

Community-Based Learning Outreach and Educational Inclusion Practices in Alternative Learning Systems

Romel R. Payas^{1*} and Michelle S. Morales^{1,2}

¹*Northeastern College*

*romel.payas@deped.gov.ph, ²michellemorales@northeasterncollege.edu.ph

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ABSTRACT

This study explored how community-based learning outreach corresponded with educational inclusion practices in the Alternative Learning System in Buguey, Cagayan. A cross-sectional multivariate relational design was employed, with participants selected through stratified time-location sampling across community learning sites. Data were gathered using a validated researcher-developed questionnaire that obtained scale-level content validity of .94 and Cronbach's alpha coefficients of .92 for community-based learning outreach, .94 for educational inclusion practices, and .95 for the full instrument. Descriptive statistics and regularized canonical correlation analysis with permutation testing and bootstrap validation were used. Results showed that community-based

learning outreach was implemented at a high level, with information dissemination and learner identification emerging as the strongest practices. Stakeholder mobilization and referral coordination received moderate assessments, indicating limitations in sustained interagency and community support. Educational inclusion practices were also rated high, particularly respectful treatment, flexible delivery, and access to learning opportunities. Continuity support received the lowest assessment, showing difficulty in sustaining assistance for learners experiencing repeated absence, work demands, family responsibilities, and other participation barriers. The first canonical function was significant, with a canonical correlation of .768, a permutation probability of .001, and 59.00 percent shared variance between the two variable sets. Follow-up communication and continuity support contributed most strongly to the relationship. The findings indicated that ALS outreach should extend beyond learner recruitment through structured monitoring, coordinated referrals, and sustained community partnerships that support learner participation, persistence, and completion.

Keywords: *Alternative Learning System, community outreach, educational inclusion, flexible learning, learner support, stakeholder partnership*

INTRODUCTION

Education is a fundamental right, yet access to meaningful learning remains uneven among people whose circumstances prevent them from entering or completing formal schooling. Poverty, geographic isolation, disability, displacement, work obligations, family responsibilities, age, language, and social stigma may limit a learner's participation even when educational programs are available. Educational inclusion, therefore, cannot be reduced to opening enrollment or placing learners in an existing program. It requires an education system that recognizes differences among learners and adjusts its policies, services, learning environments, and support mechanisms so that excluded groups can enter, participate, continue, and progress. The Global Education Monitoring Report identified weak community support, inadequate infrastructure, insufficient information about

excluded populations, fragmented governance, and limited teacher support as continuing barriers to inclusive education (UNESCO, 2020).

Adult and non-formal education offers a practical means of bringing learning opportunities closer to people who cannot follow the usual arrangements of formal schools. Its flexibility allows learning to take place in community learning centers, public facilities, workplaces, homes, and other accessible spaces. Such arrangements can be adjusted according to the learners' schedules, locations, experiences, and immediate needs. Community learning centers are particularly valuable because they connect education with the daily conditions of the people they serve and provide pathways for learners with varied educational backgrounds. The UNESCO Institute for Lifelong Learning (2022a) explained that non-formal education is well suited to changing circumstances because its locations, schedules, institutional arrangements, and activities can be adapted more readily than conventional school provision.

Community-based learning also depends on the active participation of people and institutions outside the education sector. Local officials, families, civic organizations, employers, religious groups, volunteers, and community leaders may help identify prospective learners, provide learning spaces, mobilize resources, communicate program information, and encourage learners who are hesitant to return to education. Community participation gives education providers a clearer understanding of local conditions and helps align learning opportunities with the actual needs of the population. Joseph and Said (2020) explained that community-based education is participatory in character and allows educational activities to respond to issues experienced by the community itself. This approach treats community members not merely as recipients of a program but as partners in making education accessible and meaningful.

In the Philippines, the Alternative Learning System provides a parallel pathway for out-of-school children in special cases, youth, and adults who have not completed basic education through the formal school system. The program includes basic literacy education and accreditation and equivalency programs that support the development of literacy, numeracy, functional knowledge, and competencies comparable to those acquired in formal basic education. Its modular and flexible design permits learning sessions to be arranged according to the availability and circumstances of learners. Delivery may be managed directly by the Department of Education or supported by nongovernment organizations, community volunteers, and other partners. These features make ALS a community-based form of education that can reach learners beyond the physical boundaries and fixed schedules of regular schools (UNESCO Institute for Lifelong Learning, 2023).

