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## **Expanding School Improvement Policy to Better Address Barriers to Learning**

Current school improvement policy in the USA marginalizes development of the type of comprehensive system of student and learning supports essential for enabling all students to succeed at school.

***How can education policy can be expanded and operationalized to correct this deficiency?***

What follows are frameworks for expanding policy to unify resources in ways that integrate all student and learning supports using existing resources to enhance cost-benefit outcomes.

# Expanding School Improvement Policy to Better Address Barriers to Learning

“It is not enough to say that all children can learn or that no child will be left behind; the work involves achieving the vision of an American education system that *enables* all children to succeed in school, work, and life.”

(From the 2002 mission statement of CCSSO –  
the Council for Chief State School Officers – italics added)

Enabling all children to succeed requires a school improvement policy that fully addresses factors that interfere with success at school. How many students are affected differs depending on whether or not a school is serving an economically disadvantaged population. However, almost every school has students who are not doing well.

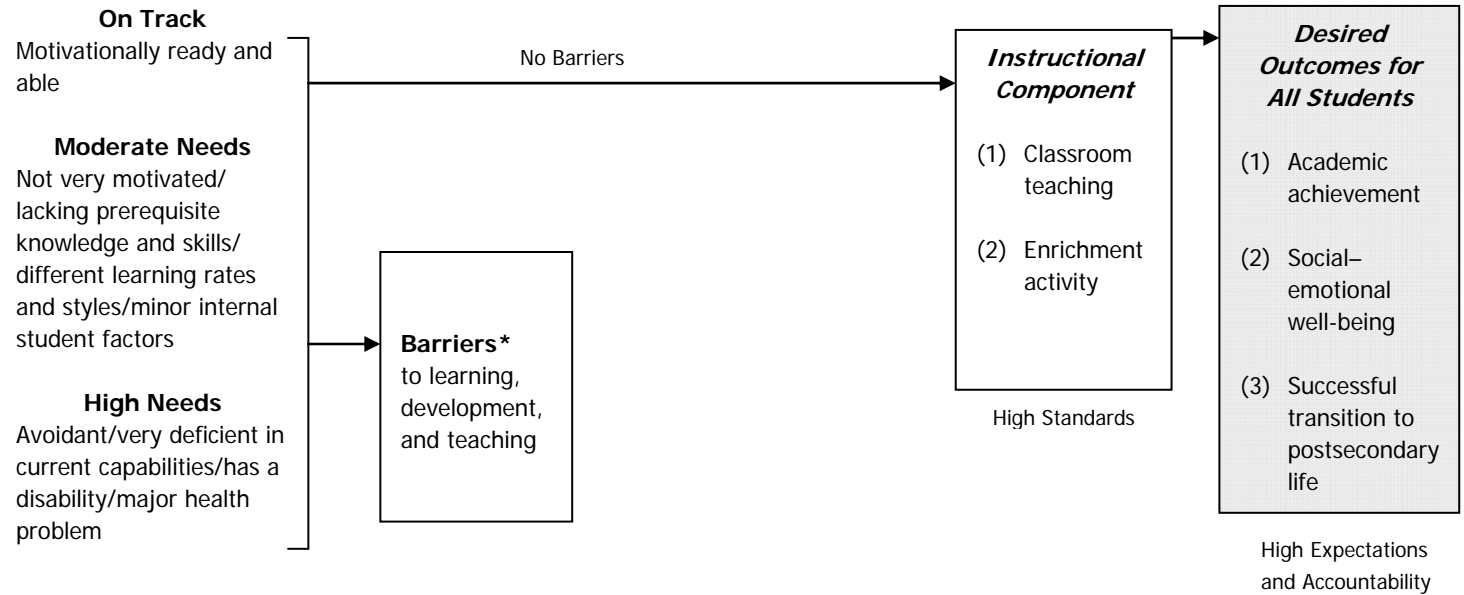
An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant behavior, learning, and emotional problems (Center for Mental Health in Schools, 2008a). For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. Almost every current policy discussion stresses the crisis nature of the problem in terms of future health and economic implications for individuals and for society; the consistent call is for major systemic reforms. Figure 1 graphically illustrates the problem and provides a categorization and examples of risk-producing conditions that can interfere with success at school.

The nature and scope of the problem has made this both a civil rights and public health concern. And as the true dropout figures emerge across the nation, the crisis nature of the problem will become even more apparent. Recent reports indicate that more than half a million young people drop out of high school each year, and the rate at which they drop out has remained about the same for the last 30 years (Dynarski, et al., 2008). The data confirm that in far too many school districts a majority of students do not have sufficient supports to enable them to succeed at school and will not graduate.

As Gary Orfield, director of the Civil Rights project has stressed: “There is a high school dropout crisis far beyond the imagination of most Americans, concentrated in urban schools and relegating many thousands of minority children to a life of failure. ... Only half of our nation's minority students graduate from high school along with their peers. For many groups – Latino, black, or Native American males-graduation rates are even lower. ... this [is an] educational and civil rights crisis.”

**Range of Learners**

(based on their response to academic instruction at any given point in time)



**\*Examples of Conditions That Can Increase Barriers to Learning**

Environmental Conditions**		Person Conditions**	
<p><b>Neighborhood</b></p> <ul style="list-style-type: none"> <li>High poverty</li> <li>High rates of crime, drug use, violence, gang activity</li> <li>High unemployment, abandoned/floundering businesses</li> <li>Disorganized community</li> <li>High mobility</li> <li>Lack of positive youth development opportunities</li> </ul>	<p><b>Family</b></p> <ul style="list-style-type: none"> <li>Domestic conflicts, abuse, distress, grief, loss</li> <li>Unemployment, poverty, and homelessness</li> <li>Immigrant and/or minority status</li> <li>Family physical or mental health illness</li> <li>Poor medical or dental care</li> <li>Inadequate child care</li> <li>Substance abuse</li> </ul>	<p><b>School and Peers</b></p> <ul style="list-style-type: none"> <li>Poor quality schools, high teacher turnover</li> <li>High rates of bullying and harassment</li> <li>Minimal offerings and low involvement in extracurricular activities</li> <li>Frequent student-teacher conflicts</li> <li>Poor school climate, negative peer models</li> <li>Many disengaged students and families</li> </ul>	<p><b>Internal Student Factors</b></p> <ul style="list-style-type: none"> <li>Neurodevelopmental delay</li> <li>Physical illness</li> <li>Mental disorders</li> <li>Disabilities</li> <li>Inadequate nutrition and healthcare</li> <li>Learning, behavior, and emotional problems that arise from negative environmental conditions exacerbate existing internal factors</li> </ul>

\*\*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Figure 1. About factors that interfere with school success.

