Ten Myths regarding Alternative Education

By Adrian Schoone (M.A. Hons. B.Ed.), Chairman, Alternative Education National Body

Alternative Education (AE) caters students aged 13 – 15 years who are alienated from mainstream schools. This may be due to multiple suspensions, exclusions, long-term truancy or non-enrolment. Secondary schools are funded by the Ministry of Education to contract providers to deliver AE to 1820 students nation-wide. The AE policy has been in effect since the year 2000 and it is currently under review by the Ministry of Education.

However, the AE sector is becoming as marginalised as the students it caters for. Due to no funding increases to providers for 9 years (including no adjustment to inflation for this period) the system is being strangled, unable to pay its workers a decent wage and provide equipment and resources to meet the needs of these 21st century learners. Furthermore, access to support systems (such as GSE) for AE students is minimal. It is a miracle that AE has many success stories and this can only be attributed to those passionately involved in the work.

I have heard a series of myths regarding AE which help to obscure the sector. These myths reflect our prejudice to value traditional approaches to education and barely tolerate anything 'alternative.' Perhaps we fear saying that there is a need for an alternative because what does this tell us about the current system?

"I thought I would only leave mainstream teaching and management for two years in order to help out an AE provider with the development and implementation of curriculum. Now, some eight years later I am still involved in AE. I am inspired by the passionate AE work-force who strive to make indelible changes to the lives of alienated youths."

Adrian Schoone

Myth #1: AE will keep students out of mainstream

AE is not optional for students. It is a specific educational intervention for alienated students for whom formal schooling is not suitable for a particular time. Mainstream education is the preferred learning environment for almost all students.

The education system in developed countries needs a non-formal education sector. By non-formal education I mean education provision that is outside of the mainstream. In a report to the European Parliament in 1995 the Committee on Culture and Education declared that formal educational systems alone cannot respond to the challenges of modern society and therefore welcomed its reinforcement by non-formal educational practices.

Myth #2: AE was set up to help behaviourally troubled students

The second myth concerns the nature of those who attend AE programmes. AE was not initiated to help behaviourally troubled students; it was developed by community groups because some of their young people had trouble assimilating into the mainstream system. These students may have been excluded, had multiple suspensions, were truant or never enrolled in the first place. Approximately 70% of students in AE are of Maori or Pasifika descent.

A student can be in AE for up to three years receiving support and educational skills to enable them to either return to mainstream, gain employment or move on to further training.

Myth #3: Alternative Education is about Alternatives to Education

There is a play-on-words about AE providing 'alternatives to education.' This is simply not true. Many providers are NZQA accredited, access the Correspondence School or have relationships with their contracting school that enables students to gain qualifications. Therefore AE is a non-formal setting able to provide formal qualifications, which is a remarkable feature of the New Zealand system.

The approach to education in AE is alternative and individualised. The chalk-and-talk pedagogy will simply not work with most AE students who need an approach that centres on the warm and trusting relationship between the teacher and the student.

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Myth #4: Students don't learn anything in AE; they just play table tennis!

This myth is generated when comparing the achievement of an AE student to a student in mainstream whereby the AE student often falls short. But when we compare what AE students achieve in comparison to the amount of learning the student achieved before they entered AE then the outcomes are impressive.

Data, such as reading comprehension ages and numeracy levels increase markedly for students in AE. AE is effective at laying the foundations for future learning and living. This includes acquisition of social skills, self management, self-esteem, life-skills and the confidence to learn again.

Myth #5: AE is suitably supported and funded

Unlike secondary schools, AE has received no increases to their funding since 2000.

Of the current funding of $11,100 per student, the contracting schools can retrain 10% for administration purposes. If a provider is contracted for 10 places and received 100,000, this would need to cover at least two salaries, rent for premises, often transportation for students, stationery, insurances, and other compliance costs. AE is often derided for the lack of qualified teachers in the sector. The reality is AE simply cannot afford teachers.

Myth #6: There are 'good' AE providers and 'bad' AE providers

Anecdotal accounts of 'bad' AE providers often lack substance and this is because AE providers are contracted by schools that carry out extensive quality assurance on AE programmes. Why would schools contract 'bad' AE providers? Therefore if there are 'good' AE providers and 'bad' AE providers equally there are 'good' and 'bad' schools.

Myth #7: AE staff are unqualified

A distinguishing feature of the AE worker is that they are able to relate to young people in a way that is empowering, transformative, and results in students engaging in learning again. Qualifications cannot buy this personal trait. AE staff are drawn from a variety of experience and qualification backgrounds. Registered teachers in AE are needed to work alongside tutors to provide direction for the academic content of the programmes.