The enactment of Republic Act No. 11510 strengthened the legal foundation of ALS by institutionalizing it within the Philippine basic education system. The law recognizes the State's responsibility to provide accessible and quality education to individuals who are unable to attend formal schools because of economic, social, geographic, cultural, personal, or other circumstances. It also provides for the participation of ALS teachers, community ALS implementers, learning facilitators, local government units, civil society organizations, and other stakeholders in program delivery. Through this law, ALS is expected to reach unserved and underserved communities, including geographically isolated areas, conflict-affected locations, indigenous communities, and groups facing conditions that place them at risk of educational exclusion (Republic of the Philippines, 2020).

The existence of a national program, however, does not automatically ensure that every eligible learner is reached or adequately supported. Out-of-school youth and adults differ in their reasons for leaving school, their willingness to return, their work and family obligations, and their confidence in joining a learning program. Earlier assessments of Philippine ALS identified financial pressures, opportunity costs, shortages in learning materials and facilities, varied service delivery conditions, and differences between rural and urban participation as concerns affecting implementation. The World Bank (2018) also noted that ALS learners often face competing demands that influence attendance and completion, making learner support and responsive delivery essential parts of the program rather than optional services.

These conditions place community-based learning outreach at the center of ALS implementation. Outreach involves more than announcing enrollment schedules or distributing information materials. It includes community mapping, house-to-house communication, advocacy, coordination with barangay officials, referral

systems, partnerships with local organizations, identification of suitable learning venues, and sustained communication with prospective and enrolled learners. Outreach becomes effective when it reaches individuals who may not seek educational services on their own and when it addresses hesitation, misinformation, stigma, and practical barriers to participation. The implementing guidelines for the Enhanced Alternative Learning System emphasize learner identification, community mapping, advocacy, social mobilization, flexible learning arrangements, and stronger coordination among those responsible for delivering ALS programs (Department of Education, 2026).

Educational inclusion practices complement outreach by ensuring that learners who are identified and enrolled are treated fairly and given realistic opportunities to continue learning. Such practices may be reflected in accessible enrollment processes, flexible schedules, appropriate learning venues, learner-centered instruction, culturally responsive materials, recognition of prior learning, reasonable accommodations, psychosocial encouragement, and referrals to services that address personal or economic concerns. Inclusion also requires respect for the dignity of learners whose educational histories may involve failure, discrimination, poverty, or interrupted schooling. UNESCO reported that disadvantaged groups, including rural populations, indigenous learners, migrants, persons with disabilities, older adults, and incarcerated individuals, continue to experience lower access to adult learning opportunities despite formal commitments to education for all (UNESCO Institute for Lifelong Learning, 2022b).

Research on non-formal literacy participation shows why outreach and inclusion must be examined together. Learners may value education and still find it difficult to attend because of work, family responsibilities, health conditions, limited time, low confidence, and negative community attitudes. Lang (2025) found that adult literacy learners were motivated by the desire to improve their literacy skills, support their children, strengthen their self-confidence, and improve their standing in the community. At the same time, family burdens, time constraints, poor socioeconomic conditions, embarrassment, and doubts about the value of education discouraged participation. These findings suggest that identifying learners is only the beginning. Education providers must also create supportive arrangements that allow learners to remain engaged after initial contact or enrollment.

The benefits of adult learning also extend beyond educational certification. Participation may strengthen confidence, social relationships, community involvement, employability, family support, and civic engagement. A review conducted by Rüber et al. (2018) found a positive association between adult learning and forms of civic participation, although the authors cautioned that the causal pathways require further investigation. This broader view is relevant to ALS because learners often return to education not only to obtain credentials but also to improve their capacity to participate in family life, work, and community affairs. An inclusive ALS program should therefore be judged not only by access and completion but also by how well it helps learners regain a sense of belonging, agency, and participation.

Although national laws, policy guidelines, and international reports describe ALS as flexible, inclusive, and community-based, implementation may vary across localities. Communities differ in geography, transportation, livelihood patterns, public awareness, available facilities, stakeholder participation, and attitudes toward out-of-school learners. National reports provide important evidence about program access and delivery, but they do not fully explain how specific outreach activities are associated with educational inclusion practices within individual ALS service areas. Examining this relationship at the local level can show whether efforts to locate, inform, motivate, and connect learners are accompanied by practices that support their fair participation and continued engagement in learning.

This study examines community-based learning outreach and educational inclusion practices among ALS implementers. It is founded on the view that an inclusive learning program begins with purposeful contact with communities but must continue through responsive services that acknowledge learners' varied conditions. Findings from the study may provide an empirical basis for improving community mapping, advocacy, stakeholder coordination, learner referral, flexible delivery, and learner support. They may also guide ALS teachers, school administrators, local government units, barangay officials, and community partners in developing outreach efforts that do not end with recruitment but lead to sustained and equitable participation in alternative basic education.

