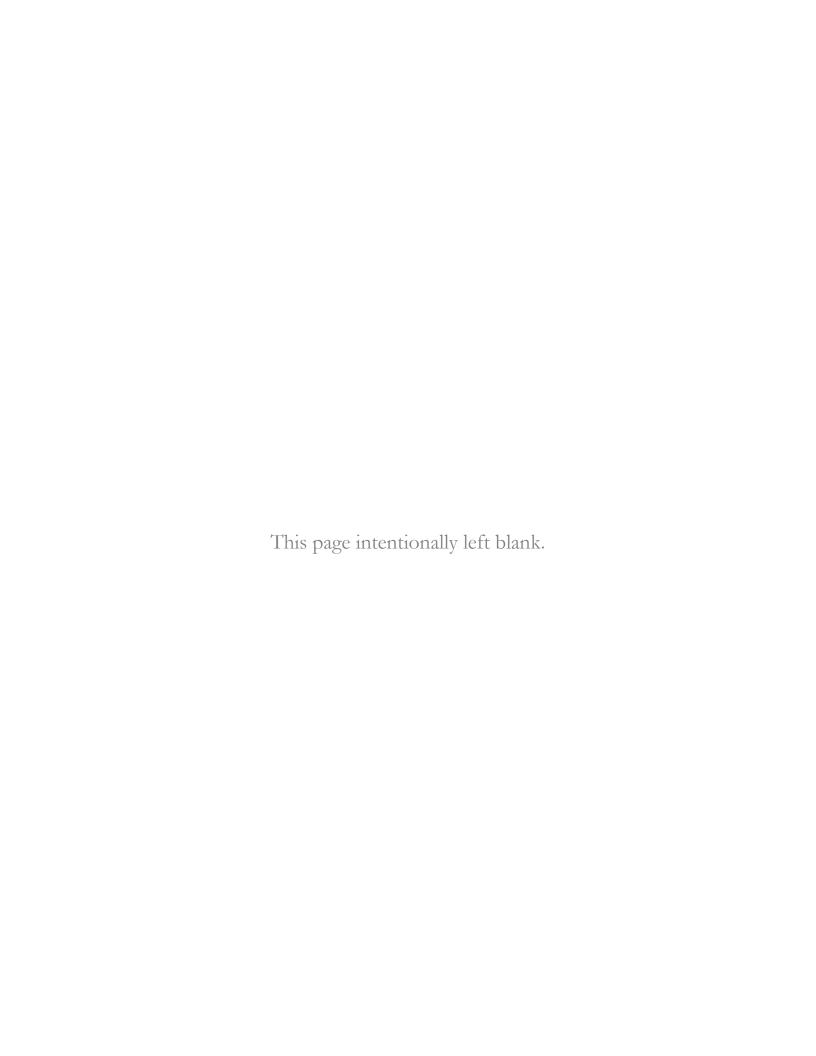# SUCCESSFUL, SAFE, AND HEALTHY STUDENTS

Supporting student success requires deploying every tool at our disposal. The students most at risk for academic failure too often attend schools and live in communities with insufficient capacity to address the full range of their needs. The result is that students cannot always focus on learning and teachers cannot always focus on teaching.

Preparing students for success requires taking innovative, comprehensive approaches to meeting students' needs, such as rethinking the length and structure of the school day and year, so that students have the time they need to succeed and teachers have the time they need to collaborate and improve their practice. It means supporting innovative models that provide the services that students need; time for teachers to collaborate to meet academic challenges; environments that help all students be safe, healthy, and supported in their classrooms, schools, and communities; and greater opportunities to engage families in their children's education and strengthen the role of schools as centers of communities.

OUR APPROACH

► Providing a cradle through college and career continuum in high-poverty communities that provides effective schools, comprehensive services, and family supports.

► Supporting programs that redesign and expand the school schedule, provide high-quality afterschool programs, and provide comprehensive supports to students.

► Using data to improve students' safety, health, and well-being, and increasing the capacity of states, districts, and schools to create safe, healthy, and drug-free environments.

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PROMISE NEIGHBORHOODS

OUR APPROACH

► **Comprehensive approach.** Supports comprehensive programs to combat the effects of poverty and improve children and youth's education and life outcomes from birth through college and into careers.

