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ABSTRACT

Wisconsin designed a proposal to the Council of Chief State School Officers (CCSSO) for funding through a grant program: "Ensuring Student Success Through Collaboration." With the financial support made available by CCSSO through this grant program, a statewide meeting on May 26, 1993, was held to explore school/community collaboration to address the needs of children and families. The meeting was attended by over 100 opinion leaders on collaboration. The meeting intended to discuss numerous topics, including sharing with others the experiences of implementing and sustaining community collaborative initiatives. The overall purpose of the project was to explore the feasibility of collaboration as a method for successfully meeting the needs of children and families in Wisconsin. The methods of exploration included the statewide meeting with followup telephone interviews. Information was compiled and formulated into a guide for collaboration and a community needs assessment. Included in the guide are four appendices: Stevens Point Conference itinerary; protocol for telephone interviews; benefits and obstacles for collaboration; and community assessments. Contains 12 references. (KDP)

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# Ensuring Student Success Through Collaboration

a grant funded by

Council of Chief State School Officers

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DPI

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Wisconsin Department of Public Instruction
John T. Benson, State Superintendent
Madison, Wisconsin

EA 025 758

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## 1. Progress in Meeting Objectives and Activities:

The main objectives of the Wisconsin proposal to CCSSO for funding through the grant program: "Ensuring Student Success Through collaboration" included the following:

1. To create a forum for education, health and social service providers and other stakeholders actively involved in addressing the needs of children and families to share experiences and ideas for fostering collaboration within communities and wide state level agencies.

2. To obtain information from the participants and stakeholders of collaborative ventures in Wisconsin regarding their perspectives related to the need for and the successful components of collaborative initiatives.

3. To investigate current "models" for collaborative ventures to address the needs of children and families.

4. To disseminate information regarding the methods, costs and benefits of school/community collaboration to local community and state level education, health and social service providers.

The desired outcomes described in the grant application included:

1. Establishment of an interactive system for communication regarding school/community collaboration.

2. Development of a mechanism for incorporating input related to the planning and design of a local and state level collaborative delivery system.

3. Development and distribution of a community assessment instrument to identify local needs and resources related to planning implementation and evaluation of a school/community collaborative venture.

To meet the stated objectives and desired outcomes the Wisconsin Department of Public Instruction (DPI) sponsored, with the financial support made available by CCSSO through this grant program, a statewide meeting on May 26, 1993 to explore school/community collaboration to address the needs of children and families. Over 100 individuals representing all regions of Wisconsin who are considered to be opinion leaders and/or have provided leadership in their communities regarding collaboration to better serve the needs of children and families were in attendance. This meeting was planned to provide an opportunity for the following to occur:

1. Learn about the national and state perspective regarding the need for integrated, comprehensive, collaborative services for children and families.

2. Share with each other the experiences of implementing community collaborative initiatives.

3. Identify the challenges, and potential solutions, to implementing and sustaining community collaborative initiatives for children and families.

4. Provide insights regarding the utility of a community assessment instrument.

5. To explore opportunities for establishing a network for follow-up/follow-through on ideas generated by participating individuals.

The format for this day long meeting was specifically designed to allow participants to hear about collaboration from several perspectives (national, state and local). It was also arranged to provide the participants with an opportunity to engage in meaningful interactions with one another and the invited speakers. To accomplish this an extended lunch period (2 hours) with facilitated discussions was arranged. Please see Appendix A for copies of the following documents associated with the May 26, 1993 statewide meeting:

- Agenda
- Speaker list
- Participant list
- Facilitation guides for extended lunch time discussions

## 2. Coordination With Other Agencies and Organizations

The intent of the original grant application indicated the Department of Public Instruction's (DPI) commitment to coordination and collaborating with individuals who could represent all stakeholders concerned with the needs of children and families in Wisconsin. This commitment was demonstrated by the selection of the Wisconsin team members for the CCSSO Technical Assistance for Grantees (TAG) meeting held in January 1993. The TAG meeting was attended by a Wisconsin team which included Kenneth Ramminger, Director, Marathon County Social Services; Thomas Shepro, President of the Cooperative Education Service Agency (CESA) Administrators; and Louise Root-Robbins, Project Coordinator. Mr. Ramminger and Mr. Shepro met with DPI staff on several occasions to discuss the plan for implementing the CCSSO grant and were instrumental in providing guidance toward the completion of the project.

