Distinguishing Difference from Disability: The Common Causes of Racial/Ethnic Disproportionality in Special Education

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Since Lloyd Dunn’s report (1968) on the overrepresentation of Black and Latino students in special education countless federal, state and district reports, as well as research studies exist that document the various facets of educational practice impacting these rates. Based on this practice and research-based work we know a great deal regarding the effect of disproportionality on the educational and social mobility of racial/ethnic minority groups. For example, students are less likely to receive access to rigorous and full curriculum (Harry & Klingner, 2006; Fierros & Conroy, 2002); limited academic and post-secondary opportunities (Harry & Klingner, 2006); limited interaction with “abled” or academically mainstreamed peers and increased sense of social stigmatization (Gartner & Lipsky, 1999; National Research Council, 2002); and a permanence in their placement (Harry & Klingner, 2006).

Though we know the impact of disproportionality, we are less clear about how it happens and why it happens to Black, Latino and Native American student populations. If we know there is no quantifiable or reasonable explanation for why Blacks, Latinos and Native Americans representation in special education is not proportionate to their representation in general education (Blanchett, 2006; O’Connor & Fernandez, 2005), then we have to consider whether our educational policies and practices, and its gaps place racial/ethnic minority and low-income student groups at risk. In this article, I highlight some of the common policies, practices and beliefs that place racial/ethnic minorities and low-income students at risk.

Addressing Disproportionality: State Performance Plan Indicators 9 and 10

Each year state education departments inform school districts whether they have met the measure of racial/ethnic disproportionality in special education. The formula and the threshold of what is disproportionate varies across the country. From 2002 to 2007, the U.S. Department of Education funded the National Center for Culturally Responsive Educational Systems (NCCRESt) to provide technical assistance to states with regard to disproportionality. The Equity Alliance at ASU is continuing the work of NCCRESt in its new role as the Equity Assistance Center for Region IX, serving Arizona, California, and Nevada. We recognize that the disproportionate representation of culturally and linguistically diverse students in special education programs is both a result and an indicator of inequitable practices in schools. The Equity Alliance at ASU is collaborating with Dr. Edward Fergus, Deputy Director of the Metropolitan Center for Urban Education on this Equity In Action to provide educators and researchers nationwide with the most comprehensive, praxis-oriented information on identifying and reducing disproportionality in schools.

Since 2004, the Metropolitan Center for Urban Education has housed the New York State Center on Disproportionality (also known as the Technical Assistance Center on Disproportionality [TACD]- www.steinhardt.nyu.edu/metrocenter/tacd). TACD’s work has involved assisting school districts cited for disproportionality to 1) understand the citation; 2) identify the root causes of this outcome; 3) develop a strategic plan for addressing the root causes; and 4) implement the plan and develop capacity to continuously monitor rates of disproportionality. Over the course of developing and piloting a data-driven process (2004-2010) for identifying root causes, we’ve gained insight into not only the root causes but also the driving forces (internal and external to district) of these root causes. Our data driven root cause process focused on examining various areas of the schooling process in order to understand the interaction of school practice (inputs) and student outcomes. This process involved examining the
following three areas: **quality of curricular and instructional supports** (e.g., type of core program, stage of core program implementation, capacity of instructional staff, and learning outcomes of students), **intervention services for struggling students** (e.g., type of available interventions, frequency of intervention usage, stage of implementation, length of intervention implementation, and number of students participating in intervention programs by race/ethnicity, gender and grade level), and **predominant cultural beliefs** (perceptions of race and class, perceptions of different learning styles versus a disability, perceptions of how race and class interact in school practice, and cultural responsiveness of current policies and practices). The examination of this data for the last 6 years across 30 districts has resulted in our identification of common root causes of disproportionality. These causes are not the only ones but tend to be present in every district and maintain the most significant effect on the rate of disproportionality in school districts.
What are common causes of disproportionality?

**Topic 1: Gaps in curriculum and instructional implementation disproportionately affect struggling learners**

Endemic in most school districts is the question of instructional wellness which includes responsiveness – does and can our instruction maximize the learning capacity of all students? In our data-driven root cause process multiple causes emerged as contributing to disproportionality rates. The wellness of instruction and curriculum as it is represented in instructional support teams/teacher assistance teams, intervention services, assessment, and gifted and talented programs continuously emerged as maintaining gaps in practices that disproportionately affected struggling learners.

1. **Minimally articulated core curriculum and consistent support of teaching ability.**
   Due to various factors, many school districts did not have in place a current curriculum and/or agreement on instructional approaches that considered the range of learners. As a result, students that persistently could not attain proficiency on the state exam were promptly considered for special education services. Additionally among some districts they were continuously changing or adding curriculum, assessment and instructional strategies from year to year. Although every school district contends with such changes, we found in our districts such structural changes affected struggling learners the most. For example, practitioners tended to comment that they lacked the ability to adequately service students at the lowest quartile of performance. Therefore you have instructional staff going through a steep learning curve regarding a new curricula and/or assessment, meanwhile feeling inadequate to address skill deficiencies with students even based on the prior curricula or assessment.

