FUNDAMENTAL CONCERNS ABOUT POLICY FOR ADDRESSING BARRIERS TO STUDENT LEARNING

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Education policy, research, and practice are viewed through the lens of addressing barriers to student learning. This produces an analysis that differs markedly from prevailing discussions of how to improve instruction and enhance student achievement. Discussion begins by underscoring the problems for policy, research, and practice that arise from not carefully differentiating among students who manifest learning difficulties. From this perspective, it is stressed that prevailing trends do not adequately address the full range of barriers to learning in ways that provide opportunities for all students to succeed. Implications for new policy directions are discussed.

As with all research, analyses of policy reflect the lens through which the observer chooses to look (Ewalt, Freeman, Kirk, & Poole, 1997; Fuhrman, 1993; Hatch, 1998; House, 1996; Knoff, 1995; Lorion, Iscoe, DeLeon, & VandenBos, 1996; McDonnell & Elmore, 1987; Sarason, 1996; Schorr, 1997; Slavin, 1996; Tyack & Cuban, 1995; Vinovskis, 1996; Watkins & Callicutt, 1997; Youn & Freudenburg, 1997). In this article, we view efforts to improve reading, writing, and indeed all instruction through the lens of addressing barriers to student learning. Using such a lens produces analyses of education policy, research, and practice that differ markedly from prevailing discussions of instructional reform (Adelman, 1996c; Adelman & Taylor, 1993, 1994; Center for Mental Health in Schools, 1996, 1997). Such a lens also provides a valuable perspective on such matters as school-community partnerships, community schools, school-linked services,

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full service schools, and related concepts (Adelman, 1996b; Adelman & Taylor, 1997).

We begin by looking at the problems for policy, research, and practice that arise from not carefully differentiating among students who manifest learning difficulties. Then, we review the need for policy and practice that addresses the full range of barriers to learning so that all students have an opportunity to succeed. We conclude with discussion of some new directions for policy.

GOOD POLICY DEPENDS ON IMPROVING DIFFERENTIAL ''DIAGNOSIS''

As noted by Adelman in this issue's article on a school-wide approach, it is important to remember that few youngsters start out with internal problems/disabilities that interfere with development and learning. Failure to differentiate learning disabilities (defined as caused by Central Nervous System dysfunctioning) from other learning problems that are not caused by internal barriers results in a great deal of confusion and controversy. Currently, almost any student who is not doing well in reading and writing stands a good chance of being diagnosed as having learning disabilities (LD). If the youngster also manifests behavior problems, the diagnosis may be attention deficit-hyperactivity disorder (ADHD); in some cases, both labels may be assigned.

Research has not clarified the prevalence of misdiagnosis, but now that over half of all youngsters assigned special education labels are designated as LD, the need for such research is imperative. Our preliminary work suggests false positive diagnoses of learning disabilities may be as high as 85% (Adelman, Lauber, Nelson, & Smith, 1989). High rates of false positive diagnoses mean that many who do not have disabilities/disorders are treated as if the cause of their problems was some form of personal (biological and/or psychological) pathology. This leads to prescriptions of unneeded treatments for nonexistent internal dysfunctions. It also interferes with efforts to clarify which interventions do and do not show promise for ameliorating different types of learning and behavior problems. Ultimately, keeping LD and ADHD in proper perspective is essential for improving policy, research, and practice.

Formal Diagnoses

It is not surprising that debates about labeling young people are so heated. Differential diagnosis is difficult and fraught with complex issues (e.g., Adelman, 1995, 1996a; Adelman & Taylor, 1994; Carnegie

Council on Adolescent Development's Task Force on Education of Young Adolescents, 1989; Dryfoos, 1990). Over two decades ago, Nicholas Hobbs (1975, p. 2) cautioned: "There is a substantial community-serving component in policies and procedures for classifying and labeling exceptional children and in the various kinds of institutional arrangements made to take care of them. 'To take care of them' can and should be read with two meanings: to give children help and to exclude them . . ."

As is well-illustrated by the systems widely used in making special education and psychiatric diagnoses, the thinking of those who study learning, behavioral, and emotional problems has long been dominated by models stressing person pathology. Because so much discussion focuses on person pathology, diagnostic systems have not been developed in ways that adequately account for psychosocial problems. Consequently, comprehensive formal systems used to classify problems in human functioning convey the impression that all behavioral, emotional, or learning problems are instigated by internal pathology. Some efforts to temper this notion discuss pathology as a vulnerability that only becomes evident under stress. However, most differential diagnoses of children's problems are made by focusing on identifying one or more disabilities or disorders (e.g., LD, ADHD, oppositional defiant disorder, adjustment disorders), rather than first asking: It there a disability or disorder?

