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ABSTRACT
                   This report describes the discussion and outcomes of a
series of regional meetings on barriers to student learning that brought
together leaders representing national, state, and local agencies. The report
discusses the lack of an explicit policy framework for comprehensive
integrated approaches to student learning. Factors that get in the way of
developing comprehensive approaches are addressed, including: (1) the lack of
public education and support for an integrated approach; (2) turf battles;
(3) lack of a unifying concept; (4) the problem of balancing centralized and
decentralized governance and decision making; (5) rule-driven accountability;
(6) inadequate professional training and certification; (7) dearth of
evidence on efficacy; and (8) a failure to capitalize on existing
opportunities. Ways to move forward to develop a policy framework are then
identified and include elevating the level of policy priority and mounting a
compelling campaign of education and advocacy. Appendices include specific
examples on information and concerns, some points about influencing policy,
an example of a unifying concept, an example of a school district's approach,
and an example of proposed legislation to elevate a state's attention to
addressing barriers to student learning. (CR)

Mental Health in Schools
Center
Training and Technical Assistance

A Center Policy Report . . .

Policies and Practices for Addressing Barriers to Student Learning: Current Status and New Directions

U.S. Department of Health & Human Services
Public Health Service

HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau

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Draft (10/6/96)

A Center Policy Report . . .

Policies and Practices for
Addressing Barriers to Student Learning:
Current Status and New Directions

Draft (10/6/96)

Preface

The Center for Mental Health in Schools, under the auspices of the School Mental Health Project at UCLA, has as its mission the improvement of outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.* Our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community resources.

Over the summer and fall of 1996, we held a series of three regional meetings focused on the topic *Policies and Practices for Addressing Barriers to Student Learning: Current Status and New Directions*. The meetings brought together dedicated leaders from 25 states and the District of Columbia. They represented a mixture of national, state, and local agencies and organizations (see Appendix F for the list of participants.) Many others who could not attend expressed strong interest in providing feedback on the report and participating in follow-up efforts.

This draft report highlights the matters discussed, includes some analysis, and offers recommendations for next steps related to evolving a unifying policy framework for addressing barriers to learning and promoting healthy development. The draft is being circulated to elicit commentary which will be compiled in a companion document.

In preparing this report, we have tried to capture the consensus of what was explored at the three meetings. At the same time, the content of any report is filtered through the lens of the writers, and we take full responsibility for any errors of omission or commission and for all interpretations.

Howard Adelman & Linda Taylor
Co-directors

*Our center is one of two national training and technical assistance centers focused on mental health in schools that were established in 1996 with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. Our sister center is at the University of Maryland at Baltimore.

Executive Summary

Policies and Practices for Addressing Barriers to Student Learning: Current Status and New Directions

There is growing concern among policy makers and many practitioners about serious flaws in current policies designed to address barriers to learning and promote healthy development. Although aimed at preventing and correcting learning, behavior, emotional, and health problems, these policies squander limited resources and impede good practice. Reflecting on these concerns, leaders from state and local agencies and organizations gathered at regional meetings in the fall and summer of 1996 in Los Angeles, Albuquerque, and Portland, Maine to share their perspectives on what's happening currently, what's getting in the way of necessary systemic changes, and what might help quicken the pace of reform.

Some current initiatives aim to stimulate increased *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources*. The hope is that cooperation and integration will lead to better use of limited resources; another implicit hope is that collaboration will lead to *comprehensive services*. There is, however, *no explicit policy framework* for a comprehensive, integrated approach to address barriers to learning and promote healthy development. To underscore this point, it was stressed that in policy and practice

- little attention is paid to restructuring the education support programs and services that schools own and operate

- little attention is paid to doing more than co-locating a few community health and human services at select school sites

- little attention is paid to weaving school owned resources and community owned resources together into a comprehensive, integrated approach to address barriers to learning and enhance healthy development.

Thus, in both policy and practice, it is evident that *developing a comprehensive, integrated approach continues to be a low priority.*

What's getting in the way of elevating the level of priority policy makers place on developing comprehensive approaches for addressing barriers to learning? Widely recognized are factors such as limited understanding and public support, battles among competing stakeholder groups for narrowly-defined vested interests, the lack

of a unifying concept around which to rally support and guide policy formulation, the problem of balancing centralized and decentralized governance, rule-driven accountability, inadequate professional training, a dearth of evidence on intervention efficacy, and failure of many agencies to take advantage of shifts in policy.

Given this litany of impediments, how can we move forward more quickly to develop a policy framework for a comprehensive, integrated approach? Participants agreed that the most fundamental need is to *elevate the level of priority* policy makers assign to addressing barriers to learning. Central to influencing policy priorities is *a compelling campaign of education and advocacy*. Such a campaign would benefit from being *organized around a unifying vision* of a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development.

Planning and implementing any campaign requires *development of leadership and infrastructure*. The regional meetings brought together stakeholders who could take a leadership role in evolving policy to address barriers to learning. As a next step, our Center proposes to provide technical assistance for organizing an infrastructure consisting of a steering committee and work groups at local, state, regional, and national levels. These groups will focus on creating and implementing multifaceted and multiyear strategies to enhance widespread understanding and build constituencies to encourage policy makers to treat the matter of addressing barriers to learning as a primary concern.

Specifically, the campaign will emphasize the need to develop *a unifying policy framework* for a comprehensive, integrated approach to address barriers to learning and promote healthy development. Once the initial campaign is well underway, steering and work groups will have to pursue ongoing advocacy to ensure development of

- policies and strategies for implementing *prototype demonstrations* that weave together school and community resources in ways that create a comprehensive, integrated approach

- *formative* evaluations that lead to a *summative* focus on efficacy only after the prototype or any new site is functioning as planned

Finally, the steering and work groups will need to advocate for *scale-up* -- policies and strategies to ensure that comprehensive, integrated approaches are developed and maintained on a large-scale.

As one form of support for all this activity, the Center for Mental Health in Schools at UCLA will provide a range of *technical assistance* such as (a) generating examples of the type of general policy statements that are needed, (b) developing strategic guidelines for how to encourage endorsement by policy makers, (c) helping to minimize the negative effects of competition among the many stakeholder groups concerned with specific facets of addressing barriers to learning, (d) sharing models for use in developing prototype demonstrations and for use in the diffusion process, and (e) aiding with evaluation planning.

Contents

Policies and Practices for Addressing Barriers to Student Learning: Current Status and New Directions

Schools and communities cannot afford to ignore factors that interfere with student learning and performance.

Policy makers and practitioners have long understood that such factors must be addressed if students are to make satisfactory progress. This understanding is reflected in the array of activity aimed at preventing and correcting learning, behavior, emotional, and health problems. Some of the activity has helped. There is growing concern, however, among policy makers and many practitioners that current policies and practices are seriously flawed and grossly inadequate.

Reflecting this growing concern, leaders from state and local agencies and organizations gathered at regional meetings in the fall and summer of 1996 in Los Angeles, Albuquerque, and Portland, Maine to share their perspectives on

- what's happening currently

- what's getting in the way of necessary systemic changes

- what might help quicken the pace of reform.

Participants were well-informed and in general agreement about these matters, and a strong consensus emerged from the three meetings.

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Existing policies and practices:
Are they fostering comprehensive, integrated approaches to address barriers to learning and promote healthy development?

What is the current policy approach to addressing barriers to learning? Participants indicated that the most prominent emphasis related to this matter is found in policies aimed at stimulating increased *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources*. The explicit hope is that cooperation and integration will lead to better use of limited resources; another implicit hope is that collaboration will lead to *comprehensive services*.

Policy emphasis on collaboration hopes to foster integrated services and implicitly hopes to create comprehensive services

Other major trends designed to facilitate integrated use of resources are increased opportunity for *waivers* to mandated regulations and efforts to *decentralize* control and *restructure* organizations.

Exhibit 1 in Appendix A presents examples participants noted as potentially useful, albeit limited, current activity.

Despite all the recent activity, participants concluded that:

No current policy establishes a framework for developing a comprehensive, integrated approach to address barriers to student learning and enhance healthy development.