In terms of economics, social programs, and public health, Russell Rumberger has pointed out that the U.S.A. loses over \$192 billion in income and tax revenues for each cohort of students who never complete high school. Relatedly, Dynarski and colleagues (2008) emphasize:

“Dropouts contribute only about half as much in taxes.... They draw larger government subsidies in the form of food stamps, housing assistance, and welfare payments. They have a dramatically increased chance of landing in prison, and they have worse health outcomes and lower life expectancies.”

With the impending reauthorization of the Elementary and Secondary Education Act (ESEA), currently called *No Child Left Behind*, it becomes imperative to critically analyze proposed federal school improvement policy as it relates to these matters.

### **U. S. Department of Education's Proposed School Improvement Policy Blueprint**

In *A Blueprint for Reform*, the U. S. Department of Education (2010) indicates that enabling equity of opportunity requires “moving toward comparability in resources between high- and low-poverty schools,” “rigorous and fair accountability for all levels,” and “meeting the needs of diverse learners ... by providing appropriate instruction and access to a challenging curriculum along with additional supports and attention where needed.” While the blueprint highlights a many points about improving instruction and the curriculum, it gives sparse attention to “additional supports and attention where needed.” And in reviewing the first analyses of the *Race to the Top* applications, we find this marginalization already is reflected in the failure to discuss student and learning supports as more than an afterthought (CCSSO & Learning Point Associates, 2010). Maintaining the long-standing marginalization of student and learning supports in federal, state, and local policy will ensure continuing neglect of the need to identify and correct fundamental *systemic* deficits with respect to factors interfering with success at school. (For our policy analysis of the problem, see Center for Mental Health in Schools, 2005a).

### **Current Federal School Improvement Priorities: Tinkering Rather than Transforming**

In the federal administration’s blueprint for reform, the commitment to equity and opportunity for all students is stated as the third of five priorities. The closest the document comes to delineating supports to meet this priority are the sections on

- (1) “Meeting the Needs of English Language Learners and Other Diverse Learners” (i.e., students eligible for compensatory and special education)
- (2) “Successful, Safe, and Healthy Students.”

In the former, the stated intent is to strengthen the commitment to all students and improve each program “to ensure that funds are used more effectively.” The problem here is the continuing emphasis on categorical problems and funding formulas and too little emphasis on the overlapping nature of the many factors that interfere with learning and teaching.

With respect to the focus on *Successful, Safe, and Healthy Students*, the blueprint indicates a

“new approach” focused on

- Providing a cradle through college and career continuum in high-poverty communities that provides effective schools, comprehensive services, and family supports.
- Supporting programs that redesign and expand the school schedule, provide high-quality afterschool programs, and provide comprehensive supports to students.
- Using data to improve students’ safety, health, and well-being, and increasing the capacity of states, districts, and schools to create safe, healthy, and drug-free environments.

The road to all this is described as providing

“competitive grants to support states, school districts, and their partners in providing learning environments that ensure that students are successful, safe, and healthy. To better measure school climate and identify local needs, grantees will be required to develop and implement a state- or district-wide school climate needs assessment to evaluate school engagement, school safety (addressing drug, alcohol, and violence issues), and school environment, and publicly report this information. This assessment must include surveys of student, school staff, and family experiences with respect to individual schools, and additional data such as suspensions and disciplinary actions. States will use this data to identify local needs and provide competitive subgrants to school districts and their partners to address the needs of students, schools, and communities.

Grantees will use funds under the Successful, Safe, and Healthy Students program to carry out strategies designed to improve school safety and to promote students’ physical and mental health and well-being, nutrition education, healthy eating, and physical fitness. Grantees may support activities to prevent and reduce substance use, school violence (including teen dating violence), harassment, and bullying, as well as to strengthen family and community engagement in order to ensure a healthy and supportive school environment.”

The limitations of this “new approach” and the continuing neglect of extensive systemic deficits related to interventions targeting student diversity (e.g., disabilities, differences) are readily seen when viewed through two lenses that are not widely used: (1) how schools try to directly *address barriers* to learning and teaching and (2) how they try to *re-engage students* who have become disconnected from classroom instruction. These two lenses bring into focus the considerable resources currently expended on student and learning supports (e.g., underwritten by general funds, compensatory and special education, special intra and extramural projects, community contributions). Together, these lenses allow for the type of analyses that illuminates fundamental flaws in how these resources are used. And, they help expand understanding of the full range of systemic changes needed to prevent and reduce the problems cited in *A Blueprint for Reform*, and that are essential for reducing student (and teacher) dropout rates, narrowing the achievement gap, countering the plateau effect related to student population achievement scores, and in general, alleviating inequities.

## Current Policy is Shaped by a Two Component Framework for School Improvement

Because the two lenses noted above are not prominently used, policy and plans for turning around, transforming, and continuously improving schools are primarily shaped by a two component framework which marginalizes efforts related to providing “additional supports and attention where needed.” This is graphically illustrated in Figure 2.

