



Restructuring Education Support Services

Toward the Concept
of an Enabling Component

Howard S. Adelman
American School Health Association

Contents

3	Foreword
5	Overview: Restructuring Education Support Services: Toward the Concept of an Enabling Component
7	Part One: Analysis of a Large Urban School District <ul style="list-style-type: none">■ Commitment and Conception■ Organization■ Recommendations
11	Part Two: The Concept and Need of an Enabling Component <ul style="list-style-type: none">■ Framing the Concept
17	Part Three: Toward Operationalizing the Enabling Component <ul style="list-style-type: none">■ Six Areas of Programmatic Enabling Activity■ Restructuring from the School Outward■ Mechanisms at the School Level■ Mechanisms at the School Complex, Cluster and System-wide Level
29	Part Four: Getting from Here to There <ul style="list-style-type: none">■ Conclusion
31	References

Restructuring Education Support Services: Toward the Concept of an Enabling Component

American School Health Association
7263 State Route 43 / P.O. Box 708
Kent, Ohio 44240

Copyright©1996 by the American School Health Association
All Rights Reserved
Printed in the United States of America

ASHA Publication E017
ISBN # 0-917160-32-0

No part of this publication may be reproduced by any means whatsoever without prior written permission of the copyright owner. For information, write: American School Health Association, 7263 State Route 43, P.O. Box 708, Kent, Ohio 44240.

A form for ordering this and other American School Health Association publications can be found on the last page of this publication.

Acknowledgments

Although she declined co-authorship, the work reported here reflects my long, ongoing collaboration with Linda Taylor. And, as always, special appreciation is due our colleagues and students who staff the School Mental Health Project at UCLA and those who were part of the Los Angeles Unified School District's Early Assistance for Students and Families Project. Space precludes listing their names and those of too many others who will recognize their contributions to this work. Hopefully, I have expressed adequate appreciation to them at other appropriate times, and they will feel some sense of satisfaction in seeing this published. Support for aspects of this work came from the U.S. Office of Education's School Dropout Assistance Program.

Foreword

The literature on restructuring schools does not offer a detailed discussion of how schools should reorganize and integrate their support services and other education support activities. The concept of an Enabling Component is a step toward addressing this deficiency. The concept is a programmatic approach encompassing a comprehensive, integrated set of activities for addressing barriers to learning and enhancing healthy development. As a general concept, the Enabling Component helps highlight a major gap in current restructuring initiatives and offers a unifying concept to guide fundamental and essential policy changes. As formulated here, the concept represents a basic organizational and

programmatic reconception of activity enabling schools to teach and students to learn. The presentation highlights the need for such a new concept, delineates its nature and places it in the context of the movement to restructure education. Also discussed are matters related to the concept's establishment, including delineation of six programmatic areas of activities that are intended to be woven together, and an explanation of the importance of conceptualizing such a component from the school level outward. The presentation concludes by emphasizing the necessity of phasing in a restructuring initiative of this nature and scope.

Overview

Restructuring Education Support Services: Toward the Concept of an Enabling Component

Policymakers and school personnel long have understood that if schools are to function well and students are to learn effectively, factors that interfere with students' learning and performance must be addressed in schools.

The literature supports the need for a range of programmatic activity to enable learning and enhance a school's teaching efforts. Tyack,^{1,2} for example, presents a

historical perspective. Lambert et al³ also provide historical background, with particular reference to policy formation. Focusing on the problem from a health perspective, Lavin, Shapiro and Weill⁴ provide a review of 25 reports published between 1989-1991. A host of other authors and organizations also highlight contemporary trends in policy and practice.⁵⁻²¹

It is not surprising, therefore, that proposals for school restructuring recognize that effective schooling requires appropriate attention to behavior, learning, health and emotional difficulties. Reformers point to specific learning barriers such as school adjustment problems, absenteeism, drug abuse, dropouts, teen pregnancy and violence on campuses, then call for support programs and services to address the barriers. These calls, however, have not been accompanied with the same level of commitment as has been devoted to instruction and school management.²²⁻³³ Thus, recent restructuring efforts have not encompassed new directions for policy and practice related to school-operated support services.

In general, despite long-standing and continued emphasis on the role of schools in dealing with psychosocial and health problems, there has been

little systemic change in how these problems are addressed. A review of the restructuring literature affirms that programs addressing such problems are essential to the educational mission. A few analysts have added statements of

“If schools are to function well...factors that interfere with student learning and performance must be addressed in schools.”

concern, stressing that existing resources are insufficient, hard to access and are planned and implemented in a fragmented manner. The concern about fragmentation encompasses both the piecemeal way school-operated support services are implemented and the lack of coordination with community-based health and social service delivery, which also lacks cross-agency coordination and integration. In response to such concerns, the primary conclusions have been that:

- Programs dealing with psychosocial and health problems should be connected as closely to each school as is feasible, and
- Such programs should be evolved into a comprehensive, coordinated and increasingly integrated package of assistance for students and their families.

Efforts to act on these conclusions are reflected mostly in state-wide policy initiatives designed to integrate community-based services and link them to school sites, rather than in moves to restructure schooling.^{10, 34-48} These initiatives for “school-linked

services" aim at improving coordination and eventual integration of health, social and human service programs. Major demonstration projects across the country have adopted the concept of "one-stop shopping," in which a center, such as a Family Service Center, is established at or near a school to house as many health, mental health and social services as possible.

It should be noted, however, that in states emphasizing links between community health and social services and schools (New Jersey, Kentucky and California, among others), it is becoming clear that little is known about the processes and mechanisms necessary for the widespread implementation and maintenance of integrated school-linked services. Moreover, because the primary emphasis of the state initiatives is on restructuring community programs and linking them to school sites, it is becoming evident that little thought has been given to questions about the relationship of school-linked community programs to existing school-operated support programs. The situation is unlikely to improve as long as so little attention is paid to the topic of restructuring what schools already do to deal with psychosocial and health problems and the need to develop models to guide

the linking of community and school-operated programs.

The main purpose of this paper is to stimulate systematic work on the fundamental restructuring of education support programs and services, with specific emphasis on enhancing their nature and scope through links with community programs. To this end, a new concept dubbed the Enabling Component is introduced and outlined.

The ideas presented in this manuscript coalesced over several years. They grew out of studying problems associated with initiatives designed to integrate health and human services and restructure schools, and from in-depth scrutiny of one large urban school district, as well as awareness of what is happening in others. The ideas were pilot tested during implementation and evaluation of a federally-funded project focused on improving school-based approaches to providing student and family assistance. For purposes of this presentation, a good place to begin is with a brief summary of the analysis and recommendations related to the school district study.

Part 1

Analysis of a Large Urban School District

The school district under discussion, as part of its reform agenda, has been revamping what it called "support services." In late 1992, a blue ribbon commission was formed to assist in the process. As a basis for the

commission's work, an analysis was made not only of support (pupil personnel) services, but of all other education support activity. The intent was not to denigrate the efforts of district personnel or develop a "laundry-list" of everyday prob-

lems. Rather, the purpose was to arrive at recommendations related to fundamental matters that should and could be changed as part of the restructuring agenda. Thus, the focus was on clarifying the district's commitment, conceptualization and organization with respect to factors that interfere with instruction, student learning and performance. Special emphasis was placed on clarifying structural impediments to effective program planning and coordinated implementation.

Two general questions guided the analysis:

- What is the district's commitment to and conception of activity addressing barriers to teaching and learning?
- Is an appropriate organizational structure in place to address such factors effectively?

To answer these questions, documents on the district's mission, goals and organizational and operational processes were reviewed, extensive semi-structured interviews were conducted with unit heads and samples of line workers and observations were made at school sites.

Commitment and Conception

On the positive side, various mission, goal and guideline statements indicated a substantial commitment to student learning and performance. For

example, in a district document outlining a plan to end low achievement and establish educational excellence, four of eight policy statements call for enabling activity and support service. They are:

- enable students to become full participants

in their own academic achievement and social development;

- promote local school opportunities for parent education, involvement and participation in school governance to empower parents as partners in their child's education;
- provide quality, comprehensive support services at each school; and
- reach out to the community to coordinate and expand services to support and enrich education.

Descriptions and observations of current unit organization and specific programs and projects further underscore the commitment to deal with interfering factors. In addition, district policy makers recently had adopted a task force report emphasizing the importance of linking community-based health and social services to schools, leaving little doubt about the awareness of need or stated commitment.