. . . but there is no explicit policy framework for a comprehensive, integrated approach

To underscore this point, it was stressed that in policy and practice

- little attention is paid to restructuring the education support programs and services that schools own and operate

- little attention is paid to doing more than co-locating a few community health and human services at select school sites

- little attention is paid to weaving school owned resources and community owned resources together into a comprehensive, integrated approach to address barriers to learning and enhance healthy development.

Thus, in both policy and practice, it is evident that developing a comprehensive, integrated approach continues to be a low priority.

There is bitter irony in all this. Without a comprehensive integrated approach for addressing barriers to learning, costly initiatives to improve education and to link health and social services to schools are unlikely to result in major increases in school achievement or major reductions in behavior problems.

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Comprehensive approaches:
What's getting in the way?

Why aren't efforts to address barriers to learning comprehensively a high priority for policy makers?

Participants made the following points:

Need to educate the general public

There is no dedicated effort to generate the type of widespread *understanding* and *public support* needed to influence policy for a comprehensive, integrated approach to addressing barriers to learning.

Although most people don't think in terms of their role in *shaping policy* that affects youth, everyone has a voice at some level and often at various levels -- school site, community, board of education, city, county, state, federal (see Appendix B).

Turf

In this context, significant efforts are yet to be made to ensure *a place at the table for all key stakeholder groups*. As such efforts are made, it is well to recognize that *turf battles* already play a major role in maintaining fragmentation, and thus, it is essential to deal with the likelihood that such battles will be exacerbated initially as more stakeholders are included.

No unifying concept

With regard to needs and practices related to youngsters who are not doing well, there is *no unifying concept* around which to rally the public and to use as guide in formulating policy.

The norm is for advocates of specific problems to argue for a targeted group, thereby becoming part of a vast sea of advocates competing for the same dwindling resources. Similarly, advocates for different professional groups that offer "support services" are forced into competition with each other. As is widely acknowledged, approaching policy makers in such a piecemeal, competitive manner results in policies that fragment and limit the focus of efforts to address barriers to learning.

Without a unifying concept around which competing forces can rally, it is unlikely that a comprehensive policy to address barriers to learning will be developed. (In this respect, the concept of the Enabling Component is offered for illustrative purposes -- see Appendix C.)

Balancing centralized and decentralized governance and decision making	In terms of the role of government, a major factor getting in the way of developing a comprehensive integrated approach is the problem of appropriately *balancing centralized and decentralized governance* and decision making.
Rule-driven accountability	Another major factor is overemphasis on *rule-driven accountability*.
Inadequate professional training and certification	With respect to vision, leadership, and rapidly changing capacity building needs, the *inadequacy of prevailing approaches to professional training and certification* continue as pervasive and fundamental problems.
Dearth of evidence on efficacy	There is a *dearth of evidence supporting the efficacy* of many programs and services. This is not simply a matter that programs lack promise or are poorly conceived. Some might be ineffective; however, (a) others lack resources for appropriate implementation, (b) outcome data often are not gathered because of lack of interest or resources, and (c) accountability mandates often are naive in demanding outcomes that are unrealistic given the stage of program development or the length of time a program has been in operation.
Failure to capitalize on existing opportunities	On the other side of the coin are *failures* of many agencies *to take advantage of shifts in policy* designed to enhance coordination and facilitate integrated approaches, such as waivers and Title XI of the Improving America's Schools Act.
	Exhibit 2 in Appendix A provides examples of policy related matters identified by participants as getting in the way of developing comprehensive integrated approaches.

How can we move forward more quickly to develop a policy framework for a comprehensive, integrated approach?

Elevate level of policy priority

Participants agreed that the most fundamental need is to *elevate the level of priority policy makers assign to addressing barriers to learning.*

Consensus was that a major breakthrough in dealing with the many barriers confronting youth in this country is unlikely until policy makers treat the matter as a primary concern.

The need to do so is reflected in the failure of education restructuring and reform. Current public policy in this arena does not give the same level of priority to addressing barriers to student learning as it does to instructional and management reforms. This continues to be the case despite the fact that in many schools the test scores of over half the population are not indicating benefits from instructional reforms. One logical reason for this is that students cannot benefit from even the best curriculum and instruction as long as they are encountering major obstructions to effective learning and performance.

A campaign to educate and advocate — organized around a unifying vision

A central consideration in influencing policy priorities is mounting *a compelling campaign of education and advocacy.*

Participants agreed there is considerable value in organizing such a campaign around *a unifying vision* of *a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development.*

This leads to considerations regarding next steps.

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Next Steps

Developing Leadership & Infrastructure for the Campaign

Planning and implementing any campaign to affect public policy requires *development of leadership and infrastructure*. The regional meetings brought together stakeholders who could take a leadership role in evolving policy to address barriers to learning.

As a next step, our Center proposes to provide technical assistance for organizing an infrastructure consisting of a steering committee and work groups at local, state, regional, and national levels. These groups will focus on creating and implementing multifaceted and multiyear strategies to enhance widespread understanding and build constituencies to encourage policy makers to treat the matter of addressing barriers to learning as a primary concern.

Focus for the Campaign -- a unifying policy framework

In clarifying the need to elevate policy priority, the campaign will emphasize the need to develop *a unifying policy framework* for a comprehensive, integrated approach to address barriers to learning and promote healthy development.

Advocacy for prototype demonstrations & appropriate evaluation

Once the initial campaign is well underway, steering and work groups will have to pursue ongoing advocacy to ensure development of

- policies and strategies for implementing *prototype demonstrations* that weave together school and community resources in ways that create a comprehensive, integrated approach

- *formative* evaluations that lead to a *summative* focus on efficacy only after the prototype or any new site is functioning as planned

Ensuring wide-spread implementation (scale-up)

Finally, the steering and work groups will need to advocate for *scale-up* -- policies and strategies to ensure that comprehensive, integrated approaches are developed and maintained on a large-scale.

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A few words about each of these matters will help further clarify their importance.

(1) *A Unifying Policy Framework.* The campaign should call for a policy framework that places efforts to address barriers to learning in the context of current initiatives to restructure education and integrate community health and social services. Such a framework should be specific enough to guide and support efforts in schools and communities with respect to evolving a comprehensive, integrated component for addressing barriers to learning. It also should guide and support the process in ways that ensure this component is completely integrated with all other efforts to facilitate learning and development.

(2) *Prototypes.* The policy framework should specify that demonstration prototypes are to weave school and community resources together to create a comprehensive, integrated continuum of programs and services that can meet the needs of all children. Such prototypes are created as models for use in wide-spread diffusion strategies.

(3) *Evaluation.* As a matter of sound public policy, accountability is essential. However, premature or naive accountability can wreak havoc with reform efforts. The policy framework should recognize that formative evaluation is the most logical form of accountability until a program is fully operational.

(4) *Scale-up.* Wide-spread diffusion of comprehensive, integrated approaches is the goal. To this end, there is a need for policies and strategies that ensure sound diffusion models are developed and supported.

Technical Assistance

Our Center will provide a range of *technical assistance* such as (a) generating examples of the type of general policy statements that are needed, (b) developing strategic guidelines for how to encourage endorsement by policy makers, (c) helping to minimize the negative effects of competition among the many stakeholder groups concerned with specific facets of addressing barriers to learning, (d) sharing models for use in developing prototype demonstrations and for use in the diffusion process, and (e) aiding with evaluation planning. Examples of the types of models that may be of use are seen in Appendices C, D, and E. These present, respectively, the concept of an enabling component, one school district's efforts to establish a comprehensive approach, and a draft of legislation that was proposed as a step in elevating a states' attention to the problem of addressing barriers to learning.

Appendix A

Specific Examples of Information and Concerns Shared by Participants

Exhibit 1

Examples of Some Potentially Useful Current Activity

During their discussions, participants offered the following examples.

