-learning practices in their classrooms.* Evaluations need to remain sensitive to this fact and one other. When better supported teachers implement valid teaching-learning strategies, real school begins to change, and everyone benefits.

Implications for Teacher Education

Teachers must believe that all children are able to learn. Teachers also must accept lead responsibility for finding ways to improve children's learning and healthy development, simultaneously preventing school-related harms. Teachers, in short, must be uncompromising advocates for children and youth, holding high standards for learning and performance. They must be family-supportive and know how to forge mutually-beneficial partnerships with parents and families. Teachers with high personal efficacy do these things and more (Ross, 1995). Clearly, high efficacy teachers are needed for better schools, for reducing harms and maximizing benefits. And, better school communities are needed to nurture and support high efficacy teachers, children, parents, and service providers.

For these changes to work as planned, teacher preparation programs must thus enable teachers to:

◆ Identity children's health-related needs and learning barriers and know

where, when, how, and why to seek help, first at the classroom level, and then with the other response and support systems.

◆ Perceive cultural differences as strengths, not learning disabilities (Lipman, 1997).

◆ Recognize child-family protective factors and how to build more of them (Benson, 1997).

◆ Tailor teaching-learning strategies to individual, cultural, and family system differences.

◆ Learn and model new behavioral norms (e.g., caring, empathy, advocacy) and standards (e.g., high performance expectations, outcomes-accountability) that improve the quality of treatment and interaction in the classroom and in the school community.

◆ Know how to build team cohesion, constructively address conflicts and collaborate with four groups: (1) classroom-based helpers; (2) school-based child and family support teams; (3) community health and social service providers; and, (4) parents.

◆ Learn how classroom helpers and new response systems recast their roles, allowing them to implement optimal practices; to safeguard their own health and well-being; and to gain new opportunities for professional development and improvement.

◆ Learn how to balance team orientations with the "big picture" of the school and child-family needs, especially children's articulations across grade and school levels (e.g., Kruse & Seashore-Louis, 1997).

IPET Programs in the Second Framework

The above list of content and process concerns links teacher education with IPET programs. In other words, all professionals involved in the school community must understand the design model and its requirements. In this sense, all are involved in school reform and school community restructuring.

In short, in this second framework, patterns of interdependence are built among teachers, other educators, parent paraprofessionals, other parents, and social and health service providers. Teachers must be "on the same page" with these other adults who also affect the lives of the children and youth in their class and in school. No one works alone without support from the others. Each is interdependent with the others, just as school reform is merged and integrated with other reform initiatives. This view of the world and the school community recasts aspects of teacher education and necessitates the involvement of teachers, pupil support professionals, and principals in IPET programs.

Moreover, IPET programs reflect changes in real school, promote changes in real university, and help cement firm partnerships for mutually-beneficial learning and development. IPET programs are essential carriers of change theories; and, at the same time, they are essential components in an umbrella theory for improved social welfare. Programs are comprised by a coherent assembly of courses and experiences (e.g., Casto & Julia, 1994). They help facilitate changes in faculty roles and responsibilities, reward and incentive systems, work cultures and structures, and conceptions of knowledge (Lawson, 1998a).

Where preservice programs are concerned, IPET provides key linkages between liberal (or general) and specialized professional education, both at the undergraduate and the graduate levels. Distinctions are made between entry-level competence for front line practitioners and interprofessional leadership. Programs and experiences are designed accordingly. Design models are signaled by the terms core, cluster and specialty.

Core content and learning process refers to the experiences, knowledge, values, sensitivities, language, and skills which all professionals who work with people must have. A guiding vision of the good, just society and the roles and responsibilities of citizen-professionals in a world rapidly changing because of globalization is the centerpiece of this core content (Lawson, 1998b). Liberal education once focused on this content, and it can be revitalized and its links to IPET strengthened if both attend to components of guiding visions. *Community collaboration*, not just interprofessional collaboration, emerges as a centerpiece (Lawson, 1996a). IPET programs are enriched with new conceptions of *academically-based community scholarship* (Lawson, 1998a), which promotes university-school community partnerships at the same time that it unites and harmonizes teaching-learning, advising, research and scholarly activity, and service.

Building from core content and experiences, *cluster* content and process refer to identifiable groupings of professions whose work is structured by specific design models. For example, the aforementioned teacher-responsive and -supportive 911 framework is part of one such design model. Cluster IPET experiences involving teachers, parent paraprofessionals, pupil support professionals, social and health service providers, principals, and superintendents are needed to present the model, specify respective responsibilities and accountabilities, and offer evaluative strategies for learning and quality improvement.

Specialty refers to a key theme in IPET programs—*reprofessionalization*. In today's policy environment of "right-sizing" and "down-sizing," professionals fear for their jobs, and some resist IPET and collaborative practices. Re-professionalization serves as reminder that professional expertise is essential and that IPET is about changing the parameters of specialization, not ending it or eliminating people's jobs. As indicated previously, the teachers' special expertise and roles are strengthened, not reduced. Teachers are re-professionalized, not deprofessionalized. Core content and experiences and cluster studies in relation to clear design models

recast the parameters of specialization. Teachers, teacher education and school communities may reap the associated benefits from this approach to IPET programs. In this sense, IPET programs are key components in a umbrella theory of change. Due recognition is given to the inventive, pioneering nature of interprofessional and community collaboration, organizational partnerships, and responsive policy change as strategies to transform school communities, the university-based helping fields, and their relationships.

A Final Note

In today's policy environment, the challenges associated with all of these changes in school communities, teacher education, and IPET programs are daunting. Tinkering toward utopia has ready appeal, and no doubt some school communities and universities can get by with this alternative. On the other hand, tinkering at the edges and justifying this strategy with the new buzzwords such as interprofessional collaboration and service integration will not provide all of the help needed in the most vulnerable school communities.

The universities can and should provide leadership. Imagining, recommending, and striving to create improved futures for humankind is a social responsibility of university faculty (Lawson, 1997). Academic freedom serves to protect them, especially when they must offer stinging critiques. These critiques are the essence of a good education, making it something more than indoctrination. In this sense, IPET programs must not restrict themselves to the preparation of "role-takers." Carefully constructed IPET programs can and should become levers of change in relation to the guiding visions they promote. With effective partnerships for simultaneous learning and renewal, practitioners, faculty, and students simultaneously feed back and forward change theories. Knowledge generation, theory development, and social improvement occur simultaneously and interactively. This synergy is the essence of academically-based community scholarship.

A new generation of interprofessional leaders is needed. These leaders will serve as unrelenting advocates for vulnerable people and the professionals who work with them. They will be skilled boundary spanners and crossers (Sarason & Lorentz, 1998). They will offer constructive but uncompromising critiques, while developing better change theories. And, they will possess the moral courage, foresight, conviction, and abilities to effect transformations in real school, real university, and their surrounding communities. As these new leaders perform this work in innovative school communities, they will be stewarding democracy and contributing to the good, just society.

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