

Ideas for a Comprehensive, Integrated, School-wide Approach

System Reform to Address Barriers to Learning: Beyond School-Linked Services and Full Service Schools*

Explores calls for integration, comprehensiveness, and other systemic reforms through the lens of school/community efforts to address barriers to learning. Current approaches are critiqued; new directions for policy, practice, and research are outlined.

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Abstract

As reformers move away from fragmented services, systemic reform is the cry of the day. In reaction to fragmented service delivery, there are calls for coordination, integration, and comprehensiveness. Concepts such as school-linked services, full service schools, one-stop shopping, and wrap around services are gaining prominence. With the emergence of new ideas has come a host of issues and some confusion about such matters as (1) What systems are systemic reformers talking about? (2) Coordinated or integrated? and (3) How comprehensive is comprehensive? We explore each of these topics from the perspective of their relevance for addressing barriers to student learning. Our intent is to clarify key issues and discuss implications for moving ahead with systemic reforms that can address a full range of such barriers. We conclude there is a critical need for a unifying concept to guide policy and propose the concept of an enabling component as a possibility.

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System Reform to Address Barriers to Learning: Beyond School-Linked Services and Full Service Schools

School-linked services, integrated services, school-based clinics, one-stop shopping, wrap-around services, seamless service delivery, comprehensive school health, co-location of services, restructuring -- such terms are associated with a host of system reforms. Ample support for pursuing such reforms is found in the considerable agreement about deficiencies in outcome efficacy and cost-efficiency and in a growing consensus about directions for change (Adler & Gardner, 1994; Cahill, 1994; Dryfoos, 1994; Hooper-Briar & Lawson, 1994; Koppich & Kirst, 1993; Kusserow, 1991; Melville & Blank, 1991; Sheridan, 1995; U.S. Department of Education, 1995; U.S. General Accounting Office, 1993).

Our analysis of what is happening indicates that the call is for moving from *fragmentation* to *coordinated/integrated intervention* **and** from *narrowly focused, problem specific, and specialist-oriented services* to *comprehensive general approaches*. In pursuing these trends, it is essential to attend to issues they engender. Of particular importance is continuing confusion about such matters as (1) What systems are systemic reformers talking about? (2) Coordinated or integrated? and (3) How comprehensive is comprehensive? By taking each of these topics in turn, our intent is to clarify key issues and discuss implications for moving ahead with system reforms that can address a full range of barriers to student learning.

What Systems are Systemic Reformers Talking About?

System changes that play a role in addressing barriers to learning are found in two reform movements. One set of initiatives aims at restructuring community health and human services; the other movement encompasses efforts to reform education. Each domain has implications for the other and encompasses a host of issues that require exploration.

Restructuring Community Health and Human Services

Concern about the fragmented way in which *community* health and human services are planned and implemented has renewed the 1960s human service integration movement (Agranoff, 1991; Tyack, 1992; Weiss, 1995). The hope is to better meet the needs of those served and use existing resources to serve greater numbers. To these ends, there is considerable interest in connecting with school sites.

School-linked services -- concept and concerns. Initiatives to restructure community health and human services have fostered the concept of *school-linked services* and contribute to the burgeoning of school-based and linked health clinics (Center for the Future of Children Staff, 1992; Dryfoos, 1994). At the outset, we should distinguish between *school-linked* and *school-based*. In practice, the terms encompass two separate dimensions: (1) where programs/services are *located* and (2) who *owns* them. Literally, school-based indicates activity carried out on a

campus, and school-linked refers to off-campus activity with formal connections to a school site. In either case, services may be owned by schools or a community based organization or in some cases are co-owned. As commonly used, the term school-linked refers to community owned on- and off-campus services and is strongly associated with the notion of coordinated services.

The movement toward school-linked services aims at enhancing access to services, reducing redundancy, improving case management, coordinating resources, and increasing efficacy. In pursuing these desirable goals, however, the tendency is to think mainly in terms of coordinating community services and putting some on school sites. This emphasis downplays the need to weave community resources together with what schools already own and operate. As a result, initiatives for school-linked services have led some policy makers to the mistaken impression that such an approach can effectively meet the needs of schools in addressing barriers to learning. The movement also colludes with the misguided tendency of some legislators to view school-linked services as a way to free-up the dollars underwriting school-owned services. In pursuing school-linked services, care must be taken that the dwindling pool of school and community owned resources is not diminished further. The reality is that even when one adds together community and school assets, the total set of services in economically impoverished locales is woefully inadequate (Koyanagi & Gaines, 1993).