At the same time, district policy makers did not

"The focus was on clarifying the district's commitment... with respect to factors that interfere with instruction, student learning and performance."

behave as if education support activity was essential. That is, such activity clearly was not assigned the same priority as instructional programs and was among the first considered for reduction when balancing the budget. Moreover, the district did not translate their written commitment into an active program. Thus, the stated commitment to deal with interfering factors was limited not only by the subordinate status assigned to such activity but also by the absence of an articulated model. A reasonable interpretation of the status assigned education support activities is that they were viewed and treated as supplementary luxuries. Furthermore, observation of practice indicated that the prevailing approach to student and family problems was to refer individual cases to specific professionals, but only until resources ran out, which always occurred before most of those in need could be helped. In short, no adequate model existed on which to design a system addressing the number of students for which schools were asking special assistance.

Organization

Despite the deficiencies in status and conception, a wide range of student problems were being addressed through a variety of education support activity. Despite serious cutbacks that made it more difficult to provide needed assistance, cadres of dedicated staff diligently carried out their work. They did so, however, within an organizational structure that lent itself to costly tendencies toward dynasty-building, battles over turf and fragmented interventions.

Most services and programmatic activity were created in response to legal mandates, extramural

funding and current pressing problems, leading to an *ad hoc* organization. A major portion of the activity was referred to as support services, such as counseling programs, psychological services, nurs-

“Efforts to reduce school dropouts, illiteracy, substance abuse, suicide, unwanted pregnancy and sexually transmitted diseases often requires similar interventions.”

ing and mental health services. Specific units were created around the categories of personnel providing the services. Prominent among these were separate units for school counselors, psychologists and nurses, with each unit

headed by a relatively autonomous director. Separate offices and service sites were established for specific programs such as special education, services to assist implementation of racial integration policies and independent study. No overall leader/director existed for support programs, and no other formal mechanism existed for coordinating activity. Not surprisingly, it was common to find staff and programs confronting similar concerns yet working in isolation of each other, thereby limiting efficacy and wasting resources.

In general, little attention was paid to ways of establishing and maintaining a comprehensive, integrated program. This was the case despite considerable awareness among district personnel regarding the need for greater coordination and integration. For example, widespread agreement existed that efforts to reduce school dropouts, illiteracy, substance abuse, suicide, unwanted pregnancy and sexually transmitted diseases often require similar types of interventions. Despite this fact, separate approaches and interventions were the norm. As a result, frequent cases were noted in which a student was identified as having multiple problems and was involved in counseling with

several professionals working independently of each other, sometimes within the same school.

Similarly, it was reported that youngsters identified and treated at one point in time (for example, in an early education program) who still required special support often did not receive systematic help as they moved on. On a district-wide level, the way in which programs were developed was reflected in the fragmented, piecemeal manner in which they operated. That is, they were not coordinated with each other and were not linked with community services, which especially was unfortunate for students from low-income families. Little systematic collaboration existed between education support activity and instructional programs in the schools.

Anyone familiar with organizational deficiencies of school districts and community health and social service delivery systems in large urban settings will not be surprised by this state of affairs. Somewhat surprising, however, was the high degree of awareness displayed by district personnel regarding structural and operational deficiencies. It is worth noting that the support service personnel interviewed also were aware of state policy initiatives that stressed service integration and school-community agency links. The main reaction of personnel, however, was that of wanting appropriate attention given to their many concerns about this movement (see Figure I.1, page 10).

Recommendations

The commission recommended fundamental restructuring of the district's approach to providing education support. One central recommendation was that the district adopt an Enabling Component to renew and enhance its commitment to addressing factors interfering with student learning and performance. The Enabling Component was described as a programmatic approach encompassing a compre-

hensive, integrated continuum of enabling activities. Given resource limitations, it was recognized that comprehensiveness and total integration could only be approximated. At the same time, it was emphasized that the ideal could be best approximated through restructuring that minimized piecemeal and unsystematic activity, increased links with community programs and enhanced use of technology.

As a guide toward establishment of an Enabling Component, the Commission outlined an integrated programmatic approach and defined roles for leadership, resource development and organizational support at a school and neighborhood level. With a view to evolving and maintaining an Enabling Component at schools throughout the district, comparable approaches were outlined at the school, cluster and system-wide levels.

The suggestions were well-received, and key ideas already have been incorporated into the district's restructuring efforts, including its "break the mold" model, which is one of nine national models supported by the New American Schools Development Corporation. The importance of the recommendations and specific details related to each will become clear as the concept of an Enabling Component and efforts to operationalize it are discussed further.

Figure 1.1: Support Service Personnel's General Concerns About Initiatives to Integrate and Link Community Services to School Sites

As district and community organizations move toward increased collaboration, personnel indicate they have 11 major concerns which must be addressed not only by formulating policy guidelines, but through establishment of effective mechanisms.

1. Who will make decisions and who will be held accountable?
2. Who will be involved in immediate and long-term planning?
3. What changes are feasible with respect to categorical funding?
4. How far can services be expanded through reimbursement from public health-care funds, and what are the organizational implications?
5. How will case management be handled?
6. How will concerns about confidentiality and liability be handled?
7. Who will have responsibility for determining the appropriateness of community organizations and specific professionals who come into the school?
8. Who will have responsibility for supervising professionals who come into the schools, yet view themselves as providing a specific service rather than as becoming part of a comprehensive, integrated approach?
9. What guidelines will prevail to prevent professionals with commercial interests from taking inappropriate advantage of their increased access to students and their families (e.g., to recruit customers)?
10. How will the district personnel be assured that if they work toward increased collaboration with outside professionals that such collaborations will not lead to the elimination of their positions (i.e., how will the jobs of these professionals be protected)?
11. With respect to the increased accountability emphasis on student achievement outcomes, will those involved with support programs be evaluated primarily in terms of the *direct* outcomes of their work?

Achievement outcomes are longer-term indirect indicators that "support services" have been effective. Support service personnel emphasize that they should be held accountable primarily for the direct outcomes of their work. For example, immediate objectives (direct intended outcomes) for such activity can be conceived as: eliminating some and minimizing other system barriers (interfering and hostile factors) that hinder schooling and learning; providing support and developing coping ability to facilitate transitions for students and their families (e.g., newcomers moving into the community and school; those moving from one level of schooling to another or from school to post-school life); and providing ongoing support and developing coping ability for dealing with difficulties encountered during the daily pursuit of learning.

Part 2

The Concept and Need of an Enabling Component

Formulation of an Enabling Component helps highlight a major gap in the movement to restructure schooling. It also may help clarify and advocate for fundamental policy changes that promote healthy development and address barriers to teaching and learning. Furthermore, it has basic organizational and programmatic implications for changes in school and community-owned "support" programs and services. The following discussion highlights the need for

such a new concept, delineates its nature and places it in the context of the movement to restructure education. Also illustrated is one way to operationalize the concept, emphasizing six overlapping areas of activity. The presentation concludes with a discussion of the importance of conceiving the Enabling Component from the school level outward and the necessity of phasing in such a major restructuring initiative.

Despite widespread support for universal education in the United States, detail is lacking in the restructuring literature regarding how schools should be reorganized to accomplish this goal. Indeed, ample reason exists to question whether current reform agendas are pursuing the goal in a substantive way.^{18,49,50} In particular, restructuring initiatives have ignored the need to transform school-owned support programs and services as essential in addressing barriers to student learning.

There are schools where students are doing

poorly because of significant barriers. For instance, in schools where a high proportion of students are poor, immigrants or both, more than half the youngsters and their families may require assistance

in dealing with health and psychosocial problems. A visit to any poverty-area school underscores this point vividly and poignantly, and the dimensions of the problem have been discussed thoroughly.^{9,51-53}

The increasing numbers in need gives

impetus to policy initiatives designed to improve access for under-served families by linking health and social services to schools.⁵⁴ Unfortunately, to prove the importance of these initiatives, a narrow range of services has been overemphasized. For example, screening check-ups, individual and family psychotherapy/ counseling and other such activities frequently are touted to the point of sounding like panaceas rather than small pieces of an overall approach. By themselves, medical, dental, mental health and social services are insufficient in addressing the biggest problems confronting schools. They are not designed to address a full range of factors that cause poor academic performance, such as dropouts, gang violence, teenage pregnancy, substance abuse and racial conflict. This is not a criticism of such services. The point is that they must be kept in perspective as necessary but insufficient facets of a comprehensive approach. Moreover, it must be remembered that

“(The Enabling Component) helps clarify and advocate for fundamental policy changes that promote health development and address barriers to teaching and learning.”

the long-term efficacy of any service may be undermined if it is not well-integrated with other services and with the school's efforts to teach. This is another reason for dissatisfaction with the tendency to co-locate services on school sites without attending to the matter of integrating them with school programs.

Problems related to linking services to school sites are compounded by the superficial way these activities are attended to by the movement to restructure education. Given the factors that can interfere with students' learning and performance, a school program committed to the success of all youngsters must be designed with an array of activity to facilitate learning. Stated even more emphatically, activity to enable learning is *essential* for all students who encounter barriers.