► **School-community-organization partnerships.** Through grants to community-based organizations, engages schools, the community, and partner organizations to secure sustainability and long-term success.

► **Community-based.** Focuses resources on targeted, distressed neighborhoods to promote intensive, well-coordinated action.

In communities of concentrated poverty, children are more likely to face barriers to educational success, such as health and safety challenges. A concentration of poverty increases the likelihood that children face mental health and physical challenges (Sampson et al., 2002), such as obesity (Boardman et al., 2005), poor nutrition (Morland et al., 2002), and lack of exercise (GAO, 2006; Yen and Kaplan, 1998), and are afraid to attend school (Rumberger and Palardy, 2005). Children's health and safety are extremely important in their own right, but each also is linked to improved academic outcomes. For example, asthma (Taras and Potts-Datema, 2005) and access to school breakfast (Taras, 2005) have negative and positive associations, respectively, to student attendance. Similarly, unsafe school environments, including environments where bullying and harassment occur, are associated with disengagement from school and increased absences (Nansel et al., 2003; Osher and Weissberg, 2007; Paludi et al., 2007; Smokowski and Kopasz, 2005).

Children living in communities of concentrated poverty also experience challenges with mobility, family support in school, and access to 21st-century learning tools. Living in a high-poverty area increases the likelihood that children move homes and change schools frequently (Burkam et al., 2009), and mobility is negatively associated with academic outcomes (Reynolds et al., 2009). Living in a disadvantaged neighborhood is associated with parental behaviors that result in reduced verbal skills of young children (Kohen et al., 2008). Additionally, parents' own education is strongly correlated with their expectations for their children's education attainment (Herrold and O'Donnell, 2008). Finally, living in a community of concentrated poverty decreases the likelihood that children have access to necessary 21st-century learning tools, such as the Internet (Horrigan, 2008).

Comprehensive community-wide models are a promising approach to overcoming the challenges faced by schools located in communities with concentrated poverty. Historically, the Department has not funded programs that support community transformation to improve educational, developmental, and health outcomes of children in distressed communities. The Promise Neighborhoods program addresses this void by supporting comprehensive approaches to providing access to high-quality educational opportunities, effective community services, and

Harlem Children's Zone
New York, New York

The Harlem Children's Zone (HCZ) is a comprehensive, neighborhood-based, anti-poverty program. It began in the 1990s and has achieved impressive results for disadvantaged children and youths who live in the 97-block Zone. The HCZ aims to help children by working with families as early in children's lives as possible and continuing to support children through their college graduation. HCZ provides a continuum of coordinated, best-practice programs for every developmental stage of children's lives ("HCZ Pipeline") and surrounds them with caring adults who support them as they grow. The HCZ Pipeline focuses on academic achievement, cultural enrichment, and social services programs. It offers free services for children and youths living in the Children's Zone, including those who attend traditional public schools and the Zone's own two public charter schools. Examples of programs for children and youths include Baby College (a program of parenting workshops for parents of children ages 0–3), early childhood, afterschool and summer programs for all age groups, college preparation and support through college graduation, and health screenings and health care. In addition, families can access services, such as financial, legal and benefits counseling; and family strengthening and foster care prevention. Evaluations and data are used to improve programs and identify needed enhancements and have been crucial elements of HCZ's success. It also operates Promise Academy Charter Schools I & II. Combined, the charters serve students in grades K–6 and 9–10; both will eventually grow into full K–12 systems. Examples of positive program results include:

► In 2008–09, 100 percent of third-graders at the two Promise Academy schools tested at or above grade level on the state mathematics exam (Harlem Children's Zone, 2010).

► A rigorous study found that HCZ charter schools increased achievement in mathematics and reading in elementary school and mathematics in middle school (Dobbie and Fryer, 2009).

► The Harlem Children's Zone Asthma Initiative participants are doing significantly better in asthma management and symptom reduction since joining the program and the percentage of participants that missed school during a two-week period due to asthma decreased from 23 percent to 8 percent after 15 months (Nicholas et al., 2005).

strong systems of family support. It will build on the lessons learned from the Harlem Children's Zone, which addresses these interrelated barriers to learning and provides comprehensive supports throughout the community. The Harlem Children's Zone has demonstrated extraordinary outcomes (Dobbie and Fryer, 2009) and provides a model for community-wide support that can be replicated, tested, and evaluated.