Pathological bias is not the only force at work when it comes to diagnosing children's problems. Tendencies toward labeling problems in terms of personal rather than social causation are bolstered by factors such as (a) attributional bias—a tendency for observers to perceive others' problems as rooted in stable personal dispositions (Miller & Porter, 1988; Morrow & Deidan, 1992); (b) *cultural bias*—failure to account for individual and group differences related to ethnic, cultural, and socioeconomic background (Garretson, 1997; Solomon, 1992); and (c) economic and political influences—whereby society's current priorities and other extrinsic forces shape professional practice (Becker, 1963; Chase, 1977; Hobbs, 1975; Schact, 1985). For instance, as schools struggle to find ways to finance programs for students with learning, behavior, and emotional problems, they continue to tap into resources that require assigning youngsters labels that convey severe pathology. Reimbursement for special education interventions is tied to such diagnoses. This fact dramatically illustrates how social policy shapes decisions about who receives assistance and the ways in which problems are addressed. It also represents a major ethical dilemma for practitioners. That dilemma is not whether to use labels, but rather how to resist the pressure to

inappropriately use those labels that yield reimbursement from third party payers.

Overemphasis in classifying problems in terms of personal pathology skews theory, research, practice, and public policy. There is considerable irony in all this because so many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay between person and environment.

Implications of Reciprocal Determinism for Classifying Learning Problems

Before the 1920s, dominant thinking saw human behavior as determined primarily by person variables, especially inborn characteristics. As behaviorism gained in influence, a strong competing view arose. Behavior was seen as shaped by environmental influences, particularly the stimuli and reinforcers one encounters. Today, human functioning is viewed in transactional terms as the dynamic product of a reciprocal interplay between person and environment (see Bandura, 1978). However, prevailing approaches to labeling and addressing human problems still create the impression that problems are determined by either person or environment variables. This is both unfortunate and unnecessary because such a view limits progress with respect to research and practice and because a transactional view encompasses the position that problems may be caused by person, environment, or both. This broad paradigm encourages a comprehensive perspective of cause and correction.

To illustrate the nature of transactional thinking, let's look at reading and writing problems. In teaching a lesson, a classroom teacher will find some students learn easily, and some do not; some misbehave, some do not. Even a good student may appear distracted on a given day. Why the differences? A common sense answer suggests that each student brings something different to the situation and therefore experiences it differently. And that's a pretty good answer, as far as it goes. What gets lost in this simple explanation is the essence of the reciprocal impact student and situation have on each other, resulting in continuous change in both.

To clarify the point, any student can be viewed as bringing to each situation capacities and attitudes accumulated over time, as well as current states of being and behaving. These person variables transact with each other and also with the environment (Adelman & Taylor, 1993). At the same time, the situation in which students are expected to function not only consists of instructional processes and content,

but also the physical and social context in which instruction takes place. Each part of the environment also transacts with the others. Obviously, the transactions can vary considerably and lead to a variety of outcomes. Observers noting student capacities and attitudes may describe the outcomes in terms of desired, deviant disrupted, or delayed functioning. Any of these outcomes may primarily reflect the impact of person variables, environmental variables, or both.

The need to address a wider range of variables in labeling problems is clearly seen in efforts to develop multifaceted systems, such as the American Psychiatric Association's multiaxial classification system (American Psychiatric Association, 1994). However, the trend remains one of including environmental variables only as psychosocial stressors and treating them as contributing factors rather than as possible primary causes.

The following conceptual example illustrates a broad framework that offers a useful starting place for classifying behavioral, emotional, and learning problems in ways that avoid overdiagnosing internal pathology. As outlined in Figure 1, such problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both (Adelman, 1970, 1971; Adelman & Taylor, 1977, 1993).

Problems caused by the environment are placed at one end of the continuum and referred to as Type I problems. At the other end are problems caused primarily by pathology within the person; these are

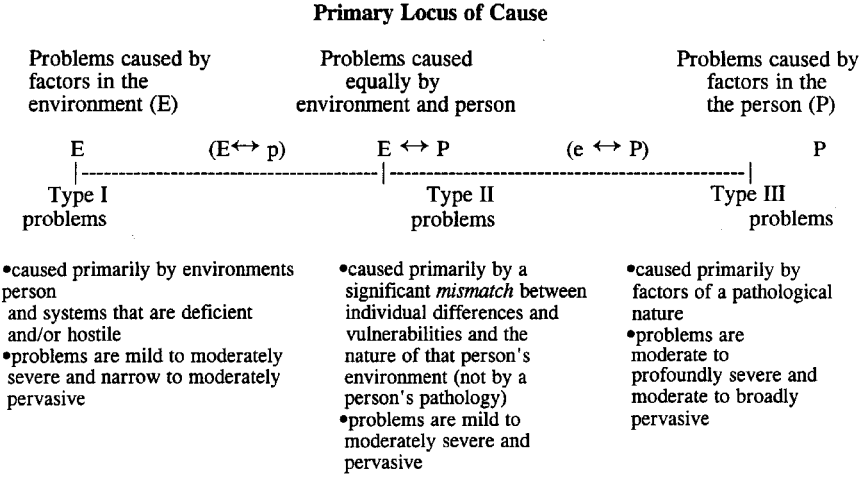

FIGURE 1 A continuum of problems reflecting a transactional view of the locus of primary instigating factors.

designated as Type III problems. In the middle are problems stemming from a relatively equal contribution of environmental and person sources, labeled Type II problems. Thus, in this scheme, diagnostic labels meant to identify extremely dysfunctional problems caused by pathological conditions within a person are reserved for individuals who fit the Type III category.