Enabling activities should address all barriers to learning that are not accounted for by restructuring the instructional and management components of schooling. These activities encompass efforts to prevent and correct learning, behavior, emotional and health problems, enhancing a school's efforts to foster academic, social, emotional and physical functioning. There is a clear need for conceptual and applied work on this topic.

Framing the Concept

A reasonable place to begin the conceptual work is with recognition that a commitment to the success of all youth must be translated into an array of interventions, including some focused on barriers to students' learning and performance. In addition, it should be recognized that effectively dealing with major barriers on a large scale requires a comprehensive, integrated approach that weaves school and community programs and services together.

Most schools and many community services use weak models in designing interventions. The pri-

mary emphasis of many involves referral of individual cases to specific professionals, which leads to narrow and piecemeal services

and inevitably overwhelms available resources.

Figure 2.I (see page I3) highlights the importance of developing models and frameworks that conceive enabling activities in terms of broad and integrated programs and services to better guide development an effective array of enabling activities.

The continuum of community and school interventions for learning, behavior, socioemotional and health problems outlined in Figure 2.I was generated by reviewing the literature and clustering activities reported as promising. It ranges from programs for primary prevention and early-age intervention, through those to treat problems soon after onset, to treatments for severe and chronic problems. Analysis of the continuum emphasizes that many problems must be addressed developmentally (from before birth through each level of schooling and beyond) and with a range of activities, focused on individuals and on environment.

Efforts to improve complex problems in an effective and efficient manner require not only a comprehensive continuum of programs, but programs that are organized and implemented in an integrated manner. In this regard, the continuum of community and school interventions outlined in Figure 2.I also underscores the need for formal and long-lasting interprogram links and collaboration.^{15,28,55-57}

One implication is that a comprehensive, integrated component is essential in addressing the needs of those who encounter barriers to benefit-

“Commitment to the success of all youth must be translated into an array of interventions.”

**Figure 2.1: From Prevention to Treatment:
A Continuum of Programs for Amelioration of Learning,
Behavior and Socioemotional Problems**

<i>Intervention Continuum</i>	<i>Types of Activities</i> (directed at system changes and individual needs)
Primary prevention ("public health")	1. Programs designed to promote and maintain <ul style="list-style-type: none"> • safety (at home and at school) • physical and mental health (including healthy start initiatives, immunizations, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning)
Early-age	2. Preschool programs (encompassing a focus on health and psychosocial targeted development) interventions <ul style="list-style-type: none"> • parent education and support • day care • early education • identification and amelioration of physical and mental health and psychosocial problems
Early-after-onset correction	3. Early school adjustment programs <ul style="list-style-type: none"> • welcoming and transition support into school life for students and their families (especially immigrants) • personalized instruction in the primary grades • additional support in-class for identified students • parent involvement in problem solving • comprehensive and accessible psychosocial and physical and 4. Improvement and augmentation of ongoing regular support <ul style="list-style-type: none"> • preparation and support for school and life transitions • teaching "basics" of remediation to regular teachers (including use of available resource personnel, peer and volunteer support) • parent involvement in problem solving • providing support for parents-in-need • comprehensive and accessible psychosocial and physical and mental health programs (including interventions for students and families targeted as high risks — all grades) • Emergency and crisis prevention and response mechanisms 5. Interventions prior to referral for intensive treatments <ul style="list-style-type: none"> • staff development (including consultation) • short-term specialized interventions (including resource teacher instruction and family mobilization; programs for pregnant minors, substance abusers, gang members and other potential dropouts)
Treatment for severe/chronic problems	6. Intensive treatments — referral to and coordination with : <ul style="list-style-type: none"> • special education • dropout recovery and follow-up support • services for severe-chronic psychosocial/mental/physical health problems

From: Adelman HS, Taylor L. *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole; 1993. Reprinted with permission.

ting from instruction. Figure 2.2 (see page I5) illustrates such a view.

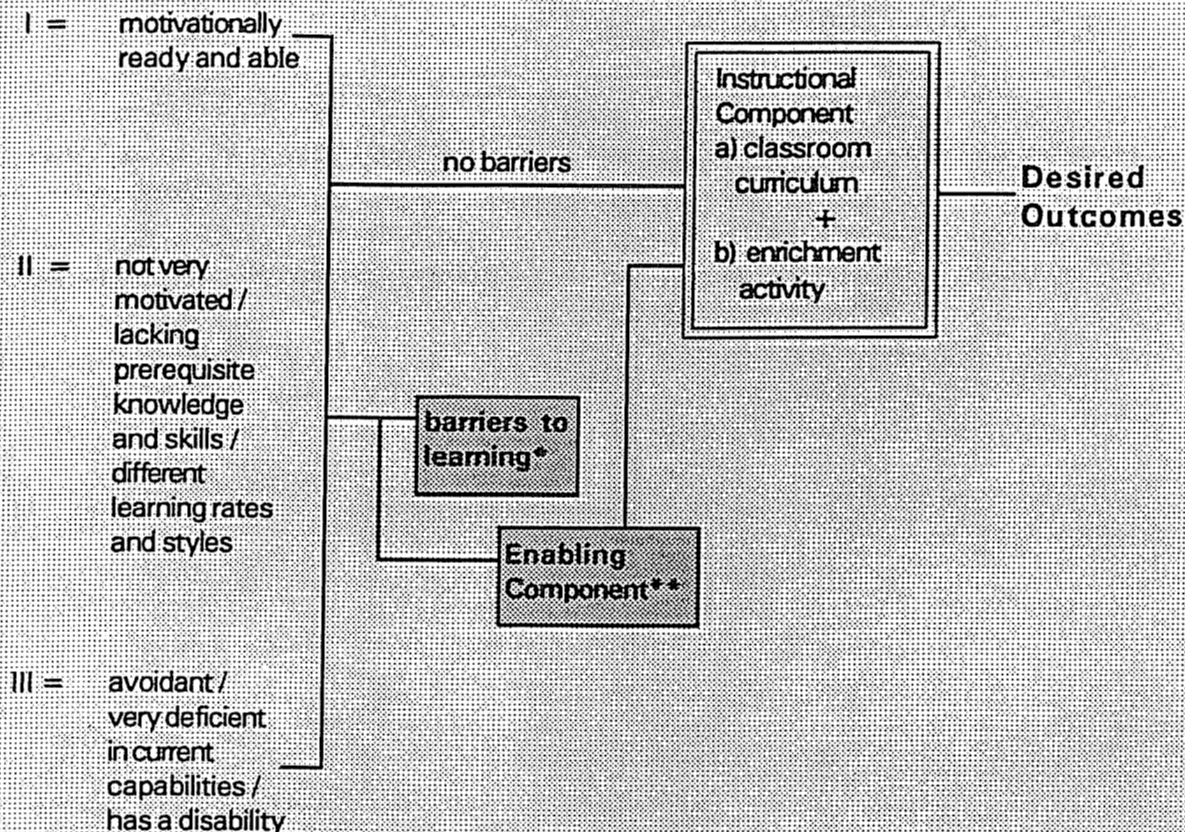
The Enabling Component paves the way for understanding that school restructuring agendas should be viewed as encompassing three primary and complementary components: Instruction, Enabling and Management. Figure 2.3 (see page I6) illustrates this perspective. From this viewpoint, it can be argued that the Enabling Component warrants a degree of attention by policymakers, scholars and practitioners that is at least on a par with efforts to restructure instruction and school management.

The major facets in restructuring efforts related

to school and community enabling activity are:

- restructuring and expanding existing resources in ways that enhance coordination and movement toward a school-based/linked programmatic focus;
- integrating school and community resources to the degree feasible;
- enhancing access to other community programs by developing cooperative, direct links between these programs and programs at a school site; and
- integrating the Enabling, Instructional and Management Components.

Figure 2.2: An Enabling Component to Address Barriers to Learning
Types of Learners



An Enabling Component addresses barriers to teaching and learning in a comprehensive, integrated approach.