Services/programs. As the concept of school-linked services spreads, the terms services and programs increasingly are used interchangeably. This leads to some confusion, especially since addressing a full range of barriers to learning requires going beyond a focus on *services*.

Services can be provided as part of a program, but not all are. For example, counseling to ameliorate a mental health problem can be offered on an ad hoc basis or may be offered as one element of a multifaceted program. Pervasive and severe psychosocial problems, such as substance abuse, teen pregnancy, physical and sexual abuse, gang violence, and delinquency, require multifaceted, programmatic interventions. Beside providing services to correct existing problems, such interventions encompass primary prevention (e.g., public health programs that target groups seen as "at risk") and a broad range of open enrollment didactic, enrichment, and recreation programs.

Differentiating services and programs helps mediate against tendencies to limit the range of interventions for addressing barriers to learning. The distinction also underscores the breadth of activity that requires coordination and integration.

One-stop shopping and wrap-around services. A set of accessible programs are essential for addressing barriers to learning. The term wrap-around services reflects the desire to develop a sufficient range of interventions to meet the needs of those served. Our discussion of comprehensive approaches in a subsequent section underscores this desire.

To enhance access, location is a fundamental consideration. Increasingly, schools are seen as a logical access point, and this has accelerated advocacy for school-community collaborations. Various forms of such collaboration are being tested around the country. For instance, many projects are trying to illustrate "one-stop shopping" -- a *Family Service or Resource Center* established at or near a school with an array of medical, mental health, and social services (Dryfoos, 1994, 1995; Holtzman, 1992; Kagan, Rivera, & Parker, 1990; Kirst, 1991; Melaville & Blank, 1991). Pioneering state-wide initiatives in California, Florida, Kentucky, New Jersey, Oregon, among others are exploring the possibility of developing strong relationships between schools and public and private community agencies (First, Curcio, & Young, 1994; Palaich, Whitney, & Paolino, 1991).

State of the Art. In analyzing emerging school-linked service initiatives, Franklin and Streeter (1995) categorize five alternative approaches -- informal, coordinated, partnerships, collaborations, and integrated services. These are seen as differing in terms of the degree of system change required. As would be anticipated, most initial efforts focus on developing informal relationships and beginning to coordinate services.

A review by Michael Knapp (1995) underscores the fact that contemporary literature on school-linked services is heavy on advocacy and prescription and light on findings. Each day brings additional reports from projects such as New Jersey's School-Based Youth Services Program, the Healthy Start Initiative in California, the Beacons Schools in New York, Cities-in-Schools, and the New Futures Initiative. Not surprisingly, findings primarily reflect how hard it is to institutionalize such collaborations. New Futures represents one of the most ambitious efforts. Thus, reports from the initiatives on-site evaluators are particularly instructive. They detail the project's limited success and caution that its deficiencies arose from defining collaboration mainly in institutional terms and failing to involve community members in problem solving (White & Wehlage, 1995). This produced "a top-down strategy that was too disabled to see the day-by-day effects of policy." They conclude:

Collaboration should not be seen primarily as a problem of getting professionals and human service agencies to work together more efficiently and effectively. This goal, though laudable, does not respond to the core problems Instead, the major issue is how to get whole communities, the *haves* and the *have-nots*, to engage in the difficult task of community development" (pp. 36-37).

Keeping the difficulties in mind, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. Outstationing community agency staff at schools allows easier access for students and families -- especially in areas with underserved and hard to reach populations. Such efforts not only provide services,

they seem to encourage schools to open their doors in ways that enhance family involvement. Analyses suggest better outcomes are associated with empowering children and families and having the capability to address diverse constituencies and contexts. Families using school-based centers are described as becoming interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, and helping create a psychological sense of community.