Literature Review

Community Mapping and Learner Outreach

Community-based outreach is essential in locating individuals who remain outside formal education and connecting them with learning opportunities suited to their circumstances. In ALS, prospective learners may not respond to ordinary enrollment announcements because some are working, caring for family members, living in distant communities, or uncertain about returning to education. Outreach must therefore involve systematic learner mapping, direct communication, community visits, referrals, and coordination with individuals who understand local conditions. Osawa (2021) found that adolescents' participation in ALS was affected by limited program awareness, livelihood responsibilities, household expectations, mobility, and doubts about the benefits of completing the program. These conditions suggest that outreach must address both information gaps and the personal barriers that discourage enrollment. Albert et al. (2024) likewise reported that ALS possesses strengths in teacher commitment and adaptability, but its implementation is constrained by limited resources and uneven institutional capacity. Effective outreach consequently depends on the ability of ALS implementers to gather accurate information about prospective learners, communicate program opportunities clearly, and maintain contact with individuals who may require continued encouragement before they participate. Community mapping should not be treated as a routine listing activity because the quality of the information gathered can influence where learning sessions are placed, how schedules are arranged, and which forms of assistance are offered to learners.

Stakeholder Partnerships in ALS Delivery

The delivery of community-based education cannot depend solely on ALS teachers because learner needs often extend beyond classroom instruction. Local government units, barangay officials, parents, civic organizations, training institutions, alumni, and private groups may contribute learning spaces, instructional materials, transportation assistance, skills training, financial resources, and psychosocial support. Cayabas et al. (2023) found that external stakeholders supported ALS implementation in Bontoc District through financial assistance, learning venues, donations, learning materials, technical training, certification opportunities, and parental encouragement. Their study also showed that resource sharing, professional collaboration, alumni involvement, and partnerships with the Technical Education and Skills Development Authority strengthened program delivery. Similar evidence was presented by Abad and Galleto (2020), who found that instructional materials, facilities, financial resources, and stakeholder cooperation formed part of the support mechanisms associated with ALS teachers' attitudes and implementation practices. These findings indicate that partnership is not limited to seeking donations during periods of shortage. It involves defining responsibilities, maintaining communication, matching community resources with learner needs, and establishing relationships that can be sustained across program cycles. When community partners are actively involved, ALS implementers gain broader access to resources and services that can make participation more practical for marginalized learners.

Flexible Learning and Learner Persistence

Flexibility is one of the defining features of alternative education, but flexible scheduling alone may not be enough to keep learners engaged. Adult and out-of-school learners often combine education with employment, household duties, childcare, and other responsibilities that may interrupt attendance and completion. Daza-Pérez et al. (2024) found that persistence in adult secondary education was associated with learner satisfaction, self-efficacy, and occupational status. Their findings showed that adult learners' continued participation was shaped not only by academic ability but also by their confidence, personal circumstances, and attachment to the educational program. This is important for ALS because learners may require schedules, learning tasks, and communication arrangements that recognize their competing responsibilities without weakening academic expectations. Rotar (2022) also explained that learner support is more effective when it is embedded throughout the learning cycle, beginning with entry and continuing through intervention, ongoing support, transition, and evaluation. Applied to ALS, this approach calls for regular follow-up, early identification of attendance

difficulties, feedback on learner progress, accessible consultation, and assistance during transitions to assessment, further education, training, or employment. Flexible delivery becomes meaningful when it is accompanied by structured support that helps learners remain connected to the program despite changes in work, family, and personal circumstance.

Educational Inclusion and Responsive Learner Support

Educational inclusion requires attention to the barriers that affect learners' access, participation, sense of belonging, and opportunity to succeed. It is not achieved by admitting diverse learners into the same program while expecting them to adjust to uniform conditions. Ainscow (2020) argued that inclusive education depends on identifying obstacles within educational systems and using available evidence to improve learner presence, participation, and achievement. This position is relevant to ALS because its learners enter with different ages, literacy levels, languages, educational histories, livelihood conditions, and social experiences. Inclusive practices may therefore include respectful treatment, accessible learning locations, individualized assistance, culturally appropriate instruction, recognition of prior knowledge, and support for learners who have experienced exclusion or failure in formal schooling. Bateson and Casley (2025), through their review of flexible and inclusive education programs, found that young people valued person-centered learning, positive relationships, meaningful activities, socioemotional support, safety, and a sense of belonging. These findings show that inclusion is experienced through the daily quality of interactions between learners and educators. For ALS, responsive learner support should allow participants to feel valued while providing clear learning expectations and practical assistance. Such practices can help transform access into genuine participation and can reduce the likelihood that learners will once again withdraw from education.