At the May 26, 1993 statewide meeting speakers representing state level agencies and local community and school district collaboration efforts were included on the agenda, as well as, Martin Gerry and Bill Shepardson providing a national perspective. The following list documents the Wisconsin organizations which were invited to participate in the May 26 meeting (see Appendix A for a complete list of participants):

Adolescent Pregnancy and Prevention Services (APPS)
Cooperative Education Service Agency-Administrators/Representatives (CESA)
Council of Administrators of Pupil Services (CAPS)
Council of Administrators of Special Education (CASE)
County Health and Social Service Agencies
Department of Health and Social Services (DHSS)
Marshfield Medical Research and Education Foundation
Office of the Governor of Wisconsin
Officers of the Wisconsin County Human Services Association
School District Administrators
School Nurses of Wisconsin (SNOW)
State elected Representatives/Senators
Wisconsin Association School Boards (WASB)
Wisconsin Association School District Administrators (WASDA)
Wisconsin Conference Local Public Health Offices
Wisconsin Congress of Parents and Teachers
Wisconsin Education Association Council (WEAC)
Wisconsin Federation of Teachers (WFT)
Wisconsin School Counselor Association (WSCA)
Wisconsin School Psychologists Association (WSPA)
Wisconsin School Social Worker Association (WSSWA)

## 3. Staffing

Current staff working on this project include:

| | |
|---|---|
| Louise F. Root-Robbins | Project Coordinator* |
| Linda Diring | Program Assistant* |
| David Sullivan | Consultant contracted to assist with the development of materials related to school/community collaboration and community assessment |

* Services rendered in kind

## 4. Assistance from CCSSO:

The meeting was greatly enhanced by the attendance of CCSSO staff member Bill Shepardson. Mr. Shepardson has been extremely helpful throughout this project. More specifically, he assisted the DPI Project Coordinator, Louise Root-Robbins, with obtaining copies of "Together We Can", a guide developed jointly by the U.S. Departments of Education and Health and Human Services; this guide for community collaboration for children and families was distributed to all participants at the May 26th meeting. Mr. Shepardson also provided DPI with copies of the CCSSO publication: "Confidentiality and Collaboration - Information Sharing in Interagency Efforts", which was also given to each attendee of the statewide collaboration meeting.

CCSSO staff also introduced the Project Coordinator to Martin Gerry and subsequently assisted in arrangements for having Mr. Gerry speak at the May 26th meeting in Wisconsin. Martin Gerry's comments regarding collaboration were received very positively and many participants made extra efforts to express their appreciation for having the opportunity to meet and hear the ideas Mr. Gerry presented.

## 5. Evaluation of Project Success

All of the key indicators which were described in the original grant application have been addressed; planned activities were either modified with input from CCSSO staff or completed as stated. The process evaluation which was detailed in the application indicated the following items constituted the key indicators of successful completion of the project:

1. Statewide meeting of stakeholders concerned with the needs of children and families

2. Information obtained at statewide meeting compiled and utilized to produce a document providing guidance for community/school collaboration

3. Development of a community assessment instrument

The evaluation forms returned by the participants indicated a very positive response to the day-long meeting and the materials which were distributed. It was clearly communicated by participants that they appreciated the opportunity to hear more about community collaboration and to meet with individuals from other regions of Wisconsin to discuss approaches to common issues. Participants expressed a high level of enthusiasm for the two hour facilitated lunch time discussion.

