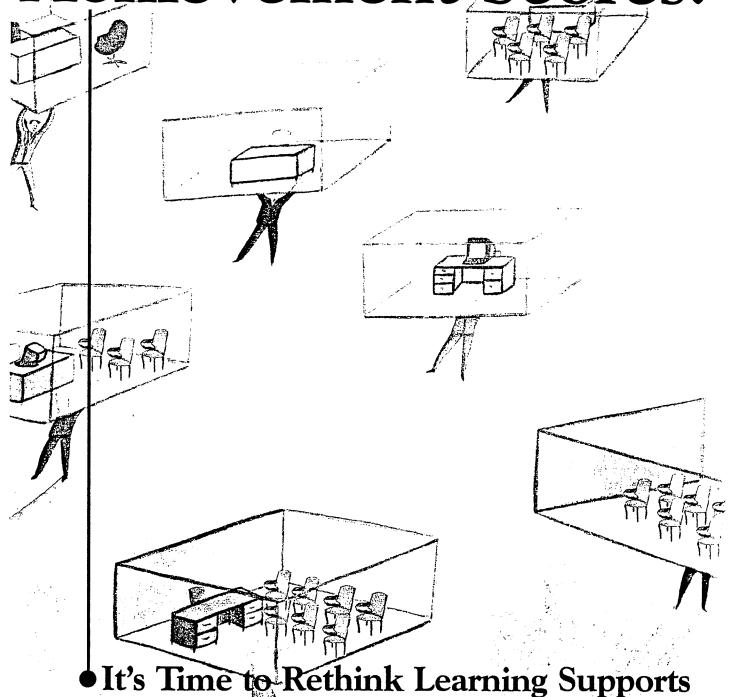


Standard Autumn 2002



So You Want Higher Achievement Scores?



by Howard S. Adelman and Linda Taylor

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.

-Carnegie Task Force on Education

sk any teacher how many of their students come to class ready and able to learn what they have planned to teach them. We have asked that question across the country, and the consistency of the responses is both surprising and disturbing.

In urban and rural schools serving economically disadvantaged populations, teachers tell us they are lucky if 10 to 15 percent of their students fall into this group. In suburbia, teachers usually say 75 percent fit that profile. Although reliable data do not exist, most would agree that at least 30 percent of public school students in the U.S. are not doing well academically and could be described as having learning problems. It is not surprising, therefore, that teachers are continuously asking for help.

Help Is Fragmented, Counterproductively Competitive, and Marginalized

There is little doubt that schools need to address external and internal barriers to learning and teaching. Recognition of this need has resulted in a great deal of activity, considerable expenditure of resources, and an unsatisfactory status quo. Growing awareness of the many barriers to learning has resulted in legal mandates and a variety of counseling, psychological, and social support programs, as well as initiatives for school-community collaborations. Currently, the No Child Left Behind Act has set in motion events that will require even more attention to providing "supplemental services."

Viewed as a whole, the range of programs and services oriented to students' needs and problems in schools appears to be extensive. Programs focus both on directly reducing barriers and on helping to create buffers against them (i.e., protective factors). Some programs are provided throughout a school district, while others are carried out at or linked to targeted schools. Some programs are implemented by schools; some are implemented by community agencies.

Interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may take place in regular or special education classrooms. They may be geared to entire classes, groups, or individuals; or they may be designed as pull out programs for designated students. They include ecological, curricular, and clinically oriented activities designed to reduce problems such as substance abuse, violence, teen pregnancy, dropping out, and delinquency.

Unfortunately, in most school districts, efforts to address barriers to learning and teaching are planned, implemented, and evaluated in a fragmented and piecemeal manner. They also are marginalized in policy and practice, and they are counterproductively competitive. This stems from the specialized focus and relative autonomy of the various organizational divisions such as curriculum and instruction, student support services,

special education, community relations, and adult and career education—that exist in most school districts. Although the various divisions usually must deal with the same barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, and inadequate support for student transitions), they tend to do so with little or no coordination and with sparse attention to moving toward an integrated effort. In addition, an unproductive separation often is manifested among the instructional and management components and the various activities that are intended to address barriers to learning.

While schools can use a wide range of approaches to help students, most services are offered as part of what is called pupil personnel services or support services. Federal and state mandates determine how many pupil services professionals are employed, and states regulate compliance. Daily practice usually is governed at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units. Such units overlap with regular, special, and compensatory education.

The result is a tendency for student support staff to function in relative isolation from one another and from other stakeholders. A great deal of the work is oriented to discrete problems, and there is an overreliance on specialized services for individuals and small groups. In some schools, a student identified as being at risk for grade retention, dropping out, and substance abuse may be assigned to three counseling programs that operate independently of one another. Such fragmentation is costly, and it works against developing cohesiveness and maximizing results.

School districts provide a variety of learning support activities. However, it is common knowledge that few schools come close to having enough resources to respond when large numbers of students are experiencing barriers to learning. Many schools offer only bare essentials. Many schools cannot even meet basic needs. Primary prevention often is only a dream.