Essentially the AE tutor is a *pedagogue*, who, as Educational leadership writer Thomas Sergiovanni argues, guides academically, socially, and spiritually a young person through the world of childhood to adulthood.

Myth #8: There is no evidence that AE works

There is an emerging body of New Zealand research that highlights the effectiveness of AE, for example one finding in the recently released NZCER research report was that that 95% of students in AE enjoyed ***learning again*** since attending AE. Some material in health research also shows the effective work of AE such as this comment made by

Simon Denny and colleagues: 'secondary schools can look to AE schools to model more supportive and caring environment for students at risk of educational failure.'

I recently provided the Minister of Education with a report entitled '100 AE student success stories', which merely scratched the surface of the countless number of lives transformed through AE.

Myth #9: Focussing solely on strategies to keep students in mainstream will help alienated students

Whilst every effort needs to be given to make schools places were students want to be, we need to cater for students who for many complex reasons become alienated from mainstream. Alienated students need to be provided education; as is their legal right.

Myth #10: AE is the ambulance at the bottom of the cliff

Although this is true in many respects, there are still youths who fall through this support structure as it stands. Could there be an AAE? There seems to be some research suggesting that this may be the case. In 2006 Counties Manukau District Health Board commissioned research to examine the extent to which young people are alienated

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from the health and education systems in Manukau. Researcher Terry Flemming concluded that there are at least 500 young people non-enrolled and not attending AE, teen parent units, kura kaupapa, or other registered schools.

Positioning AE for the future

In conclusion I recommend the following enhancements to the current system:

1. Appropriate funding for providers that will meet the needs of the AE students.

2. Open access to support agencies for AE students (such as GSE).

3. Professional development and research funding to enable AE tutor and sector development.

4. The establishment of an AE steering committee that will look at national standards for AE providers.

5. An honest assessment of the AE student numbers; how many places are really needed?

AE is a unique part of education provision in New Zealand that should be celebrated and enhanced. We need to critically examine our assumptions regarding AE and non-formal education, which will lead us to see non-formal education as an opportunity that will best meet the needs of some students who would otherwise not be engaged in education.

Leapfrog Clinic — young people and mental health

Following the success of the one-of-a kind, integrated independent mental health clinic for children and young people in Auckland, the Leapfrog Clinic (www.leapfrogclinic.co.nz) is launching a Wellington based service in February 2010. The team will be seeing children and young people up to the age of 21 where there are concerns about their behaviour or emotional well being. We also listen and talk to their families.

Mental illness starts young

One in five young people under 21 has a mental illness. In fact, most mental illnesses begin during youth (12-21 years of age), although they are often first detected later. Delays in diagnosis, failure to involve patients in treatment and poor follow up can lead to further deterioration.

Poor outcomes

Poor mental health in young people is strongly related to other concerns, notably lower educational achievements, substance abuse, violence and other offending, and poor sexual health. Encouraging young people to talk, showing them that there is someone there who can help, often makes a big difference.

Leapfrog

Leapfrog works with Child, Youth and Family Services, District Health Boards, Courts, schools, general practitioners and other child health professionals to provide specialist assessments and goal-oriented treatment packages.

Assessments offered include psychiatric assessment, psychological assessment, neuropsychiatric and neuropsychological assessment, Autism Diagnostic Observation Schedule (ADOS), cognitive testing including the WISC and WPPSI, and the Structured Assessment of Violence Risk in Youth. We also provide Section 333 Psychiatric and Psychological Reports.

The multidisciplinary team provides goal-oriented treatments, including: psycho-education, group work, pharmacological therapies, strategies for parents, cognitive-behavioural therapy, interpersonal therapy, dietician advice, speech and language therapy, and systemic family therapy.

The Leapfrog Clinic was established in May 2008 by Dr Sabina Dosani . Sabina was born in the UK, and trained in medicine at the Medical College of St Bartholomew's Hospital in London. Subsequently, Sabina specialised in psychiatry and later sub-specialised in child and adolescent psychiatry. Before relocating to New Zealand, she worked as Consultant Psychiatrist at the Maudsley Hospital in London, one of the leading research and teaching psychiatry institutions in Europe.

Leapfrog offers psychiatric, psychological and other child and adolescent mental health expertise in the same service.

Each child or adolescent is assessed by a psychiatrist, and a multidisciplinary treatment plan is

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