It, obviously, was not possible to assess the overall effectiveness of this project on "ensuring the success of students." However, in a more qualitative than quantitative fashion, this project provided an invaluable opportunity to explore what sorts of collaborative ventures are currently occurring in Wisconsin, if individuals and/or organizations are interested in learning more about collaboration and from their perspective what a state-level agency, such as DPI, could do to assist with this process.

The overall purpose of this project was to explore the feasibility of collaboration as a method for successfully meeting the needs of children and families in Wisconsin. The methods of exploration included the statewide meeting with follow-up telephone interviews with a sample of participants to validate the interpretation of the information obtained from individuals representative of geographical regions and various service delivery systems in Wisconsin (see Appendix B for review of the interview process). This information has been compiled and formulated into a guide for collaboration and a community needs assessment; copies of these documents can be found in Appendix C.

## 6. Expectations for Future Activity

The two documents found in Appendix C will be made available to interested parties. The community needs assessment instrument will hopefully be utilized to assist local communities effectively and efficiently plan their school/community collaborative ventures.

# Appendix - A

## Stevens Point Conference

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# TOGETHER WE CAN:

## "Fostering Student Readiness

## Through

## School/Community Collaboration

## For

## Children and Families"

May 26, 1993
Sentry Theater
Sentry Insurance Company Headquarters
Stevens Point, Wisconsin

Wednesday, May 26, 1993

8:00 - 8:30 am
Registration
Coffee/muffins

8:30 - 8:45 am
Welcome/brief introductions/
Logistics

*Louise Root-Robbins*
Project Director,
Comprehensive School Health Programs
Wisconsin Department of Public Instruction

8:45 - 10:45 am
Keynote address:
Community/School Collaboration:
A National Perspective

*Martin Gerry*
Former Assistant Secretary for Planning/Evaluation
U.S. Department of Health and Human Services

10:45 - 11:30 am
Community Assessment

*Eve Hall Johnson*
Vice President of Public Affairs
Family Services of Milwaukee

11:30 - 1:30 pm
Extended lunch to allow time for facilitated
small group discussions
Cafeteria

1:45 - 2:30 pm
Community/School Collaboration:
A State Perspective

*Juanita S. Pawlisch, Ph.D.*
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*Eleanor McLean*
Coordinator of Children's Services
Bureau of Community Mental Health
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2:30 - 3:30 pm
Closing Comments

*Martin Gerry*
*Louise Root-Robbins*

This conference has been made possible through funding from the Council of Chief State School Officers (CCSSO) and the Danforth Foundation.

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FACILITATION GUIDE

## REALIZING THE VISION: A FIVE-STAGE PROCESS

(Exerpts from "Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.")

- Introduction
- Stage One: Getting Together
    - Deciding to Act
    - Involving the Right People
    - Making a Commitment To Collaborate
    - Reflecting and Celebrating
- Stage Two: Building Trust and Ownership
    - Developing a Base of Common Knowledge
    - Conducting a Comprehensive Community Assessment
    - Defining a Shared Vision and Goals
    - Developing a Mission Statement and a Community Presence
    - Reflecting and Celebrating
- Stage Three: Developing a Strategic Plan
    - Focusing On a Neighborhood
    - Conducting a Neighborhood Analysis
    - Defining Target Outcomes
    - Designing an Interagency Service Delivery Prototype
    - Developing the Technical Tools of Collaboration
    - Formalizing Interagency Relationships
    - Reflecting and Celebration
- Stage Four: Taking Action
    - Selecting, Training, and Supervision Staff
    - Implementing an · Inclusive Outreach Strategy
    - Incorporating Sensitivity to Race, Culture, Gender, and Individuals With Disabilities
    - Evaluating Progress
    - Reflecting and Celebrating
- Stage Five: Going to Scale
    - Adapting and Expanding the Prototype to Additional Sites
    - Developing a Pool of Collaborative Leaders, Managers, and Service Delivery Personnel
    - Changing Undergraduate-and Graduate-Level Training in Colleges and Universities
    - Deepening the Collaborative Culture
    - Designing a Long-Range Fiscal Strategy
    - Building a Formal Governance Structure
    - Building and Maintaining a Community Constituency
    - Promoting Changes in the Federal Role
    - Reflecting and Celebrating