At many schools, teachers simply do not have the supports they need when they identify students with learning and behavior problems. Clearly, prevailing school reform processes and capacity building (including pre- and inservice staff development) have not been effective. Thus, it is not surprising that so many schools continue to struggle. The simple psychometric reality is that, in schools where a large proportion of students encounter barriers to learning, test score averages are unlikely to increase until student support programs are rethought and redesigned.

Needed: A Policy Shift

Policymakers have come to appreciate the relationship between the efficacy of limited intervention and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as interventions are carried out in a piecemeal, often competitive fashion and with little follow through. From this perspective, reformers have directed initiatives toward reducing fragmentation and increasing access to services. They have paid special attention to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropout rates, delinquency, and teen pregnancy.

By focusing mainly on the problem of fragmentation, however, reformers fail to deal with the overriding issue-namely, that addressing barriers to learning remains a marginalized aspect of policy and practice. The fact is that the majority of programs, services, and special projects designed to address such barriers are viewed as supplementary (often referred to as auxiliary services), and they continue to operate on an ad hoc basis. Fragmentation seems an inevitable byproduct of this marginalization, but concern about it is not even on the radar screen of most policymakers.

The degree to which marginalization is the case is seen in the lack of attention school improvement plans and certification reviews give to matters that address barriers to learning. It also is seen in the lack of attention such plans and reviews pay to mapping, analyzing, and rethinking how the resources used to address barriers are allocated. In this last respect, it should be noted that education reformers have ignored the need to reframe the work of school professionals who carry out psychosocial and health programs. All this seriously hampers efforts to reduce fragmentation and increase access. More to the point, it ensures that the help teachers and their students so desperately need will not be available on a large enough scale.

At most schools, community involvement also is a marginal concern, and the trend toward fragmentation is compounded by most school-linked service initiatives. This happens because such initiatives focus primarily on coordinating community services and linking them to schools, with an emphasis on colocating rather than integrating such services with the ongoing

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efforts of school staff. Reformers talk about "school-linked integrated services"—apparently in the belief that providing a few health and social services will be sufficient.

Such talk has led some policymakers to the mistaken impression that community resources alone can effectively address barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free the dollars underwriting school services. The reality is that, even when one adds together community and school assets, the total set of services available in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few schoolcommunity collaborations are in place, community agencies find they have stretched their resources to the limit.

Another problem is that the overemphasis on schoollinked services is exacerbating already strained relations between school district service personnel and their counterparts in community-based organizations. School specialists may feel discounted and threatened when "outside" professionals offer services at schools. At the same time, the "outsiders"—who may be rather naïve about the culture of schools—may feel unappreciated. Conflicts arise about "turf," use of space, confidentiality, and liability. Thus, competition rather than a substantive commitment to collaboration remains the norm.

In short, policies shaping current agendas for school and community reform are seriously flawed. Although fragmentation and access are significant concerns, marginalization is a greater concern. It is unlikely that the problem of fragmentation will be resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors that interfere with development, learning, parenting, and teaching.

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Figure 1 Moving from a two to a three component model for reform and restructuring

The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Toward Ending the Marginalization of Learning Supports

An increasing awareness of the deficiencies of existing reform initiatives is stimulating fundamental shifts in thinking about addressing barriers to learning. With respect to the marginalization of learning supports, a two-faceted model currently dominates school reform. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, effectively addressing barriers requires establishing a third facet of education reformschool and community agency restructuring (see Figure 1). In policy and practice, all three components must be recognized as essential, complementary, and overlapping.

Addressing barriers provides a basis for combating marginalization and a focal point for developing a comprehensive framework to guide policy and practice. Its usefulness for these purposes is evidenced in its adoption by various states and localities around the country. The California Department of Education and the Los Angeles Unified School District call it a learning supports component. The Hawaii Department of Education calls its version a comprehensive student support system. Other states refer to it as a supportive learning environment.

The concept also has been incorporated into the New American Schools' Urban Learning Center Model as a break-the-mold school reform initiative. This model is among those included in the federal initiative supported through the Department of Education to encourage comprehensive school reform.

Toward a Comprehensive, Multifaceted, and Cohesive Continuum of Learning Supports

Student problems generally are complex in terms of cause and needed intervention. Therefore, in designing learning supports, schools and communities must work together to develop a comprehensive, multifaceted, and cohesive continuum of interventions.

How comprehensive and multifaceted? As illustrated in Figure 2, the desired interventions can be conceived along a continuum that spans primary, secondary, and tertiary prevention. The range stems from a broad-based emphasis on promoting healthy development and preventing problems (both of which include a focus on wellness or competence enhancement) through approaches for responding quickly to problems, and extending on to narrowly focused treatments for severe/chronic problems. The continuum incorporates a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. It also provides a framework for adhering to the principle of using the least restrictive and least intrusive forms of intervention to respond to problems and to accommodate diversity.