At the same time, it is clear that initiatives for school-linked services produce tension between school district *pupil services personnel* and their counterparts in community-based organizations. When "outside" professionals are brought in, school specialist staff often view the move as discounting their skills and threatening their jobs. These concerns are aggravated whenever policy makers appear to overestimate the promise of school-linked services with regard to addressing the full range of barriers to learning. And, ironically, by downplaying school-owned resources, the school-linked services movement has allowed educators to ignore the need for restructuring the various education support programs and services that schools own and operate.

Restructuring Education

The literature on school restructuring is filled with statements affirming that factors interfering with student learning must be addressed if the educational mission is to succeed (see Barth, 1990; Elmore & Associates, 1990; Lieberman & Miller, 1990; Newmann, 1993; Carnegie Council Task Force on Education of Young Adolescents, 1989; Wang, Haertel, & Walberg, 1995). Moreover, the need for services that enable students to benefit from instruction is clearly acknowledged by the educational bureaucracy at state and national levels (e.g., by bodies such as departments of education, the Council of Chief State School Officers, and associations of school boards).

Despite widespread recognition of need, the school reform movement continues to pay scant attention to education support programs and services. Major leaders of comprehensive educational reform seem content to call for "coordinated" and "school-linked services" and concomitantly ignore fundamental considerations related to restructuring school-owned and operated psychosocial and health programs. Thus, it is not surprising that relatively little has been done at any administrative level to establish the leadership and infrastructure required for essential reform of this facet of school activity.

The necessity for restructuring education support programs is evident from observing school operations. Factors such as categorical funding and the lack of effective mechanisms for coordination and integration lead to piecemeal design of delivery systems and disjointed implementation of programs and services. In some schools, for example, a student identified as at risk for dropout, suicide, and substance abuse may be involved in three counseling

programs operating independently of each other. Functionally, much of the activity focuses on individuals and small groups and is carried out in a "clinical" fashion (Adelman, 1995). Organizationally, practitioners at a school site operate in relative isolation and usually are not included in new governance bodies as schools move toward school-based management and shared decision making. Relatedly, time for on-the-job professional education remains exceedingly limited (National Education Commission on Time and Learning, 1994), and little or no attention is paid to cross-disciplinary training (Lawson & Hooper-Briar 1994; U.S. Department of Education, et al., 1995). In addition, aides and volunteers working in this area still receive little or no formal training before or after they are assigned duties.

All this contributes to maintaining an enterprise that is narrowly focused, fragmented, and oriented to discrete problems and specialized services; and one that is not a prominent part of a school's organizational structure and daily functions. Based on their status in the administrative structure, it seems reasonable to conclude that the prevailing view of pupil services, in policy and practice, is that they are desirable, but not essential. Because of their devalued status in the educational hierarchy, such "auxiliary" or "support services" too often are among those deemed dispensable as budgets tighten. Indeed, many districts have cut back a significant portion of their pupil services' staff in recent years, thereby further limiting the ability of schools to address barriers to learning and enhance healthy development.

As districts move to decentralize authority and empower all stakeholders, realignment is likely with respect to how pupil personnel professionals are governed and how they are involved in school governance and collective bargaining (Hill & Bonan, 1991; Streeter & Franklin, 1993). Ultimately, of course, this will determine how many are employed. Unfortunately, if restructuring education support programs and services continues not to be a high priority, emerging realignments probably will not translate into important reforms and may even exacerbate current deficiencies.

Coordinated or Integrated?

Use of the term integrated permeates the literature on school-linked services. Its frequent use conveys a long-term aim, and one that will not be easy to attain. The difficulties associated with integrating community health and human services already are well established. Comparable difficulties exist for any effort to integrate school-owned programs and services. And the complications undoubtedly will be multiplied exponentially when efforts are made to integrate community and school-owned interventions.

True integration involves blending of resources and shared governance. At this stage of system reform focused on school-community collaboration, the emphasis mainly is on increasing communication, cooperation, and coordination -- sometimes with a focus on enhancing case

management, sometimes to enhance use of resources..

As an aid in discussing integrated interventions, Table 1 outlines key dimensions relevant to school-community collaborative arrangements. A few comments on the focus and scope of such arrangements and the problem of ownership will help clarify some basic concerns.

Focus and Scope: Integration for What?

A major emphasis in restructuring health and human services is to ensure coordination of service delivery through enhancing *case management*. In doing so, redundancies should be detected and outcome efficacy and cost effectiveness improved. Case management usually focuses on enhancing coordination rather than on the more complicated considerations involved in integrating interventions.