At the other end of the continuum are individuals with problems arising from factors outside the person (i.e., Type I problems). Many people grow up in impoverished and hostile environments. Such conditions should be considered first in hypothesizing what initially caused the individual's behavioral, emotional, and learning problems. By first ruling out environmental causes, hypotheses about internal pathology become more viable.

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies. Toward the environment end of the continuum, environmental factors play a bigger role (represented as $E \leftrightarrow p$). Toward the other end, person variables account for more of the problem (thus $e \leftrightarrow P$).

Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating psychopathology, psychosocial, and educational problems. Furthermore, some problems are not easily assessed or do not fall readily into a group due to data limitations and comorbidity. However, the above conceptual scheme shows the value of starting with a broad model of cause. In particular, it helps to counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiency or pathology within the individual and thus can help combat the trend toward blaming the victim (Ryan, 1971). It also helps highlight the notion that improving the way the environment accommodates individual differences may be a sufficient intervention strategy. The implications of all this for policy and practice, of course, are immense.

For example, when behavior, emotional, and learning problems are labeled in ways that overemphasize internal pathology, prevailing helping strategies primarily emphasize some form of clinical/remedial

services. Policy tends both to reflect and foster such practices. Due to the piecemeal manner in which such policy is developed, practices tend to appear and function in relative isolation of each other and generate piecemeal and fragmented strategies to address complex problems. One result is that an individual identified as having several problems may be involved with several professionals working independently of each other (e.g., classroom teacher, resources specialist, counselor). At the same time, a youngster identified and treated in special infant and pre-school programs who still requires accommodations and added support may cease to receive appropriate help upon entering school.

In some schools, the majority of students have garden variety learning problems; only a few having learning disabilities. A large number of youngsters behave in ways that distress others; only a small percent have ADHD or a conduct disorder. A large number of young people are unhappy and emotionally upset; only a small percent are clinically depressed. Thankfully, those suffering from internal "pathology" (those referred to above as Type III problems) represent a relatively small segment of the population (Zill & Schoenborn, 1990). Society must never stop providing the best services it can for such individuals and doing so means taking great care not to misdiagnose others whose "symptoms" may be similar but are caused to a significant degree by factors other than internal pathology (those referred to above as Type I and II problems). Such misdiagnoses lead to policies and practices that exhaust available resources in serving a relatively small percent of those in need. This state of affairs plays a major role in limiting the amount of resources available to address barriers interfering with the education and healthy development of so many youngsters who are seen as troubled and troubling.

POLICY MUST ADDRESS THE FULL RANGE OF LEARNING PROBLEMS

Policy makers and school personnel have long understood that if schools are to function well and students are to learn effectively, factors that interfere with student learning and performance must be addressed. As the Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents (1989, p. 7) succinctly concluded: "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."

Funding for compensatory education, special education, safe and drug free schools, dropout prevention, and teen pregnancy prevention

are prominent examples of policy efforts that involve schools in a variety of programs and services to address barriers to learning. Related efforts are seen in the emphasis on school-community partnerships to foster school-linked services that are part of various initiatives to increase health and human service agency collaboration and program integration.

Amelioration of the full continuum of learning problems, illustrated above as Type I, II, and III problems, generally requires a comprehensive and integrated programmatic approach. Such an approach may require one or more instructional, mental health, physical health, and social services. That is, any one of the problems may require the efforts of several programs, concurrently and over time. This is even more likely to be the case when an individual has more than one problem. And, in any instance where more than one program is indicated, it is evident that interventions should be coordinated and, if feasible, integrated.

The comprehensive range of programs and the type of personalized approach to classroom instruction needed to address Type I, II, and III problems are highlighted by the intervention continuum and the sequential and hierarchical classroom approach, outlined in the first article of this thematic issue. As illustrated, the total intervention continuum ranges from programs for primary prevention (including promotion of mental health) and early-age intervention, through those for addressing problems soon after onset, on to treatments for severe and chronic problems. With respect to comprehensiveness, the continuum highlights that many problems must be addressed developmentally and with a multifaceted range of programs—some focused on individuals and some on environmental systems, some focused on education, and some on mental and physical health and social services. With respect to concerns about integrating programs, the continuum underscores the need for concurrent interprogram linkages and for linkages over extended periods of time. The discussion of personalized instruction and remediation offers a classroom-based strategy for differentiating among Type I, II, and III learning problems. Such differentiation, of course, is essential to refining the formal teaching facets of comprehensive approaches for enhancing literacy (see Adelman & Taylor, 1993).