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21ST CENTURY COMMUNITY LEARNING CENTERS

OUR APPROACH

► **More time for students and teachers to succeed.** Gives priority to programs that comprehensively redesign and expand the school day or year to increase time for academics or enrichment activities and provide time for teachers to collaborate and improve their practice.

► **Comprehensive services and community partnerships.** To ensure that students get needed supports, gives priority to full-service community schools and district-nonprofit (including CBOs) partnerships.

► **Local flexibility.** Allows communities to determine the best strategies for their students and teachers to get the time and support they need including through afterschool, summer school, and expanded learning time.

Students, particularly those who are furthest behind, benefit from more time for learning. Research has found that summer learning loss is a key factor in the achievement gap between socioeconomically disadvantaged students and their classmates (Cooper, Nye, and Charlton, 1996). For example, a study of students in Baltimore public schools found that the achievement gap at the beginning of ninth grade between students from high and low socioeconomic status families was primarily due to differences in summer learning over the elementary years (Alexander, Entwisle, and Olson, 2007). A recent review of 35 evaluations of afterschool and summer programs found that at-risk youths who enrolled in the programs, on average, showed improved performance in reading and mathematics (Lauer et al., 2006). Despite these positive findings for afterschool and summer programs, students most at risk of failure are the least likely to participate in afterschool activities, such as tutoring, sports, music lessons, and clubs (National Academy of Education, 2008).

Increased learning time is consistent with practices in other nations. An analysis of data from the 2003 Trends in International Mathematics and Science Study (TIMSS) found that the United States offered an average of 13 fewer days of school per year than the international average of 193 days, and the United States offered far fewer days than its economic competitors, including Korea (225 days), Japan (223 days), and China (221 days) (National Center on Time and Learning, 2010).

The models and strategies most likely to improve student outcomes share a few common features, such as encouraging regular student participation and aligning academic activities with instruction during the regular school day. A recent Institute of Education Sciences Practice Guide suggests that afterschool programs are most likely to improve student outcomes when they (1) provide engaging learning experiences; (2) align afterschool academic activities with instruction students receive during the regular school day; (3) maximize student participation and attendance; (4) adapt instruction to individual and small group needs; and (5) assess program performance and use results to improve the quality of the program (Beckett et al., 2009). While only the first of these recommendations is required under current law, our proposal would incorporate all these recommendations. Regular student attendance is particularly important to

Massachusetts Expanded Learning Time Initiative

The Massachusetts Expanded Learning Time (ELT) Initiative is a state-sponsored, multi-district effort to improve student achievement through additional learning time. Launched in 2005, the initiative grew to 26 schools in 12 LEAs serving over 13,000 students by the 2008–09 school year. Schools generally add between two and three hours to their school days, at a cost of about $1,300 per student. The longer day or year provides additional time for engaging academic instruction; enrichment activities such as arts, physical education, service learning and internships; and opportunities to strengthen staff-student relationships. The longer school day also provides the time that the faculty needs to collaborate, plan, and engage in professional development. Individual schools are encouraged to partner with nonprofit organizations to implement ELT. The program is primarily funded through the Massachusetts Department of Elementary and Secondary Education. Preliminary program results include:

► As measured by the state's Composite Performance Index, six of the seven schools with middle grades in the first cohort narrowed the gap with the state's overall performance in math, and five of the seven schools narrowed the gap in ELA (Mass 2020, 2009a).

► ELT teachers were more likely than all Massachusetts teachers to agree that there is adequate time to complete the curriculum (50 percent vs. 34 percent), meet the needs of all students (51 percent vs. 36 percent), and collaborate with colleagues (57 percent vs. 39 percent) (Massachusetts 2020, 2009b).

improving outcomes since students cannot benefit from the program if they do not attend (Beckett et al., 2009).

Programs that lengthen the school day and year are a promising approach to improving

student outcomes. In order to reach beyond the students who are inclined to sign up and regularly attend afterschool programs, some expanded learning time programs lengthen the school day or year for *all* students. Such programs comprehensively redesign the school day, week, or year to include additional time for student learning and teacher collaboration, and they implement a richer, more complete curriculum (Massachusetts 2020, 2009a). Community organizations that partner with expanded learning time schools play various roles, including providing academic and enrichment content to students, providing professional development for teachers, providing mental and physical health services to students, and engaging in family outreach and engagement (Traphagen and Johnson-Staub, 2010).

