

DOCUMENT RESUME

ED 361 835

EA 025 175

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TITLE School Community Collaboration: Comparing Three Initiatives. Brief to Policymakers, No. 6.
INSTITUTION Center on Organization and Restructuring of Schools, Madison, WI.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE 93
CONTRACT R117Q00005-92
NOTE 7p.; For related document, see ED 358 549.
AVAILABLE FROM Center on Organization and Restructuring of Schools, School of Education, Wisconsin Center for Education Research, University of Wisconsin-Madison, 1025 W. Johnson Street, Madison, WI 53706.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Agency Cooperation; Attendance; Collegiality; *Cooperative Programs; *Decentralization; Delivery Systems; Elementary Secondary Education; Health Services; *Partnerships in Education; *School Community Relationship; *School Restructuring; Social Services
IDENTIFIERS *San Diego Unified School District CA; Systemic Change

ABSTRACT

As part of a decentralization effort, San Diego schools are developing various community partnerships and joining with other agencies to share the resources of school, community, social service, and health providers. Interagency collaboration may result in a more integrated, coherent service delivery to an increasingly diverse student population. This brief identifies and compares three initiatives: interagency collaboration at the executive level, collaboration among front-line professionals, and collaboration directly with community members. Since 1988, San Diego agency heads have been cooperating to develop a fundamentally new system for providing educational, social, and health support services. The result is Hamilton Center, a separately administered, professionally staffed demonstration service center on the grounds of an elementary school. Another collaborative with major strength in building linkages among front-line professionals is the Crawford Cluster Connection, initiated when 12 area principals were asked for ideas to increase student attendance. The group focused on community and family conditions associated with poor school attendance and developed resource-sharing plans to tackle this problem. Collaboration with parents at a school located in a desperately poor neighborhood produced an "unofficial" preschool program staffed by multilingual paraprofessionals and parent volunteers. Ideally, communities should encourage and integrate all three collaboration levels to maximize strengths and counter limitations. (MLH)

Brief to policymakers

School-Community Collaboration: Comparing Three Initiatives

by Calvin R. Stone

In restructuring efforts around the country, schools have sought ways to develop community partnerships that can address the needs of unique and diverse populations. Lacking a proven model for school-community alliances, administrators may wonder how best to organize and coordinate the resources of human services available to children and families.

As part of its decentralization effort, schools in San Diego, California are developing various community partnerships, and are being encouraged to join with other agencies, weaving together the resources of school, community, social service, and health providers. Educators hope such interagency collaboration will result in a more integrated, coherent delivery of services and ultimately a student population that can be more academically successful.

With a population of approximately one million, San Diego is the sixth largest city in the United States, and has a public school district which serves 125,000 students: 34% white, 30% Hispanic, 19% Asian, 16% African-American. The children and youth here, many of whom are new immigrants to the U.S. from Mexico and Asia, speak more than 50 languages. The district's size and diversity were factors in the decision to decentralize, but these factors also complicate attempts to implement broad and fundamental change.

In this brief, we identify three initiatives: interagency collaboration at the executive level, collaboration among front-line professionals, and collaboration directly with community members.

Collaboration can involve *chief executive officers* of prominent agencies who conceptualize change in policy and practice at the macro level. At another level, *front-line professionals* (for example, principals, counselors, health care providers across the district), may form strong professional relationships that result in shared knowledge, responsibility and professional support. At the grassroots level, on-site professionals can collaborate with *parents and families*, the clients served by the school.

The program descriptions which follow illustrate innovative types of partnerships and offer a context for considering the challenges and potential benefits of school-community collaboration.

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"There are vital functions to be accomplished at each level of collaboration."

Executive-Level Collaboration: Coordinating Policy and Services

In San Diego, heads of agencies, as part of "New Beginnings," have been collaborating since 1988 to develop systemic change, that is a fundamentally new system for providing educational, social, and health support services. Their goal is an integrated delivery system which will reform current practice now seen as overlapping, fragmented, and crisis-oriented. They hope to provide early and preventive assistance, to focus on families, to give higher quality service at less cost, and to emphasize adoption of innovations at many settings (Payzant, 1992).