CURRENT INITIATIVES AND NEW DIRECTIONS FOR POLICY

For too many youngsters, limited intervention efficacy seems inevitable as long as a full continuum of necessary programs is unavailable,

and limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other. We think the implications of all this for policy and practice are that major breakthroughs in reducing the numbers who experience learning difficulties are unlikely in the absence of comprehensive, multifaceted, and integrated approaches. Establishing such approaches is excruciatingly hard. Efforts to do so are handicapped by inadequate funding, by the way interventions are conceived and organized, and by the way professionals understand their roles and functions. For many reasons, policy makers currently assign a low priority to underwriting efforts to address barriers to learning. Such efforts seldom are conceived in comprehensive ways and little thought or time is given to mechanisms for program development and collaboration. Organizationally and functionally, policy makers mandate, and planners and developers focus on, specific programs. Practitioners and researchers tend to spend most of their time working directly with specific interventions and samples. Not surprisingly, then, programs to address learning, behavior, and emotional problems rarely are comprehensive, multifaceted, or coordinated with each other. The current state of practice cannot be expected to change without a significant shift in prevailing policies.

As McDonnell and Elmore (1987, p. 3) note: "A major challenge for the next generation of policy research will be to apply the lesson of past implementation studies in building a more powerful conceptual framework and in producing more useful information for policymakers . . . Past research provides only limited guidance, because it has tended to focus on relatively narrow categorical programs, rather than programs targeted at all students, and has not addressed the core of schooling." With this in mind, one of the aims of the Center for Mental Health in Schools at UCLA is to analyze the present status of relevant policy and practice around the country as viewed through the lens of addressing barriers to development and learning. (Appended to this article are frameworks we are developing that analyze policy addressing barriers to development and learning.)

To begin with, we are looking at state and local agencies and specific reform initiatives. We have sent out structured surveys; reviewed, published, and informally distributed documents and material posted an agency webpages; and sought out the insights of those knowledgeable about prevailing policies and practices. Obviously, this is work in progress. Still, we can share a few conclusions based on our analyses.

On the Positive Side

There clearly are many initiatives at all levels designed to improve student literacy. The greatest focus has been on ways to enhance instruction. This has led to a variety of promising infrastructure, curricular, and instructional improvements. In their broadest form, the main emphasis has been on demonstrating models for reforming and restructuring the instructional and management components of schools, extending in some cases to entire school districts. Evident in most of these are the national push for higher standards and expectations, a focus on results, strategies to enhance direct academic support, movement away from a deficiency model to a strengths/resilience-oriented paradigm, and devolving control to school sites.

Beyond instruction, the focus has mainly been on three types of initiatives. One set of these stresses specific approaches to dealing with targeted problems. Many of these initiatives generate auxiliary programs, some supported by school-district general funds and some underwritten with soft money (e.g., public and private funded programs for violence reduction, dropout prevention, substance abuse prevention, teen pregnancy prevention, school-based health centers, Family/Youth Resource Centers).

Another group of initiatives includes an emphasis on linking community resources to schools. Terms used in conjunction with these initiatives include school-linked services, full service schools, school-community partnerships, and community schools. In a few states where such initiatives have been underway for some time (e.g., California, Kentucky, Michigan, Missouri, New Jersey, and Ohio), there are discussions of strengthening the linkage between school reforms and initiatives to integrate community services and strengthen neighborhoods, again reflecting recognition of the need for integration and comprehensiveness and the move toward community development.

A third group of initiatives are designed to promote coordination and collaboration among governmental departments and service agencies to foster integrated services, with an emphasis on greater local control, increased involvement of parents and business, and linking services to schools as feasible. To encourage organizational changes, local, state, and federal intra- and inter-agency committees have been established; legislative bodies are rethinking their committee structures; and some states have gone so far as to create new executive branch structures (e.g., combining all agencies and services for children and families under one cabinet level department). In their most ambitious forms, these efforts are evolving into com-

prehensive community initiatives (CCIs) with an emphasis on community building.

All of the initiatives are relevant to addressing barriers to student learning. All are important pieces and need to be understood both in terms of what they do and do not accomplish with respect to addressing barriers to development and learning.

Concerns About Current Policy Initiatives

In analyzing current initiatives from the perspective of addressing barriers to learning, our emphasis is on clarifying fundamental concerns, not generating a list of operational problems. Ultimately, the intent of policy initiatives focusing on ameliorating learning, behavior, and emotional problems should be to enhance the effectiveness of interventions. As reflected in current policy, one aspect of achieving this aim is the commitment to cohesiveness (or integrated effort) by improving agency and department coordination/collaboration. Another aspect involves efforts to enhance the nature and scope of intervention activity. This raises concerns about comprehensiveness in dealing with the multiple facets of complex problems.