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Small Group Discussion

11:30 - 1:30

1. Identify where you/your team fall on the 5-stage collaboration continuum (see yellow sheet, Together We Can excerpt).
2. Discuss barriers to collaboration; brainstorm with small group to seek resolutions to barriers.
3. Reflect on positive aspects of your collaboration experience.

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# Appendix - B

## Protocol for Telephone Interviews

## Protocol For Telephone Interviews

What I would like to do is to ask you a number of questions. The first couple are general questions regarding your impression of the summary sent to you. What I would like to do then is to go through the summary of benefits, obstacles, and solutions addressing each point explicitly.

If you can provide anecdotes which bring any of these ideas to life, I invite you to do so.

The content of this interview will be kept confidential and your name will not appear next to any of the remarks used in the report, so please be candid.

Many of these ideas may not apply to your experience, so please do not feel like you have to elaborate with each question.

1. Have you had a chance to look at the summary of the rewards and obstacles to collaboration?

2. Do the rewards and obstacles cited reflect the experience of the collaborative project in your community?

3. Have new perspectives on how children and families can best be served been gained as a result of collaboration? How so?

4. Has collaboration improved communication among service providers? How so?

5. Has collaboration led to a sense of shared purpose among service providers?

6. Has collaboration improved the quality of services available to children and families?

7. Are services more family focused as a result of collaboration?

8. Do services now address the whole range of needs experienced by children and families?

9. Are services now more accessible?

10. Do services emphasize prevention rather than intervention?

11. Has your collaborative project had a noticeable impact on the outcomes for those it is designed to serve?

The remaining questions pertain to the obstacles to collaboration. Please indicate how your community addressed these obstacles evaluate the soundness of the solution provided in the summary.

12. What kind of information was lacking in the creation of your collaborative project? How did you go about obtaining this information or getting along without it?

13. What bureaucratic requirements stand in the way of collaboration? How did your community address these requirements?

14. Were any service providers unwilling to join the project partnership as the regarded collaboration as a threat to their autonomy? How did you deal with these organizations?

15. Did opponents to collaboration attempt to block the establishment of the project? How did you deal with these individuals?

16. Do partners continue to define success according to professional objectives? What is the best way to assure that the needs of children and families take precedence?

17. Do service partners still regard each other as competitors to funding? How can this obstacle be overcome?

18. Is the lack of trust among partners a problem within your project? How can trust be bolstered?

19. Does your project enjoy support at all levels including line staff, the heads of service organizations, parents, school personnel, and service recipients? What is the best way to go out procuring support?

20. Has professional lingo and different terminology been a problem for partners? How is this obstacle overcome?

21. What effect have conflicts and disagreements among partners had on the collaborative process? How were contentious issues addressed? What are some sources of conflict that have arisen?

22. Has there been a problem with representatives at collaborative meetings with no decision making authority?

23. Have partners been uncertain of their roles and responsibilities within the project? How did you address this issue?

24. Has engaging in a collaborative project led to a real change in the way service providers behave and the quality of services received by children and families? Does "business as usual" characterize the behavior of some partners? What is the best way to assure that real change is achieved?

25. Is lack of funding a problem with your project? How is your project funded? Have you discovered ways to redirect existing funding to the project?

26. Is your project staffed by competent and well-trained individuals? What is the best way to assure that service providers in a project are skilled and adept at the responsibilities collaboration requires?

27. Have confidentiality requirements made it difficult for partners to share information? How was the issue of confidentiality addressed?