   The policy change in IDEA 2004 regarding response to intervention (RTI) has greatly pushed the conversation among practitioners to recognize the impact of an inadequate curriculum, particularly in reading, for struggling learners. Many of our school districts are acknowledging the absence of a reading series and program as preventing them from truly understanding and locating the reading capacity of students in grades K-5.

   **Remedy:** Identification and sustained implementation of appropriate reading and math core program that is sequenced K-12. Additionally, sequenced and sustained support for non-tenured and tenured teaching staff to build ability to effectively implement curriculum and/or assessment, as well as instructional capacity.

2. **Too many interventions for struggling learners.** In our examination of curriculum and the related interventions, we found that many school districts maintained an exhaustive list of interventions for students demonstrating academic difficulty. The overabundance of interventions for struggling learners meant the core curriculum as an intervention and the
related instructional capacity of staff was not organized to address the needs of a range of learners. Unfortunately, without a well articulated core curriculum and instructional program that services all students this gap disproportionately affected not only struggling learners but also new students to the districts (including newly arrived English Language Learners).

**Remedy:** Identification and implementation of targeted intervention programs (i.e., research-based) for students demonstrating academic difficulty while core curriculum program is re-developed.

3. **Inconsistent knowledge of the purpose and implementation of assessments.** Various school districts were utilizing assessment tools that were developed to screen students at-risk for reading difficulty as measures of diagnosing reading skill deficiency. However, there was inconsistent knowledge surrounding these assessments, that is, what information does it capture, how can you translate the assessment information into targeted interventions, etc. For example, some school districts were utilizing assessment tools developed to merely screen students at-risk for reading difficulty to diagnose reading skill deficiency. In another district, the Kindergarten screening being used maintained a specific threshold of what students are potentially at-risk and the common practice with this assessment was to go 25% above that threshold and identify all those students as “not ready” for their school environment. This inconsistent knowledge base regarding assessments allowed for interventions and strategies not tailored for meeting the specific needs of struggling learners. Therefore, instructional support teams and/or child study teams would receive information about a child’s reading difficulty sometimes after months or a year of inadequate interventions.

**Remedy:** Continuous professional development on purpose, application and interpretation of curriculum, assessment and instructional strategies.

4. **Intervention services for struggling learners are not well structured.** In New York State and New Jersey academic intervention services are legislated to exist for struggling learners, particularly in Title 1 school districts. However, our root cause process revealed the implementation of these programs was inconsistent and became the gateways for special education referrals. For example, students referred and classified tended to reach below basic proficiency over multiple school years. Meanwhile the academic intervention staff did not receive training on moving students below basic proficiency into proficiency; they tended to receive training focused on moving students that would assist a school in reaching Adequate Yearly Progress (AYP), which are generally those students just below proficiency. The long-term effect is two-fold: 1) students who are far below proficiency are not given the adequate and sustained opportunity to accelerate their learning; and 2)
students who are barely into proficiency tend to “slide” in and out of proficiency thus, they are constantly receiving instruction and interventions that is only enough to get them to proficiency but not enough to master academic skills.

**Remedy:** Re-development of a tiered system of academic supports for struggling learners, identification of research-based interventions for targeted groups of students, and targeted professional development for academic intervention staff (i.e., non-tenured and tenured, including content specialists).

**Topic 2: Inconsistent pre-referral process**

1. **Inconsistency in referral process, including referral forms.** School districts are generally good at ensuring they abide by special education regulations, including referral timeframes, involvement of practitioners, etc. However we also found school districts maintained inconsistent pre-referral information, as well as different forms for each school building in a district. Again, much of these system inconsistencies were not intentional but rather reflective of the bifurcation existing in the district between special education and general education. In many instances special education directors would describe how they could only suggest to building administrators about adopting one common referral form or insisting on general education teachers to complete the specifics of the pre-referral strategies.

**Remedy:** Development of a common process and form for pre-referral and outline annual process for examining the wellness of this process. Provide training on appropriate interventions and fidelity of implementation for general education teachers.

2. **Limited information regarding intervention strategies.** One of our steps in the root cause process is to conduct a records review of a representative sample of files; this ranged from 40 to 100 files, depending on the number of students receiving special education services. On most forms we found a text box in which general education teachers would describe the strategies they’ve tried already. In most instances general education teachers annotated how moving a student’s seat, matching them with a buddy, or providing the content or skill again but at a slower pace did not work even though they considered it a viable strategy. The plethora of strategies lacked any sense of viability as a competent strategy and also lacked any sense of summative evaluation as to its impact. Teachers tended to not note any type of pre/post evaluative summary instead the standard answer was “I tried and it didn’t work.” Even with the addition of response to intervention (RTI) in IDEA 2004 which forced school districts to re-vamp their pre-referral/problem-solving team forms such that it requests information about interventions provided by general
education teachers. There still existed a gap in knowledge among practitioners regarding what is and is not an intervention in Tier 1.