Implicit in policies to enhance instructional strategies is the idea that major structural changes will be made in teaching situations so that teachers can personalize instruction (examples include reducing class size, enhancing resources such as increasing the quality of materials and available technology, adding more personnel to assist, and enhancing inservice education). Also implicit are the ideas that school-wide programs, home involvement in schooling, and community resources will address noninstructional barriers to learning and teaching. All this requires a major systemic commitment to building capacity, especially major investments in personalizing staff development and enhancing classroom support.

Our analyses suggest that most policy adds only a bit more of what already is being done and pays scant attention to the substantive content of changes or to key elements of capacity building. This is particularly evident when one looks for specific changes in the way intervention activity is planned and implemented to address barriers to student learning. For instance, current policy aimed at students experiencing difficulty with reading and writing mostly calls for improving direct instruction and instituting higher standards and greater accountability. There usually is provision in a school's budget for a few specialized supports. However, because such supports are costly, schools in poor neighborhoods are encouraged to

link with community agencies in an effort to expand services and programs.

Where school-linked services are feasible, the trend is for agencies simply to co-locate staff on a few school campuses. In doing so, they provide a few clients better access to services. Access clearly is a prerequisite to effective intervention. Access, of course, is no guarantee of effectiveness. Moreover, co-location is no guarantee of intervention cohesiveness. Indeed, in linking with schools, community agencies often simply operate in parallel to the intervention efforts of school personnel, ignoring school staff who perform similar or complementary functions and leading to another form of fragmentation. Even more of a problem is the reality that there simply are not enough community agency resources for all services to link with all schools. Thus, the situation becomes either a matter of limiting linkages to the first schools that express an interest or spreading limited resources (until they are exhausted) as more schools reach out. Furthermore, by approaching school-linked services as a co-location model, outside agencies are creating a fear of job loss among personnel who staff school-owned support services. This sense of threat is growing as school policymakers in various locales explore the possibility of contracting out services. The atmosphere created by such approaches certainly is not conducive to collaboration and further interferes with cohesiveness.

With respect to intervention cohesiveness, policy initiatives to enhance instruction and foster program/service collaboration suffer from the piecemeal and categorical ways in which intervention policies are enacted. To deal with the lack of policy cohesion, there has been a trend toward offering flexibility in the use of categorical funds and granting temporary waivers from regulatory restrictions. These moves have helped in specific instances, but have not provided the type of impetus for change that is needed. Direct attention to restructuring and reforming existing policy with a view to fostering cohesive intervention is long overdue.

The most fundamental concern, however, is that prevailing intervention approaches are inadequate to the task of effectively addressing barriers to learning, and this lamentable state of affairs will not change as long as such activity is marginalized in policy and practice. This marginalization is seen clearly in how little attention is paid to dealing with the ineffective and inefficient ways resources are used in efforts to improve literacy. In the long run, substantially increasing intervention effectiveness requires changes that transform the nature and scope of how community and school owned resources are used; increasing *availability* and *access* to essential help requires

a true integration of these resources. Clearly, none of this can be accomplished as long as the activities involved are treated as tangential to the mission of schools.

The above are but a few examples of fundamental policy concerns, but they underscore the point that policymakers and reform leaders have yet to come to grips with the realities of addressing barriers to learning and therefore are not dealing with the problem of enhancing literacy in a comprehensive enough manner. Throughout the country and at all levels of political activity, policy, research, and practice initiatives remain marginalized, fragmented, and full of serious gaps. As a result, only a small proportion of the many students encountering barriers are provided with assistance, and prevailing intervention approaches tend to be narrowly focused and short-term. It is not surprising, then, that we are not making much of a dent in improving literacy for a large number of young people. And, this state of affairs is certain to undermine the move toward higher standards and emerging initiatives to eliminate social promotion. For such initiatives to work, every school needs a comprehensive and multifaceted set of interventions to prevent and respond to problems early-after-onset. Without such programs, these initiatives can only have a detrimental effect on the many students who already are not connecting well with literacy instruction. As John Holt (1964) cautioned long ago, if we just focus on raising standards, it is likely we will see increasing numbers of students who can't pass the test to get into the next grade, and the elementary and middle school classrooms will bulge and the push-out rates will surge.

Thus, the question arises: How can this lamentable state of affairs be improved? Certainly, improvement is unlikely as long as so many advocates for children and families pursue narrow and competing agendas. In our work, we have suggested it is time to rethink the conceptual bases, programmatic functions, and structural underpinnings for addressing barriers to development and learning with a view to developing a unifying approach to policy and practice (Center for Mental Health in Schools, 1996, 1997, 1998).