New Forms of Service Delivery and Enhancement of Case Management

Initiatives fostering school-based and school-linked clinics, health and family resource centers, full service school models, and other efforts to move toward comprehensive, integrated resource centers (including Robert Wood Johnson's *Making the Grade* initiative to foster statewide development of school-based health centers)

Systems of care that link departments and programs and emphasize empowering children and families

Student involvement in community service (which also is being used as a key motivational element in planning instruction)

Enhancement of Resource Coordination/Integration

Waivers that counter negative effects of categorical funding to better meet the needs of students and their families

Consolidation of agencies and programs to better serve families and children (e.g., state Level *Children's Cabinets*, cross-department blending of programs and funds, county-wide initiatives)

Multi-department and multi-discipline coordinating bodies for public and private agencies and schools (at federal, state, and local levels)

Tightening the connections among feeder schools and between schools and their surrounding communities

Use of Title XI of the Improving America's Schools Act to finance and stimulate coordination of services and programs (school/community) that address barriers to learning

Use of infrastructure grants from the Centers for Prevention and Disease Control (CDC) to foster comprehensive school health programs

Upgrading Existing Programs

New forms of professional education (e.g., Interprofessional education at Universities; joint training of school and community professionals; cross disciplinary training)

New forms of professional teaming and differentiated staffing

Use of Ombuds persons to provide independent view of system and recommend ways to improve it

Facilitating volunteer activity through policies that encourage citizens to participate at schools (e.g., job released time, AmeriCorps, work fair, community service programs)

Enhancing administrator involvement in addressing barriers to learning (for example, asking Principals to track about 20 of their students who are doing poorly and then meet with other principals to design system changes for such students)

Use of Medicaid financing to underwrite school-based services and programs

Increased emphasis on reasonable outcome-focused activity

Exhibit 2
Examples of Policy Related Matters Interfering with Development of Comprehensive, Integrated Approaches

During their discussions, participants offered the following examples.

Progress is impeded by current policies that

- generate needs assessments that create an image of pathology (broken children, broken homes) and of discrete categories of problems

- foster use of resources mainly to address the most severe problems which results in high cost targeted programs and de-emphasizes programs that could prevent many of these problems (this trend also tends to de-emphasize importance of fostering healthy development)

- create barriers and roadblocks to weaving school and community resources together

- mandate a shift to an outcome orientation in ways that are being translated into demands for forms of accountability that are premature

- perpetuate a focus on grants and projects rather than on children, families, schools, communities (and given limited resources, programs tend to follow resources rather than addressing identified needs in a comprehensive, integrated manner)

- are not robust enough to survive political, administrative, and staff changes

The dearth of policy that fosters

- restructuring and transforming school-owned resources designed to address barriers to learning

- the idea that a high school and its feeder schools must function as an integral and integrated component of a community.

- recruitment and maintenance of a significant proportion of the "best and the brightest" members of society into education

- the upgrading of the preparation of personnel who work in programs that address barriers to learning

- the weaving together of school and community resources

- comprehensive approaches that encompass a major focus on primary prevention, early intervention, and continued assistance for severe and chronic problems

- underwriting the development of models for change (scale-up, diffusion)

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Exhibit 3

Examples of What Might Move Reform Forward

During discussions, participants offered the following examples.

Enhanced Vision and Strengthening of Policy to Foster Coordination and Partnerships

- Forging a vision and consensus around a unifying message and priorities that can have an impact on policy makers and the general public (e.g., a campaign of education and advocacy, development of policy guidebooks)

- Creating better linkages and partnerships among leaders/advocates/resources (e.g., through mandates, blended funding, cross-disciplinary training, multi-disciplinary associations at state and local levels, facilitators to develop partnerships)

- Enhancing buy-in, motivation, and capacity for success by involving the whole community (e.g., business, agencies, politicians, churches, recreation, and so forth)

- Policies that incorporate models that guide effective consolidation of agencies and programs serving families and children

- Development of models for cross-agency daily working relationships -- including vertical teaming, co-location of personnel to facilitate the working together of staff from different agencies and disciplines, eliminatig disincentives such as competition for funding and turf

- Greater emphasis on policies and practices that help build stronger communities (including economic development, multi-use of community facilities)

New Approaches to Fostering Appropriate Systemic Change and Improving Practices

- Models of comprehensive programmatic approaches that weave school and community resources together to address barriers to learning; as part of such approaches, integrated pre-service and in-service programs must be designed to enable teachers and classrooms to work more effectively with mild-moderate learning, behavior, and emotional problems in regular classrooms; another part of such approaches involves addressing the barriers that interfere with the students functioning effectively in a classroom

- Complementary policies to ensure cross-level consistency (e.g., national policy offers guidance, state monitors, local bodies operationalize)

- Policies and models that encourage institutes of higher education to play a more integrated role in reforms and stimulate the redesign of professional pre-service training and its integration with programs for continuing education (e.g., working together for the success of all children, outreach to offer instruction at local sites)

(cont.)

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Exhibit 3 (cont.)

Examples of What Might Move Reform Forward

New Approaches to Fostering Appropriate
Systemic Change and Improving Practices (cont.)

- Strategies that ensure all key stakeholder groups are "at the table" and are prepared to participate constructively; in this context, parents and students must not be viewed just as clients, but as resources

- Policies and models for differentiated staffing, including appropriate use of paraprofessionals and volunteers

- Changing the current emphasis on needs assessment to a focus on assessing or mapping assets and needs -- with an emphasis on individuals and systems/ environments (e.g., need to modify CDC's youth risk survey to also include a focus on young people's assets)

- Developing and supporting models for change (scale-up, diffusion) that builds support networks between new and already successful efforts

Appropriate Supports for Reform Efforts

- Redeployment of resources to generate and document successes in ways that will have more of an impact on policy makers and the general public and development of strategies to publicize (e.g., documenting readiness to learn, increased attendance)

- Policies that ensure allocation of the additional time required to implement reforms (e.g., time to meet, plan, coordinate; appropriate time frames for change and continuing education and to demonstrate improved efficacy)

- Policies that allocate funds, time, and personnel for prevention and early intervention as well as for individual treatment of problems

Appendix B

Some Points About Influencing Policy

As we attempt to influence public policy, it is essential to have some perspective on what the term means.

Policy denotes a purposive course of action aimed at dealing with a matter of concern. We treat public policy as courses of action carried out by institutions and people who staff them. We also view the process of developing policy as political, but not limited to the enactment of laws, regulations, and guidelines. That is, while much policy is enacted by legally elected representatives, policy often emerges informally because of the way people in institutions pursue course of action each day. Decisions not to act also constitute policy making.

A great deal of discussion in recent years focuses on whether policy should be made from the top-down or the bottom-up. Our experience in attempting to influence policy related to the matter of addressing barriers to student learning suggests that efforts to generate changes must focus on the top, bottom, and at every level of the system.

The commitment and priority assigned to a policy generally is reflected in the support provided for implementing specified courses of action. Some actions are mandated with ample funds to ensure they are carried out; others are mandated with little or no funding; some are simply encouraged.

Designated courses of action vary considerably. More often than not policy is enacted in a piecemeal manner, leading to fragmented activity rather than comprehensive, integrated approaches. Relatedly, time frames often are quite restricted -- looking for quick payoffs and ignoring the fact that the more complex the area of concern, the longer it usually takes to deal with it. The focus too often is on funding short-term projects to show what is feasible -- with little of no thought given to sustainability and scale-up.

Public policy related to addressing barriers to learning and promoting healthy development clearly warrants renewed attention. Those concerned with this topic have a role to play in both analyzing the current policy picture and influencing needed changes. The figure on the next page underscores some of the major policy dimensions we find worth keeping in mind as we think about influencing public policy.

SOME MAJOR POLICY DIMENSIONS

LEVEL OF PRIORITY/
DEGREE OF COMPULSION

Encouraged
(no mandate;
no funding)

Mandated with
inadequate or
no funding

Mandated with
appropriate
funding

PURPOSE

Development of
model demonstrations

Development of
programs/infrastructure

Systemic restructuring
of infrastructure and
program changes

Systemic restructuring
of institutionalization/
sustainability

Acts of legislative
bodies & related
regulations and
guidelines

Procedural guidelines
and standards related
to an institution's
mission, goals, and
objectives

Procedural guidelines
and standards related
to a department,
unit, or other specific
facet of an organization

Informal standards, mores,
etc. shaping the actions of
those in an organization,
community or other social
context

FORM OF POLICY

(national, regional, county, local -- city, district, site specific)

OTHER DIMENSIONS

Comprehensiveness = piecemeal (fragmented) action <------> comprehensive (integrated) action

Degree of flexibility in administering policy = none <------> full waivers granted as appropriate

Length of funding = brief <------> long-term

Requirement of in-kind contribution (buy-in) = none <------> designated percentage (kept constant or with proportions shifting over time)

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Appendix C

The Enabling Component: An Example of a Unifying Concept

Policy makers and reform leaders have yet to come to grips with the realities of addressing barriers to learning. One reason for the limited progress is the lack of a unifying concept around which advocates and decision makers can rally. A related problem is the dearth of models clarifying the nature and scope of essential programs, services, and infrastructure mechanisms. The following brief comments are intended to illuminate each of these matters.