Preliminary research indicates that expanded learning time can increase student achievement. It is estimated that more than 650 schools serving approximately 300,000 students have an expanded day or year. These schools are located in 36 states and the District of Columbia. While most of these schools have implemented expanded learning time only recently, initial evidence suggests a positive relationship between extended time and academic performance (Farbman, 2009). Farbman also found that school staff believed that expanded time was important for meeting their schools' educational goals. A recent evaluation of New York City's charter schools found that an extended school year and a greater number of minutes devoted to English during each school day were associated with increased student achievement (Hoxby, Murarka, and Kang, 2009).

Schools that move toward a full-service community school model also show positive results. A full-service community school is open before and after school, and often in the summer, and works in partnership with community

Children's Aid Society Community Schools

The Children's Aid Society (CAS) began operating full-service community schools in 1992 and now operates 22 community schools in Manhattan, the Bronx, and Staten Island. Each school includes a core instructional program; expanded learning time, such as afterschool programs aligned with the school-day curriculum and Saturday and summer programs; and a parent resource center and a parent coordinator to encourage family engagement. Almost all of the 22 schools offer social services and many also offer medical, dental, and mental health services, adult education, and community events. CAS employees at the organizational and local level ensure alignment between in-school and out-of-school learning. CAS is partially funded by the 21st CCLC program. Positive results include:

► During the 2008–09 school year every CAS elementary school scored at least 70 percent "on progress" in New York City's accountability system in English/language arts assessments. That's compared with a citywide average of 50 percent (Bireda, 2009).

► A 2005 study found that student and teacher attendance was better at CAS community schools than at regular schools with similar demographics (Quinn and Dryfoos, 2009).

► A three-year evaluation of two CAS schools found that parents were more involved and felt more welcome at the community schools than parents at demographically similar comparison schools (Blank et al., 2003).
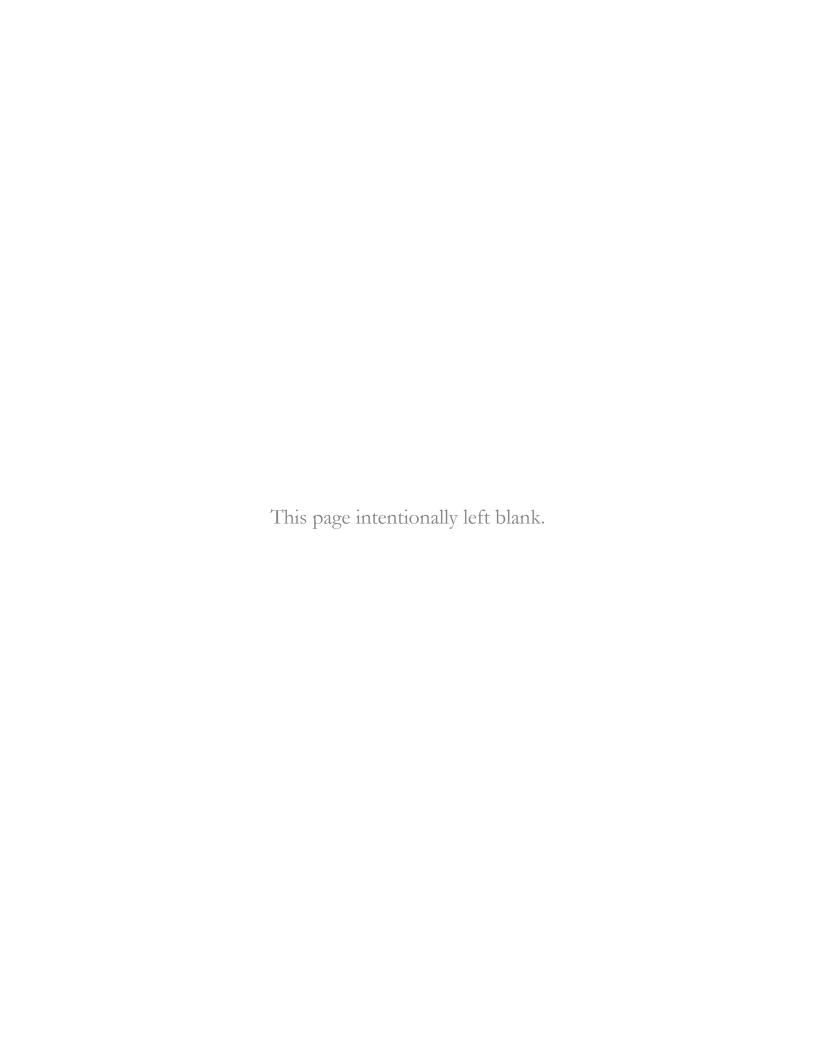
organizations and other local government entities to coordinate and provide access to comprehensive services to meet the educational, developmental, and health needs of students, parents, and members of the community during school and non-school hours. For example, during the 2005–06 school year, all Chicago Community School Initiative schools that provided program information to an independent program evaluator (93 of 110 schools) offered programming for students beyond the traditional school day. All 93 of these schools stayed open between 3:00 and 5:00 p.m.; 73 offered programs for community members after 5:00 p.m., and 45 offered Saturday programming for students and community members (Whalen, 2007). In combination with a stable leadership and a strong instructional program, full-service community schools have been associated with improved attendance and student achievement (Krenichyn, Clark, and Benitez, 2008; Quinn and Dryfoos, 2009; Whalen, 2007); increased family and community engagement (Blank, Jacobson, and Pearson, 2009; Quinn and Dryfoos, 2009); decreased dropout rates (ICF International, 2008); and improved student behavior and youth development (Krenichyn, Clark, and Benitez, 2008; Whalen, 2007).