Toward Improving Policy to Address Barriers to Student Literacy

In school districts, fragmentation and marginalization of efforts to address barriers to learning are maintained by the specialized focus and relative autonomy of a district's various organizational divisions. That is, the various divisions, such as curriculum and instruction, student support services, activity related to integration and com-

pensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education, often operate as relatively independent entities. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, inadequate support for student transitions, etc.), they tend to do so with little in the way of a big picture framework, little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a school district's operations, an unproductive separation often is manifested among the instructional and management components and the various activities that constitute efforts to address barriers to learning. At the school level, this translates into situations where teachers simply do not have the supports they need when they identify students who are having learning difficulties. Clearly, prevailing school reform processes and capacity building (including pre- and in-service staff development) have not dealt effectively with such concerns.

Comprehensive Intervention, Cohesive Policy

As stressed in the preceding articles in this thematic issue, our analyses suggest that schools need to focus on more than reforming instruction. They need to partner with communities to develop a comprehensive, multifaceted, and integrated continuum of programs for local catchment areas, encompassing primary prevention and early-age intervention, approaches for treating problems soon after onset, and treatments for severe and chronic problems. This continuum includes 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 treatments. Such activity 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. This scope of activity underscores the need to develop formal mechanisms for essential and long-lasting interprogram connections (collaboration in the form of information sharing, cooperation, coordination, integration) on a daily basis and over time.

To accomplish the above, cohesive policy and practice seem essential. That is, policies must be realigned so that the diverse practices aimed at addressing barriers are unified. This involves moving from fragmented to cohesive policy and from narrowly focused, problem

specific, and specialist-oriented services to comprehensive general programmatic approaches. (General approaches include a focus on enhancing healthy development as a key facet of prevention and add specialized services as necessary.) As discussed in the article by Adelman, Taylor, and Schnieder (1999), we have introduced the concept of the Enabling Component to generate a three component model as a framework to guide restructuring of policy and practice (also see Adelman, 1996b, 1996c; Adelman & Taylor, 1994, 1997).

Good Policy Requires Adequate Underwriting for Essential Capacity Building

A new policy and practice framework is necessary but insufficient. For significant systemic change to occur, policy commitments must be demonstrated through allocation and 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 systemic changes. 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, effective capacity building, 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 comprehensive approaches requires redesigning mechanisms for governance, capacity building, planning-implementation, coordination, daily leadership, communication, information management, and so forth. In reforming mechanisms, new collaborative arrangements must be established, and authority/power must be redistributed. All this obviously requires that those who operate the mechanisms are adequately supported and provided with essential resources, such as time, space, materials, and equipment—not just initially, but over time. And, there must be appropriate incentives and safeguards for those undertaking the risks involved in making major changes.

CONCLUDING COMMENTS

As discussed in the report from the UCLA Summit on Addressing Barriers to Student Learning (Center for Mental Health in Schools, 1997), enhancing intervention effectiveness in addressing barriers to student learning requires that policy:

- is cohesive;
- provides the resources necessary for transforming the nature and scope of intervention efforts so that comprehensive, multifaceted, and integrated approaches are developed;
- creates necessary infrastructure and provides for effective capacity building to ensure appropriate implementation of comprehensive, multifaceted, and integrated approaches; and
- provides the resources necessary for implementing widespread scale-up.

Inadequate policy support related to any of these matters decreases the likelihood of enhancing intervention effectiveness on a large-scale.

Moreover, viewing school/community environments through the lens of addressing barriers to development, learning, and teaching suggests to us the clear need for a basic policy shift. Such a shift should reorganize efforts to reform education and restructure community resources around three fundamental and essential overlapping components:

- a component encompassing all efforts to directly facilitate learning,
- a component encompassing all efforts to address barriers to learning, and
- a component encompassing all efforts to manage and govern schooling.

Reorganizing around three major components promises to reduce fragmentation and redundancy, enhance existing programs, increase the range of programs and services, and facilitate cohesive approaches. This will mean that efforts to address barriers to learning can be done in more comprehensive, multifaceted, integrated ways. And this is a promising recipe for increasing the number of students who benefit from instruction.