Needed: A Unifying Concept to Guide Policy

Despite the argument that schools should not be expected to operate nonacademic programs, it is commonplace to find educators citing the need for health and social services as ways to enable students to learn and perform. Also, increasing numbers of schools are reaching out to expand services that can support and enrich the educational process. Thus, there is little doubt that educators are aware of the value of health (mental and physical) and psychosocial interventions. In spite of this, efforts to create a comprehensive approach still are not assigned a high priority.

The problem is that the primary and essential nature of relevant activity has not been effectively thrust before policy makers and education reformers. Some demonstrations are attracting attention. However, they do not convey the message that interventions addressing barriers to teaching and learning are *essential* to successful school reform.

The next step in moving toward a comprehensive approach is to bring the following point home to policy makers at all levels. *For school reform to produce desired student outcomes, school and community reformers must expand their vision beyond restructuring instructional and management functions and recognize that there is a third primary and essential set of functions involved in enabling teaching and learning.* This essential third facet of school and community restructuring has been designated the Enabling Component (Adelman, in press, 1995; Adelman & Taylor, 1994). Such a component stresses integration of enabling programs and services with instructional and management components (see Figures 1 and 2). Emergence of a cohesive

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enabling component requires (1) weaving together what is available at a school, (2) expanding what exists by integrating school and community resources, and (3) enhancing access to community programs and services by linking as many as feasible to programs at the school.

The concept of an enabling component provides a unifying focus around which to formulate new policy. Adoption of an inclusive unifying concept is seen as pivotal in convincing policy makers to move to a position that recognizes enabling activity as essential if schools are to attain their goals. Evidence of the value of rallying around a broad unifying concept is seen in the fact that the state legislature in California was recently moved to consider the type of policy shift outlined here as part of a major urban education bill (AB 784). In addition, the concept was adopted by one of the original nine national "break the mold" models supported by the New American Schools Development Corporation (Learning Center Model, 1995).

Needed: A Programmatic Focus

Operationalizing an enabling component requires formulating a carefully delimited framework of basic programmatic areas and creating an infrastructure for restructuring enabling activity. Based on analyses of extant school and community activity, enabling activity can be clustered into six basic programmatic areas (see Figure 3 and Exhibit A). These encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach to develop greater community involvement and support -- including recruitment of volunteers (Adelman, in press).

An essential infrastructure encompasses mechanisms for restructuring resources in ways that enhance each programmatic area's efficacy. It also includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional, enabling, and management components (see Exhibit B).

After policy makers recognize the essential nature of a component for addressing barriers to learning, it should be easier to weave all enabling activity together (including special and compensatory education) and elevate the status of programs to enhance healthy development. It also should be less difficult to gain acceptance of the need for fundamental policy shifts to reshape programs of pre- and in-service education.

Ultimately, a comprehensive set of programs to address barriers and enable learning and

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teaching must be woven into the fabric of every school. In addition, families of schools need to establish linkages in order to maximize use of limited school and community resources. Over time, by working toward developing a comprehensive, integrated approach schools, once again, can become the heart of their communities (see Exhibit C)..

Needed: An Infrastructure

A policy shift and programmatic focus are necessary but insufficient. For significant systemic change to occur, policy and program commitments must be demonstrated through allocation/redeployment of resources (e.g., finances, personnel, time, space, equipment) that can adequately operationalize policy and promising practices. In particular, there must be sufficient resources to develop an effective structural foundation for system change. Existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure there is local ownership, a critical mass of committed stakeholders, processes that can overcome barriers to stakeholders working together effectively, and strategies that can mobilize and maintain proactive effort so that changes are implemented and renewed over time.

Institutionalizing a comprehensive, integrated approach requires redesigning mechanism with respect to at least five basic infrastructure concerns, namely, (1) governance, (2) planning-implementation associated with specific organizational and program objectives, (3) coordination/ integration for cohesion, (4) daily leadership, and (5) communication and information management. In reforming mechanisms, new collaborative arrangements must be established, and authority (power) must be redistributed -- all of which is easy to say and extremely hard to accomplish. Reform obviously requires providing adequate support (time, space, materials, equipment) -- not just initially but over time -- to those who operate the mechanisms. And, there must be appropriate incentives and safeguards for those undertaking the tasks.

In terms of task focus, infrastructure changes must attend to (a) interweaving school and community resources for addressing barriers to learning (a component to enable learning), direct facilitation of learning (instruction), and system management, (b) reframing inservice programs -- including an emphasis on cross-training, and (c) establishing appropriate forms of quality improvement, accountability, and self-renewal. Clearly, all this requires greater involvement of professionals providing health and human service and other programs addressing barriers to learning . And this means involvement in every facet, especially governance.

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Concluding Comments

As indicated by the Carnegie Council Task Force on Education of Young Adolescents (1989): "School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge." School-community collaboratives represent a promising direction for efforts to generate essential interventions. In doing so, however, steps must be taken to counter the piecemeal and fragmented approach that characterizes most school and community efforts. As emphasized throughout this discussion, effectively meeting the challenges of addressing persistent barriers to learning and enhancing healthy development requires melding resources of home, school, and community to create a comprehensive, integrated approach. (Such an approach should not be confused with participating on a comprehensive or multi-disciplinary team that discusses cases or coordinates resources.) Getting there from here involves a policy shift that places the development of such an approach on a par with current reforms related to instruction and school management.

All of this leads to new roles for professionals who work in schools and communities. There is adequate evidence to make the case that increased dividends might accrue if such personnel devoted a greater proportion of their talents and time to creating the type of comprehensive, integrated approach outlined in this discussion. Developing such an approach, however, requires shifting priorities and redeploying time for program coordination, development, and leadership (Taylor & Adelman, 1996).

Clearly, staff currently providing health and human services can contribute a great deal to the creation of a comprehensive, integrated approach. Equally evident is the fact that they cannot do so as long as they are completely consumed by their daily caseloads. Their's must be a multifaceted role -- providing services as well as vision and leadership that transforms how schools address barriers to learning and enhance healthy development.

References

Adelman, H.S. (in press). *Restructuring support services: Toward a comprehensive approach.* Kent, OH: American School Health Association.

Adelman, H.S. & Taylor, L. (1994). *On understanding intervention in psychology and education.* Westport, CT: Praeger.

Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents (1989). *Turning Points: Preparing American Youth for the 21st Century.* Washington, DC: Author.

Learning Center Model (1995). *A design for a new learning community.* Los Angeles: Los Angeles Educational Partnership.

Taylor, L., & Adelman, H.S. (1996), Mental health in the schools: Promising directions for practice. In L. Juszcak & M. Fisher (Eds.) *Health care in schools.* A special edition of *Adolescent Medicine: State of the Art Reviews, 7,* 1-15.