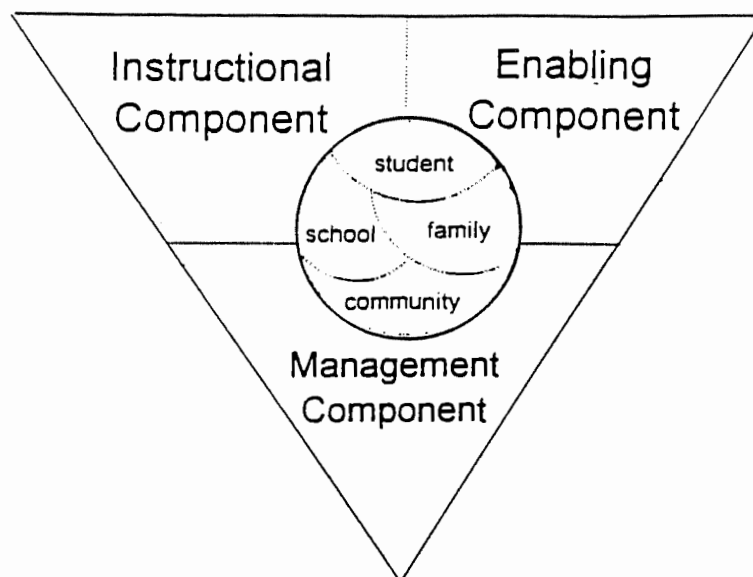
***Examples of barriers**

- negative attitudes toward schooling
- deficiencies in necessary prerequisite skills
- disabilities
- program deficiencies
- lack of home involvement
- lack of peer support
- peers who are negative influences
- lack of recreational opportunities
- lack of community involvement
- inadequate school support services
- inadequate social support services
- inadequate health support services

****Examples of Enabling Component activity**

- primary prevention
- compensatory intervention
- remediation
- staff development for enabling
- parent involvement
- peers as interveners
- volunteers and professionals in training
- recreational opportunities
- community involvement and enhancement
- school support services
- social support services
- health support services (physical and mental)

**Figure 2.3: 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."

Part 3

Toward Operationalizing the Enabling Component

As suggested, the Enabling Component represents a fundamental reconception of activity enabling schools to teach, students to learn, families to function constructively and communities to serve and protect. In addition to addressing specific problems experienced by students and their families, a strong emphasis is given to healthy development and positive functioning as the best way to prevent many problems. To accomplish all this, the concept calls for moving a) *from* fragmented, categorical and specialist-oriented services *toward* a comprehensive, cohesive and general programmatic approach, and b) *from* activity that is viewed as supplementary *toward* a full-fledged integrated component of restructuring that is understood to be primary and essential in enabling learning.

Work to date has divided the concept into six programmatic areas. In doing so, the emphasis is on restructuring from the school outward, with basic mechanisms established at the school level and outside the school. Each of these topics is discussed in the following sections.

Six Areas of Programmatic Enabling Activity

In instituting an Enabling Component in schools, it helps to conceive relevant activities as falling into six areas (see Figure 3.1, page 19). A brief sketch of each follows. Figure 3.2 provides a lengthy description.

1. *Classroom-Focused Enabling*

Classroom-focused enabling encompasses efforts to increase teacher effectiveness in preventing and handling problems in the classroom. The emphasis is on helping teachers learn how to work with a

wider range of individual differences. Examples include use of accommodative and compensatory strategies, use of peer tutors and volunteers to enhance social and academic support and use of resource and itinerant teachers and counselors in the classroom. The intent is to increase mainstreaming efficacy and reduce the need for special services.

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 is on enhancing classroom-based efforts by increasing teacher ability to provide personalized help and increase a teacher's array of strategies for working with a wider range of individual differences. Two aims are to increase mainstreaming efficacy and reduce the need for special services.

Work in this area requires: programs for personalized professional development for teachers and aides; systems to expand resources; programs for temporary out-of-class help; and 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*

Student and family assistance emphasizes use of direct services and referral for students and families in need. Examples include personalized, individual and group interventions for health care, counseling and remediation. Social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing mechanisms

and systems for triage, case and resource management, direct services to meet immediate needs and referral for special services and special education placements as appropriate. Continuous efforts are made to expand and enhance resources. The context for this activity may be a Family Service Center. The intent is to ensure that specific and effective assistance is provided when necessary and appropriate.

The emphasis for these programs and services is on providing special services in a personalized way to assist with a broad range of needs. 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.

Work in this program requires: programs designed to support classroom-focused enabling with specific emphasis on reducing the need for teachers to seek special programs and services; a stakeholder information program to clarify available assistance and how to access help; systems to facilitate requests for assistance and strategies to evaluate the requests; a programmatic approach to handling referrals; programs providing direct service; programmatic approaches for effective case and resource management; interface with community outreach to assimilate additional resources into current service delivery; and relevant education for stakeholders.

3. Crisis Assistance and Prevention

Crisis assistance and prevention encompasses responding to and preventing crises. Examples include crisis response, programs for school safety, violence reduction, suicide prevention, and child abuse prevention. Intended outcomes of crisis assistance include ensuring the provision of immediate emergency and follow-up care so students are

able to resume learning without undue delay. Prevention activity outcomes are reflected in indices showing a safe and productive environment exists, and that students and their families have the type of attitudes and capacities needed to deal with violence and other threats to safety.

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.

Work in this area requires: systems and programs for emergency/crisis response at a site, throughout a school complex and community wide; prevention programs for school and community to address schools safety/violence reduction, suicide prevention and child abuse prevention; and relevant education for stakeholders.

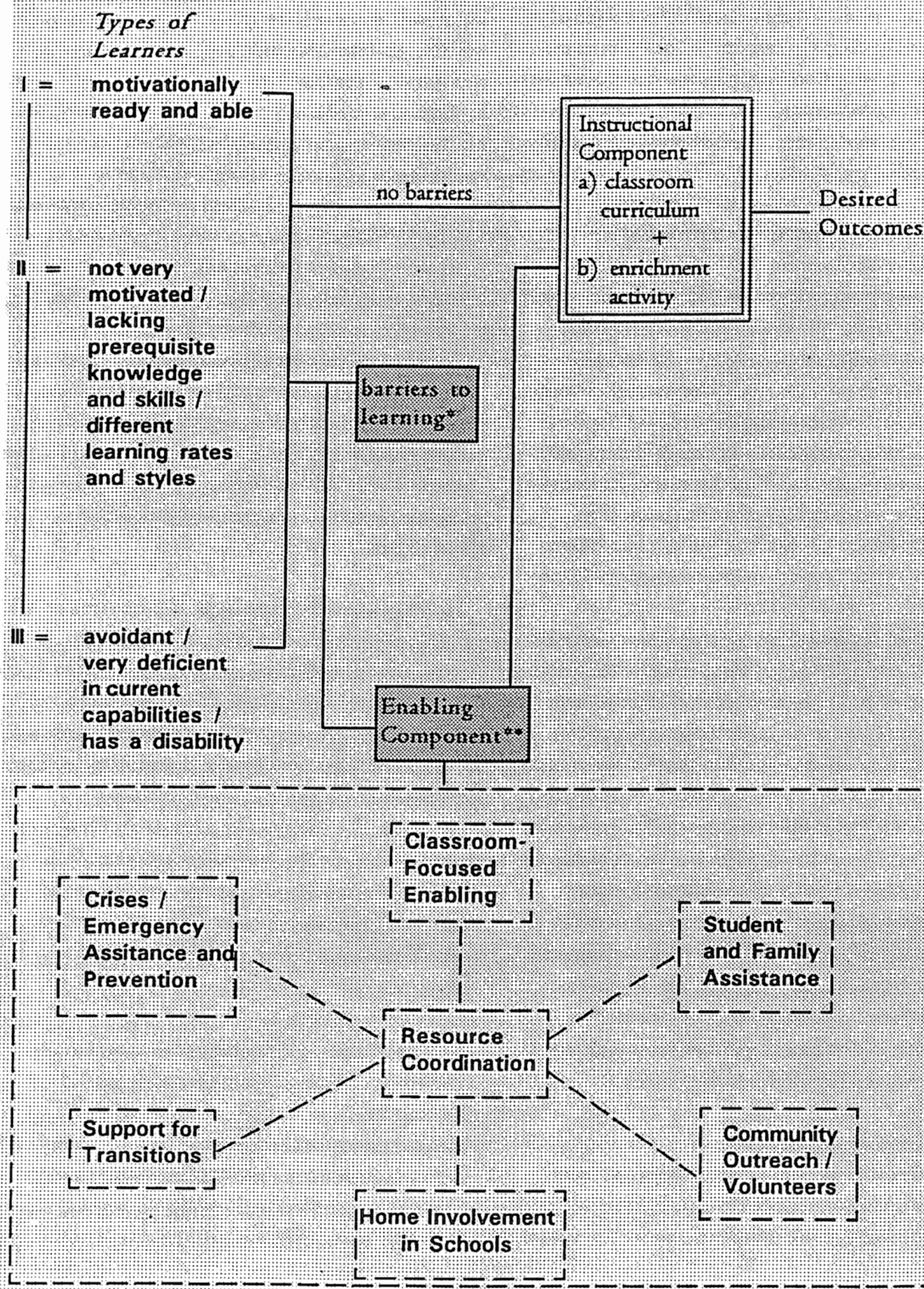
4. Support for Transitions

Support for transitions addresses daily and periodic transition situations. Examples of intervention activities include welcoming and social support for newcomers, before and after-school programs to enrich learning and provide recreation in a safe environment, support in moving to and from special education, articulation with each new step in formal education and school-to-work programs. Anticipated outcomes are reduced alienation and increased positive attitudes and involvement in school and various learning activities.