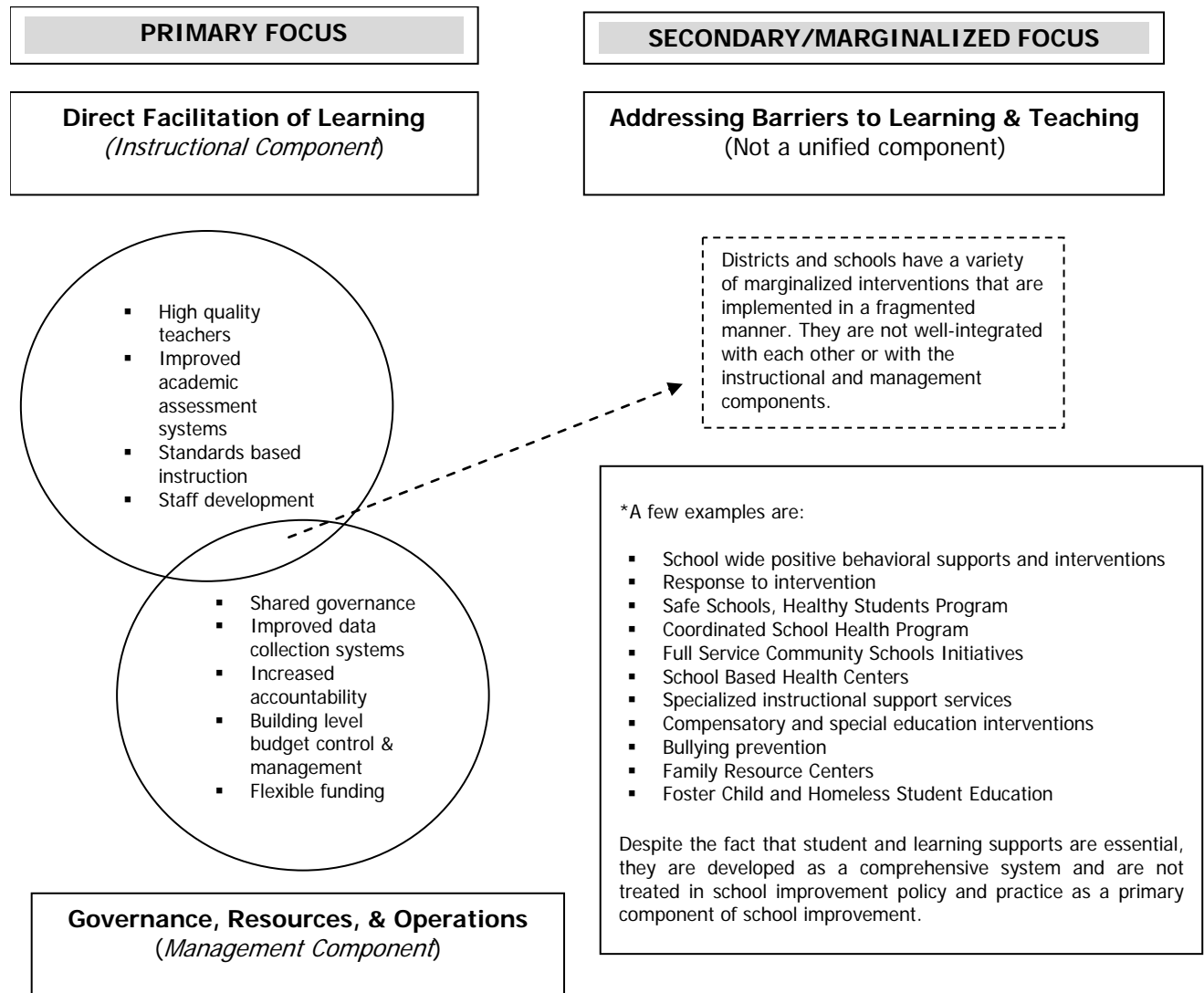


Figure 2. Current two-component framework shaping school reform policy.

Obviously, the problem is not with the two components, per se. Effective instruction is, of course, fundamental to a school's mission; no one wants to send children to a school where teachers lack high standards, expectations, and competence; and sound governance and management of resources are essential. As Figure 2 highlights, the problem is that the many interventions designed to address barriers to learning and teaching and re-engage disconnected students amount to a laundry list of programs. They are introduced through ad hoc and piecemeal policy and operate in a fragmented manner. The process amounts to tinkering with student supports with little attention to the need for systemic transformation.

The reality is that many overlapping factors can interfere with learning and teaching. Teachers in low performing schools point to how few students appear motivationally ready and able to learn what the daily lesson plan prescribes. Teachers in the upper grades report that a significant percentage of their students have become actively disengaged and alienated from classroom learning. And, "acting out" behavior, especially bullying and disrespect for others, is rampant. (So is passivity, but this attracts less attention.) One result of all this is seen in the increasing number of students misdiagnosed as having learning disabilities (LD) and attention deficit-hyperactivity disorders (ADHD). Another result is too many dropouts and pushouts.

Teachers need and want considerable help in addressing barriers to student and school success. Unfortunately, the help they currently receive is poorly conceived and designed in ways that meet the needs of relatively few students. This inadequate response to their needs is the product of two-component thinking. Such a framework ignores ways to transform student and learning supports by moving toward the type of *comprehensive system* necessary to enable equity of opportunity to succeed in school and later life.

### **Ensuring Equity of Opportunity for All Students to Succeed at Every School: What's still Missing in the Federal Approach?**

As Judy Jeffrey, chief state school officer for Iowa, stresses in introducing Iowa's design for a comprehensive system of student supports (Iowa Department of Education, 2004).

"Through our collective efforts, we must meet the learning needs of all students. Not every student comes to school motivationally ready and able to learn. Some experience barriers that interfere with their ability to profit from classroom instruction. Supports are needed to remove, or at least to alleviate, the effects of these barriers. Each student is entitled to receive the supports needed to ensure that he or she has an equal opportunity to learn and to succeed in school. This [design] provides guidance for a new direction for student support that brings together the efforts of schools, families, and communities.

If every student in every school and community in Iowa is to achieve at high levels, we must rethink how student supports are organized and delivered to address barriers to learning. This will require that schools and school districts, in collaboration with their community partners, develop a comprehensive, cohesive approach to delivery of learning supports that is an integral part of their school improvement efforts."