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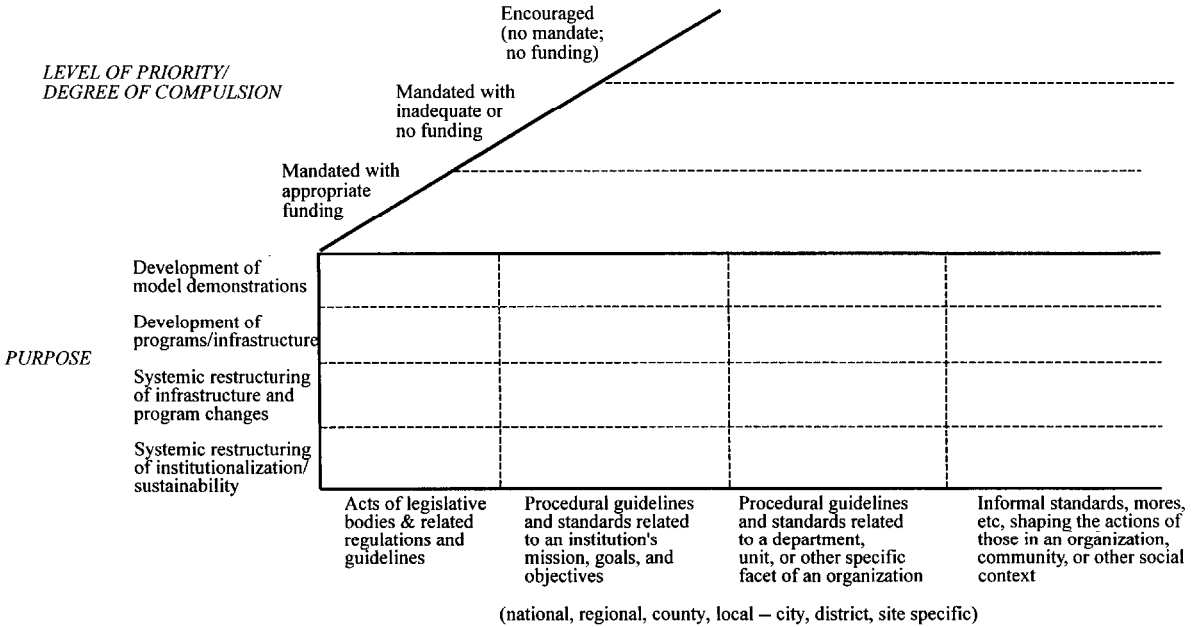
APPENDIX

For purposes of analysis, policy can be seen as a purposive course of action aimed at dealing with a matter of concern. Public policy is a course of action carried out by institutions and people who staff them. The process of developing policy is political, but not limited to the enactment of laws, regulations, and guidelines. That is, while



OTHER DIMENSIONS

Comprehensiveness = piecemeal (fragmented) action ⇔ comprehensive (integrated) action

Degree of flexibility in administering policy = none ⇔ full waivers granted as appropriate

Length of funding = brief ⇔ long-term

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

FIGURE A-1 Some major policy dimensions.

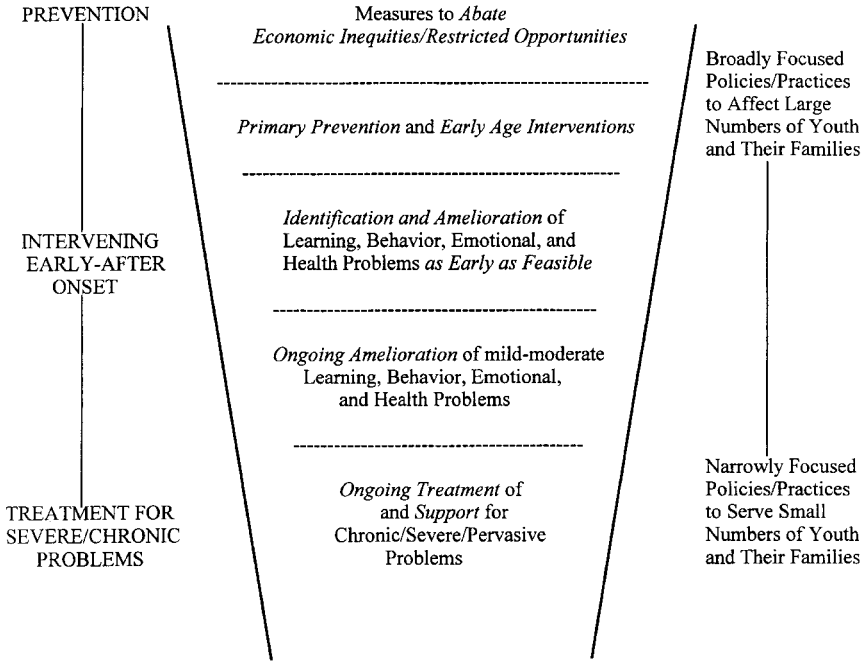


FIGURE A-2 Addressing barriers to development and learning: a continuum of five fundamental areas for analyzing policy and practice.

much policy is enacted by legally elected representatives, policy often emerges informally because of the way people in institutions pursue a course of action each day. Decisions not to act also constitute policy making.

McDonnell and Elmore (1987) categorize alternative policy "instruments" (mechanisms that translate substantive policy goals into actions) as (1) mandates—defined as rules governing the action of individuals and agencies, intended to produce compliance, (2) inducements—the transfer of money to individuals or agencies in return for certain actions, (3) capacity-building—the transfer of money for the purpose of investment in material, intellectual, or human resources, and (4) system-changing—the transfer of official authority among individuals and agencies to alter the system by which public goods and services are delivered. This framework has been used to study the effects of education reform policies and the specific question "Under what conditions are different instruments most likely to produce their intended effects?" The answer to this question is seen as requiring understanding of "why policymakers

	Health (physical, mental)	Education (regular/special /traditional /alternative)	Social Services	Work/ Career	Enrichment/ Recreation	Juvenile Justice	Neighborhood/ Comm. Improvement
Prevention							
Early-After-Onset Intervention							
Treatment of Chronic & Severe Problems							

Level of Initiatives

- National (federal/private)
- State-wide
- Local
- School/neighborhood

Questions:

What are the initiatives at the various levels?