Figure 1

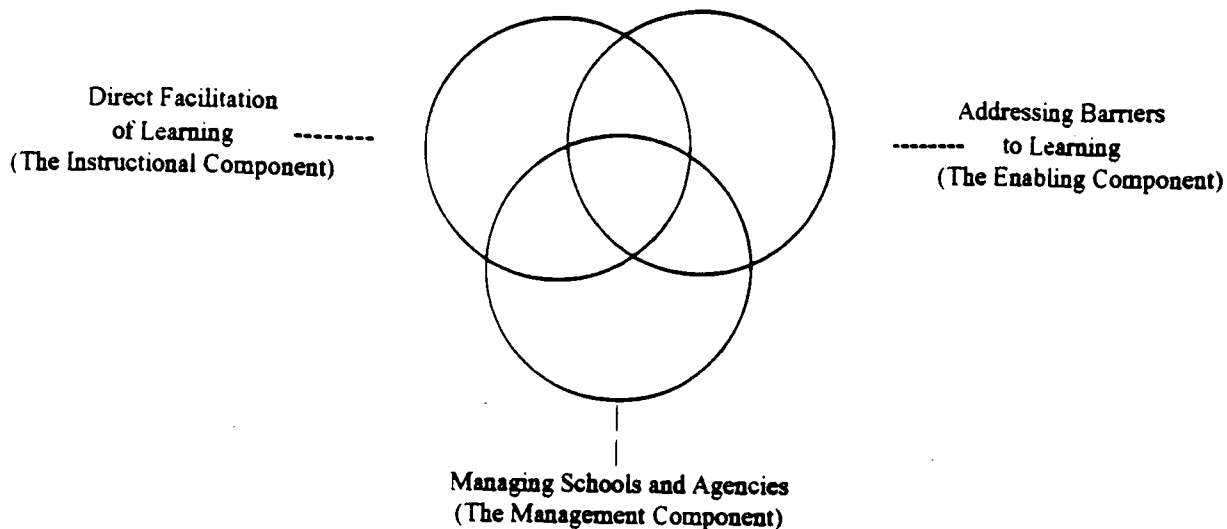# Three Major Components to be Addressed In Restructuring Education
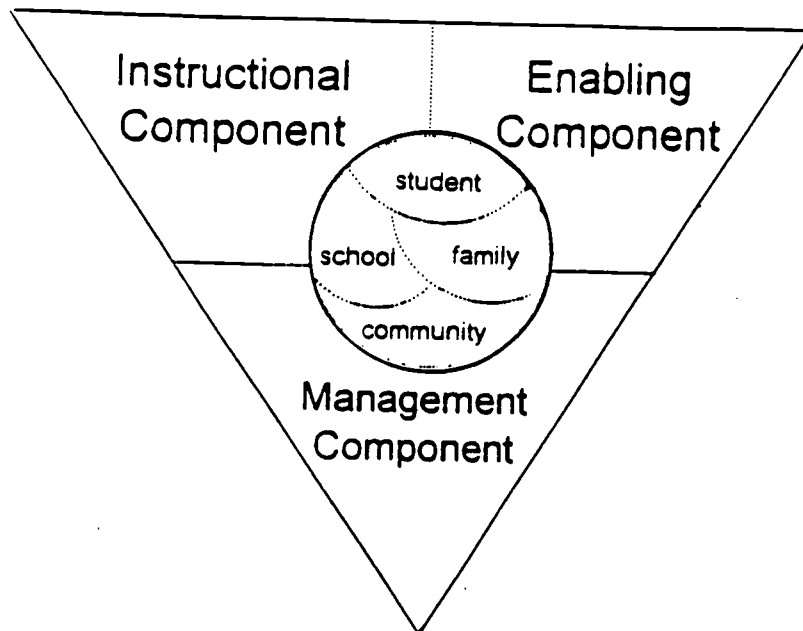
* Given the various factors that can interfere with learning and performance, a school program committed to the success of *all* children must be designed with an array of activity to *enable learning*. Stated even more emphatically, activity to enable learning is *essential* for all students who encounter barriers that interfere with their benefitting satisfactorily from instruction.

* To meet the need, an Enabling Component has been conceived as one of three primary and continuously transacting components that must be addressed in restructuring education. Such a component is seen as providing a unifying concept for policy making and a focal point for establishing a cohesive approach that both confronts barriers to learning and promotes healthy development. Indeed, through integration with the Instructional Component, the Enabling Component is intended to ensure a strong emphasis is given to promoting healthy development and facilitating positive functioning as among the best ways to prevent many problems and as an essential adjunct to corrective interventions.

* The Enabling Component encompasses comprehensive integrated clusters of activity and represents a fundamental reconception of programs and services for enabling schools to teach, students to learn, families to function constructively, and communities to serve and protect. The component emerges from what is available at a site, expands what is available by working to integrate school and community programs/services, and enhances access to community programs by linking as many as feasible to programs at the site.

> A dictionary definition of enabling is "To provide with the means or opportunity; make possible, practical, or easy; give power, capacity, or sanction to."

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Figure 2

Three Component Model to Guide School-Community Restructuring and Reform

Direct Facilitation
of Learning   --------
(The Instructional Component)

Addressing Barriers
-------- to Learning
(The Enabling Component)

Managing Schools and Agencies
(The Management Component)

Restructuring Education and Community Health and Social Services and Weaving Them Together

Instructional
Component

Enabling
Component

student

school   family

community

Management
Component

Meshing with
School Programs
(e.g., education support
programs and services,
classroom programs,
home involvement)

Enhancement of
Service Delivery
(e.g., school-linked services,
public-private partnerships,
integrated services,
comprehensive systems
of care)

Management
Restructuring
(e.g., devolution of
governance and planning,
managed care, outcome
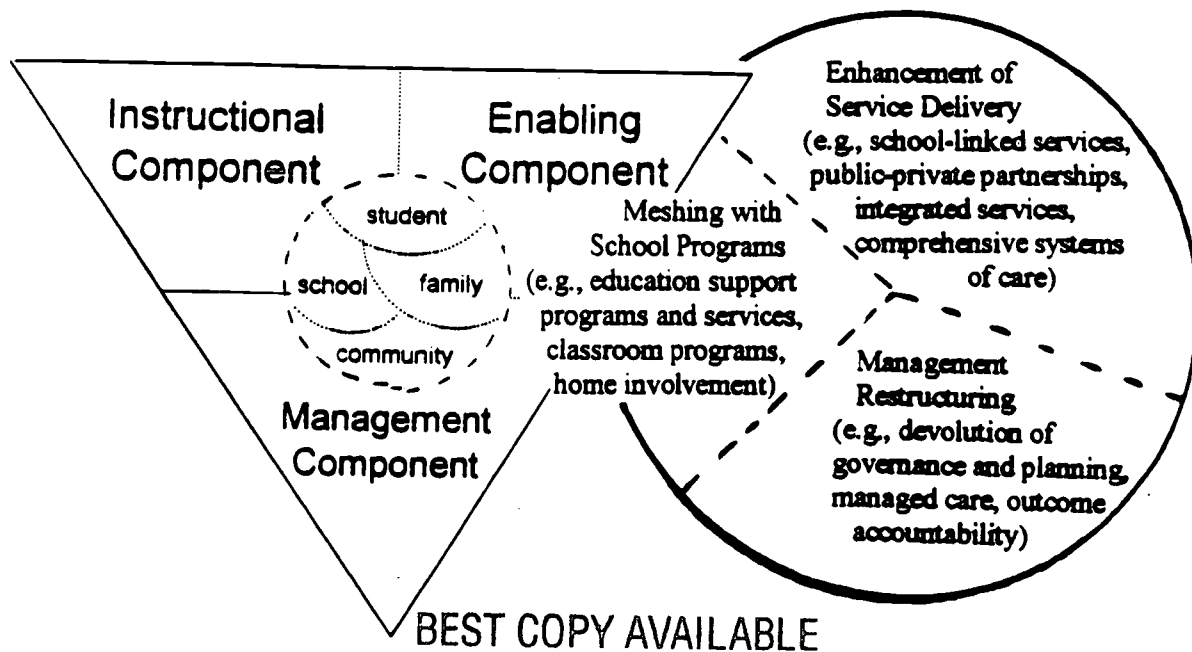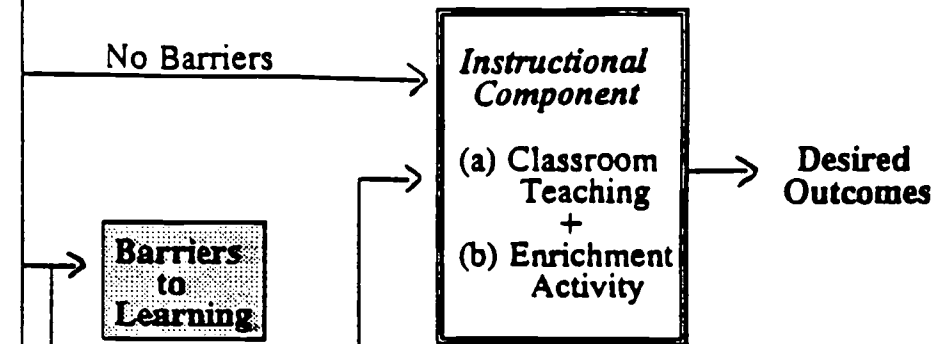accountability)