Our previous analyses of school improvement policies, planning, and practices have documented

the systemic deficits in dealing with factors leading to and maintaining students' problems, especially in schools where large proportions of students are not doing well (Center for Mental Health in Schools, 2005a). The picture that emerges is one of ad hoc and fragmented policies and practices. The tangential solution seen in federal policy (e.g., the *Race to the Top* and *School Improvement* grant applications) continues to be a call for improving coordination and coherence and flexibility in use of resources. This amounts to tinkering with systemic deficiencies rather than recognizing the need to develop a comprehensive system to address barriers to learning and teaching and re-engage disconnected students.

### **Comprehensiveness Involves More than Coordination**

Because the federal blueprint for reform's new approach to successful, safe, and healthy students does propose providing *comprehensive supports to students*, it is relevant here to briefly discuss the notion of a *comprehensive* system. As noted, the widely recognized fragmentation of interventions designed to support students often leads to policies aimed mainly at enhancing coordination. Improving communication, coordination, cohesion, and flexibility in use of resources are important attributes of a comprehensive system. However, these stop short of establishing the type of expanded policy and practice that is needed as a basis for integrating and fully developing student and learning supports.

Too often, what is being identified as *comprehensive* is not comprehensive enough, and generally the approach described is not about *developing a system* of supports but a proposal to enhance coordination of fragmented efforts. Many times the emphasis mainly is on health and social services, usually with the notion of *connecting* more community services to schools. In some instances, the focus expands to include a variety of piecemeal programs for safe and drug free schools, family assistance, after-school and summer programs, and so forth. All these programs and services are relevant. But, most proposals to improve supports still fail to escape old ways of thinking about what schools need both in terms of content and process for addressing barriers to learning and teaching.

***Comprehensive means more than coordination.*** The need is for *system building* within and across a *continuum of intervention*. This encompasses integrated *systems* for

- (a) promoting healthy development and preventing problems,
- (b) responding as early after problem onset as is feasible, and
- (c) providing for those whose serious, pervasive, and chronic problems require more intensive assistance and accommodation.

***Comprehensive approaches to student and learning supports involve much more than enhancing availability and access to health and social services*** or limiting the focus to any other piecemeal and ad hoc initiatives for addressing barriers to learning, development, and teaching. Just as efforts to enhance instruction emphasize well delineated and integrated curriculum content, so must efforts to address external and internal factors that interfere with students engaging effectively with that curriculum. At schools, the *content* (or curriculum) for addressing a full range of interfering factors can be coalesced into six classroom and school-wide



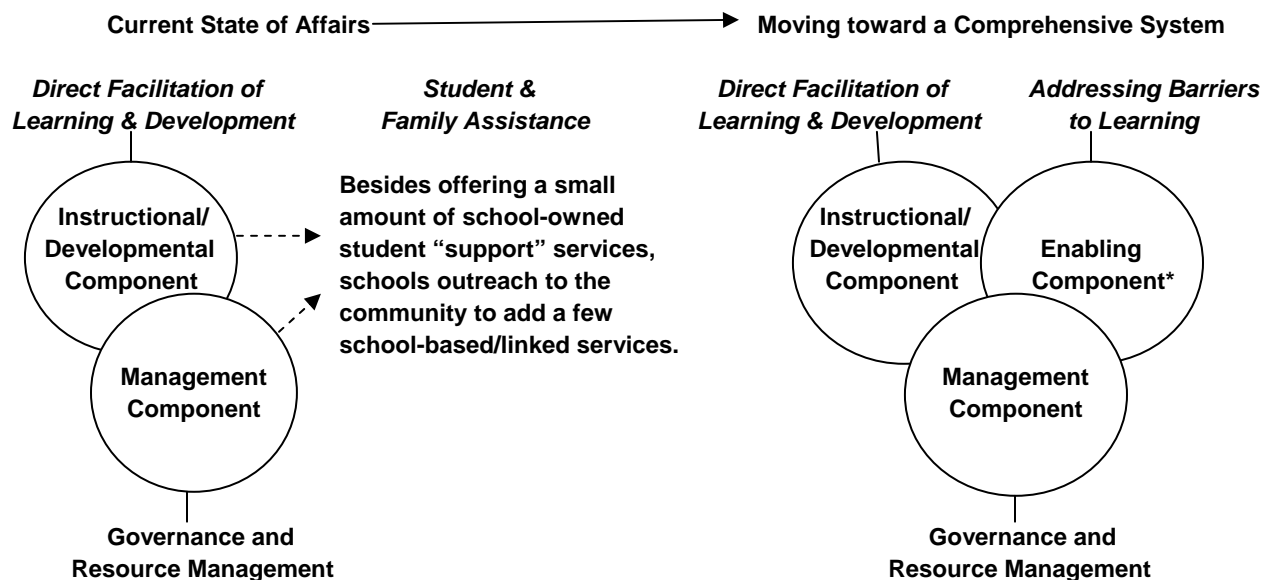
arenas. These focus on:

- (1) *enhancing regular classroom strategies to enable learning* (e.g., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
- (2) *supporting transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- (3) *increasing home and school connections*
- (4) *responding to, and where feasible, preventing crises*
- (5) *increasing community involvement and support* (outreaching to develop greater community involvement and support, including enhanced use of volunteers)
- (6) *facilitating student and family access to effective services and special assistance as needed.*

### **Moving to a Three Component Framework for School Improvement**

As illustrated in Figure 2 and in the related discussion, analyses of current policy indicate school improvement initiatives are dominated by a two-component framework. The main thrust is on improving instruction and how schools manage resources. While there are a variety of student support programs and services, they are marginalized in policy and practice, and they are pursued in piecemeal and fragmented ways. Throughout many years of school reform, little or no attention has been paid to rethinking these learning supports. As we stressed above, this state of affairs works against ensuring *all* students have an equal opportunity to succeed at school.