METHODS

Research Design

The study employed a cross-sectional multivariate relational design to examine the connection between community-based learning outreach and educational inclusion practices in the Alternative Learning System. This design was selected because the two major variables consisted of several interrelated dimensions that could not be adequately represented by a single correlation coefficient. Rather than treating outreach and inclusion as isolated measures, the design allowed the study to determine how patterns of community mapping, information dissemination, stakeholder mobilization, learner referral, and follow-up support corresponded with accessibility, equitable participation, instructional responsiveness, and learner support. Data were collected at one period of the ALS implementation cycle, which provided a representation of the participants' experiences during the conduct of the study. The design remained nonexperimental because no program condition, learning arrangement, or participant assignment was manipulated.

Research Locale

The study was conducted in selected Alternative Learning System community learning sites in the Municipality of Buguey, Province of Cagayan. The research setting included barangay-based learning spaces, community learning centers, and other venues used for the delivery of ALS learning sessions. These sites operated under flexible arrangements that allowed instruction and learner support to be provided outside the conventional classroom structure. Buguey was considered an appropriate setting because its communities differed in distance from educational facilities, transportation accessibility, livelihood activities, and availability of local learning resources. Such conditions provided a suitable setting for examining how community outreach activities were carried out and how inclusive educational services were experienced by ALS learners.

Participants and Sampling Technique

The participants were ALS learners who had experienced the outreach, enrollment, instructional, and learner-support activities of the program. Only learners who had participated in ALS sessions long enough to provide informed assessments of the practices covered by the instrument were included. Learners who had just entered the program and had not yet experienced its major learning and support processes were excluded. The study used stratified time-location sampling, a technique appropriate for participants whose attendance varied according to work schedules, household responsibilities, learning venues, and session arrangements. The learning sites were first grouped according to their assigned community learning areas. Data collection schedules were then distributed across different venues, days, and session periods to avoid selecting only learners who attended at a particular time. Eligible participants present during each selected schedule were invited through a systematic selection procedure. This approach provided opportunities for learners attending different ALS arrangements to participate while limiting the overrepresentation of participants from frequently used learning sites.

Research Instrument

Data were obtained through a researcher-developed questionnaire titled the Community-Based Outreach and Educational Inclusion Practices Questionnaire. The first part measured community-based learning outreach through indicators on learner identification, community mapping, information dissemination, stakeholder mobilization, referral coordination, and follow-up communication. The second part assessed educational inclusion practices through indicators on access to learning opportunities, flexibility of delivery, respectful treatment, instructional responsiveness, learner participation, accommodation of individual circumstances, and continuity support. Responses were recorded through a five-point scale ranging from the lowest to the highest level of observed practice. The initial instrument was reviewed by specialists in ALS implementation, educational research, inclusive education, and measurement and evaluation. The item-level Content Validity Index ranged from .80 to 1.00, while the scale-level Content Validity Index based on the average method reached .94, indicating strong agreement regarding the relevance and clarity of the items. Cognitive interviews were also conducted with ALS learners outside the main study area to identify unclear, overly technical, or repetitive statements. Revisions were made before the pilot administration.

The revised questionnaire was pilot-tested among ALS learners from a nearby locality who were not included in the main data collection. Corrected item-total correlations ranged from .41 to .78, showing that the retained items contributed meaningfully to their assigned scales. Cronbach's alpha was .92 for the community-based learning outreach scale and .94 for the educational inclusion practices scale. The entire instrument obtained a Cronbach's alpha coefficient of .95. These coefficients indicated a high degree of internal consistency. Items that weakened conceptual clarity or produced redundant meanings were removed or revised before the final instrument was reproduced. The final version retained statements that were understandable to ALS learners and directly aligned with the objectives of the study.

Data Gathering

Permission to conduct the study was secured from the appropriate education authorities and ALS program administrators before contact was made with the participants. The researcher coordinated with the assigned ALS personnel to determine the approved learning sites and suitable schedules for questionnaire administration. The purpose, procedures, expected participation, and confidentiality safeguards of the study were explained before the instruments were distributed. Consent forms were obtained from adult participants, while parental or guardian consent and learner assent were secured when a participant was below the age required for independent consent. The questionnaires were administered during agreed periods that did not interfere with instruction, assessment, livelihood activities, or scheduled community engagements.

Participants answered the instrument individually and were allowed to request clarification about the instructions without being guided toward a particular response. Assistance was provided to participants who encountered difficulty reading the statements, but the items were read in a neutral manner and no answer was suggested. Completed questionnaires were checked only for missing responses while the participants were still

available. No participant was required to answer an item that caused discomfort. The retrieved questionnaires were assigned identification codes, encoded in a password-protected data file, and verified through double-entry checking. Records containing identifying information were stored separately from the response dataset.

Data Analysis

The dataset was examined for missing responses, inconsistent entries, unusual response patterns, and multivariate outliers before formal analysis was performed. Because the questionnaire produced ordered categorical responses, the distributions of the items and composite dimensions were summarized using the median, interquartile range, response frequency, and percentage. Dimension scores were converted into normalized composite indices to permit comparison among outreach and inclusion components while preserving their original ordering.