The emphasis here is on planning, developing and maintaining a comprehensive focus on the variety of transition concerns confronting students and families. The work in this area can be greatly aided by advanced technology.

Work in this area requires: programs to establish a welcoming and socially supportive community; programs for articulation for each new step in

Figure 3.1: Areas for School-Based Collaborative Activity



formal education, vocational and college counseling, to and from special education and support in moving to post-school living and work; before and after school programs to enrich learning and provide recreation in a safe environment; and relevant education for stakeholders.

5. *Home Involvement in Schooling*

Home involvement in schooling encompasses a range of programs to promote family participation in school/community social support networks, facilitate parent learning, mobilize parents as problem solvers with their children and elicit help from families in addressing the needs of the community. Outcomes include indices of parent learning, student progress and community enhancement specifically related to home involvement. The context for some of this activity may be a parent center or a Family and Community Service Center Facility.

Work in this area requires: programs to address specific learning and support needs of adults in the home; programs to help those in the home meet their basic obligations to the student; systems to improve communication about matters essential to the student and family; programs to enhance the home-school connection and sense of community; interventions to enhance participation in making decisions; programs to enhance home support related to the student's basic learning and development; interventions to mobilize those at home to problem solve related to student needs; interventions to elicit help from those at home with respect to meeting classroom, school and community needs; and relevant education for stakeholders.

6. *Community Outreach*

Community outreach (including a focus on volunteers) pursues programmatic activity to develop greater community involvement in school-

ing as well as enhanced support for efforts to enable learning. Examples include programs to integrate community health and social services and recreation programs, programs to make contact with hard-to-involve families and programs to recruit and train volunteers as support for targeted students. Outcomes include indices of community participation, student progress and community enhancement. Outreach is made to public and private community agencies, universities, colleges, volunteer service programs, organizations and clubs.

Work in this area requires: programs to recruit community involvement and support; systems and programs specifically designed to train, screen and maintain volunteers; outreach programs to involved students and families; programs to enhance community-school connections; and relevant education for stakeholders.

Five basic themes permeate the six areas of programmatic activity and provide an additional perspective of the nature and scope of the Enabling Component concept. These themes stress that enabling occurs through enhancing social supports (*A welcoming and supportive community*), enhancing academic supports (*Everyone as a learner; everyone as a teacher*), an instructional curriculum that focuses on health and social-emotional development (*I'm learning to care for myself and to care about you*), physical and mental health interventions (*Preventing preventable problems and correcting the rest*) and social services (*A caring society*).

In organizing the Enabling Component, it is the content of each program area that guides planning, implementation, and evaluation. The emphasis throughout is on collaboration, coordination, and integration among all enabling activities and with the instructional and management components. Moreover, the intent is to weave a continuum

of programs (from primary prevention to treatment of chronic problems) and a continuum of interveners, advocates and sources of support (appropriately trained peers, parents, volunteers, nonprofessional staff, professionals-in-training, professionals). In reviewing Figure 6, it should be noted that the broad nature and scope of the activity in each area make collaboration within and between each area essential; it is the many ways the various activities overlap and interact with each other that require they be integrated.

When a Family and Community Center Facility can be established, it provides a useful focal point and hub for Enabling Component operations. Given the widespread interest in the emergence of special centers at school sites such as a "one-stop shopping" Family/Youth Service Center or a Parent Center, it is worth emphasizing that the existence of a center is not a sufficient basis for assuming appropriate programmatic activity is in place or that the activity is integrated. For instance, the presence of a parent center is no guarantee that a broad and well-designed program for enhancing home involvement in schooling has been planned and implemented.

Finally, as feasible, the integrated use of advanced technology is desirable. This might include: a computerized system to organize information, aid case management, and link students and families to referrals; interactive audio-visual resources as program aids; and video and computer networks for staff development

Restructuring from the School Outward

In developing the Enabling Component, the several levels of school system organization must be considered. For example, a large district may organize at the student level, the classroom, the school site, small complexes of neighboring elementary

schools and the middle and high schools into which they feed, large clusters of schools in a designated geographical region and the total school system. In the past, organizational planning in large school systems has had a centralized and hierarchical organization that begins at the district's main offices and develops top-down. Specific categories of support personnel (school psychologists, counselors, nurses) often are organized into central units with system-wide directors and coordinators and then individuals are deployed to staff programs, projects, teams and service delivery at regional and school levels. Current programs have reflected this mode of organization.

Enabling Component mechanisms are needed at these different levels to decide about resource allocation, maximize systematic and integrated planning, implementation, maintenance and evaluation of enabling activity.⁵⁶⁻⁵⁸ Formal working relationships with community resources bring some resources to campuses and establish special links with others. In addition, the Enabling Component facilitates the upgrading and modernization of activity and organization to reflect the best intervention thinking and use of technology. The focus is first on meeting specific needs at the classroom, school and neighborhood levels. Then, based on what is needed to facilitate and enhance school-based efforts, mechanisms are conceived for cluster and system-wide levels. Thus, the following presentation first outlines specific program and organizational mechanisms at the school level and then supportive mechanisms at the complex/cluster and system-wide levels.

Mechanisms at the School Level

The view that the reorganization of enabling activity into an Enabling Component should begin at the school/neighborhood level meshes nicely with contemporary ideas about restructuring education that stress decentralization and increased

school-based and neighborhood control. More importantly, however, this view underscores the fact that the logical levels at which to concentrate efforts to address barriers to learning are the classroom, school, and the immediate surrounding community. From this perspective, the school community becomes a reasonable focal point around which to build a multi-leveled organizational plan. This has major implications for staff roles and functions and for revamping prevailing organizational structure.

For schools, the first challenge in moving from piecemeal approaches to an integrated Enabling Component involves weaving existing activities together, including curricula designed to foster positive social, emotional and physical development. The second challenge encompasses both evolving existing programs so they are more effective, and reaching out to other resources in ways that expand the Enabling Component, by entering into school cluster collaborations, by establishing formal links with community resources and by attracting more volunteers, professionals-in-training and community resources to work at the school site. Meeting such challenges requires well-conceived actions that are appropriately supported. In this respect, it should be emphasized that establishment and maintenance of any school-based activity requires sanctioning and resource support from school governance bodies and staff and often from the community as well.

Specific school-based mechanisms must exist for areas to be addressed in daily practice and maintained over time. These are comparable to policies that ensure planning and implementation of

academic curricula are carried out properly. Because many schools will be unable to simultaneously

establish mechanisms that cover all six areas of programmatic activities outlined earlier, comprehensive restructuring of enabling activities must be done in phases.

One way to institute changes

more easily is to think in terms of school-based teams. In some cases, one team can address more than one programmatic area, and for some areas, one team might serve more than one school. The function of each team is to ensure activities are well-planned, implemented, enhanced, evaluated, maintained and appropriately evolved. To begin with, one or two motivated and competent individuals may take the lead for a given pragmatic area, with others recruited over time as necessary and/or interested. Inevitably, some areas require two or more persons. It may be necessary to expand the focus of staff or curriculum development teams to include a Student Study Team, a Teacher Assistance Team or a school-based crisis teams.

To provide overall cohesion and increasing integration among the six programmatic areas, it is necessary to implement a way to organize and coordinate the developing teams by establishing resource coordination or a school-based team.^{28, 58-61} Such an Enabling Component Coordinating Team exemplifies the type of on-site organization needed for overall cohesion of the many facets of an Enabling Component. Minimally, it can reduce fragmentation and enhance cost-efficacy by assisting program teams to function in a coordinated and

“For schools, the first challenge...involves weaving existing activities together, including curricula designed to foster positive social, emotional and physical development..”

increasingly integrated way. For example, the team can develop communication among school staff and with home about available assistance and referral processes, and coordinate resources and monitor the teams to be certain group leadership is maintained and replacements are made when members leave. The coordinating team consists of representatives of all major activity areas that support a school's instructional efforts. It is also beneficial when representatives from the school's governing bodies are participants. In addition, the group can help school personnel see the Enabling Component 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. Team members also can help identify ways to improve existing resources and acquire additional ones.

A basic problem in forming teams is that of identifying and deploying committed and able personnel and establishing an organizational structure that nurtures the competence and commitment of team members.^{22,28,29,62-68} Nine general considerations gathered from experience are worth highlighting.

1. Teams for programmatic areas may consist of current resource staff, special project staff, teachers, site administrators, parents, older students and others from the community. In this last regard, representatives of school-linked community services clearly must be included.

2. For staff, job descriptions must be written in ways that call on personnel to work in a coordinated and increasingly integrated way with the intent of maximizing resource use and enhancing efficacy.

3. To maximize the range of enabling activities at a school, every staff member must be encouraged to participate on some team. The importance of

such teams should be recognized through provision of time and resources.