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SUCCESSFUL, SAFE, AND HEALTHY STUDENTS

OUR APPROACH

► **Comprehensive approach.** Supports efforts to improve school climate by improving school safety and promoting students' physical and mental health and well-being.

► **Data to drive effective decision-making.** State and district-wide school climate needs assessment data would help administrators and districts allocate resources and implement and expand effective programs.

► **Simplification and local flexibility.** Rather than apply for five or six grants, each with its own application and requirements, states and districts apply for one program and target funds based on local needs.

The former Safe and Drug-Free Schools and Communities program had significant shortcomings, including a lack of data-based decision making. A Safe and Drug-Free Schools and Communities Advisory Committee found that the State Grant Program did not adequately target the schools most in need, and it spread funds too thinly at the local level to support effective interventions (U.S. Department of Education, 2007a). For example, more than half of districts received allocations of less than $10,000 in fiscal year 2009. Moreover, the Committee found that the State Grant Program was not sufficiently driven by data to guide resource decisions. The new Successful, Safe, and Healthy Students program would address these weaknesses by using data-driven decision making to identify needs, target funds, and support evidence-based programs that best meet the needs of their students and communities.

Rates of school violence; student alcohol, tobacco, and other drug use; and obesity are troubling. About one-third of students reported being bullied at school in 2007 (Dinkes et al., 2009) and 80 percent of eighth- through eleventh-grade students in a 2000 national survey reported experiencing some form of sexual harassment in their school career (American Association of University Women Educational

Foundation, 2001). Additionally, 12 percent of students in high school reported being in a physical fight on school property in 2007 and approximately 5 percent of students ages 12–18 reported that they were afraid of attack or harm at school—higher than the 3 percent of students who reported that they were afraid of attack or harm away from school (Dinkes et al., 2009). According to the 2007 Youth Risk Behavior Survey (YRBS), the percentage of high school students reporting current marijuana use has declined between 1999 and 2007, though at almost 20 percent, the rate is considerably higher than in 1991 (15 percent). The percentage of high school students reporting current alcohol or tobacco use also has fallen over the past decade, but it is still too high, with 45 percent of students reporting current alcohol use and 26 percent of students reporting current tobacco use (CDC, 2010). Obesity rates are particularly troubling, with the percentage of obese 6- to 11-year-old children more than quadrupling between 1974 and 2004 (from 4 to 17 percent) and almost tripling for 12- to 19-year-old children (from 6 to 18 percent) (CDC, 2006). There are some successful evidence-based programs that prevent violence and the use of alcohol, tobacco, and other drugs (Cuijpers, 2002; Gansle, 2005; Gottfredson and Wilson,