The relationship between the dimensions of community-based learning outreach and educational inclusion practices was examined through regularized canonical correlation analysis. This procedure was chosen because it estimated the association between two sets of related variables simultaneously and reduced instability caused by highly correlated indicators. The regularization parameters were selected through cross-validation to obtain the most stable canonical solution. Statistical significance was assessed through a permutation procedure using 10,000 random rearrangements of the data rather than relying solely on conventional distributional assumptions. The stability of the results was further evaluated through bias-corrected bootstrap confidence intervals based on 5,000 resamples. Canonical correlation coefficients, squared canonical correlations, structure coefficients, cross-loadings, Wilks' lambda, and redundancy indices were reported. Interpretation was limited to canonical functions that obtained a statistically significant permutation probability value and demonstrated a meaningful proportion of shared variance. An alpha level of .05 was used as the criterion for statistical significance.

Ethical Consideration

The study upheld voluntary participation, informed consent, confidentiality, and respect for the circumstances of ALS learners. Participation or refusal did not affect enrollment, assessment results, eligibility for ALS services, or relationships with ALS personnel. Participants were informed that they could leave the study or omit any question without penalty. No names were written on the questionnaire, and coded information was used during encoding and analysis. Findings were presented in aggregated form so that individual responses and specific learning sites could not be identified.

Special attention was given to the possible influence of the researcher's professional role as an ALS teacher. Learners directly handled by the researcher were not personally pressured to participate, and recruitment was coordinated through authorized personnel using a standardized invitation. Whenever possible, an independent assistant administered and retrieved the questionnaires to reduce perceived obligation and socially desirable responses. Digital records were stored in an encrypted device, while printed documents were kept in a secured location accessible only to the researcher. Data were retained only for the period required for verification and publication and were disposed of securely afterward. The conduct of the study followed the ethical requirements of the approving institution and the principles of privacy, dignity, fairness, and protection from harm.

RESULTS AND DISCUSSION

Table 1. *Level of Community-Based Learning Outreach Practices*

Community-Based Learning Outreach Dimension	Median	IQR	Normalized Index	Frequent or Very Frequent Responses (%)	Interpretation
Learner identification and community mapping	4.16	0.63	79.00	72.40	High
Information dissemination	4.28	0.56	82.00	78.10	Very High
Stakeholder mobilization	3.36	0.88	59.00	49.70	Moderate
Referral coordination	3.28	0.91	57.00	46.80	Moderate
Follow-up communication	3.72	0.76	68.00	61.50	High
Overall	3.76	0.71	69.00	61.70	High

Note. IQR = interquartile range. Normalized index interpretation: 0.00 to 20.00 = Very Low; 20.01 to 40.00 = Low; 40.01 to 60.00 = Moderate; 60.01 to 80.00 = High; and 80.01 to 100.00 = Very High.

Table 1 shows that community-based learning outreach was practiced at a generally high level, as indicated by the overall median of 3.76 and normalized index of 69.00. The result suggested that ALS implementers had established visible mechanisms for locating learners, informing communities, and maintaining communication with prospective and enrolled participants. Nevertheless, the results were not uniformly strong across the five outreach dimensions. Two areas remained at a moderate level, showing that the outreach process was more effective in communicating the availability of ALS than in organizing coordinated support around identified learners.

Information dissemination obtained the highest result, with a median of 4.28 and a normalized index of 82.00. More than three-fourths of the responses indicated that this practice was conducted frequently or very frequently. The finding showed that announcements, direct communication, barangay coordination, social media posts, printed notices, and personal invitations had made ALS opportunities visible within the communities. The high result also indicated that prospective learners were generally informed about enrollment, session arrangements, learning venues, and available programs. This strength was important because awareness was the first condition for participation among individuals who were no longer connected to formal schools.

Learner identification and community mapping also received a high assessment, obtaining a median of 4.16 and a normalized index of 79.00. The result indicated that ALS personnel had actively gathered information about out-of-school youth and adults through local records, community visits, referrals, and conversations with barangay representatives. This practice allowed implementers to identify where prospective learners lived and what circumstances affected their participation. The finding was consistent with the process evaluation of Albert et al. (2024), which emphasized the importance of local implementation capacity, learner identification, and operational coordination in extending ALS services to out-of-school populations.

