

# Improving Student Performance by Targeting Non-Academic Barriers to Learning

Ample research demonstrates that non-academic factors influence students' academic performance. Students are more likely to succeed in school when they are emotionally and physically healthy, feeling safe, and engaged and supported, yet Texas data show that many of our students report significant challenges in these areas. Fortunately, there are several concrete steps legislators can take to address these challenges and improve students' academic performance.

Efforts to improve Texas schools and student academic outcomes must address non-academic factors that are known to significantly get in the way of student learning and long-term success. National leaders in educator development and public health call for the use of a "whole child" approach for improving students' learning and health in our nation's schools.<sup>1</sup> Their case for educating the whole child is founded upon research that confirms students do better in school when:<sup>2</sup>

- **Students are emotionally and physically healthy.** They miss fewer classes, are less likely to engage in risky or antisocial behavior, concentrate more, and achieve higher test scores.
- **Students feel safe.** Feeling safe at school translates into higher academic achievement, increased student well-being, and greater engagement, according to numerous studies. Children who don't feel safe can't concentrate on their studies, don't connect with their classmates, or don't go to school at all.
- **Students are engaged.** To learn at their best, students must be engaged and motivated. Substantial research shows that students who feel both valued by adults and a part of their schools perform better academically and also have more positive social attitudes, values, and behavior. Plus, they are less likely to engage in drug use, violence, or sexual activity. After-school programs can promote academic achievement, but their success requires targeted investment, stakeholder commitments, focused academic support, quality programming, and a process of continual improvement.
- **Students are supported.** In addition to improving students' academic performance, research shows that supportive schools also help prevent a host of negative consequences, including isolation, violent behavior, dropping out of school, and suicide. Central to a supportive school are teachers, administrators, and other caring adults who take a personal interest in each student and in the success of each student.

For too many students in Texas, these non-academic conditions conducive to learning are not present. Students in Texas are contending with significant social, emotional, and mental health barriers to their success in school and life. Data from the 2013 Texas Youth Risk Behavior Survey found that during the previous year:<sup>3</sup>

- One in two high school students reported feeling like they did not matter to people in their community.
- One in three high school students reported not participating in any school activities, such as sports, band, drama or clubs.
- One in three high school students reported their parents did not regularly talk to them about what they were doing in school.
- One in four students reported having felt so sad or hopeless for two weeks or more during the previous year that they stopped doing some usual activities.
- One in five students reported being bullying on school property during the previous year.
- One in six students reported actually making a plan to attempt suicide in during the previous year.
- One in ten students attempted suicide one or more times in the previous year.

## Addressing the “Whole Child” to Promote Student Education and Well-Being

School districts in Texas are required to have plans in place to prevent several non-academic barriers to learning, such truancy, dropout, and suicide. However, the state provides no guidance to schools on how to address these serious issues in an effective, coordinated way that leverages school resources to have the most impact on a broad range of interconnected outcomes.

**Fortunately, the state has infrastructure in place that be leveraged to better coordinate these and other efforts that work to address non-academic barriers to learning. Unfortunately, the infrastructure is barebones.**

The Department of State Health Services and the Texas Education Agency both promote the coordinated school health model, which was developed by the Centers for Disease Control and Prevention (CDC) to improve student education and health outcomes. The CDC has recently collaborated with key education and health leaders to update the model to reflect a “whole child” approach, designed to help schools and communities be more effective in improve learning and health in students. The approach factors in strategies that address social and emotional school climate, counseling, social services, family engagement; community involvement, and staff wellness – in addition to more traditional school health components like health and nutrition services and physical education and activity. Current agency capacity dedicated to student health at TEA and DSHS tremendously limits the state’s ability to provide schools with guidance, technical assistance or training on promoting “whole child” health and learning and addressing non-academic barriers that hinder student performance.

Health and Safety staffing at TEA	1 FTE
School Health staffing at DSHS	3 FTE
Texas School Districts	1,200
Texas Schools	8,700
Texas Students	5.1 million

## Recommendations:

Texas can help schools be address non-academic barriers to learning and student success by implementing the following policy options:

1. Including indicators of school climate in assessments of school performance.
2. Dedicating a minimum of one FTE within both the Texas Education Agency (TEA) and the Department of State Health Services (DSHS) to lead the agencies' school health efforts in providing school districts with leadership, guidance, and assistance on addressing barriers to learning related to students' mental health, including:
  - a. Identifying, coordinating, and aligning policies and programs within TEA and other state agencies (HHSC, DFPS, TJJJ) to better leverage resources that address learning barriers related to mental health.
  - b. Providing guidance to districts on coordinating and aligning policies and programs that address learning barriers related to mental health, including leveraging community-based resources.
3. Include mental health prevention efforts in coordinated school health programs (Education Code Sec. 38.013) and align the programs with the expanded "whole child" coordinated school health model recommended by the Centers for Disease Control and Prevention (CDC).
4. Directing the Health and Human Services Commission (HHSC) to develop guidance for schools on partnering with community mental health providers to increase student access to school-based mental health services and leveraging Medicaid for school-based integrated health services.
5. Expanding the role of and appropriation to the Texas Behavior Support Network within Region 4 Education Service Center (ESC) to include training and support to school districts on the effects of trauma, school-based trauma-informed practices, and integrating mental health training and services into a positive behavior interventions and supports (PBIS) framework.
6. Directing TEA to identify innovative and promising safe and supportive school practices that are already happening in schools and communities throughout the state with the goal of recognizing schools and communities, disseminating innovative and promising practices, and facilitating peer-to-peer learning among schools and communities. Strategies include:
  - a. Social emotional learning
  - b. School-wide positive behavioral interventions and supports
  - c. Trauma-informed practices

Thank you for your time and commitment. If you have any questions, please feel free to contact me at 512.473.2274.

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<sup>1</sup> The Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control and Prevention (CDC).

<sup>2</sup> ACSD. (2012). Making the Case for Educating the Whole Child.  
<http://www.wholechildeducation.org/assets/content/WholeChild-MakingTheCase.pdf>

<sup>3</sup> Texas Department of State Health Services. 2013 Texas Youth Risk Behavior Survey (YRBS)  
<http://healthdata.dshs.texas.gov/HealthRisks/YRBS>