The California Healthy Kids Survey

The California Healthy Kids Survey (CHKS) is a comprehensive youth self-report data collection system that asks students in grades 5–12 questions regarding school climate, health risks, resilience, and behaviors. The survey is designed to be part of a comprehensive data-driven decision making process to guide efforts to improve schools, promote academic achievement, and foster effective health, prevention, and youth development programs. The survey is composed of modules that can be combined and it can be customized to include additional questions. The Core Module of the secondary-school CHKS asks students 30 questions that focus specifically on school climate. The module asks student to report on their feelings of safety in school; connectedness and belonging; academic grades and truancy; perceptions of caring and supportive adults; high expectations; meaningful participation in school; experiences with bullying and harassment, intolerance, and physical and property threat; and substance use on campus. Additional Core questions assess substance use off of campus, gang involvement, community developmental supports, and physical and mental health. Supplementary CHKS modules ask detailed questions on student resiliency; equity and diversity issues; alcohol, other drugs, violence, and suicide; tobacco; physical health; sexual behavior; afterschool time, gang involvement, and service learning. A district-level sample is used to survey students, whose participation is voluntary. Approximately 85 percent of schools in California conduct the survey at least once every two years. The CHKS is part of a larger School Climate, Health, and Learning Survey System (SCHLSS) that includes comparable school staff and parent assessments. Since 2004, teachers and other staff members who work with grades 5–12 participate in the California School Climate Survey (CSCS). The CSCS includes questions on general teacher working conditions, special education, and student supports and services (California Health Kids Survey, 2010).

District reports are posted on the survey websites for public access, along with guidebooks to understanding and using the data, and a *Workbook for Improving the School Climate and Closing the Achievement Gap*. Districts and schools use results of the survey to drive their programming decisions. For example, Tehama County learned its students drank alcohol at higher rates than the state averages. The county applied for and received a grant from the U.S. Department of Education to offer research based curriculum, family communication programs, counseling, and community based strategies aimed at preventing teen drinking (Hearden, 2008). According to its grantee performance report, after one year of program implementation, binge drinking declined from 26 percent of students to 24 percent and the percentage of students that believed that alcohol abuse is harmful to health rose from 70 percent to 73 percent (Tehama County Department of Education, 2009).

2003; Tobler et al., 2000), but more information is needed on programs and implementation strategies that keep students safe and healthy (Astor et al.; Forman et al., 2009; Mihalic and Irwin, 2003).

Many schools and districts lack accurate local data on school climate and safety; student drug, alcohol, and tobacco use; or school and community connectedness that are needed to guide implementation of effective programs. Currently, schools collect data on suspensions, expulsions, criminal acts, drug use, violent activities, and weapons possession. However, these data are not collected

in a systematic manner across districts or, sometimes, even within districts (U.S. Department of Education, 2007b). Moreover, these data rarely include student, staff, and parent views of school safety and climate. For example, most schools do not systematically collect data on bullying and harassment despite the fact that students commonly experience bullying and harassment in school (American Association of University Women Educational Foundation, 2001; Dinkes et al., 2009).

School climate surveys can be a powerful tool to inform and guide decision-making. Surveys that are valid and reliable can be used to collect

data on students', families', and school staff's perceptions of school climate—which includes school engagement, safety, and environment (Brand et al., 2003; Cohen et al., 2009; Osher et al., 2008). States, districts, and schools that administer school climate surveys (in ways that safeguard privacy) have found them to be powerful tools for developing programs that address local needs to reduce and prevent drug, alcohol, and tobacco use; reduce and prevent bullying, harassment, and violence; and improve school climate and family involvement (Cohen, 2007). States and districts that currently administer school climate surveys include Alaska, Delaware, California, Georgia, Ohio, and Wisconsin, and Chicago, New York City, and Montgomery County, Maryland.

Families, including caregivers, play an important role in the education of their children. Many researchers agree that family engagement in their child's education is positively associated with increases in student academic achievement (Fan and Chen, 2001; Henderson and Berla, 1994; Jeynes, 2005). Parents' aspirations and expectations for achievement are strongly correlated with student achievement (Fan and Chen, 2001; Jeynes, 2005). Additionally, school-sponsored family engagement programs may indirectly improve student achievement by increasing families' expectations or improving parenting skills related to education (D'Agostino, 2001). Experts agree that effective school-based family engagement programs must be comprehensive, well-planned, and reach out to all families (Henderson and Berla, 1994).

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