Despite these strengths, stakeholder mobilization obtained only a moderate index of 59.00. Less than half of the responses indicated frequent or very frequent practice. This result suggested that local partners were informed about ALS but were not always engaged in sustained activities such as resource provision, transportation assistance, livelihood referrals, learning-space improvement, or learner monitoring. Some partnerships may have been limited to enrollment campaigns, ceremonial activities, or occasional donations. Cayabas et al. (2023) found that external stakeholders could contribute learning facilities, materials, financial assistance, technical training, and certification opportunities when partnership arrangements were clearly established. The present result therefore pointed to a gap between community awareness and active community participation.

Referral coordination registered the lowest result, with a median of 3.28 and an index of 57.00. This indicated that prospective and enrolled learners were not consistently linked with agencies or organizations capable of responding to concerns beyond instruction. Such concerns could include employment needs, skills certification, financial difficulty, documentation requirements, childcare responsibilities, health concerns, and

transportation limitations. The moderate result did not mean that referrals were absent. Rather, it showed that referral procedures were not yet sufficiently systematic, documented, or sustained across learning sites.

Follow-up communication was rated high, but its index of 68.00 remained lower than the scores for learner mapping and information dissemination. This meant that ALS personnel usually contacted learners after identification or enrollment, although the frequency and consistency of follow-up may have varied. Follow-up appeared to weaken when learners missed several sessions, changed residence, obtained employment, or faced family obligations. The pattern revealed that the outreach system was strongest at the point of initial contact but became less consistent when learners required continued assistance. Strengthening follow-up schedules, contact records, and shared monitoring responsibilities could therefore improve the continuity of outreach.

Table 2. Level of Educational Inclusion Practices

Educational Inclusion Dimension	Median IQR		Normalized Index	Frequent or Very Frequent Responses (%)	Interpretation
Access to learning opportunities	4.08	0.66	77.00	70.90	High
Flexibility of learning delivery	4.30	0.54	82.50	79.40	Very High
Respectful and equitable treatment	4.42	0.48	85.50	84.20	Very High
Instructional responsiveness	3.88	0.69	72.00	66.10	High
Learner participation	3.76	0.74	69.00	62.80	High
Accommodation of individual circumstances	3.52	0.82	63.00	55.70	High
Continuity support	3.30	0.90	57.50	47.60	Moderate
Overall	3.86	0.68	71.50	66.70	High

Table 2 indicates that educational inclusion practices were generally implemented at a high level, with an overall median of 3.86 and normalized index of 71.50. The result showed that learners commonly experienced accessible, respectful, and adaptable learning arrangements. However, the findings also revealed a distinction between creating a welcoming learning environment and providing sustained support when learners faced difficulties. Practices associated with immediate interaction and classroom treatment obtained the strongest ratings, while continuity support received the weakest evaluation.

Respectful and equitable treatment emerged as the strongest inclusion dimension, registering a median of 4.42 and an index of 85.50. A large majority of the responses indicated that learners were frequently or very frequently treated with dignity, patience, fairness, and consideration. This finding suggested that differences in age, educational background, livelihood, literacy level, personal history, and economic condition did not commonly lead to discriminatory treatment. ALS learning environments appeared to provide learners with a sense of acceptance that may not have been present during their earlier schooling experiences.

The result supported Ainscow's (2020) view that inclusion required attention to learner presence, participation, and achievement rather than physical access alone. Respectful treatment helped reduce the social and emotional barriers that could prevent learners from participating in educational activities. It also supported the development of trust between ALS teachers and learners, which was important among individuals who had experienced interruption, exclusion, or academic difficulty in formal education.

Flexibility of learning delivery also received a very high assessment, with an index of 82.50. The finding showed that schedules, learning locations, communication arrangements, and instructional activities were commonly adjusted to accommodate the varied circumstances of ALS learners. Flexible session arrangements allowed working learners, parents, seasonal workers, and individuals living in distant barangays to continue their education without being required to follow the fixed schedule of a regular school. The result confirmed that flexibility was one of the most visible strengths of ALS implementation in the research locale.

Access to learning opportunities obtained a high index of 77.00. This suggested that enrollment procedures, learning venues, teacher communication, and access to learning materials were generally manageable for the participants. The lower score compared with respectful treatment and flexibility indicated that some physical, geographic, documentary, or economic barriers continued to affect participation. Learners from distant communities may still have experienced transportation difficulty, while others may have lacked consistent access to printed modules, communication devices, or suitable study spaces.

Instructional responsiveness and learner participation were both assessed at a high level. These findings indicated that lessons were commonly adjusted according to learner readiness and that participants were encouraged to ask questions, express opinions, work at an appropriate pace, and take part in learning decisions. The results reflected a learner-centered approach rather than a uniform instructional arrangement. Bateson and Casley (2025) similarly found that learners in flexible education programs valued positive relationships, relevant learning activities, personal support, safety, and a sense of belonging.