When the aim is to enhance productivity of resources, reforms tend to focus on systemic factors producing redundancy and interfering with programs, services, and staff working together. The ultimate vision is for total integration. However, there are many institutionalized factors that mediate against establishing this vision in the short run (e.g., categorical funding for programs, turf maintenance, guilds and unions, narrow specialist training). Because of the problem's scope, current system reform focuses mainly on (a) creating horizontal cooperative arrangements to enhance resource coordination at the school and community level and (b) exploring vertical cooperative arrangements at various jurisdictional levels. For the vision of integrating school and community resources to become a reality, entities at federal, state, and local levels must redefine their focus and scope of operation (Bruner, 1991; Kahn & Kamerman, 1992; Stoner, 1995; U.S. General Accounting Office, 1992). Such redefinition is more apt to occur if simultaneous efforts are made at all levels (top-down, bottom-up, and sideways).

The Problem of Ownership

At the most fundamental level, the intent to integrate programs and services must deal effectively with the problems of ownership and distribution of power. Funds and resources must be blended and power redistributed. For entities throughout a community (e.g., schools, health, social service, safety, and recreational agencies) to be integrated, new models for governance at various jurisdictional levels will be required. Such new models will reflect how power has been redistributed, and the new governance bodies will have responsibility for guiding the use of blended resources.

Given the range of stakeholders with vested interests, it seems inevitable that consensus building regarding redistribution of property and other resources will require a shared commitment to the process of system change and a lengthy period of transition. And none of this is likely without potent and focused leadership and a sound infrastructure to support change.

How Comprehensive is Comprehensive?

In responding to the troubling and the troubled, schools tend to rely on narrowly focused, short-term yet time intensive interventions. Given sparse resources, this means serving a small proportion of the many students who require assistance and doing so in a noncomprehensive way. The deficiencies of such an approach have led to calls for increased comprehensiveness -- both to better address the needs of those served and to serve greater numbers.

A Term with Wide Appeal

Comprehensiveness is becoming a buzzword. Health providers pursue comprehensive systems of care; states establish initiatives for comprehensive school-linked services; school health professionals talk about comprehensive school health; school-based clinics aspire to be comprehensive health centers. Increasing use of the term masks the fact that comprehensiveness, like integration, is a vision for the future -- not a reality of the day.

Comprehensiveness requires holistic and developmental perspectives that are translated into an extensive continuum of programs focused on individuals, families, and environment. Such a continuum ranges from primary prevention and early-age intervention -- through approaches for treating problems soon after onset -- to treatment for severe and chronic problems.

Included are programs designed to promote and maintain safety at home and at school, programs to promote and maintain physical and mental health, preschool programs, early school adjustment programs, programs to improve and augment ongoing social and academic supports, programs to intervene prior to referral for intensive treatments, and programs providing intensive treatment (Adelman & Taylor, 1994). This scope of activity underscores why development of formal mechanisms for long-lasting interprogram collaboration is essential (Adelman, 1993.)

Comprehensiveness also requires balancing problem specific and specialist-oriented services with less categorical, cross disciplinary programs. Specialized approaches currently dominate school and community interventions and are shaped primarily by two factors. One involves funding agency regulations and guidelines, for example, those related to legislatively mandated compensatory and special education programs and to categorical programs for addressing social problems such as substance abuse, gang and on-campus violence, and teen pregnancy. The other shaping force is the prevailing intervention models taught by various fields of specialization, such as counseling, school and clinical psychology and social work. There is growing consensus that specialist-oriented activity must be balanced with a generalist perspective in order to develop a comprehensive, integrated approach (e.g., Henggeler, 1995).

School-Focused Examples

School settings are the focus for several initiatives that aspire to comprehensiveness. Three prominent examples are: (1) comprehensive school-based health centers, (2) the

comprehensive school health model, and (3) full service schools.

Comprehensive school-based health centers. Many of the now over 600 school-based or linked health clinics are described as comprehensive centers (Advocates for Youth, 1994; Dryfoos, 1994; Robert Wood Johnson Foundation, 1993; Schlitt, Rickett, Montgomery, & Lear, 1994). This reflects the fact that the problems students bring to such clinics require much more than medical intervention.