Because many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. This enables increased coordination and integration of

resources that can increase impact and cost effectiveness. Ultimately, as indicated in Figure 2, the continuum can evolve into integrated systems by enhancing the way the interventions are connected. Such connections may involve horizontal and vertical restructuring of programs and services within jurisdictions, school districts, and community agencies (e.g., among divisions, units); and among jurisdictions, school and community agencies, public and private sectors; among clusters of schools; and among a wide range of community resources.

Reframing How Schools Address Barriers to Learning

An additional framework helps to operationalize the concept of an enabling or learning supports component and enhance the programs schools must pursue to ensure that all students have an equal opportunity to succeed. It is critical to define what the entire school must do to enable all students to learn and all teachers to teach effectively. Schoolwide approaches to address barriers to learning are especially important where large numbers of students are affected and where schools are not yet paying adequate attention to considerations related to equity and diversity. Leaving no child behind means addressing the problems of the many who are not currently benefiting from instructional reform.

Various pioneering efforts have operationalized such a component into six programmatic arenas:

- enhancing regular classroom strategies (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems);
- supporting transitions (i.e., assisting students and families as they negotiate the many school-related transitions);
- increasing home involvement with schools;
- responding to and, where feasible, preventing crises;
- increasing community involvement and support (including enhanced use of volunteers); and
- facilitating student and family access to specialized services when necessary.

This framework provides a unifying umbrella to guide the reframing and restructuring of the daily work of all staff who provide learning supports.

Where Do We Go from Here?

Policy action is needed to guide and facilitate the development of a powerful component to address barriers to learning (and support the promotion of healthy development) at every school. The policy should specify that such a component is to be pursued as a primary and essential facet of school improvement and in ways that complement, overlap, and fully integrate with the instructional component.

Guidelines that accompany the policy must cover the following:

1. The component should consist of a programmatic approach designed to (a) enhance classroom-based efforts to enable

Figure 2 Interconnected systems for meeting the needs of all students

SCHOOL Resources (facilities, stakeholders, programs, services)

Examples:

- General health education
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement
- Drug counseling
- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accomodations
- Work programs

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

Systems for promoting healthy development and preventing problems

primary prevention (low end need/low cost per individual program)

Systems of early intervention

early-after-onset (moderate need/moderate cost per individual program)

Systems of care

treatment of severe and chronic problems (high end need/high cost per individual program)

COMMUNITY Resources (facilities, stakeholders, programs, services)

Examples:

- Public health and safety programs
- Prenatal care
- **Immunizations**
- Recreation and enrichment
- Child abuse education
- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- lob programs
- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitilization
- Drug treatment

Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems of prevention, systems of early intervention, and systems of care.

- learning, (b) support transitions, (c) increase home involvement in schooling, (d) respond to and prevent crises, (e) provide student and family assistance, and (f) reach out to develop greater community involvement and support.
- 2. Accountability indicators for schools should be expanded to ensure the component is pursued with equal effort in policy and in practice.
- 3. Restructuring should be undertaken at every school and throughout the district to:
 - redefine administrative roles and functions to ensure there is dedicated leadership that is authorized and has the capability to facilitate, guide, and support the ongoing development of such a component at every school;
 - reframe the roles and functions of pupil services personnel and other student support staff to ensure development of the component, and
 - redesign the infrastructure to ensure there is a team at every school and throughout the district that plans, implements, and evaluates the use of resources for building component capacity.
- 4. School staff responsible for the component should collaborate with families and community stakeholders to weave resources into a cohesive and integrated continuum of interventions and evolve systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems.

- Boards of education should establish a standing subcommittee focused specifically on ensuring effective implementation of the policy for developing a component to address student learning at each school.
- 6. All pre- and inservice programs for school personnel should include a substantial focus on the concept of an enabling/learning support component and its operationalization.

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- 1. See H. S. Adelman and L. Taylor, "Addressing Barriers to Learning: Beyond School-linked Services and Full Service Schools," American Journal of Orthopsychiatry 67 (1997): 408-421.
- 2. See Adelman and Taylor, "Looking at School Health and School Reform Policy Through the Lens of Addressing Barriers to Learning, Children's Services: Social Policy, Research, and Practice 3 (2000): 117-132.
- 3. See Adelman, "Restructuring Education Support Services and Integrating Community Resources: Beyond the Full Service School Model," School Psychology Review 25 (1996): 431-445.
- 4. See Adelman and Taylor, "Building Comprehensive, Multifaceted, and Integrated Approaches to Address Barriers to Student Learning, Childhood Education 78 (2002): 261-268.
- 5. Extensive work has been done in delineating each of these arenas for intervention. For a brief overview see any of the above references. For surveys covering each arena, see Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs, a Resource Aid Packet from the Center for Mental Health in Schools at UCLA, available online at: http://smhp.psych.ucla.edu.