4. Each group can vary in size, from two to as many as are needed and interested. It is important to keep in mind that the larger the group, the harder it is to find a meeting time and the longer each meeting tends to run. Frequency of meetings depends on the group's functions, time availability and ambitions. Properly designed and trained teams can accomplish a great deal through informal communication and short meetings.

5. The core of a team is staff who have or will acquire the ability to carry out identified functions; others can be auxiliary members. All should be committed to the team's program-focused agenda. Building team commitment and competence should be one major focus of school management policies and programs.

6. Because several areas of program focus require the expertise of the same staff (nurse, psychologist, counselor, resource teacher, social worker), these individuals will be necessarily on several teams.

7. Each team needs a dedicated leader/facilitator who has the ability to keep the group task-focused and productive, and someone who records decisions and plans and reminds members of planned activity and products.

8. Team functioning is enhanced through use of computer technology (management systems, electronic bulletin boards and mail, resource clear-houses). Such technology facilitates communication, networking, program planning and implementation, linking activity and a variety of budgeting, scheduling and other management concerns.

9. Effective teams should be able to save time and resources by appropriately addressing the areas in which they are involved. In addition, by tapping into public health-care funds, a district may be able to underwrite some of the costs of those team members who also provide specific services. Given the current economic picture, it is essential that schools draw upon other sources of revenue and resources. This makes any potential opportunity to bring public health-care funds into a district a very attractive prospect. To this end, whenever appropriate and feasible, services that qualify for such funds should be carried out under the protection and leadership of those personnel whose licenses qualify for reimbursed services.

However, a few cautionary notes are warranted about reimbursed services. It is well known that requirements set by third-party payers can inappropriately reshape programs, especially by limiting service availability to those who qualify for reimbursement. In addition, it is easy to make the error of overestimating the net gain that can be achieved from this source. Also, there are negative consequences to efforts to expand the range of enabling activity at schools. For example, in California, the biggest return for mental health services provided for Medi-Cal reimbursement comes from approved one-on-one interventions, usually for fairly severe emotional problems. A major concern related to this is that such interventions are not the appropriate response in trying to help most students do better at school. However, if this is what segments of school staff see as the way to underwrite their jobs, major efforts will be made to increase referrals for these services. As more students are referred for

such treatment, more and more personnel will have to be redeployed to staff this rather limited approach. In the process, they will be pulled away

“While capturing funds is an important factor, it is certainly not a remedy.”

from providing other enabling activity. At the same time, the quality assurance processes that accompany Medi-Cal

funding inevitably lead to requirements about special facilities (therapy rooms, computer systems), enhanced staff development and supervision for those working under others' licenses. The costs of this, along with related clerical costs, greatly reduce what at first glance looks like an opportunity to make large net gains. Furthermore, if whatever is gained financially is earmarked to go back to those generating the income, these funds are unlikely to be used to expand the range of enabling activities available for schools. Finally, in this time of dwindling resources, increasing competition for every dollar coming from third-party payers must be anticipated.

These problems should be familiar. A similar situation occurred when special education funding grew, leading to the excessive expansion of programs intended to address learning disabilities, and to diagnosing excessive numbers of students as disturbed and then sending them to non-public school placements. The point is that the public health care reimbursement system is a mixed blessing. Used judiciously, it currently is a valuable way to provide a limited range of costly services to those who need them and cannot afford them; but it is likely to be a relatively small income generator for schools if such services are appropriately limited to those with severe problems. As managed care systems are implemented fully, schools may no longer find this a viable source of income. While capturing such funds is an important factor to add

into current planning, it is not a remedy, and it certainly is not a primary factor around which to plan major reforms to deal with all barriers interfering with students' learning.

Mechanisms at the School Complex, Cluster and System-wide Level

Discussion of a model at the school level helps clarify mechanisms needed at school complex, cluster and system-wide levels to introduce, develop and maintain an Enabling Component throughout a district. Specifically, plans need to provide oversight and leadership, resource development (including training) and ongoing organizational support.

For example, schools require assistance in establishing and maintaining school-based activities that enable learning. A specially trained facilitator could provide the necessary expertise. Such a facilitator can aid in establishing and developing school-based teams, clarify links with community programs and enhance community involvement.^{56,58,60,61} By rotating within a group of schools (for example, a complex of 10-12 schools), a facilitator can phase in appropriate school-based teams at each school over several months, and then move on to another group of schools. The facilitator returns periodically to share new ideas for enabling activity and assist in developing additional programs and related inservices. A small corps of facilitators can phase in essential mechanisms throughout a large district over a period of several years. The small cadre of personnel to be trained for these positions can be redeployed from the ranks of support service staff (psychologists, counselors, social workers, nurses) or from administrative or specialist personnel.

Small clusters of schools (complexes/feeder schools) in the same locale have a number of shared concerns, so activities can use the same resources to meet needs at neighboring schools, eliminating

redundancy and reducing costs. In this regard, a Cluster or Complex Enabling Component Coordinating Council made up of representatives from each participating school's Enabling Component Coordinating Team can provide leadership, communication, maintenance, quality improvement and ongoing development of an Enabling Component. Such a team can make a special contribution by helping to coordinate and integrate programs serving multiple schools, identify and meet common needs with respect to guidelines and staff development and create links and collaborations among schools and with community agencies. The group can play a role in community outreach to create formal working relationships, as well as ensure that represented schools have equitable access to supplementary interventions and specialized back-up assistance from system-wide resources. Larger clusters (25-30 schools) also can establish cluster councils consisting of representatives from smaller councils, as well as including personnel designated as resources and leaders for the whole cluster. Organization facilitators assist in the development and maintenance of such councils. Technology provides a resource to enhance council activity and save time and effort.

However, school and complex/cluster-level mechanisms are not sufficient. Staff functioning at these levels benefits from system-wide resources and leadership that provide support in the form of:

- system-wide strategic planning, including integrated strategies for developing and coordinating programs and personnel;
- updating of legal and professional guidelines;
- system-wide programs and special demonstration projects;
- supplementary interventions and specialized back-up assistance at school-sites;
- specialized services at special sites; and

- establishment of links and integrated collaboration with special and compensatory education programs and programs operated by community, city and county agencies.

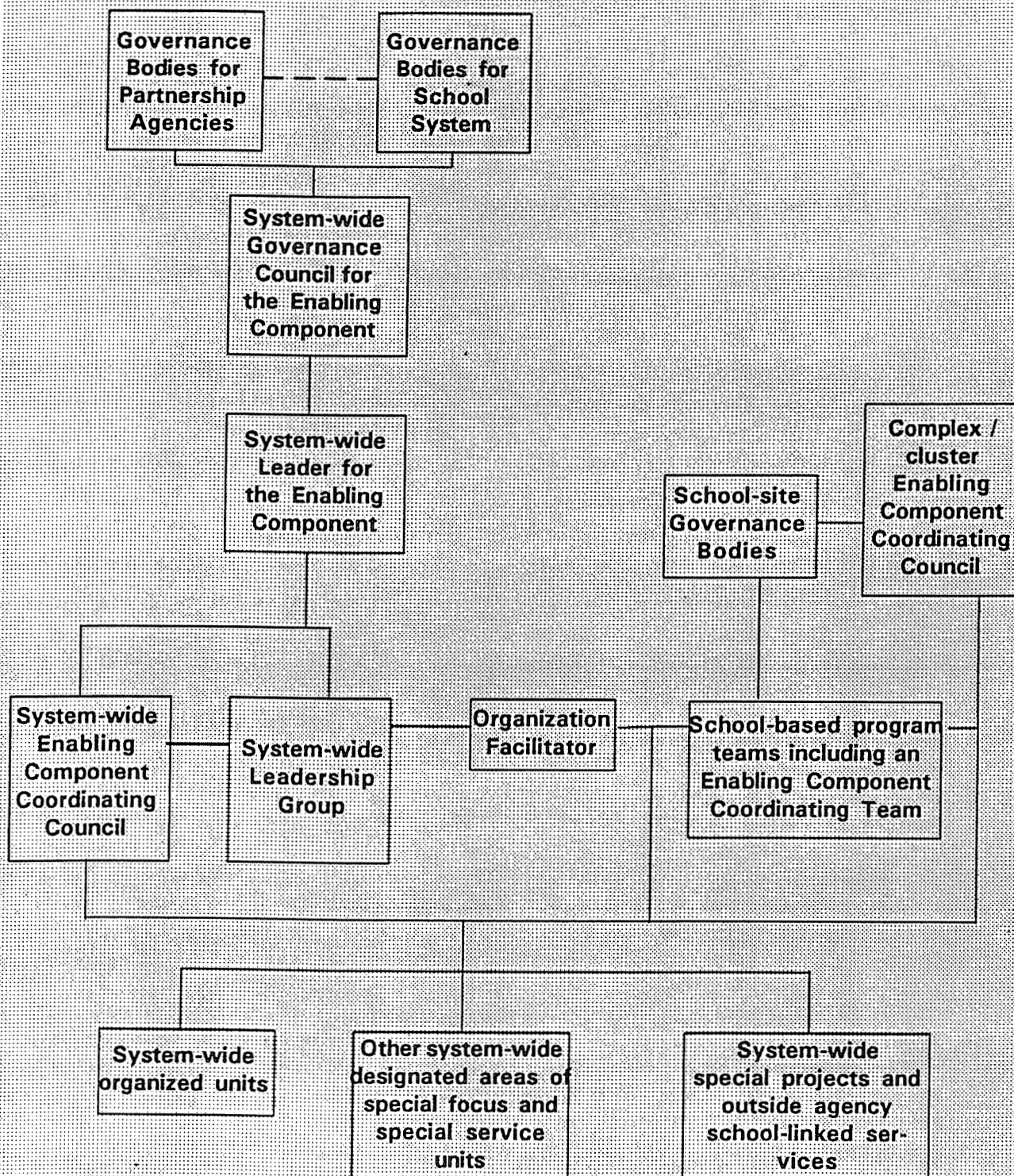
Specifically, three mechanisms seem essential in ensuring coherent leadership for developing, maintaining and enhancing the Enabling Component. One is a system-wide leader with responsibility and accountability for the component. This leader's functions include evolving the district-wide vision and strategic planning for the Enabling Component and ensuring coordination and integration of enabling activity among complexes, clusters and systems. Two other recommended institutions at this level are a System-wide Enabling Component Coordinating Council to provide guidance about current coordination of operations and resources and integration of programs across complexes/clusters and a design team to provide essential expertise and leadership for the ongoing evolution of the component. Conducting ongoing formative evaluation should be a major function of the restructuring. A system-wide coordinating council could make a significant contribution to evaluation by conducting periodic quality improvement