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Figure 3

Needed: a comprehensive integrated programmatic approach

Types of Learners

I = Motivationally ready & able

II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities

III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems

No Barriers → **Instructional Component**

(a) Classroom Teaching
+
(b) Enrichment Activity

→ **Desired Outcomes**

Barriers to Learning

Enabling Component

The Enabling Component:
A Comprehensive, Integrated Approach for Addressing Barriers to Learning

Such an approach weaves six clusters of enabling activity into the fabric of the school to address barriers to learning and promote healthy development for *all* students.
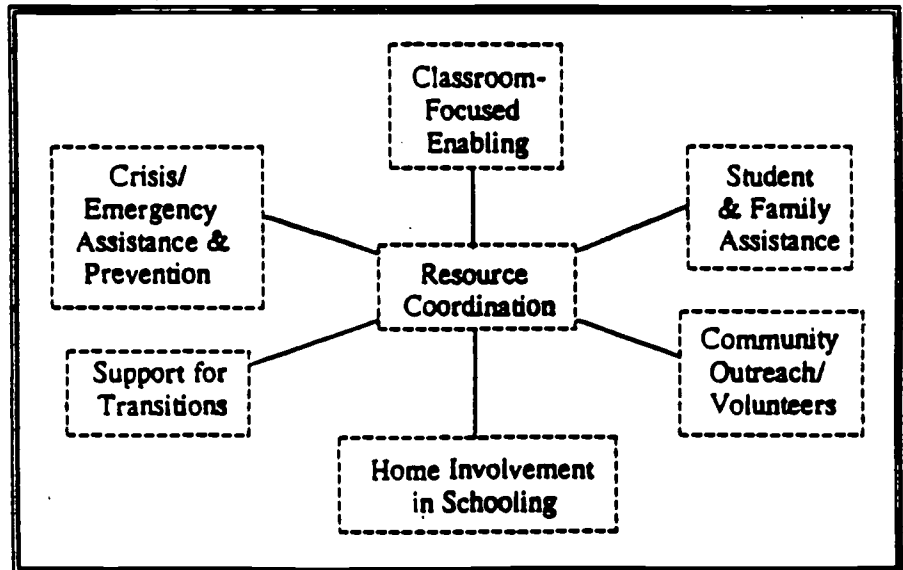
- Classroom-Focused Enabling
- Crisis/ Emergency Assistance & Prevention
- Student & Family Assistance
- Resource Coordination
- Support for Transitions
- Community Outreach/ Volunteers
- Home Involvement in Schooling

Exhibit A

Six Interrelated Programmatic Areas for Enabling Learning

1. Classroom-Focused Enabling

When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. Thus, the emphasis here is on enhancing classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom.* This is accomplished by providing personalized help to increase a teacher's array of strategies for working with a wider range of individual differences (e.g., through use of accommodative and compensatory strategies, peer tutoring and volunteers to enhance social and academic support, resource and itinerant teachers and counselors in the classroom). Two aims are to increase mainstreaming efficacy and reduce the need for special services.

> Work in this area requires(1) programs for personalized professional development (for teachers and aides), (2) systems to expand resources, (3) programs for temporary out of class help, and (4) programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning. Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future.

2. Student and Family Assistance Programs and Services

Some problems, of course, cannot be handled without special interventions, thus the need for student and family assistance. The emphasis here is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Special attention is paid to enhancing systems for triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. The work should be supported by multi-media advanced technology. Continuous efforts are made to expand and enhance resources. An invaluable context for this activity is a school-based **Family and Community Center Service Facility**. As major outcomes, the intent is to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

> Work in this area requires (1) programs designed to support classroom focused enabling -- with specific emphasis on reducing the need for teachers to seek special programs and services,(2) a stakeholder information program to clarify available assistance and how to access help, (3) systems to facilitate requests for assistance and strategies to evaluate the requests (including use of strategies designed to reduce the need for special intervention), (4) a programmatic approach for handling referrals, (5) programs providing direct service, (6) programmatic approaches for effective case and resource management, (7) interface with community outreach to assimilate additional resources into current service delivery, and (8) relevant education for stakeholders.

*Besides Classroom-Focused Enabling, the regular classroom curriculum should focus on fostering socio-emotional and physical development. Such a focus is an essential element of efforts to prevent learning, behavior, emotional, and health problems.

Exhibit A (cont.)

Six Interrelated Programmatic Areas for Enabling Learning

3. *Crisis Assistance and Prevention*

The emphasis here is on responding to, minimizing the impact of, and preventing crises. If there is a school-based **Family and Community Center Service Facility**, it provides a staging area and context for some of the programmatic activity. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in creation of a safe and productive environment and development of student and family attitudes about and capacities for dealing with violence and other threats to safety.

> Work in this area requires (1) systems and programs for emergency/
> crisis response at a site, throughout a school complex, and community-
> wide (including a program to ensure follow-up care), (2) prevention
> programs for school and community to address school safety/violence
> reduction, suicide prevention, child abuse prevention and so forth, and
> (3) relevant education for stakeholders.

4. *Support for Transitions*

The emphasis here is on planning, developing, and maintaining a comprehensive focus on the variety of transition concerns confronting students and their families. Efforts in this area are greatly aided by advanced technology. Anticipated outcomes are reduced alienation and increased positive attitudes toward and involvement at school and in a range of learning activity.

> Work in this area requires (1) programs to establish a welcoming and
> socially supportive community (especially for new arrivals),
> (2) programs for articulation (for each new step in formal education,
> vocational and college counseling, support in moving to and from
> special education, support in moving to post school living and work),
> (3) before and after-school programs to enrich learning and provide
> recreation in a safe environment, and (4) relevant education for
> stakeholders.

Six Interrelated Programmatic Areas for Enabling Learning

5. *Home Involvement in Schooling*

The emphasis here is on enhancing home involvement through programs to address specific parent learning and support needs (e.g., ESL classes, mutual support groups), mobilize parents as problem solvers when their child has problems (e.g., parent education, instruction in helping with schoolwork), elicit help from families in addressing the needs of the community, and so forth. The context for some of this activity may be a **parent center** (which may be part of the **Family and Community Service Center Facility** if one has been established at the site). Outcomes include specific measures of parent learning and indices of student progress and community enhancement related to home involvement.

> Work in this area requires (1) programs to address specific learning and support needs of adults in the home, (2) programs to help those in the home meet their basic obligations to the student, (3) systems to improve communication about matters essential to the student and family, (4) programs to enhance the home-school connection and sense of community, (5) interventions to enhance participation in making decisions essential to the student, (6) programs to enhance home support related to the student's basic learning and development, (7) interventions to mobilize those at home to problem solve related to student needs, (8) intervention to elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs, and (9) relevant education for stakeholders.

6. *Community Outreach for Involvement and Support (including Volunteers)*

The emphasis here is on outreaching to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (a) public and private community agencies, universities, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations, and clubs. A **Family and Community Service Center Facility** is a useful context for some of this activity (if one has been established at the site). Outcomes include specific measures of community participation and indices of student progress and community enhancement related to use of volunteers and use of additional community resources.

> Work in this area requires (1) programs to recruit community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), (2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students -- especially targeted students), (3) outreach programs to hard to involve students and families (those who don't come to school regularly -- including truants and dropouts), (4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs), and (5) relevant education for stakeholders.

Note: Not addressed here are governance tasks related to all this activity.

Exhibit B

School-site Resource Coordinating *Teams* and
Multisite Resource Coordinating *Councils*

A. *Resource Coordinating Team*

Creation of a School-site Resource Coordinating *Team* provides a good starting place in efforts to enhance coordination and integration of services and programs. Such a team not only can begin the process of transforming what is already available, it can help reach out to District and community resources to enhance enabling activity.