Accommodation of individual circumstances received a high index of 63.00, although it was close to the lower boundary of the high category. The finding suggested that ALS implementers made adjustments for work schedules, family duties, learning difficulties, and temporary absences, but such accommodations were not always available to the same extent. Some learner circumstances may have required assistance that could not be provided by the ALS teacher alone. Financial hardship, childcare, health concerns, unstable employment, and relocation required support from families, local government units, or social service agencies.

Continuity support was the only inclusion dimension rated moderate, with an index of 57.50. Fewer than half of the participants reported that this practice occurred frequently or very frequently. This result indicated that support was less consistent after learners experienced repeated absence, difficulty completing modules, changes in employment, relocation, or uncertainty about taking the Accreditation and Equivalency Assessment. Learners were welcomed and accommodated upon entry, but some did not receive sustained intervention when their participation became unstable.

The finding was important because flexible access did not automatically produce persistence or completion. Daza-Pérez et al. (2024) found that adult learners' persistence was connected with satisfaction, self-efficacy, and personal circumstances. Rotar (2022) likewise emphasized that learner support should be embedded across the learning cycle rather than offered only at the point of admission. The moderate result for continuity support therefore represented the clearest inclusion problem identified by the study.

Table 3. Regularized Canonical Correlation Between Community-Based Learning Outreach and Educational Inclusion Practices

Canonical Function	Canonical Correlation	Squared Canonical Correlation	Sequential Wilks' Lambda	Permutation p-value	Bias-Corrected 95% Bootstrap CI	Redundancy in Outreach Set	Redundancy in Inclusion Set	Decision
1	.768	.590	.303	.001	[.682, .829]	.357	.383	Significant
2	.401	.161	.740	.067	[.236, .514]	.034	.032	Not Significant
3	.274	.075	.882	.218	[.121, .391]	.011	.013	Not Significant
4	.188	.035	.953	.487	[.066, .287]	.004	.005	Not Significant
5	.109	.012	.988	.711	[.021, .198]	.001	.001	Not Significant

Note. Significance was assessed through 10,000 permutations. Confidence intervals were obtained from 5,000 bootstrap resamples. The criterion for significance was $p < .05$.

As presented in Table 3, only the first canonical function was statistically significant. It produced a regularized canonical correlation of .768 and a squared canonical correlation of .590. The permutation probability of .001 was below the .05 criterion, while the bootstrap confidence interval from .682 to .829 indicated that the relationship remained stable across repeated samples. The null hypothesis stating that there was no significant multivariate relationship between community-based learning outreach and educational inclusion practices was therefore rejected.

The squared canonical correlation indicated that the two canonical composites shared 59.00 percent of their variance. This represented a strong relationship between the combined dimensions of outreach and the combined dimensions of inclusion. The result meant that communities with clearer learner identification, stronger communication, better referrals, sustained follow-up, and broader stakeholder participation also tended to report more accessible, flexible, responsive, and supportive ALS practices.

The redundancy results provided a more conservative estimate of the practical contribution of the canonical relationship. The inclusion canonical variate explained 35.70 percent of the average variance in the outreach dimensions, while the outreach canonical variate explained 38.30 percent of the average variance in the inclusion dimensions. These values showed that outreach was meaningfully connected with inclusion, although the two constructs were not interchangeable. Other conditions, such as teacher workload, availability of learning materials, distance between learning sites, learner motivation, family support, financial conditions, and local institutional capacity, may also have influenced inclusion.

The significant result supported the view that learner inclusion was partly established before the actual learning session began. When community mapping accurately identified learner needs, information was clearly communicated, and follow-up was maintained, ALS personnel were better positioned to arrange suitable schedules, identify accessible venues, adjust instruction, and respond to participation barriers. Outreach was therefore not merely a recruitment activity. It functioned as an information and support system that influenced how educational services were delivered.

The remaining canonical functions did not reach statistical significance. Although the second function produced a correlation of .401, its permutation probability of .067 exceeded the .05 threshold. The succeeding functions contributed only small proportions of shared variance. This indicated that the principal association between outreach and inclusion was adequately represented by one dominant multivariate pattern rather than several independent relationships.

The strength of the first canonical function was consistent with findings that ALS implementation depended on the interaction of learner identification, local coordination, institutional capacity, and support mechanisms. Albert et al. (2024) observed that the effectiveness of ALS was influenced by implementation processes and the capacity of institutions to respond to the conditions of out-of-school learners. The present result added that outreach and educational inclusion operated as connected sets of practices rather than separate program responsibilities.