Figure 3 illustrates the notion that federal policy for improving schools needs to shift from a two- to a three-component framework. The third component becomes the unifying concept and umbrella under which all resources currently expended for student and learning supports are woven together. As with the other two components, such an enabling or learning supports component must be treated in policy and practice as primary and essential in order to combat the marginalization and fragmentation of the work. Furthermore, to be effective it must be fully integrated with the other two components. Properly conceived, the component provides a blueprint and roadmap for transforming the many pieces into a comprehensive and cohesive system at all levels.



\*The Enabling Component is designed to enable learning by addressing factors that interfere with learning, development, and teaching and with re-engaging students in classroom instruction. It is established in policy and practice as primary and essential and is developed into a unified, comprehensive system by weaving together school and community resources. Some venues where this comprehensive approach is adopted refer to the third component as a Learning Supports Component

Figure 3. Moving to a three component policy framework for school improvement.

### **An Enabling Component: A Transformational Concept**

The move to a three component framework is meant to be a paradigm shift. As indicated, the shift is from a *marginalized and fragmented* set of student support *services* to development of a comprehensive, multifaceted, and cohesive *system*. The intent of the system is to ensure that schools are well-positioned to enable students to get around barriers to learning and re-engage them in classroom instruction (see Figure 4). The emphasis on re-engagement recognizes that efforts to address interfering factors, provide positive behavior support, and prevent disengagement and dropouts are unlikely to be effective over time if they are not designed in ways that ensure students re-engage in classroom instruction (Adelman & Taylor, 2006a, 2006b, 2008a).

## Range of Learners

(based on their response to academic instruction at any given point in time)

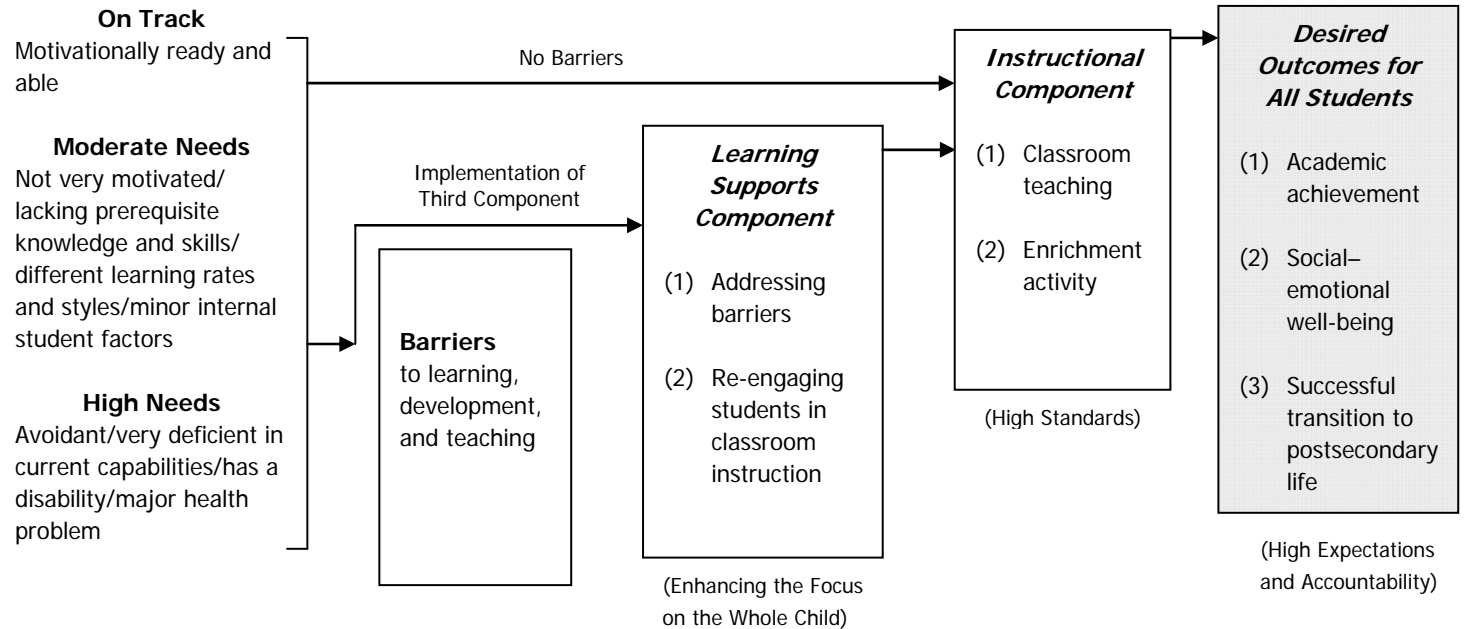


Figure 4. An enabling or learning supports component to address barriers and re-engage students in classroom instruction.

In operationalizing an enabling or learning supports component, the emphasis is on

- a *continuum* of interconnected systems of interventions (see Figure 5) and
- a multifaceted set of *content arenas* that are cohesively integrated into classrooms and school-wide interventions (see six arenas listed above).

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

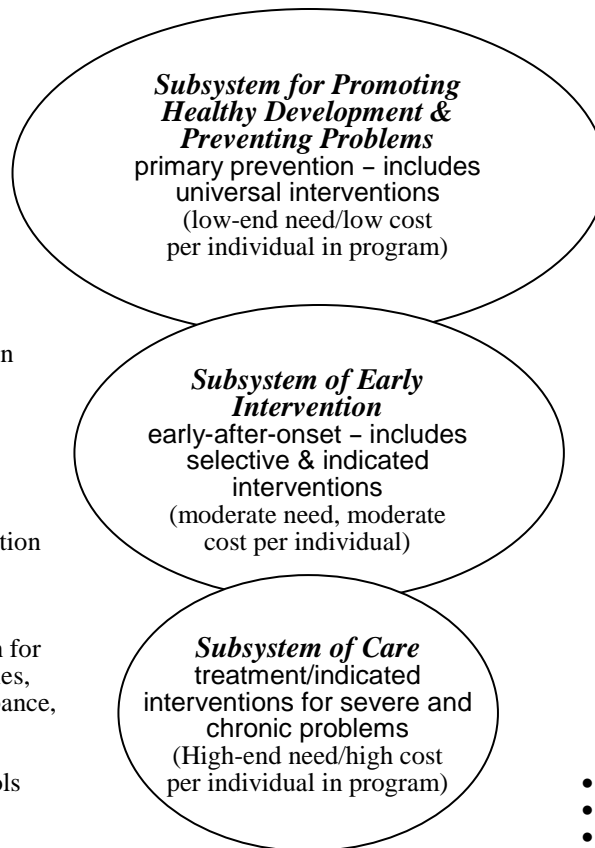
**Community/Home Resources**  
(facilities, stakeholders, programs, services)