Purposes

Such a team exemplifies the type of on-site organizational mechanism needed for overall cohesion and coordination of school support programs for students and families. Minimally, such a team can reduce fragmentation and enhance cost-efficacy by assisting in ways that encourage programs to function in a coordinated and increasingly integrated way. For example, the team can develop communication among school staff and to the home about available assistance and referral processes, coordinate resources, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this group can provide leadership in guiding school personnel and clientele in evolving the school's vision for its support program (e.g., as not only preventing and correcting learning, behavior, emotional, and health problems but as contributing to classroom efforts to foster academic, social, emotional, and physical functioning). The group also can help to identify ways to improve existing resources and acquire additional ones.

Major examples of the group's activity are

- preparing and circulating a list profiling available resources (programs, personnel, special projects, services, agencies) at the school, in the district, and in the community
- clarifying how school staff and families can access them
- refining and clarifying referral, triage, and case management processes to ensure resources are used appropriately (e.g., where needed most, in keeping with the principle of adopting the least intervention needed, with support for referral follow-through)
- mediating problems related to resource allocation and scheduling,
- ensuring sharing, coordination, and maintenance of needed resources,
- exploring ways to improve and augment existing resources to ensure a wider range are available (including encouraging preventive approaches, developing linkages with other district and community programs, and facilitating relevant staff development)
- evolving a site's enabling activity infrastructure by assisting in creation of area program teams and Familuy/Parent Centers as hubs for enabling activity

Membership

Team membership typically includes representatives of all activity designed to support a school's teaching efforts (e.g., a school psychologist, nurse, counselor, social worker, key special education staff, etc.), along with someone representing the governance body (e.g., a site administrator such as an assistant principal). Also, included are representatives of community agencies already connected with the school, with others invited to join the team as they became involved.

The team meets as needed. Initially, this may mean once a week. Later, when meetings are scheduled for every 2-3 weeks, continuity and momentum are maintained through interim tasks performed by individuals or subgroups. Because some participants are at a school on a part-time basis, one of the problems that must be addressed is that of rescheduling personnel so that there is an overlapping time for meeting together. Of course, the reality is that not all team members will be able to attend every meeting, but a good approximation can be made at each meeting, with steps taken to keep others informed as to what was done.

School-site Resource Coordinating *Teams* and
Multisite Resource Coordinating *Councils*

A Resource Coordinating Team differs from Student Study and Guidance Teams. The focus of a Resource Coordinating Team is not on individual students. Rather, it is oriented to clarifying resources and how they are best used. That is, it provides a necessary mechanism for enhancing *systems* for communication and coordination.

For many support service personnel, their past experiences of working in isolation -- and in competition -- make this collaborative opportunity unusual and one which requires that they learn new ways of relating and functioning. For those concerned with school restructuring, establishment of such a team is one facet of efforts designed to restructure school support services in ways that (a) integrates them with school-based/linked support programs, special projects, and teams and (b) outreaches and links up with community health and social service resources.

B. Resource Coordinating Council

Schools in the same geographic (catchment) area have a number of shared concerns, and feeder schools often are interacting with the same family. Furthermore, some programs and personnel are (or can be) shared by several neighboring schools, thus minimizing redundancy and reducing costs.

Purpose

In general, a group of sites can benefit from having a Resource Coordinating *Council* as an ongoing mechanism that provides leadership, facilitates communication, and focuses on coordination, integration, and quality improvement of whatever range of activity the sites has for enabling activity.

Some specific functions are

*   To share information about resource availability (at participating schools and in the immediate community and in geographically related schools and district-wide) with a view to enhancing coordination and integration
*   To identify specific needs and problems and explore ways to address them (e.g., Can some needs e met by pooling certain resources? Can improved linkages and collaborations be created with community agencies? Can additional resources be acquired? Can some staff and other stakeholder development activity be combined?)
*   To discuss and formulate longer-term plans and advocate for appropriate resource allocation related to enabling activities.

Membership

Each school can be represented on the *Council* by two members of its Resource *Team*. To assure a broad perspective, one of the two can be the site administrator responsible for enabling activity; the other can represent line staff.

Facilitation

Council facilitation involves responsibility for convening regular monthly (and other ad hoc) meetings, building the agenda, assuring that meetings stay task focused and that between meeting assignments will be carried out, and ensuring meeting summaries are circulated.

With a view to shared leadership and effective advocacy, an administrative leader and a council member elected by the group can co-facilitate meetings. Meetings can be rotated among schools to enhance understanding of each site in the council.

Exhibit C

Restructuring Support Services/Integrating Community Resources
Overview of Key Steps in Establishing an Enabling Component

At any site, key stakeholders and their leadership must understand and commit to restructuring plans; commitment must be reflected in policy statements and creation of an infrastructure that ensures the necessary leadership and resources.

Orientation: Creating Readiness

1) Build interest and consensus for developing the component

2) Introduce basic ideas to relevant groups of stakeholders

3) Establish a policy framework -- the leadership group at a site should make a policy commitment that adopts a comprehensive, integrated approach to enabling learning as a primary and essential component of their work

4) Identify a site leader (equivalent to the leader for the Instructional Component) to ensure policy commitments are carried out

Start-up and Phase-in: Building an Infrastructure

5) Establish a steering group and other temporary mechanism to guide the component and provide members of the group with leadership training

6) Formulate specific start-up and phase-in plans

7) Establish and train a site-based Resource Coordinating Team (and, as soon as feasible, a Complex Resource Coordinating Council)

8) Organize areas of enabling activity and establish a cross disciplinary infrastructure

9) Work to enhance component visibility, communication, sharing, and problem solving

10) Attempt to fill program/service gaps through outreach designed to establish formal collaborative linkages with district and community resources

11) Establish a system for quality improvement

Maintenance and Evolution: Toward a Refined Infrastructure, Increased Outcome Efficacy, and Creative Renewal

12) Plan for maintenance

13) Develop strategies for maintaining momentum and progress

14) Generate renewal

Appendix D

An Example of One School District's Efforts to Establish a Comprehensive, Integrated Approach to Addressing Barriers to Learning: Policies and Practices that Stimulate Systemic Reforms

Participants shared a number of examples of efforts to move toward a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development. A district-wide restructuring effort was reported by Sally Coughlin, the Assistant Superintendent for Student Health and Human Services in the Los Angeles Unified School District. Extrapolating from various accounts of the model, the following general points are worth underscoring here.

Readiness for Reform

Widespread concern throughout the district regarding high dropout rates and low test scores had generated great pressure for reform.

Catalysts for Change

A variety of business and community leaders convinced the board of education and the district's administration to develop a major restructuring initiative.

District-wide reform task forces were created and developed a blueprint for restructuring. The focus of one of the task forces was on integrated health and social services. It developed guidelines reflecting a school-linked services model (reaching out to community agencies to foster collaboration and ties with schools).

Simultaneously, a blue ribbon commission set out to make recommendations specifically for restructuring of the district's many education support programs The work of the commission was informed by two major projects: (a) a federally funded program focused on systemic changes at school sites necessary for addressing barriers to student learning effectively and (b) a "break the mold" model being developed as part of the national initiative funded by the New American Schools Development Corporation (NASDC).

Agreements about Directions for Reform

A group of influential reform leaders met with the district superintendent to advocate for accelerated restructuring of the district's activity related to addressing barriers to learning. The superintendent agreed to move rapidly toward a more comprehensive, integrated approach, and to this end, he agreed to appoint an assistant superintendent whose charge would be to lead the reform effort.

Mechanisms to Plan Reforms

An expanded "implementation" task force of community and school personnel took the

previous task force's guidelines and evolved them into a strategic plan for system-wide restructuring. This plan was taken to the board of education for ratification. Task force workgroups were created to focus on implementation needs.

Product

The strategic plan for system-wide restructuring built on promising practices for reducing fragmentation that used mechanisms for mapping, analyzing, redeploying, and enhancing resources at school sites (e.g., resource coordinating *teams*) and for complexes of schools (e.g., resource coordinating *councils*). The plan also outlined a comprehensive, integrated approach for school sites that focused on programs for

- enhancing classroom support by increasing teacher effectiveness for preventing and handling problems in the classroom

- crisis and emergency prevention and assistance

- student transiency and transition from one grade level or program to another

- student and family assistance through direct services or referrals in areas of health, social services, and special education

- home involvement in schooling

- volunteer and community outreach to attract more resources when needed and possible

It should be emphasized that this was a centrally-developed plan. As such, it had no guarantes of adoption/adaptation by individual schools and complexes of schools.