28. Have disputes arisen between school personnel and service providers? How have these disputes been resolved?

29. What has been the biggest reward of your collaborative initiative?

30. What has been the biggest or most difficult obstacle to overcome?

31. Can you make any additions to this list of rewards and obstacles?

Questions regarding needs assessment:

1. What indicators did your community use when it conducted a needs assessment preceding the creation of the collaborative project?

    - behavior of service providers
    - accessibility and quality of services
    - outcomes

2. How were the needs assessment methods established?

3. Are these same measures being used to assess the effectiveness of the project?

Observe how quality of the needs assessment is related to obstacles encountered.

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# Appendix - C

Benefits and Obstacles

# Benefits And Obstacles

# To

# Collaboration

Developed by

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# INTRODUCTION

By now, everyone in the fields of education, health, and social service has at least heard of collaboration. Collaboration is a reform movement that has been gaining in momentum over the past five years and is being practiced in communities throughout the country. As every community encounters the idea of collaboration, two basic questions they routinely ask are, "Why should we collaborate?" and "What are some problems we might encounter?" This report hopes to provide answers to these questions. In particular, it discusses several benefits of collaboration, obstacles that may be encountered, and ways to overcome these obstacles.

This compilation of benefits, obstacles, and solutions relies on the experience of individuals in Wisconsin who have undertaken collaboration initiatives. Because collaboration is a relatively new phenomenon, practitioner experience can be extremely valuable. With the help of those who have gone down this path before, communities just beginning to collaborate or those who are considering it can avoid some of the same problems and reap some of the same rewards.

Tapping into this experience was a process of several steps. The first step was a conference on collaboration on May 26, 1993 in Stevens Point, WI. Participants at this conference included social workers, health care workers, special education workers, teachers, principals, school counselors, child care workers, administrators, CESA representatives, AODA workers, and many others who are involved in collaboration initiatives throughout the state. One of the features of the conference was a period for group meetings where participants discussed benefits and obstacles from their experience with collaboration. These discussions were summarized by DPI representatives who served as discussion facilitators. The second step was to take the information from these summaries as well as existing research, and create a outline of the predominant benefits and obstacles that were mentioned. This profile was then sent out to twenty-five people of various professions and roles who are involved with sixteen collaboration initiatives in the state funded by DPI grants. These individuals were asked to examine the profiles provided and evaluate how closely it reflects their experience. Telephone interviews with practitioners make up the third step of the research process. Interviewees were asked about each point on the profile and about the major benefits and obstacles they have encountered. The content of these interviews were then incorporated into this report.

Following is a list and a discussion of the benefits and obstacles to collaboration. Two points must be acknowledged, however, before this discussion begins. First, the ordering of these lists is of no intended importance. The items listed are not ranked by importance or some other criteria. Instead, they are grouped on a rough conceptual basis. Little attention should be given to the order of benefits and obstacles. Secondly, the benefits and obstacles are not as distinct or discrete as this list might cause you to believe. Some are closely related to each other and there is a considerable amount of conceptual overlap. Nevertheless, it is hoped that this discussion of benefits and obstacles provides some insight and assistance to those who may go down a similar path.

## BENEFITS OF COLLABORATION

### Bringing different people together creates the opportunity for new perspectives on how children and families can best be served.

Most practitioners of collaboration in Wisconsin found the creation of new perspectives to be a definite benefit of collaboration. One idea expressed by many telephone interview respondents was that bringing people together also brought together different areas of expertise. Collaboration meetings in many communities traditionally include representatives from the schools, the health department, social services, AODA, mental health, and parents. As one respondent put it, "We learn from each other and now have more pieces to the puzzle." As a result, the services provided are the product of more and better information on the individual needs and best service strategies for children and families.