The school-based clinic movement was created in response to concerns about teen pregnancy and a desire to enhance access to physical health care for underserved youth. Soon after opening, most clinics find it essential also to address mental health and psychosocial concerns. The need to do so reflects two basic realities. One, some students' physical complaints are psychogenic, and thus, treatment of various medical problems is aided by psychological intervention. Two, in a large number of cases, students come to clinics primarily for help with nonmedical problems, such as personal adjustment and peer and family relationship problems, emotional distress, problems related to physical and sexual abuse, and concerns stemming from use of alcohol and other drugs. Indeed, up to 50% of clinic visits are for nonmedical concerns (Adelman, Barker, & Nelson, 1993; Center for Reproductive Health Policy Research, 1989; Robert Wood Johnson Foundation, 1989). Thus, as these clinics evolve, so does the provision of counseling, psychological, and social services in the schools. At the same time, given the limited number of staff at such clinics, it is not surprising that the demand for psychosocial interventions quickly outstrips the resources available.

School-based and linked health clinics can provide only a restricted range of interventions to a limited number of students. Thus, the desire of such clinics to be comprehensive centers in the full sense of the term remains thwarted.

Comprehensive school health. Up until the 1980s, school health programs were seen as encompassing health education, health services, and health environments. Over the last decade, leaders concerned with school health have advocated for an eight component model to ensure schools provide a comprehensive focus on health (Allensworth & Kolbe, 1987; Kolbe, 1986). The components are (1) health education, (2) health services, (3) biophysical and psychosocial environments, (4) counseling, psychological, and social services, (5) integrated efforts of schools and communities to improve health, (6) food service, (7) physical education and physical activity, and (8) health programs for faculty and staff.

To foster development of each states' capacity to move toward comprehensive school health programming, the Centers for Disease Control and Prevention (CDC) have set in motion an initiative to support an enhanced administrative infrastructure designed to increase interagency coordination (Kolbe, 1993). Relatedly, the Educational Development Center, Inc., with funding

from a cooperative agreement with CDC's Division of Adolescent and School Health, has initiated a large-scale project to clarify how national organizations and state and local education and health agencies can advance school health programs.

The focus on comprehensive school health is admirable. It is not, of course, a comprehensive approach for addressing a full range of barriers interfering with learning -- nor does it profess to be. Its restricted emphasis on health tends to engender resistance from school policy makers who do not understand how they can afford a comprehensive focus on health and still accomplish their primary mission to educate students. Reform-minded policy makers may be more open to proposals encompassing a broad range of programs to enhance healthy development if such programs are part of a comprehensive approach for addressing barriers to learning.

Full service schools. Dryfoos (1994, 1995) encompasses the trend to develop school-based primary health clinics, youth service programs, community schools, and other similar activity under the rubric of *full service schools*. (She credits the term to Florida's comprehensive school-based legislation.) As she notes in her review:

Much of the rhetoric in support of the full service schools concept has been presented in the language of *systems change*, calling for radical reform of the way educational, health, and welfare agencies provide services. Consensus has formed around the goals of one stop, seamless service provision, whether in a school- or community-based agency, along with empowerment of the target population. ... most of the programs have moved services from one place to another; for example, a medical unit from a hospital or health department relocates into a school through a contractual agreement, or staff of a community mental health center is reassigned to a school, or a grant to a school creates a coordinator in a center. As the program expands, the center staff work with the school to draw in additional services, fostering more contracts between the schools and community agencies. But few of the school systems or the agencies have changed their governance. The outside agency is not involved in school restructuring or school policy, nor is the school system involved in the governance of the provider agency. The result is not yet a new organizational entity, but the school is an improved institution and on the path to becoming a different kind of institution that is significantly responsive to the needs of the community (p. 169).

Full service schools reflect the desire for comprehensiveness; the reality remains much less than the vision. As long as such efforts are shaped primarily by a school-linked services model (i.e., initiatives to restructure to community health and human services), resources will remain too limited to allow for a comprehensive continuum of programs.

In sum, with respect to addressing barriers to learning, comprehensiveness requires more than *outreach* to link with *community* resources, more than *coordination* of *school-owned* services, and more than *coordination* of *school and community* services. Moving toward comprehensiveness encompasses restructuring, enhancing, and totally *transforming* (1) school-owned programs and services **and** (2) community resources **and** (3) weaving school and community resources together.