Examples:

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

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

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



Examples:

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

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities rehabilitation
- Hospitalization
- Drug treatment
- Transitions & Reintegration
- Continuing Care

Systematic school-community-home collaboration is essential to establish cohesive, seamless intervention on a daily basis and overtime within and among each subsystem. Such collaboration involves horizontal and vertical restructuring of programs and services.

\*Various venues, concepts, and initiatives permeate this continuum of intervention *systems*. For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, *note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions.*

Figure 5. Interconnected *systems* to provide a continuum of school-community interventions.

Developing the component involves weaving together what schools already are doing and enhancing the effort by inviting in home and community resources to help fill high priority systemic gaps. The matrix illustrated in Figure 6 coalesces the continuum and content. This tool can be used to guide school improvement policy and practice by indicating where current and proposed activity fits, clarifying what's missing, and providing a basis for priority setting and

redeploying resources (Adelman & Taylor, 2006a, 2006b, 2008a, 2008b; Center for Mental Health in Schools, 2008b).

**Scope of Intervention**

		Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention* (Early after-problem onset)	Systems of Care**
Organizing around the <b>Intervention Content Arenas</b> for addressing barriers to learning & promoting healthy development	Classroom-Focused Enabling			
	Crisis/ Emergency Assistance & Prevention			
	Support for Transitions			
	Home Involvement in Schooling			
	Community Outreach/ Volunteers			
	Student & Family Assistance			
		*Accommodations for diversity (e.g., differences & disabilities)		**Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

**Note:** General initiatives and specific school-wide and classroom-based programs and services can be embedded into the matrix. Think about those related to positive behavioral supports, programs for safe and drug-free schools, full service community schools and Family Resource Centers, special project initiatives such as the *School-Based Health Center* movement, the *Safe Schools/Healthy Students* projects, and the *Coordinated School Health Program*, efforts to address bi-lingual, cultural, and other diversity concerns, compensatory and special education programs, and the mandates stemming from the No Child Left Behind Act.

Figure 6. Matrix for reviewing scope and content of a component to address barriers to learning.

Various states and localities are moving in the direction of a three component approach for school improvement. In doing so, they are adopting different labels for their enabling component. For example, Iowa refers to their's as a "System of Supports for Learning and Development." Louisiana's state initiative stresses a "Comprehensive Learning Supports System." For a discussion of other pioneering initiatives and lessons learned to date, see *Where's it Happening?* (<http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm> ). In general, we find that many places are referring to their third component as *learning supports*. And increasingly, learning supports are being defined for policy purposes as the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports intended to enable all pupils to have an equal opportunity for success at school.

### **Implications for Connecting Public Education and Public Health Policy**

Efforts to address barriers to learning and teaching and re-engage disconnected students combine facets of public education and public health agenda (e.g., see Adelman & Taylor, 2006b, 2006c; Center for Mental Health in Schools, 2008b, 2008c). From the perspective of health promotion and problem prevention, a comprehensive framework for addressing barriers to learning must address risk factors, protective buffers, and the promotion of full development. Such a holistic focus not only is meant to strengthen individuals, but also to enhance nurturing and supportive conditions to strengthen families, schools, and communities.

Promotion of health encompasses efforts to foster social, emotional, and physical development, a healthy lifestyle, personal well-being, and a value-based life. Toward these ends, schools and public health professionals can work together to increase opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviors (e.g., enhancing knowledge, motivation, and capability for pursuing positive goals, resisting negative influences, and overcoming barriers).

While promotion of health is important unto itself, it also plays a significant role in preventing educational, psychosocial, and mental and physical health problems. The primary focus of prevention is on reducing risks and enhancing buffers either through programs designed for the general population (often referred to as universal interventions) or for selected groups designated at risk. With respect to risk factors, again the intervention focus is not only on individuals, but on conditions at home, in the neighborhood, and at school. This recognizes that the initial causes for most youngsters' emotional, behavior, and learning problems are external factors (e.g., related to neighborhood, family, school, and/or peer factors such as extreme economic deprivation, community disorganization, high levels of mobility, violence, drugs, poor quality or abusive caretaking, poor quality schools, negative encounters with peers, inappropriate peer models, immigrant status, etc.). At the same time, there is continuing concern about problems stemming from individual disorders and developmental and motivational differences (e.g., medical problems, low birthweight/neurodevelopmental delay, psychophysiological problems, difficult temperament and adjustment problems, etc.).

Public health professionals can join their education colleagues in encouraging youngsters and their families to take advantage of opportunities in the schools and community to prevent problems and enhance protective buffers (e.g., resilience). Examples include enrollment in (1) direct instruction designed to enhance specific areas of knowledge, skills, and attitudes on

mental health matters; (2) enrichment programs and service learning opportunities at school and/or in the community; and (3) after-school youth development programs.

In addition, public health professionals have a role to play in initiatives designed to strengthen families, schools, and communities. For example, the National Strategy for Suicide Prevention's first goal is to promote awareness that suicide is a public health problem that is preventable. It suggests developing public education campaigns, sponsoring national conferences on suicide prevention, organizing special-issue forums, and disseminating information.