Respondents cited many examples of how new perspectives have been gained. One respondent indicated that collaboration allows individual agencies to understand the other needs of children. For example, social service workers have a better understanding of a child's mental health needs. Another example of a new perspective is a new definition for at-risk students. One respondent indicated that the definition of an at-risk student in his community has been expanded to include elementary school students. Interagency meetings have led to the conclusion that many services need to be directed to these students as well. Many respondents remarked on the new perspective that parents provide. In many communities, parents had been absent from the process of planning educational, health, and social services. Because of their inclusion, service strategies now reflect parent perspective as well.

### Collaboration promotes improved communication among service providers and different organizations.

Most respondents found improved communication to be one of the clearest benefits of collaboration. They found the level of communication to be dramatically higher once they agreed to collaborate. In many communities, the level of communication before collaboration seemed to be quite limited. As one respondent stated, "The fences between agencies were very high." The primary way in which collaboration has improved communication is by simply providing a means or channel of communication where there used to be none. In particular, collaboration has engendered interagency councils or some form of periodic group meetings that involve representatives of different service organizations. Some communities have created interagency task forces organized around a particular issue. Other channels of communication are much less formal. Sometimes, communication is improved simply by having the type of relationship where it is customary and encouraged to call employees of other service organizations to ask for their help.

**Collaboration can create a more comprehensive service network that is better able to address the whole range of needs felt by children and families.**

Comprehensiveness seems to be at the root of the argument for collaboration and is reasonably, collaboration's most important benefit. Collaboration was created as an antidote to the fragmentation of educational, health, and social services. It is between these fragments where a family's needs can be lost. The partner organizations within initiatives seek to work together in order to create a comprehensive service system to replace a fragmented one.

Most respondents felt services are more comprehensive with collaboration. Many of them stated that services can better address the full range of needs because services have become linked. One way in which services are linked is by making the identification of needs and the planning of services a group effort. Within many initiatives, line staff from various organizations meet to devise service strategies for individual children and families. An individual service plan that bears the input of many different service providers is created. The plan addresses each of a child's identified needs with coordinated enrollment and scheduling of the individual services. When asked if an interagency team makes services more comprehensive, one respondent remarked, "Absolutely, you get the whole child perspective by drawing on the expertise of many people." An example may help bring this concept to light. Respondents of one community spoke of a "wraparound" program provided as a part of their collaboration initiative. The wraparound program entails parents and line staff from the schools, AODA, and the county mental health and social services departments meeting to draw up a comprehensive service plan for each at-risk student. The services that make up the plan include tutoring, recreation programs, health services, AODA counseling, a Big Brother or Big Sister, a ride to school each morning or whatever is needed. As one respondent stated, "We are able to eliminate the gaps by better identifying needs. With all the representatives at the table and the time taken to do so, needs could be identified."

Another way in which services are linked and gaps are closed is the practice of referrals. When a teacher or some other service provider find that a child or family is in need of some assistance, they refer them to someone who can help. Some communities have formal referral procedures. Teachers are invited to periodic interagency meetings where they refer students to members of an interagency team. Communication among providers was said to be important when it comes to the referral process. Communication promotes a better understanding of services that are available in the community. For example, improved communication between teachers and the local health department increases teacher awareness of available services. Consequently, teachers can knowledgeably refer their students and their families to specific health services such as free health checks or prenatal care if they are in need of help.

Services are also linked and made more comprehensive by assigning some person specifically to link services for children and families. In many communities, this person is a school social worker or a case manager. Whatever the title, this linker is someone with a solid understanding of the service system. They are responsible for connecting children and families to services, following up to assure that the service is provided, monitoring progress, and in many cases, consulting to the interagency board. Many collaboration grant recipients used a portion of their award to hire someone who is specifically responsible for linking services.

### Collaboration can make services more user friendly and accessible to children and families.

Most respondents agreed that services are made more accessible by collaboration, but differed in terms of how they improved access. Linking services, which was discussed in the last section, can make services more accessible as well as comprehensive. Access to services is implicit in an individual service plan drawn up by an interagency board. A child or families enrollment in a program is ensured and a representative of each component service actually provides the service or sees to it that it is received. Access is also improved by the practice of referrals, as parents become aware of a more services and are given the name of a person to contact. Likewise, access is improved by hiring someone to link services for children and families. This linker helps connect people to services and seeks to insure that they are received.