Implications for Moving Ahead

Policy makers and reform leaders have yet to come to grips with the realities of addressing barriers to learning. A few preliminary steps have been taken. For example, to facilitate reform by countering what has been described as a "hardening of the categories," there are trends toward granting (a) flexibility in the use of categorical funds and (b) temporary waivers from regulatory restrictions. There also is renewed interest in cross-disciplinary training -- with several universities already testing interprofessional collaboration programs (Knapp, Barnard, Brandon, et al., 1994; Lawson & Hooper-Briar, 1994).

One reason for the limited progress is the lack of a unifying concept around which advocates and decision makers can rally. A related problem is the dearth of models clarifying the nature and scope of essential programs, services, and infrastructure mechanisms. The following brief comments are intended to illuminate each of these matters.

Needed: A Unifying Concept to Guide Policy

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

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

The next step in moving toward a comprehensive approach is to bring the following point home to policy makers at all levels. *For school reform to produce desired student outcomes, school and community reformers must expand their vision beyond restructuring instructional and management functions and recognize that there is a third primary and essential set of functions involved in enabling teaching and learning.* This essential third facet of school and community restructuring has been designated the Enabling Component (Adelman, in press, 1995; Adelman & Taylor, 1994). Such a component stresses integration of enabling programs and services with instructional and management components (see Figure 1 and Exhibit A). Emergence of a cohesive enabling component requires (1) weaving together what is available at a school, (2) expanding what exists by integrating school and community resources, and (3) enhancing access to community programs and services by linking as many as feasible to programs at the school.

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

Needed: A Programmatic Focus

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

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

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

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

Needed: An Infrastructure

A policy shift and programmatic focus are necessary but insufficient. For significant

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

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

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

Concluding Comments

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

resources.) Getting there from here involves a policy shift that places the development of such an approach on a par with current reforms related to instruction and school management.

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

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

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Table 1

Nature and Scope of School-Community Collaborative Arrangements

Focus

1. Improvement of program and service provision
 - for enhancing case management
 - for enhancing use of resources
2. Major systemic reform
 - to enhance coordination
 - for organizational restructuring
 - for transforming system structure and function

Scope of collaboration

1. Number of programs and services involved
2. Horizontal collaboration
 - within a school/agency
 - among schools/agencies
3. Vertical collaboration
 - within a catchment area (e.g., school and community agency, family of schools, two or more agencies)
 - among different levels of jurisdictions (e.g., community, city, county, state, federal)

Ownership of programs and services

1. Owned by school
2. Owned by community
3. Shared ownership
4. Public-private

Location of programs and services

1. School-linked
2. School-based

Degree of cohesiveness among multiple interventions serving the same student/family

1. Unconnected
2. Communicating
3. Cooperating
4. Coordinated
5. Integrated

Exhibit A

Six Interrelated Programmatic Areas for Enabling Learning

1. Classroom-Focused Enabling

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

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

2. Student and Family Assistance Programs and Services

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

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

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

Six Interrelated Programmatic Areas for Enabling Learning

3. Crisis Assistance and Prevention

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

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

4. Support for Transitions

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

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

(cont.)

Exhibit A (cont.)

Six Interrelated Programmatic Areas for Enabling Learning

5. *Home Involvement in Schooling*

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

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

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

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

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

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

Exhibit B

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

A. *Resource Coordinating Team*

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

Purposes

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

Major examples of the group's activity are

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

Membership

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

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

Exhibit B (cont.)

School-site Resource Coordinating Teams and Multisite Resource Coordinating Councils

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

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

B. Resource Coordinating Council

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

Purpose

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

Some specific functions are

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

Membership

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

Facilitation

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

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

Exhibit C

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

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

Orientation: Creating Readiness

- 1) Build interest and consensus for developing the component
- 2) Introduce basic ideas to relevant groups of stakeholders
- 3) Establish a policy framework -- the leadership group at a site should make a policy commitment that adopts a comprehensive, integrated approach to enabling learning as a primary and essential component of their work
- 4) Identify a site leader (equivalent to the leader for the Instructional Component) to ensure policy commitments are carried out