This initiative resulted from meetings of the chief executives of public schools, San Diego State University, county social services, the housing commission, health care providers, and the police force. An interagency Council with high level administrators from each collaborating agency was formed to achieve the identified goals. Council members say they find personal and professional satisfaction in being part of an interagency planning process, where people from several agencies and professions share a common purpose. The Council oversees implementation of a demonstration center at Hamilton Elementary School.

During its first year, the Council expanded school registration to include an assessment of children's needs and to provide information about social service planning for families, case management, and health services. The Council, which incorporates needs, ideas, and decision-making with the Center, also designed a single eligibility process for receiving multiple services, and a management information system that can be retrieved by school, county, and medical personnel. Thus many services, like housing, public assistance, and health screening, are at once unified and accessible at a single site.

These innovations are being implemented at Hamilton Center, on the grounds of Hamilton Elementary School. The Center is physically and administratively separate from the school; its staff of six professionals who are accountable to the Council include a coordinator, a nurse, and four "family service advocates" (FSA's), who are repositioned

staff from participating agencies.

Initially, problems were encountered translating the executive vision into practice. Hamilton teachers, who were not actively involved in the planning, expressed concern that their traditional on-site support system would be changed, and that the Center was competing with the school for resources. Secondly, although FSA's were to implement an integrated service model, which presumed broad expertise in social work, housing, immigration, and health, the FSA's felt that they did not receive sufficient cross-training or have enough contact with other agencies to accomplish this goal. FSA's were expected to effectively meet multiple needs of families or to connect them to key social service agencies, yet there was no forum permitting them to share knowledge with other front-line professionals. And third, Center implementation, in its initial stages, did not capitalize on the potential for collaboration with families and the community. In keeping with social service tradition, families were seen as "dependents" rather than "resources."

In spite of these limitations, Hamilton Center is a ground-breaking effort to bring coherence to a fragmented human service system. The program description above illustrates the need for top-level planning, but suggests a parallel need for effective cooperation at other levels. The following descriptions illustrate the potential inherent in other collaborative efforts.

Collaboration Among Professionals: Collegiality on the Front Line

Another collaborative, with major strength in building linkages among front-line professionals, is the Crawford Cluster Connection (CCC). Initiated among Crawford High School and its 11 feeder schools, the CCC began when the 12 principals were asked, as a group, for ideas to increase student attendance. The group focused on community and family conditions associated with poor school attendance and ways to address these in a holistic fashion. Principals readily acknowledge that the group was extraordinary in its openness, trust, and ability to coalesce around important issues.

The original plan of ad hoc meeting to deal with attendance problems was superseded by a much broader mission: to restructure cluster schools to coordinate existing resources or develop new ones to share across schools. Based on the principals' success, cluster counselors and nurses formed parallel groups of their own to share information, provide in-service training, and coordinate professional efforts. For example, the counselors had experts from their community discuss blended families and help develop a case management system; the nurses used outside experts to learn more about day-care support, and helping children deal with family tragedy.

By combining funding available to individual schools, the principals also created a new shared position. The person would coordinate cluster's innovations, including direct service to students and parents; gathering material resources for schools, students and families; and, developing in-service opportunities that link educators with community-based organizations (Fieldman, Chang, & Leong, 1992). As part of their role in the collaborative the community organizations provided in-service workshops to educators. The workshops created a flow of information among school personnel and community-based service providers, building strong collegial relationships.

The capacity for enhancing professional relationships of front-line professionals is the CCC's strength and most unique feature. However, when the CCC attempted to collaborate with County Social Services, the county participated minimally, and confined its innovative initiatives to Hamilton Center. To date, the CCC does not have an executive-level support group, which hinders its effectiveness. Without "a champion" in central office, CCC innovations may not be recognized and supported at the executive level.

Collaboration With Parents: Community Development

The third case illustrates the potential for school collaboration with parents and families. This example was developed at Central Elementary School in a desperately poor neighborhood where 91% of the students are of color, 75% are limited English proficient, and many begin their formal schooling old enough to be in third or fourth grade.

Several years ago the school faculty decided that fundamental changes were needed. They created a new school ethic:

- 1 The school should be central to the life of the community;
- 2 Its resources should be flexible and determined by the needs of families;
- 3 The school should reach out to parents, enlisting their help and advice in the education of the children.

In practice, these tenets resulted in site-based decision-making, guided by parent participation.