School staff and public health professionals share goals related to education and socialization of the young. Ultimately, they must collaborate with each other if they are to accomplish their respective missions. Moreover, from a policy perspective, public education and public health should braid resources to pursue interventions wherever missions overlap. However, as the history of efforts to mandate cross agency collaboration indicates, such policy is easier to advocate than it is to enact, implement, and sustain (Adelman & Taylor, 2007; Adler & Gardner, 1994; Gardner, 2005; Marx & Wooley, 1998; Schorr, 1988, 1997).

### **Collaborative Policy Making**

More fully connecting facets of public education and public health require that policy makers move away from the type of piecemeal and ad hoc approach that fragments efforts in both public education and public health and that continues to marginalize efforts to collaborate in areas where the fields' missions overlap (Adelman & Taylor, 2006a). As we have stressed within the context of education, collaboration between fields benefits from moving toward a shared comprehensive and unifying intervention framework. Such a framework must embrace the idea of braiding school and community resources to develop a full continuum of intervention systems in ways that facilitate their cohesive integration horizontally and vertically. Figure 5 illustrates such a framework. Figure 7 outlines intervention examples that underscore the overlap of public education and public health efforts.

**Intervention Continuum**

**Primary prevention**

**Early-after-onset intervention**

**Treatment for severe/chronic problems**

**Examples of Focus and Types of Intervention**

(Programs and services aimed at system changes and individual needs)

1. *Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness*
  - economic enhancement of those living in poverty (e.g. work/welfare programs)
  - safety (e.g. instruction, regulations, lead abatement programs)
  - physical and mental health (including healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)
2. *Pre-school-age support and assistance to enhance health and psychosocial development*
  - systems' enhancement through multidisciplinary team work, consultation, and staff development
  - education and social support for parents of pre-schoolers
  - quality day care
  - quality early education
  - appropriate screening and amelioration of physical and mental health and psychosocial problems
3. *Early-schooling targeted interventions*
  - orientation, welcoming and transition support into school and community life for students and their families (especially immigrants)
  - support and guidance to ameliorate school adjustment problems
  - personalized instruction in the primary grades
  - additional support to address specific learning problems
  - parent involvement in problem solving
  - comprehensive and accessible psychosocial and physical and mental health programs (including a focus on community and home violence and other problems identified through community needs assessment)
4. *Improvement and augmentation of ongoing regular support*
  - enhance systems through multidisciplinary team work, consultation, and staff development
  - preparation and support for school and life transitions
  - teaching 'basics' of support and remediation to regular teachers (including use of available resource personnel, peer and volunteer support)
  - parent involvement in problem solving
  - resource support for parents in need (including assistance in finding work, legal aid, ESL and citizenship classes, and so forth)
  - comprehensive and accessible psychosocial and physical and mental health interventions (including health and physical education, recreation, violence reduction programs, and so forth)
  - academic guidance and assistance (including use of response to intervention strategy)
  - emergency and crisis prevention and response mechanisms
5. *Other interventions prior to referral for intensive, ongoing targeted treatments*
  - enhance systems through multidisciplinary team work, consultation, and staff development
  - short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropout)
6. *Intensive treatments*
  - referral, triage, placement guidance and assistance, case management, and resource coordination
  - family preservation programs and services
  - special education and rehabilitation
  - dropout recovery and follow-up support
  - services for severe-chronic psychosocial/mental/physical health problems

Figure 7. From primary prevention to treatment of serious problems: A continuum of community- school programs to address barriers to learning and enhance healthy development.



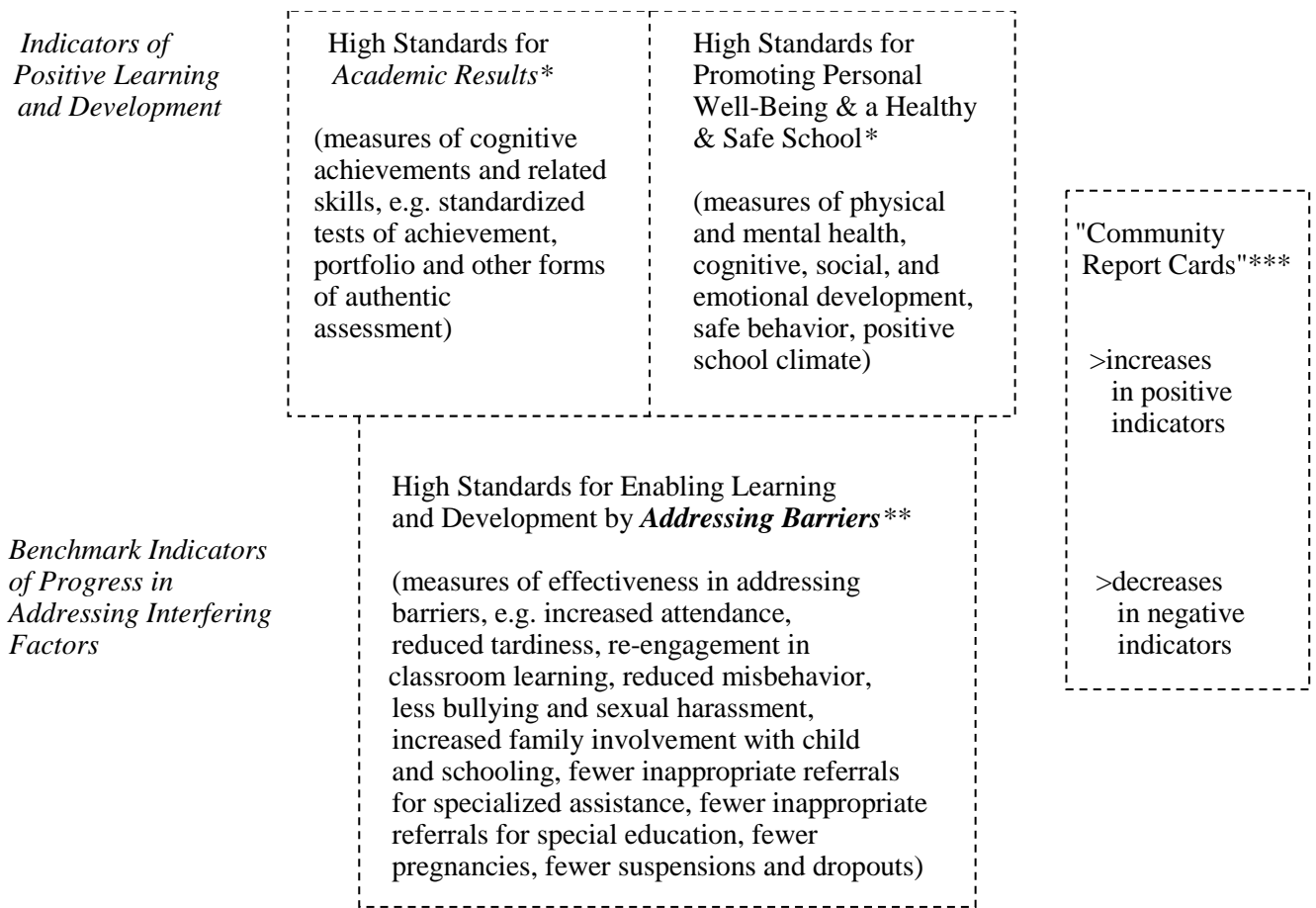
Note that, unlike the current policy trend in education to describe the range of interventions simply in terms of three tiers, this conceptualization of the intervention continuum emphasizes developing a school-community system at each level and integrating the three systems. Also note that the continuum is one dimension of the matrix presented in Figure 6; the other dimension highlights the content focus of intervention as applied to a school.