Start-up and Phase-in: Building an Infrastructure

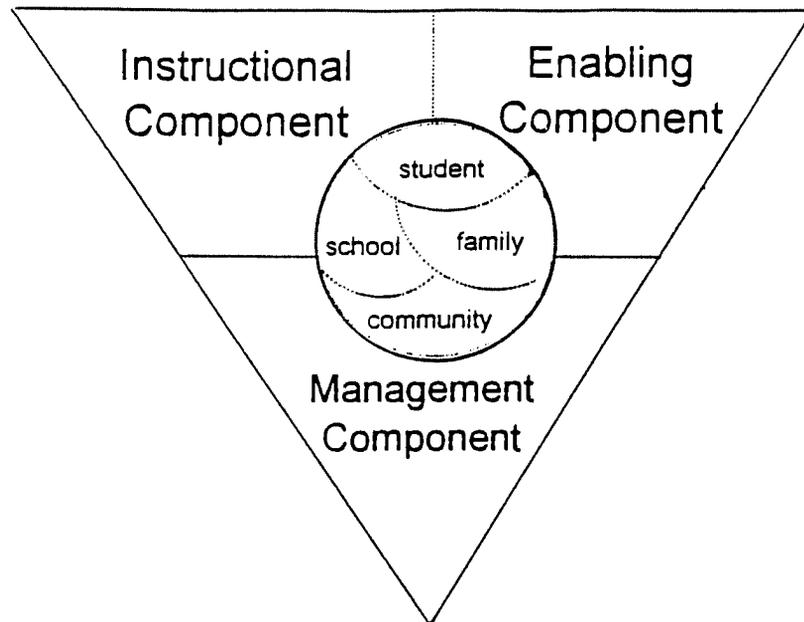
- 5) Establish a steering group and other temporary mechanism to guide the component and provide members of the group with leadership training
- 6) Formulate specific start-up and phase-in plans
- 7) Establish and train a site-based Resource Coordinating Team (and, as soon as feasible, a Complex Resource Coordinating Council)
- 8) Organize areas of enabling activity and establish a cross disciplinary infrastructure
- 9) Work to enhance component visibility, communication, sharing, and problem solving
- 10) Attempt to fill program/service gaps through outreach designed to establish formal collaborative linkages with district and community resources
- 11) Establish a system for quality improvement

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

- 12) Plan for maintenance
- 13) Develop strategies for maintaining momentum and progress
- 14) Generate renewal