**Remedy:** Provide training on evidence-based interventions and fidelity of implementation for general education teachers and instructional support teams/teacher assistance teams.

**Topic 3: Limited Beliefs of Ability**

1. **Special education is viewed as fixing struggling students.** In most school districts, the general and special education staff rarely interact with each other. Through our root cause process, we worked with a cross district team that included general and special education teachers, administrators, content specialists, etc., and more often than not there were disconnects in the conversation due to a limited understanding among practitioners regarding what is a disability. General education teachers tended to express the belief that special education maintains the “magic fairy dust” that will “fix” the learning capacity and outcomes of students. Some of this belief may be due to the reality that prior to the addition of response to intervention in IDEA 2004, special education process was perceived as organized to provide services to students that fell outside of the normal curve of academic performance. Though RTI is part of the water stream of conversation in most school districts, for some practitioners in our districts RTI is viewed as the new process for “getting student classified” versus a process for ensuring quality instruction and interventions.

   **Remedy:** General and special education participate in professional development regarding curriculum, assessment and instructional strategies together, including special education regulations; analysis of data regarding interventions for struggling students must involve general and special education teachers.

2. **Poor and racial/ethnic minority students are viewed as not “ready” for school.** We commonly heard school district staff struggling with the idea that somehow being poor/low-income and being from a racial/ethnic minority group compromises how “ready” these students are for their school environment. More specifically school and district staff perceived at times the cultural practices of the home environment as making low-income and racial/ethnic minority children unable to learn or contradicting school practices. For example, in one district, many of the participants rallied around the concept of “urban behavior” as a driving force of why the Black students were in special education. In another district, English Language Learners were over-represented in special education with speech/language impairment because in “Latin culture they listen to music loud”; this was hypothesized by an ESL teacher. And yet another district hypothesized the Latino and ELL students are such a distraction in the classroom that they can be better served with other
disability groups. Now such perspectives are not solely found in school districts cited for racial/ethnic disproportionality, in fact, such perspectives can be found in many urban, suburban and rural districts as well. Part of the difficulty with such a belief is it's distraction from engaging how teaching matters in learning outcomes. That is, we found practitioners were willing to cite the family and community (i.e., poverty, limited reading materials at home) as the reason why poor/low-income and racial/ethnic minority students were struggling academically meanwhile attributing the academic performance of proficient students to their teaching practice. So there needs to be a paradigm alignment regarding the connection between teaching and learning, as well as an understanding of how to harness the types of knowledge students demonstrate.

Additionally, these predominant beliefs regarding poor/low-income and racial/ethnic minority students as “different” also resulted in students feeling a sense of stereotype threat and vulnerability because their low-income or racial/ethnic minority status as a “risk” factor. For example, in several districts we conducted focus groups with students to ascertain what it took to get good grades; low-income and racial/ethnic minority students often cited feeling seen and treated as different. In one particular district, the boys in two of the elementary schools talked about “only girls” as getting good grades.

**Remedy:** Continuous professional development on creating culturally responsive school environments with particular sessions on stereotype threat, vulnerability, racial/ethnic identity development within the five developmental domains, examination of whiteness (Apple, 1997; Blanchett, 2006; Cooper, 2003), and cultural developmental expressions as additive not subtractive (Irvine and York, 2001; Ladson-Billings, 1999).

**Conclusion**

In order to embark on a process of remedying your district or school of disproportionate representation it must begin with a substantive inquiry into why and how these patterns exist. The following are suggested steps:

1. **Develop a district/school-wide team:** This team must comprise administrators, general and special teachers, intervention and reading specialists, parents, curriculum and assessment coordinators, etc. The team purpose of the team will be to jointly collect, examine, interpret, and outline the core root causes.

2. **Conduct an analysis of disproportionality rates:** At the onset a thorough analysis of disproportionality rates must be conducted. We suggest utilizing our Disproportionality Data Analysis Workbook, which contains the necessary calculations (See Additional Resources).
3. **Conduct a survey of cultural responsive practices**: At the heart of disproportionality is the recognition that racial/ethnic minority groups are over represented, as such there needs to be a consideration as to whether school practices are responsive to culturally and linguistically diverse populations. We suggest utilizing a tool such as the *School Self-Assessment Guide for Culturally Responsive Practice* (See Additional Resources).

Overall, the disproportionate representation of racial/ethnic minority and low-income students in special education is a complex occurrence that requires a deliberate inquiry process which seriously considers practices and policies as needing to be responsive to the population of students served, regardless of ability and demographics.
Works Cited


Additional Resources:

http://steinhardt.nyu.edu/metrocenter.olde/index/dataanalysisworkbook.pdf

http://ea.niusileadscape.org/docs/FINAL_PRODUCTS/LearningCarousel/Equity_assessment_TOOl_formA.pdf