Central Elementary's program for 4-year-olds is one example of how the tenets were translated into practice. Parents requested that the school provide programming for preschool children. However, typical school programs for 4-year-olds are expensive, requiring a certificated teacher and low student-teacher ratio to meet state requirements. While it would have been easy to tell parents that 4-year-old programming was not possible, responsiveness to the community became the mother of invention.

By shifting funds available to the school, an "unofficial" program was initiated. Although the program does not meet state guidelines, and does not count toward state aid, it serves 80 children in classes of 20 each. The staff is comprised of multilingual paraprofessionals and is aug-

mented by parent volunteers. To take part in the program, a parent or another adult – often a grandparent – is required to attend school half of the days. Typically, there are two aides and nine or ten parents in a classroom of 20 children. Parents often lead activities, play with the children, or just spend time chatting with each other.

As it begins its third year, the program appears to benefit children, parents, and the school. The children are exposed to English, and to school, in an environment that is especially non-threatening because of the presence of parents. Parents say that the school is responsive. Parents are able to see other adults model effective teaching and child rearing, and they contribute to the program, playing productive and functional roles in the life of the school. As for educators, the program contributes to the children's readiness and perhaps to long-term academic success. The school ethic, parent involvement and responsiveness to community concerns, is being realized even in the midst of deep urban poverty. High expectations of clients for building community, is a powerful foundation for collaboration and a major source of strength within the school and neighborhood.

Conclusions

Each case illustrates a different perspective on collaboration. One perspective is that without collaboration by executives, structural problems of the educational and social service systems cannot be corrected. To break institutional gridlock, and achieve efficiency and effectiveness, agency executives must use their combined power and authority, as in the case of Hamilton Center. This perspective assumes that effective change requires leadership and coordination from the top down.

However, an entirely top-down approach would fail to capitalize on informal and local development, it may encounter resistance from those not involved in planning, and has the potential to become prescribed, uniform practices that are as centralized, inflexible and unresponsive as the current system.

A second perspective is that front-line professionals should initiate and implement change through collegial relationships and the pooling of scarce resources. At this level, considerable face-to-face interaction and informal association are present. People know and trust one another. Organized relationships among front-line workers encourage initiative, self correction, and sensitivity to the needs of professionals and clients, but do not carry the authority from the top necessary to make large scale changes in systems.

A third perspective, illustrated by Central Elementary School, is that effective change in schools and communities can be initiated in collaboration with the consumers of services – bottom-up. In this perspective, families are not just receivers of service, but are resources playing functional roles in improving conditions. It is an important strength that this

level of collaboration is immediately responsive and directly accountable to the public. However, there are limitations of programs that collaborate only with their clients and consumers: they cannot address deficiencies in the larger social service delivery system. The full development of schools and related services in economically poor neighborhoods requires assistance from the larger network of community institutions.

Each level of collaboration offers strengths and limitations. At some time in San Diego's future, it may be possible to combine the several independently created perspectives into a whole that simultaneously reinforces the strengths of each of the identified levels. The high school and its feeder schools, like the CCC, may be an optimal unit for organizing multi-level collaboration. It can bring together enough professionals for a productive exchange and collegial support. Whereas strong executive support for each individual school in a district may not be possible, it would seem possible across K-12 high school areas. The high school attendance area as the working unit for collaboratives would be strengthened if county social services were decentralized and reorganized within

the same geographic boundaries.

In the final analysis, however, the best form and organization for a collaborative must be derived from local purposes. It will depend on resources and other factors that are unique to each locality. In spite of this qualification, this study of human service collaborations in San Diego advances the argument that, in general, there are vital functions to be accomplished at each of the identified levels. Ideally, communities should encourage and then integrate all three levels of collaboration in order to capitalize on the strengths, and counter the limitations, of each level.

FOR FURTHER READING

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Brief No. 6

Fall 1993

School Community Collaboration: Comparing Three Initiatives

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Brief to policymakers is prepared by Karen Prager at the Center on Organization and Restructuring of Schools, University of Wisconsin-Madison. This publication is supported by the U.S. Department of Education, Office of Educational Research and Improvement (Grant No. R117Q00005-92), and by the Wisconsin Center for Education Research, School of Education, University of Wisconsin-Madison. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the supporting agencies. This publication is free upon request.

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