Figure 1

Three Major Components to be Addressed In Restructuring Education

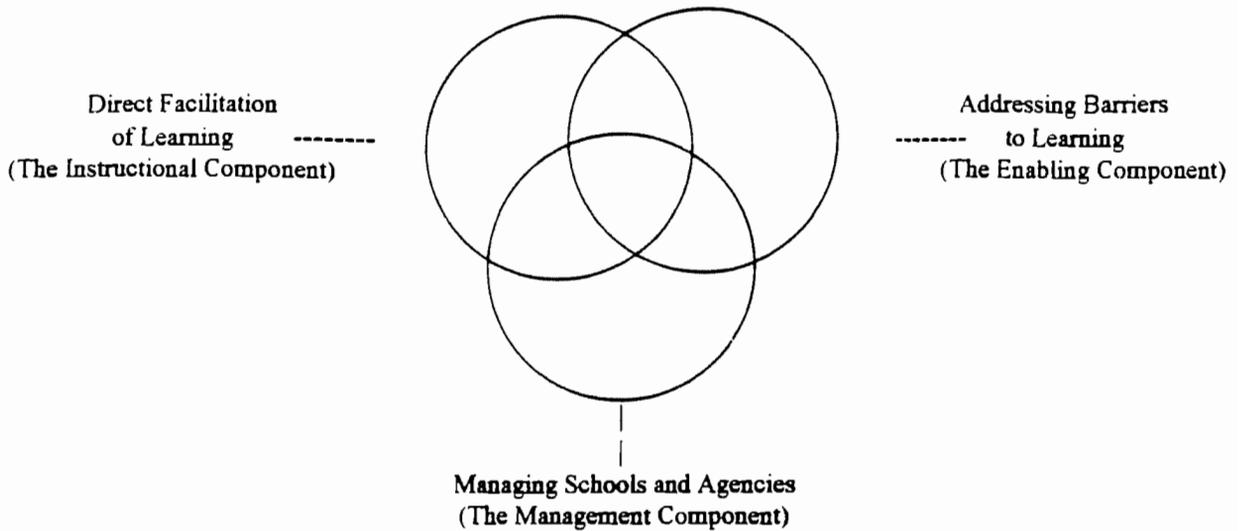


- * Given the various factors that can interfere with learning and performance, a school program committed to the success of *all* children must be designed with an array of activity to *enable learning*. Stated even more emphatically, activity to enable learning is *essential* for all students who encounter barriers that interfere with their benefitting satisfactorily from instruction.
- * To meet the need, an Enabling Component has been conceived as one of three primary and continuously transacting components that must be addressed in restructuring education. Such a component is seen as providing a unifying concept for policy making and a focal point for establishing a cohesive approach that both confronts barriers to learning and promotes healthy development. Indeed, through integration with the Instructional Component, the Enabling Component is intended to ensure a strong emphasis is given to promoting healthy development and facilitating positive functioning as among the best ways to prevent many problems and as an essential adjunct to corrective interventions.
- * The Enabling Component encompasses comprehensive integrated clusters of activity and represents a fundamental reconception of programs and services for enabling schools to teach, students to learn, families to function constructively, and communities to serve and protect. The component emerges from what is available at a site, expands what is available by working to integrate school and community programs/services, and enhances access to community programs by linking as many as feasible to programs at the site.

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

Figure 2

Three Component Model to Guide School-Community Restructuring and Reform



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

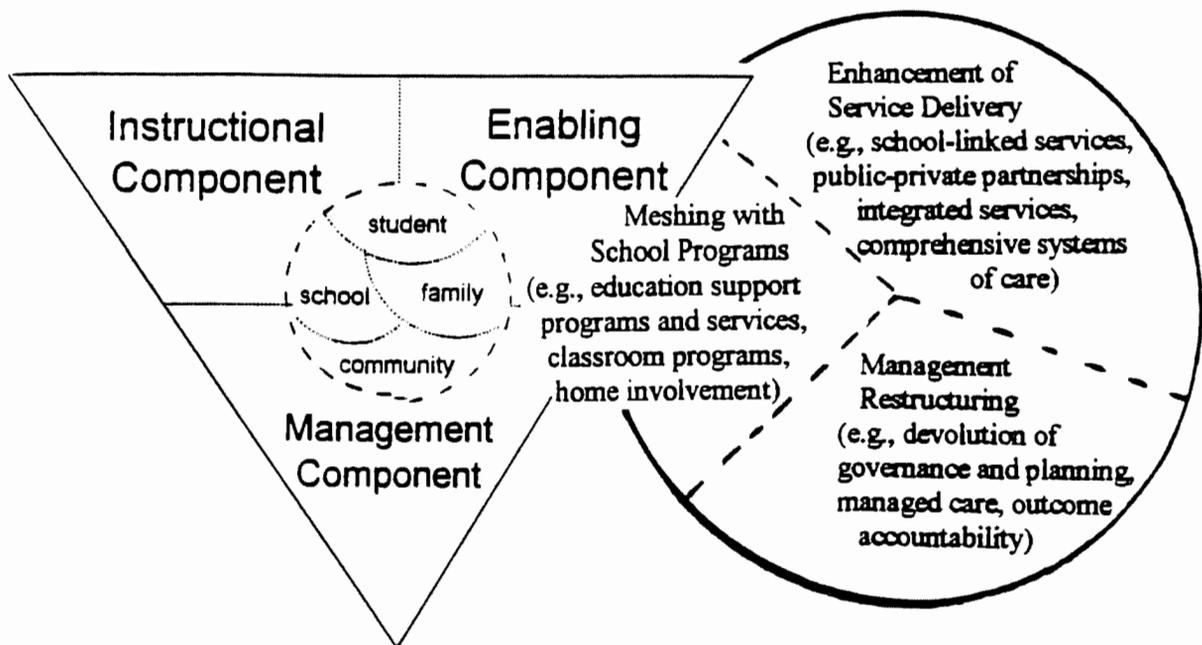


Figure 3

Needed: a comprehensive integrated programmatic approach

Types of Learners