Perhaps, the best way to improve access is to make services available at a single location. One of the buzzwords within collaboration is "one-stop shopping." Some communities have attempted to create one-stop shopping by providing access to many services at a centralized location such as the school. One initiative provides periodic health checks for students by having health care workers come to the school. Another provides AODA assessments at the school. Having an active referral system or a designated linker based at the school site also creates a form of one-stop shopping. If the teachers can make knowledgeable referrals or if the school has a well connected social worker, parents can gain access to mental health services, community recreation programs, child care, or any other service in the community simply by coming to school.

Other sites have initiated in-home visits by social workers and family counselors. Access is improved by having the services brought to the home. Access has also been improved in some locations by expanding eligibility for a program or extending its hours.

### Collaboration can foster a greater emphasis on prevention, rather than intervention.

While most respondents agreed with this point, most of them seemed to believe that an emphasis on prevention usually follows intervention. In other words, prevention can only occur when you find out what interventions work. In many locations, collaborative efforts are too new to have prevention as their focus. Their primary concern now is getting help to those who presently need it. Many respondents expressed, however, that their focus is moving in the direction of prevention. As knowledge and experience are gained and collaborative relationships are strengthened, services can be provided earlier so that future problems can be avoided.

Some communities have taken steps to provide services for children earlier in life. Teacher referrals and services such as counseling and tutoring have been extended to elementary schools so that some needs can be addressed before they become problems.

### Collaboration encourages service providers to focus on the needs and relationships of the family.

There was enormous agreement by respondents concerning this benefit. Many respondents stated that a family focus is a central feature of their efforts in collaboration. Many respondents indicated that creating interagency service plans have required a focus on the family. The director of one collaboration initiative stated, "The family is incorporated into service strategies because there is no more single agency focus." Instead, the needs of the whole child are addressed which naturally requires greater emphasis on the family, as the family impacts each need of every child and is an integral part of their success. Accordingly, the family must be considered when devising service strategies. For example, if a child is exhibiting behavior problems in school, the interagency team will take into account the child's family when devising a strategy. Sometimes. the parent is included on the interagency team which considers things such as problems within the family that may contribute to the child's behavior, constraints the family faces, and ways in which the family can help to improve the child's behavior.

Collaboration has also led to a greater family focus by providing services geared for families. These include things such as family counseling, in-home visits by a social worker, and parent training programs. Improved communication has also resulted in better relationships with families. In many sites, a school social worker serves as a school-family liaison. This creates a channel of communication between school and the family, leaving parents more informed and less intimidated to approach school personnel.

### Receiving necessary services can improve a child's ability to do well in school and function in society.

This benefit refers to improving the outcomes for children in the community such as the graduation rate or the number of teen pregnancies. There was 100% agreement by the respondents that collaboration has had a positive impact, but the evidence is primarily anecdotal. Hard evidence of the effect of collaboration is hard to come by. One respondent stated, "Outcomes, unfortunately are a weak area." In many locations, the effect of collaboration on outcome measures is not closely monitored. In most cases, collaboration is simply too new to have had a significant impact on outcomes. A few locations have produced evidence on improvement in measures such as student test scores, school attendance, grades, and the number of placements in residential treatment centers.

Although hard evidence is scarce, most respondents found anecdotal evidence enough to convince them of the impact of collaboration on children and families. When asked to demonstrate this impact, many of them told stories of individual children who were doing better in school or in life as a result of receiving necessary services. In some cases, out of home residential placement was avoided due to the coordinated effort of service providers to seek out, plan, refer, administer, and follow up on services needed by that child. Many respondents cited teacher reports as proof of improved outcomes. Teachers in some communities report a dramatic improvement in academic performance, readiness to learn, and attitudes toward school.