How do they relate to each other?

How do they play out a school site and in a neighborhood?

FIGURE A-3 Framework outlining areas of interest in addressing barriers to development and learning (including strengthening schools, families, and neighborhoods).

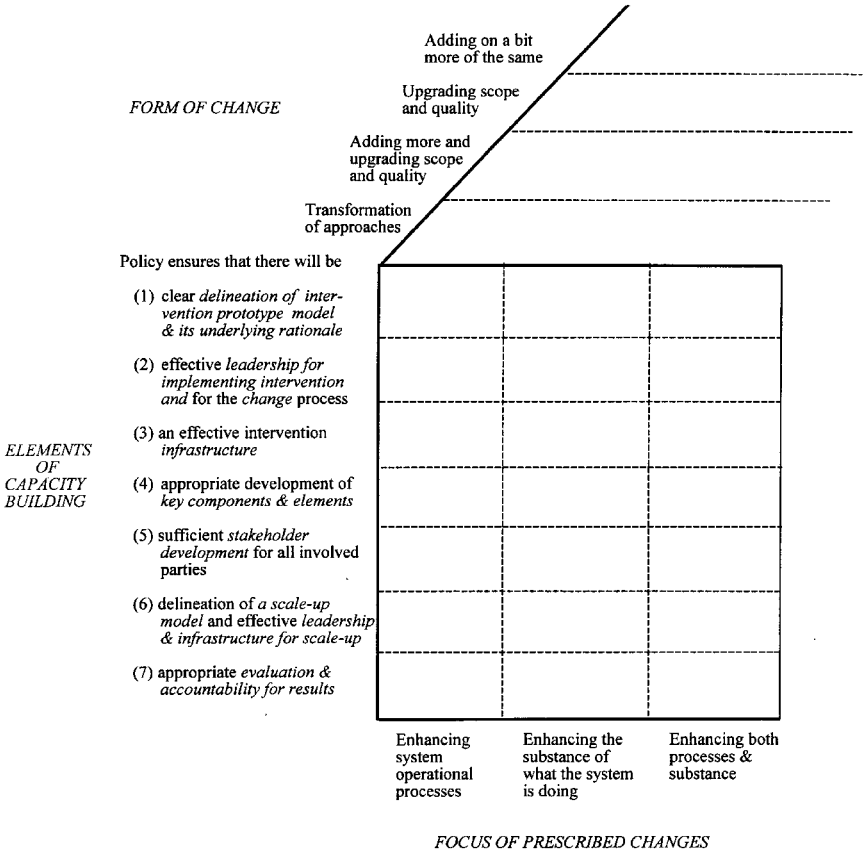


FIGURE A-4 Example of a dimensional framework for analyzing intervention policy at national, state, and local levels.

choose different instruments; how those instruments operate in the policy arena; and how they differ from one another in their expected effects, the costs and benefits they impose, their basic operating assumptions, and the likely consequences of their use."

A great deal of discussion in recent years focuses on whether policy should be made from the top-down or the bottom-up. Some argue that efforts to generate systemic changes must focus on the top, bottom, and at every level of the system.

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

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

Those concerned with addressing barriers to development and learning have a role to play in both analyzing the current policy picture and influencing needed changes. Figures A-1 through A-4 provide some frameworks for mapping and generating questions in efforts to analyze the status of policy. Figure A-1 outlines three dimensions: the purpose of the policy, its form, and the level of priority/degree of compulsion for carrying it out.

Figure A-2 groups major policy and practice for addressing barriers to development and learning into five areas: (1) measures to abate economic inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification and amelioration of learning, behavior, emotional, and health problems as early as feasible, (4) ongoing amelioration of mild-moderate learning, behavior, emotional, and health problems, and (5) ongoing treatment of and support for chronic/severe/pervasive problems. As a guide for ongoing analyses of policy and practice, these areas are presented in a framework organized as an intervention continuum, ranging from broadly focused prevention to narrowly focused treatments for severe/chronic problems.

Figure A-3 provides a grid for beginning to map the many initiatives that exist for addressing barriers to development and learning (including those aimed at strengthening schools, families, and neighborhoods).

Ultimately, the intent of policy initiatives focusing on ameliorating complex psychosocial problems should be to enhance the effectiveness of interventions. As current policy efforts recognize, one aspect of achieving this aim is the commitment to cohesiveness (or integrated effort) by improving agency and department coordination/collaboration. Another aspect involves efforts to enhance the nature and scope of intervention activity. Figure A-4 outlines considerations related to the focus of prescribed changes, the forms of change that are intended, and the essential elements of capacity building to ensure change is accomplished.