Table 4. Regularized Weights, Structure Coefficients, and Cross-Loadings for the Significant Canonical Function

Variable Set	Dimension	Regularized Standardized Weight	Structure Coefficient	Cross- Loading
Community-Based Learning Outreach	Follow-up communication	.41	.89	.684
	Information dissemination	.29	.81	.622
	Learner identification and community mapping	.34	.77	.591
	Referral coordination	.23	.72	.553
	Stakeholder mobilization	.18	.68	.522
Educational Inclusion Practices	Continuity support	.43	.91	.699

Instructional responsiveness	.35	.86	.660
Flexibility of learning delivery	.28	.84	.645
Learner participation	.24	.79	.607
Access to learning opportunities	.25	.78	.599
Accommodation of individual circumstances	.22	.73	.561
Respectful and equitable treatment	.17	.71	.545

Note. Structure coefficients of at least $|\lambda| \geq .45$ were considered meaningful. Cross-loadings represented the correlation between each observed dimension and the opposite canonical variate.

Table 4 shows that all outreach and inclusion dimensions made meaningful contributions to the significant canonical function. Follow-up communication produced the largest structure coefficient within the outreach set at .89 and the highest outreach cross-loading at .684. This meant that sustained contact with learners was the outreach practice most strongly associated with the combined pattern of educational inclusion.

Information dissemination was the second strongest outreach contributor, with a structure coefficient of .81. Learner identification and community mapping followed with a coefficient of .77. These findings showed that inclusion was stronger when learners were properly identified, provided with accurate information, and contacted after enrollment. Initial community mapping established who needed ALS services, while communication and follow-up determined whether identified individuals were able to enter and remain connected with the program.

Referral coordination and stakeholder mobilization also contributed meaningfully, although their structure coefficients were lower than those of communication-related practices. Their contributions were important because both had received only moderate descriptive ratings. This pattern indicated that the weaker outreach areas were not statistically unimportant. On the contrary, they formed part of the principal relationship between outreach and inclusion. Improving partnerships and referral arrangements could therefore strengthen the overall inclusion system.

Within the inclusion set, continuity support obtained the largest structure coefficient at .91 and the highest cross-loading at .699. This was a notable result because continuity support had also received the lowest descriptive assessment. The dimension was therefore both a major problem and the inclusion practice most closely connected with community outreach. Learners were more likely to receive continued assistance when outreach systems included regular follow-up, updated contact information, functional referral procedures, and active community partners.

Instructional responsiveness was the second strongest inclusion contributor, with a structure coefficient of .86. Flexibility of learning delivery followed closely at .84. These results showed that outreach information helped teachers understand the circumstances of learners and adjust instructional delivery accordingly. Knowledge about learner work schedules, family responsibilities, location, literacy level, and access to materials allowed ALS personnel to make more suitable instructional decisions.

Respectful and equitable treatment received the highest descriptive rating but the smallest structure coefficient within the inclusion set. This did not mean that respectful treatment was unimportant. Its coefficient of .71 remained substantial. Rather, the result indicated that respectful treatment was already widely practiced and varied less according to the strength of outreach. Continuity support and instructional responsiveness, by comparison, depended more directly on the quality of learner information, follow-up, referrals, and community coordination.

Taken together, the canonical loadings revealed that the strongest relationship occurred between sustained outreach and sustained inclusion. The program performed well in informing learners, offering flexible arrangements, and maintaining respectful relationships. The principal weakness appeared after enrollment, particularly when learners required repeated contact, referral assistance, and support to overcome interruptions.

This pattern explained why the overall outreach and inclusion ratings were high while stakeholder mobilization, referral coordination, and continuity support remained only moderate.

The findings indicated that future improvement efforts should not concentrate solely on expanding advocacy campaigns. Greater attention should be given to a documented follow-up system, clear referral pathways, assigned partner responsibilities, attendance-risk identification, and coordinated interventions for learners who begin to disengage. Such measures would extend community outreach beyond recruitment and transform it into a continuing support structure for educational participation and completion.

CONCLUSION

Community-based learning outreach and educational inclusion practices in the Alternative Learning System were generally implemented at a high level, particularly in information dissemination, learner identification, flexible learning delivery, and respectful treatment of learners. However, stakeholder mobilization, referral coordination, and continuity support remained areas of concern, showing that ALS implementation was more effective in identifying and welcoming learners than in sustaining coordinated assistance when participation became unstable. The significant canonical relationship further established that stronger outreach practices were associated with more inclusive educational services, with follow-up communication and continuity support emerging as the most influential dimensions. Based on these findings, ALS implementers should establish a structured learner follow-up system, maintain updated monitoring records, create clear referral pathways with local government units and partner agencies, and assign specific responsibilities to community stakeholders. Regular case conferences may also be conducted for learners at risk of disengagement, while instructional schedules, learning materials, and support arrangements should remain responsive to employment, family, distance, and literacy-related concerns. Strengthening these mechanisms may help transform outreach from a recruitment activity into a continuing support process that promotes learner participation, persistence, and completion.

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