Beyond the Classroom
Aligning Systems to Support Student Achievement

A growing body of evidence from social scientists supports what many parents, educators, and child health practitioners have always known intuitively: Academic achievement is significantly influenced by a range of societal and structural factors that exist beyond the walls of a traditional school. These factors include socioeconomic status, housing stability, food security, neighborhood safety, access to quality healthcare, proximity of family or other support networks, intellectually affirming cultures at home and school, and physical environment. They can be described as “social determinants” of education that play a major role in shaping the life chances of students since childhood experiences are profoundly affected by numerous systems.¹

When we think about educator practice, public policies, and human service offerings, it is important to understand that these determinants cannot be addressed in isolation from each other. Deeper alignment across systems, including housing, health, and juvenile justice, is critical to increasing access to opportunity and ensuring all students are ready for learning. However, despite the increased understanding that the building blocks for academic success, health, development, and overall wellbeing are interdependent, there continues to be a general tendency toward compartmentalized and uncoordinated strategies in American public education.

¹ This concept borrows from the “social determinants of health” terminology that is widely used by public health practitioners to describe the societal conditions that influence life outcomes. These circumstances are significantly shaped by the distribution of power, wealth, resources, and the constructs of racism.
No dedicated medical home or structured early childhood development opportunities. Tony's care is provided solely by a well-intentioned, but under-resourced network of friends, families, and neighbors until kindergarten. As a result, he enters kindergarten with an increased risk of developmental delays and increased risk of not having his delays identified.

Has access to a dedicated medical home and early childhood development opportunities. Tony is enrolled in a formal early childhood program. He is also taken to regular well-child visits in a medical home that includes developmental screenings and referrals for developmental, health, and social risks.

School attendance is deprioritized when Tony and his family suffer from adversity or trauma (e.g., housing instability).

Because Tony isn’t regularly attending school, he lacks social connections with peers and school staff, which allows his trauma to go undetected.

When in school, his elevated stress levels interfere with his abilities to concentrate and execute on his assignments.

Consequently, his cognitive and social development suffers.

Tony becomes frustrated with school due to poor performance and lack of meaningful connection with school staff.

Tony’s frustration with school causes him to begin skipping class. The resulting increase in unsupervised time leads to Tony’s first negative interaction with law enforcement.

The consistent provision of Tony’s basic needs and limited exposure to trauma allow for more focus on school.

Tony regularly attends school and is engaged in high-quality afterschool programs led by community-based organizations. These programs complement what Tony is learning in the classroom and, ultimately, accelerate his academic and social development.

A strong support network and safe, stable environments contribute to developmental progression and academic mastery.

Tony develops a heightened sense of agency while exploring academic interests both in and out of the classroom.

He benefits from meaningful relationships with supportive adults, including a formal mentor and a tutor from local nonprofits that his school paired him with at no charge, and he envisions a positive life trajectory.

A childhood marked by frequent exposure to adversity and too few adults to buffer the chronic stress leaves children ill equipped for adulthood.

Tony has just enough credits to graduate high school on time, but has no college or career plan due to limited exposure to postsecondary education opportunities and local career pathways.

A childhood shaped by strong, coordinated systems of support fosters long-term success.

Tony graduates high school on time and is prepared for college or career. He is excited about his future.
public education that exacerbates existing inequities within our schools. Given what we know about the impact of social determinants on child development, how can cross-sector, systemic remedies that address the full range of non-academic barriers to student achievement be influenced, funded, and advanced?

Consider two pathways that are shaped by very different systems of support. The Vulnerable Pathway describes the sad reality for too many students: Limited and/or sporadic contact with integrated systems of support leads to academic underperformance and disengagement from school. By contrast, the Fortified Pathway describes how strong, coordinated systems of support can improve youth outcomes and foster long-term success.

**Historical Context**

We know that student well-being affects academic outcomes, despite it remaining at the margins of education policy and educator practice. We also know that schools with comprehensive community supports tend to positively impact the neighborhoods where they are located.

So why haven’t efforts to formally incorporate determinant mitigating activities into public schools scaled? Likely, a relatively thin body of research caused school officials and policymakers to hesitate.

However, we have a long history of practice from which to inform action:

- The Children’s Aid Society of New York City opened its first free school-based dental clinic in 1906 and, within a few short years, replicated the move in all its schools.
- The 1960s produced seminal research that conveyed that up to two-thirds of the variance in student achievement can be attributed to non-academic factors and birthed the first incarnation of the federal Head Start program.
- In the late 1970s, Communities in Schools began with the aim of “bringing community resources inside public schools—where they are accessible, coordinated, and accountable.”
- The 1990s gave rise to category-defining cradle-to-career models like Say Yes to Education and the Harlem Children’s Zone.

These early examples inspired a number of federal and local policymakers to foster enabling conditions for similar models. Resulting policies and funding streams helped to fuel the growth of various types of community schools, City Connects and StriveTogether networks, Promise Neighborhoods, and the “whole child” movement that began in the early 2000s. Concurrently, the fields of neuroscience, epidemiology, cognitive psychology, and developmental systems theory advanced the nation’s understanding of the impacts that poverty and other adverse childhood experiences (ACEs) can have on child development and academic achievement, which include, but are not limited to, household distress associated with abuse, death, incarceration, and untreated mental illness.

Not only does this history offer a glimpse at what is possible, but it also suggests that successful models have limited reach within the bounds of our nation’s education system.

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Having a National Conversation

We now find ourselves in a moment in time when the country has more of the evidence it needs to have a national conversation about the systemic scaling of holistic approaches to education and a growing sense of urgency to have it. This conversation should be systems-oriented, cross-sectoral in nature, and inclusive by design. It will require courageous leadership and a collective desire to reduce structural barriers while creating new opportunities. It must celebrate and learn from success stories while openly questioning old operating procedures and public policy assumptions. It should be informed by the energy and experiences surrounding the whole child, ACEs, social and emotional learning (SEL), community schools, child health disparities, and Promise Neighborhoods movements. It must fervently exploit the more accommodating federal policy allowances offered by the Every Student Succeeds Act (ESSA).

As we broach this conversation, we should collectively look to practitioners and researchers to lead the way. These are the people behind the proof points we’ve all heard of but, too often, have labeled as islands of success. They are leaders with long track records of taking on the social determinants of education in order to move students to higher levels of academic achievement.

This conversation should consistently involve mayors, county executives, superintendents, place-based philanthropists, and other local leaders since these stakeholders will ultimately initiate and sustain the conditions for scale by aligning systems and encouraging changes to regulations, resource allocations, cross-sector collaboration, and power structures within relevant organizations. This conversation cannot minimize the importance of enabling factors like the presence of legislatively authorized and permanently staffed Children’s Cabinets at the local level, shared measurement and data systems within communities, or language congruence. This conversation must move people to concerted action.

Above all, this conversation must place children, their families, and their limitless possibilities first.

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