Mechanism to Facilitate Changes

To facilitate the process of restructuring, the strategic plan called for developing a cadre of change agents called Organization Facilitators. Initially, these change agent positions were supported through a combination of general funds and some special project resources. Because the role fit criteria established in Title XI of the Improving Americas Schools Act,* the district subsequently used this avenue to fund enough Organization Facilitator to cover all 27 of its school complexes -- a complex consists of a high school and its feeder schools. (In addition to redeploying federal support through Title XI to underwrite the work of the Organization Facilitators, federal project money was used to pilot test major facets of the systemic changes. State and county initiatives related to mental health, public and private community-school collaborations, regionalization of service areas, and cross-training also have been incorporated into the restructuring effort. With regard to the private sector, the model development of the NASDC funded project has been used to enhance thinking about direction and as a demonstration and training aid.)

Work groups generated from the implementation task force were formed to develop specific plans related to such matters as capacity building (for Organization Facilitators,

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pupil service personnel, other administrative leaders, other line staff) and evaluation.

A"kitchen cabinet" consisting of community experts and district pupil personnel staff was established as an advisory group for the assistant superintendent.

Unit heads for all pupil personnel services met regularly regarding ongoing activity and to discuss reforms.

A new committee of the board of education was established to focus specifically on Student Health and Human Services.

These mechanisms enabled the process of change to begin and can be used for modifications in policy and practice as needed. It is uncertain, however, that they are sufficient to the task of influencing in depth changes at school sites given that control in the district is being decentralized.

Enhancing Coordination/Integration through Redeployment and Acquisition of Additional Resources

Where Resource Coordinating Councils (for complexes of schools) and Resource Coordinating Teams (at specific school sites) have been successfully established, the tasks of mapping, analyzing, and redeploying resources are underway. Development of a comprehensive, integrated programmatic approach for school sites is seen as a next phase of reform.

Next Steps

For restructuring to be successful, the next steps require extensive restructuring of school sites and related changes among school complexes to help them develop a comprehensive, integrated component to address barriers to learning. This probably will require additional policy action by the board of education and greater integration with instructional and management reforms. It also will require the effective use of Organization Facilitators to help develop infrastructure for the reforms at each school site -- including identification of administrative leads for this component at each school site and leadership training for them.

*Title XI of the Improving Americas Schools Act is designed to foster coordinated services to address problems that children face outside the classroom that affect their performance in schools. Under this provision, school districts, schools, and consortia of schools may use up to 5 percent of the funds they receive under the Elementary and Secondary Education Act (ESEA) to develop, implement, or expand efforts to coordinate services. The intent is to improve access to social, health, and education programs and services to enable children to achieve in school and to involve parents more fully in their children's education. Among the barriers cited in the legislation as impeding learning are poor nutrition, unsafe living conditions, physical and sexual abuse, family and gang violence, inadequate health care, lack of child care, unemployment, and substance abuse. Interested applicants should contact the office of the Assistant Secretary for Elementary and Secondary Education, 400 Maryland Ave., S.W., Washington, D.C. 20202-0131 -- phone (201) 401-1576.

Appendix E

An Example of Proposed Legislation to Elevate a State's Attention to Addressing Barriers to Student Learning

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Policy: A Legislative Example

In California, Juanita McDonald brought together a set of task forces to develop an Urban Education Initiative package of legislation.

One major facet focused on Overcoming Barriers to Pupil Learning. The following is the draft of that part of the various bills.

Just before the bills were to go to the Education Committee for review earlier this year, McDonald was elected to Congress.

Efforts now must be directed at incorporating appropriate facets of the initiative into new legislation and other policy efforts.

AMENDED IN ASSEMBLY APRIL 25, 1995

ASSEMBLY BILL   No. 784

Introduced by Assembly Member McDonald
(Principal coauthor: Assembly Member Alpert)
(Coauthors: Assembly Members Archie-Hudson, Baca, Ducheny, Kuehl, and Napolitano)
(Coauthor: Senator Watson)

February 22, 1995

An act to add Part 29.5 (commencing with Section 55000) to the Education Code, relating to urban school districts.

LEGISLATIVE COUNSEL'S DIGEST

AB 784, as amended, McDonald. Education: urban school districts: equal opportunity to learn: teacher credentialing reform.

28 CHAPTER 5. OVERCOMING BARRIERS TO PUPIL LEARNING
29
30   Article 1. Enabling Pupils to Overcome Learning Barriers
31
32
33   55040.   (a) It is the intent of the Legislature that on or
34 before the commencement of the ~~1996/97~~ 1997–98 school
35 year, each school district ensure that the schools within
36 their jurisdiction have an enabling component in place.
37 The enabling component shall enable pupils to overcome
38 barriers that interfere with their ability to learn and to
39 benefit from instructional and management reforms
40 made at schools. For the purposes of this chapter, an

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1 (6) Coordinating enabling components with health
2 and human services offered by the state and by local
3 government.
4 (7) Involving all persons having an interest in the
5 education process in developing the enabling
6 component.
7 (8) Strategies for replicating at schoolsites innovations
8 to improve pupil learning that are successful at other
9 schoolsites.
10 (9) Strategies for improving the quality of education
11 and for improving school accountability.
12 (10) Establishing a comprehensive, integrated,
13 cross-disciplinary approach to teaching.
14 (11) Establishing an integrated component that is
15 understood to be essential to learning.
16 (12) Involving all persons having an interest in the
17 education process in a manner that best utilizes their
18 various strengths.
19 (13) Integrating the enabling component with the
20 instructional and management components of the
21 education process.
22 (14) Developing leadership to effectively operate and
23 implement the enabling component.
24 (15) Developing and incorporating integrated
25 planning for the use of advanced multifaceted
26 technology, to assist pupils and their parents or guardians
27 in the learning process, to provide responses to and
28 prevention of emergencies and other crises, to support
29 transitions, and to provide for community and volunteer
30 outreach.
31 (16) Facilitating teacher recruitment, continuing
32 education for teachers, and retention of teachers.
33 (17) Infrastructure changes, particularly those related
34 to operation space at schoolsites, allocation and
35 maximization of fiscal resources, administrative and staff
36 leadership, and mechanisms for effective coordination of
37 essential system elements and resources.
38 (18) Strategies for phasing in the restructuring of
39 education programs.

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1 (19) Strategies to ensure the long-term success of
2 planned changes.
3 (20) The types of leadership, infrastructure, and
4 specific mechanisms that can be established at a
5 schoolsite for high schools and their feeder schools, and in
6 communities to facilitate coordinated and integrated
7 governing, planning, and implementation of enabling
8 components.
9 (21) Methods for schoolsites to ensure significant roles
10 and leadership training for parents and guardians of
11 pupils and for other community residents,
12 representatives of community-based organizations, and,
13 when appropriate, pupils.
14 (22) Methods to seek waivers of state and federal laws
15 and regulations thereto when necessary to facilitate
16 efforts to evolve a comprehensive, integrated approach
17 to learning.
18 (23) Evaluating the progress of schools in
19 implementing reforms and enhancing outcomes.
20 (24) Methods to provide professional preparation and
21 continuing education programs that focus on the type of
22 interprofessional collaborations necessary for the
23 development of a comprehensive, integrated approach to
24 enabling pupil learning.
25 (b) The department shall disseminate the strategic
26 plan adopted pursuant to this section to school districts on
27 or before December 31, 1996 1997. The department shall
28 also report the strategic plan to the Legislature not later
29 than December 31, 1996 1997, along with specific
30 recommendations on any changes to existing law that are
31 necessary to implement the plan and on any new
32 legislation required to implement the plan. It is the intent
33 of the Legislature that any necessary implementing
34 legislation be enacted for the 1997-98 1998-99 school
35 year.
36 55046. (a) The department shall assist urban school
37 districts or schools that demonstrate readiness to
38 restructure their education support programs and
39 services in a manner consistent with the strategic plan
40 developed pursuant to Section 55045.

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Appendix F

List of Participants

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