reviews at all levels with a focus on such matters as how mechanisms are functioning and the equity with which enabling efforts are distributed to schools serving low income neighborhoods.

Figure 3.2 (see page, 27) outlines this organizational structure. As can be seen, system-wide and partnership governance groups who must provide vision, official sanction, policy guidelines and ongoing financial and other support are included. The form of governance illustrated is consistent with the idea that a comprehensive, integrated Enabling Component requires a formal partnership between a district and community agencies.

At this time, there is no indication in the literature that any school district treats enabling activity as a primary component of efforts to accomplish its educational mission. No school and none but the most affluent communities could provide the full range of programs outlined in Figure 2. Most schools and communities have done little to move toward systematic integration of existing activity.

Figure 3.2: Mechanisms for Governing, Planning, Implementing, Maintaining, and Advancing an Enabling Component.



Part 4

Getting from Here to There

Ultimately, interest in the concept of an Enabling Component depends on the degree to which policymakers confront current realities about factors interfering with students' learning and performance. Efforts to evolve a comprehensive, integrated thrust demand the resources and efforts of society, local communities and families, school staff and students themselves. Coleman⁷⁰ and Stone and Wehlage⁷¹ provide a useful discussion of building social capital that has considerable relevance to understanding problems related to achieving the type of necessary policy changes that support development of an Enabling Component. Financial limitations inevitably result in significant gaps in what is available or accessible. Current efforts to create co-agency collaborations as part of service integration initiatives represent one avenue toward filling some gaps. Other avenues remain to be identified. Obviously, the myriad political and bureaucratic factors that must be dealt with are immense.

Given the problems involved in making major institutional changes, especially with limited financial resources, restructuring of enabling activities must be done in phases. In terms of the model presented here, a district first must develop a policy committed to a comprehensive, integrated Enabling Component. Then, it must adopt or adapt a prototype and create the system-wide activities needed to make the policy work. (Note: while system-wide mechanisms are created first, their development is based on views about how they support the school-based and cluster/complex levels.)

Once this part is established, school and cluster/complex level mechanisms can be created. In doing this, the initial emphasis should be at the

school level, beginning with combining existing resources and developing a school-based Enabling Component Coordinating Team and plans for specific areas of programmatic activity (for example, a Student and Family Assistance Team, a Crises Assistance and Prevention Team or a Classroom-Focused Enabling Team) designed to meet the school's most pressing needs. Over time, greater attention can be given to evolving existing programs so they are more effective, and to expanding the Enabling Component by reaching out to other resources.

Given current financial realities, creation of the mechanisms represented in Figure 7 will require redeployment of existing district resources and collaboration with community resources. At a school site, this means new roles and functions for some staff and greater involvement of parents, students, and representatives from the community in ways already discussed. Also as noted, most districts will need to use some out-of-classroom personnel to establish a small group of organization facilitators, and redefine the roles and functions of other personnel to staff system-wide leadership and coordinating groups.

Conclusion

Reformers recognize that programs and services are needed to help students overcome barriers to learning so they can reach the standards society values. For example, one of the eight national education goals codified into law seeks schools that are free of drugs, alcohol, and violence; another aspires to ensure all children are ready to learn; a third calls for promoting partnerships that will increase parent involvement and participation in

promoting the social, emotional and academic growth of children.⁷²

Recognition of such needs is welcome. However, in the absence of a comprehensive model for restructuring education support activity, efforts to meet such goals are likely to produce additional piecemeal approaches, thereby exacerbating what already is an overly fragmented enterprise. Indeed, concern about the inadequate way current education reform agendas address barriers to learning is found in the guidelines for how states should develop education improvement plans related to the national goals. The guidelines reflect initiatives underway in some states that are designed to foster integration of community health and human services and links with school sites. Perhaps because of these links, the guidelines ignore the role of existing school resources. Therefore, the guidelines primarily call for including representatives of community health and social services in developing plans that indicate how such services will contribute to education reform, ignoring existing school resources. This direction is likely to cause practices that overemphasize use of individually prescribed services and the consequential development of weak links with school sites. Should such practices dominate reform they will work against the development of comprehensive, integrated, programmatic approaches for addressing barriers to learning and enhancing healthy development.

The larger problem, of course, is that the primary emphasis of the contemporary movement to restructure education continues to be on the Instructional and Management Components of schooling. Thus, attention is paid mostly to concerns such as curriculum and pedagogical reform, professionalization of teaching, standard setting, decentralization, shared decision-making and stakeholder partnerships. Attention to such concerns is necessary but grossly insufficient given the

nature and scope of barriers that interfere with school learning and performance for a large segment of students. Initiatives for integrating community services and linking them to school sites also represent a useful but grossly inadequate response for addressing such barriers.

The inattention to comprehensive restructuring of programs that support the educational process is unfortunate. One reason for the narrow and inadequate reform focus is the policy void surrounding restructuring of school-operated interventions to address barriers to teaching and learning. As long as the movement to restructure education primarily emphasizes the instructional and management components, most students in too many schools are unlikely to reap many benefits from the contemporary wave of education reform.

The concept of the Enabling Component is proposed as a way of highlighting what amounts to a major missing link in the restructuring movement. It also is offered as a unifying concept around which to advocate for essential and fundamental policy changes that can better address barriers to learning and enhance healthy development. Effective operationalization of such a concept clearly requires a level of theoretical, research, and program development activity comparable to work associated with restructuring the management and instructional components of schooling. Such a line of work is long overdue.

References

1. Tyack DB. The high school as a social service agency. Historical perspective on current policy issues. *Educ Eval Policy Analysis*. 1979;1:45-47.
2. Tyack DB. Health and social services in public schools: Historical perspectives. *Future of children*. 1992;2:19-31.
3. Lambert NM, Bower EM, Caplan G, et al. *The protection and promotion of mental health in the schools*. Washington, DC: US Government Printing Office; 1964.
4. Lavin AT, Shapiro GR, Weill KS. *Creating an agenda for school-based health promotion: A review of selected reports*. Cambridge, MA: Harvard School of Public Health; 1992.
5. Adelman HS, Taylor L. *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole; 1993.
6. Bond LA, Compas BE, eds. *Primary prevention and promotion in the schools*. Newbury Park, CA: Sage; 1989.
7. Carnegie Council on Adolescent Development. *Review of school-based health services*. New York: Carnegie Foundation; 1988.
8. Christopher GM, Kurtz PD, Howing PT. Status of mental health services for youth in school and community. *Child Youth Serv Rev*. 1989;11:159-174.
9. Dryfoos JG. *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press; 1990.
10. Dryfoos JG. Schools as places for health, mental health, and social services. *Teach Col Rec*. 1993;94:540-567.
11. Greenspan R, Seeley DS, Niemeyer JH. Principals speak: The need for mental health and social services. *Equity and choice*. 1994;10:19-27.
12. Kirst MW, McLaughlin M. Rethinking children's policy. Implications for educational administration. In: Mitchell B, Cunningham L, eds. *Educational leadership and changing context of families, communities, and schools: 89th yearbook of the National Society for the Study of Education*. Chicago, IL: University of Chicago Press; 1990:69-90.
13. Mitchell A, Seligson M, Marx F. *Early childhood programs and the public schools: Promise and practice*. Dover, MA: Auburn House; 1989.
14. National Commission on the Role of the School and Community in Improving Adolescent Health. *Code blue: Uniting for healthier youth*. Washington, DC: American Medical Association and National Association of State Boards of Education; 1990.
15. Adolescent health-Vol I: Summary and policy options. Washington, DC: US Congress, Office of Technology Assessment; 1991. US Government Printing Office publication.
16. Orr M. Keeping students in school: A guide to effective dropout prevention programs and services. San Francisco, CA: Jossey-Bass; 1987.