Consistent with contemporary public health policy and practice, the aims throughout the continuum are to:

- Achieve results;
- Involve and mobilize consumers and enhance partnerships with those at home, at school, and in the community;
- Confront equity and human diversity considerations;
- Balance the focus on addressing problems with an emphasis on promoting health and development of assets; and
- Include evidence-based strategies.

With specific respect to results and given the power of accountability as a policy instrument for driving system development and restructuring, the nature and scope of the continuum calls for an expanded accountability framework. Needed is a framework that goes beyond academic accountability. The expanded accountability framework should include indicators of progress related to enhancing personal well-being and healthy and safe schools and benchmark indicators of the impact of interventions designed to directly prevent and deal with interfering factors. Figure 8 highlights such an expanded accountability framework.

The complexity of *enabling* all children to have an equal opportunity to succeed in school, work, and life underscores the importance of public education and public health braiding resources to address concerns that overlap as they pursue their respective missions.



\*Results of interventions for directly facilitating development and learning.

\*\*Results of interventions for addressing barriers to learning and development.

\*\*\*Community report cards vary in their focus – of interest are levels of employment and economic Development; degree of community organization; levels of mobility, violence, substance abuse, and crime; quality of caretaking; quality of schools; English language fluency of families.

Figure 8. Expanding the accountability framework.

## **Reworking Infrastructure to Guide and Support Large Scale Systemic Changes**

Finally, we want to stress that policy must provide support and guidance for large scale systemic changes (Adelman & Taylor, 1997, 2007; Glennan, Bodilly, Galegher, & Kerr, 2004). This includes not only implementing intervention prototypes, but providing adequately for the processes involved in getting from here to there.

System transformation, including collaboration within and among fields, requires establishing new collaborative arrangements and redistributing authority (power). Existing operational mechanisms must be modified in ways that guarantee new policy directions are implemented effectively and efficiently.

Connecting public education and public health agenda requires well-designed, compatible, and interconnected operational mechanisms at many levels and across agencies. Each arena and level of action has a role to play, over time, in horizontally and vertically weaving together existing resources and developing a full continuum of intervention systems. How well the operational mechanisms are connected determines cohesiveness, cost-efficiency, and equity. Key stakeholders and their leadership must understand and commit to the changes. And, the commitment must be reflected in policies and the reworking of an organizational and operational infrastructure at all levels in ways that ensure effective leadership and resources (Center for Mental Health in Schools, 2005b, 2008a). All this is key to effective planning, implementation, evaluation, and sustainability of major reforms and innovations.

Unfortunately, it is rare to find situations where a well-designed collaborative infrastructure for large scale systemic change is in place. More characteristically, ad hoc mechanisms have been set in motion with personnel who have too little systemic change training and without adequate procedures for capacity building and formative evaluation. It is all too common to find mechanisms, such as teams and collaboratives operating without clearly defined functions and major tasks. This, of course, defies the basic organizational principle that structure should follow function.

In sum, any effort to improve how schools address barriers to learning and teaching and re-engage disconnected students involve facets of a public health agenda. And, any efforts to enhance public health interventions to improve children's well-being involve the public education system. Schools already provide a wide range of programs and services relevant to public health. And schools can and need to do much more in playing their role in accomplishing the mandates of the Elementary and Secondary Education and the Individuals with Disabilities Education Improvement Act, the recommendations of the various reports on health and mental health, and the goals of Healthy People 2020.

### **Concluding Comments**

As the Carnegie Task Force on Education has stressed:

*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.*

The complexity of factors interfering with learning, development, and teaching underscore the need to coalesce current efforts. The challenge, however, is to do so in transformational ways. Evidence from indicators of institutional changes and pioneering initiatives across the country all point to the emergence of a policy paradigm shift for addressing barriers to learning and teaching. In this time of change, policy makers have a significant opportunity to incorporate a fresh focus by expanding school improvement policy to better address barriers to learning and to do so by connecting public education and public health where the fields' agenda overlap. At the same time, given the scale of need and sparse resources, it is clear that accomplishing substantive systemic change will require *redeploying* finances, personnel, time, space, equipment, and other essential resources. And, in allocating resources, policy makers must attend to the complexities of large scale systemic changes in both implementing intervention prototypes and pursuing the processes of getting from here to there.

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