-
17. Price RH, Cioci M, Penner W, Trautlein B. Webs of Influence: School and community programs that enhance adolescent health and education. *Teach Col Rec*. 1993;94:487-521.
18. Schorr LB. *Within our reach: Breaking the cycle of disadvantage*. New York: Doubleday; 1988.
19. Slavin R, Karweit BJ, Madden N, eds. *Effective programs for students at risk*. Boston: Allyn and Bacon; 1989.
20. *Mental health and learning*. Washington, DC: USOE/NIMH; 1972. U.S. Government Printing Office publication.
21. Zigler EF, Lang M. *Child care choices*. New York: MacMillan; 1991.
22. Barth RS. *Improving schools from within: Teachers, parents and principals can make a difference*. San Francisco, CA: Jossey-Bass; 1990.
23. Elmore RF and Associates. *Restructuring schools: The next generation of educational reform*. San Francisco, CA: Jossey-Bass; 1994.
24. Lewis AC. *Restructuring America's schools*. Arlington, VA: American Association of School Administrators; 1989.
25. Lieberman A, Miller L. *Restructuring schools: What matters and what works*. *Phi Delt Kapp*. 1990;71:759-764.
26. Murphy J. *Restructuring schools: Capturing and assessing the phenomena*. New York: Teachers College Press; 1991.
27. National Association of Social Workers. *The human factor: A key to excellence in education*; 1985.
28. Newmann FM. Beyond common sense in educational restructuring: The issues of content and linkage. *Educ Rev*. 1993;22:4-13,22.
29. Sarason SB. *The predictable failure of educational reform: Can we change course before it's too late?* San Francisco, CA: Jossey-Bass; 1990.
30. Schlechty PC. *Schools for the twenty-first century: Leadership imperatives for educational reform*. San Francisco, CA: Jossey-Bass; 1990.
31. Stedman LC. The condition of education: Why school reformers are on the right track. *Phi Delt Kapp*. 1993;215-225.
32. Carnegie Council on Adolescent Development, Task Force on Education of Young Adolescents. *Turning points: Preparing American youth for the 21st century*. Washington, DC: Carnegie Foundation; 1989.
33. Wehlage G, Smith G, Lipman P. Restructuring urban schools: The New Futures experience. *Amer Educ Res J*. 1992;29:51-93.
34. Adler L, Gardner S, eds. *The politics of linking schools and social services*. Washington, DC: Falmer Press; 1994.
35. Center for the Future of Children. *The future of children*. 1992;2:6-18.
36. Dryfoos JG. *Full-service schools: A revolution in health and social services for children, youth and families*. San Francisco, CA: Jossey-Bass; 1994.
-

-
37. *School-linked human services: A comprehensive strategy for aiding students at risk of school failure*. Washington, DC: U.S. General Accounting Office; 1993.
38. Herrington CD. Schools as intergovernmental partners: Administrator perspectives of expanded programming for children. *Educ Admin Quart*. 1994;30:301-323.
39. Hodgkinson HL. *The same client: The demographics of education and service delivery systems*. Washington DC: Institute for Educational Leadership, Inc., Center for Demographic Policy; 1989.
40. Holtzman WH, ed. Community renewal, family preservation, and child development through the School of the Future. In: *School of the future*. Austin, TX: American Psychological Association and Hogg Foundation for Mental Health; 1992.
41. Kagan SL. *Excellence in early childhood education: Defining characteristics and next-decade strategies*. Washington DC: Office of Educational Research and Improvement, U.S. Dept. of Education; 1990.
42. Kagan SL, Rivera, AM, Parker FL. *Collaborations in action: Reshaping services to young children and their families*. New Haven, CT: Yale University Bush Center on Child Development and Social Policy; 1990.
43. Kirst MW. Improving children's services: Overcoming barriers, creating new opportunities. *Phi Delt Kapp*. 1991;72:615-618.
44. Koppich JE, Kirst MW, eds. Integrating services for children: Prospects and pitfalls. *Educ Urban Soc*. 1993;25.
45. Melaville A, Blank M. *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, DC: Education and Human Services Consortium; 1991.
46. Center for the Study of School Policy. *Leveraging dollars, leveraging change: Refinancing and restructuring children's services in five states*. Washington, DC; 1991.
47. Kusserow RP. *Services integration for families and children in crisis*. Washington, DC: US Department of Health and Human Services; 1991. Document OEI-0990-00890.
48. Morrill WA, Marks EL, Reisner ER, Chimierine CB. *Selected collaborations in service integration*. Falls Church, VA: Mathtech, Inc.; 1991.
49. Hechinger FM. Schools for teenagers: A historic dilemma. *Teach Col Rec*. 1993;94:522-539.
50. Hodgkinson HL. Reform vs reality. *Phi Delt Kap*. 1991;73:9-16.
51. Committee for Economic Development. *Children in need: Investment strategies for the educationally disadvantaged*. New York; 1987.
52. Nightingale EO, Wolverton L. Adolescent rolelessness in modern society. *Teach Col Rec*. 1993;94:472-486.
53. O'Neil J. A generation adrift? *Educ Lead*. 1991;49:4-10.
54. Chaudry A, Maurer KE, Oshinsky CJ, Mackie J. *Service integration: An annotated bibliography*. New York: National Center for Service Integration; 1993.
-

55. Smith MS, O'Day J. Systematic school reform. In: Fuhrman SH, Malen B, eds. *The politics of curriculum and testing. The 1990 yearbook of the Politics of Education Association*. Philadelphia, PA: Falmer; 1991:233-267.
56. Adelman HS. School-linked mental health interventions: Toward mechanisms for service coordination and integration. *J Comm Psych*. 1993;21:309-319.
57. Adelman HS, Taylor L. School-based mental health: Toward a comprehensive approach. *J Mental Health Admin*. 1993;20:32-45.
58. Adelman HS, Taylor L. *Organization facilitator guidebook*. Los Angeles, CA: Early Assistance for Students and Families Project, School Mental Health Project, Dept. of Psychology, UCLA; 1993.
59. Adelman HS, Taylor L. *Early assistance for students and families program guidebook*. Los Angeles, CA: Early Assistance for Students and Families Project, School Mental Health Project, Dept. of Psychology, UCLA; 1993.
60. Rosenblum L, DiCeco MB, Taylor L, Adelman HS. Upgrading school support programs through collaboration: Resource coordinating teams. *Soc Work Educ*. 1995;17:117-124.
61. Adelman HS, Taylor L. *On understanding intervention in psychology and education*. Westport, CT: Praeger; 1994.
62. Argyris C. *Knowledge for action: A guide to overcoming barriers to organizational change*. San Francisco, CA: Jossey-Bass; 1993.
63. Baily D. Organizational change in a public school system: The synergism of two approaches. *Soc Work Educ*. 1992;14:94-105.
64. Brookover WB, ed. Changing school social systems. *Generator*. 1981;11:1-59.
65. Cunningham WG, Gresso DW. *Cultural leadership: The culture of excellence in education*. Boston, MA: Allyn and Bacon; 1993.
66. Donahoe T. Finding the way: Structure, time, and culture in school improvement. *Phi Delta Kapp*. 1993;298-305.
67. Fullan MG, Stiegelbauer S. *The new meaning of educational changes*, 2nd ed. New York: Teachers College Press; 1991.
68. Miles MB, Louis KS. Mustering the will and skill for change: The findings from a four-year study of high schools that are experiencing real improvement offer insights into successful change. *Educ Leader*. 1990;47:57-61.
69. Schmuck RA, Runkel PJ. *The handbook of organizational development in schools*, 3rd ed. Palo Alto, CA: Mayfield Publishing; 1985.
70. Coleman JS. Social capital in the creation of human capital. *Amer J Soc*. 1988;94:95-120.
71. Stone C, Wehlage G. *Social capital, community collaboration, and the restructuring of schools*. Madison, WI: Center on Organization and Restructuring of Schools; 1992.
72. *National goals of education*. Washington, DC: US Dept. of Education; 1990.