### Collaboration can help reduce the inefficient duplication of services.

Reduced duplication was cited by most respondents as a benefit in their experience with collaboration. The principal benefit of reducing duplication is that it allows the same level of resources to be more focused, creating better services. For example, child counseling may be performed by a school social worker and the county mental health board. If this practice is replaced by a more coordinated effort, child counseling services can be improved. Arrangements can be made so that counseling is provided more often on school grounds or the school social worker can refer particular cases to the mental health board. By working together, rather than competing, the two systems can maximize scarce resources to create child counseling services that better serve children.

## OBSTACLES TO COLLABORATION

**Lack of information can stand in the way of creating a successful collaboration initiative.**

There are two types of information about collaboration that were most commonly identified by respondents as lacking. The first is information on the way other agencies work. Many respondents confessed to being relatively ignorant of the other service organizations in their community. They were unclear of the services they provide and the procedures other organizations use. Consequently, they did not see how collaboration with other organizations would create a better service system. The second type of information are lessons on collaboration from those in the field. Specifically, respondents stated they were interested in the "how-to's" of collaboration and proof of its effectiveness.

Ways to overcome this obstacle: The method suggested for learning about other organizations is simply to open communications with them. Interagency meetings can be scheduled where representatives explain what their organization is all about including its objectives, mandates, organizational features, services provided, and clients served. Many respondents stressed the importance of this step. They reasoned that collaboration will go nowhere until an understanding of other organizations is achieved. One respondent stated this idea very clearly. "You can only expect trust to replace blaming and coordination to replace mixed signals, if the agencies know how the other operates."

The second kind of information is indeed lacking, but the situation appears to be improving. Collaboration is a relatively new and somewhat amorphous phenomenon. Many communities want to know what it is and how it works. Knowledge of collaboration is growing, however. The next few years are likely to see the arrival of many handbooks that give the "how-to's" of specific aspects of collaboration, including building trust, creating a data base, or establishing a referral system. Managerial advice and assistance were also requested. Collaboration was said to be a whole new ballgame when it comes to management systems. Several organizations and disciplines must be directed, rather than only one. Some respondents suggested an annual meeting of all collaboration grant recipients to share their experiences. Such networking efforts are likely to increase as is the dissemination of information on collaboration.

**The existing service system is marked by many bureaucratic barriers which make collaboration difficult and perpetuate fragmentation.**

Most respondents agreed that some bureaucratic barriers limited their efforts, but still felt that a lot can be done within the existing restrictions. They believed that bureaucratic barriers were not so imposing as to paralyze efforts at collaboration. Nevertheless, many bureaucratic barriers were mentioned. One that was frequently mentioned is the state provision that prohibits AODA workers from conducting assessments within schools. Another barrier is the requirement that parents are present at medical examinations of their children. This is a problem when the health department seeks to provide health checks at the school site for all children. Problems have arisen when a collaboration initiative seeks to hire a school social worker. Certification, compensation and work assignments must be approved by the local collective bargaining unit. One of the more restrictive regulations is the statewide county mandate that the county provide only intervention services. It is not within their official mission to provide preventative services, which may be a fundamental element within an initiative.

Ways to overcome this obstacle: There are three basic options when it comes to dealing with bureaucratic barriers. The first involves administrative differences among organizations. A number of respondents spoke of the problems created by two agencies having different referral procedures. In the case of administrative differences, the partners can seek to align their procedures. Administrators can seek to simplify eligibility requirements, relax paperwork demands, coordinate schedules and staffing, and pool funding to reduce bureaucratic paralysis. In many cases, the barrier is a state or county mandate that cannot simply be eliminated with the decision of local administrators. This situation requires statutes to be changed in order for barriers to be eliminated. Some respondents suggested the creation of alternative compliance mechanisms. They would create a waiver process for meeting state requirements regarding truancy procedures, AODA counseling, school discipline, communicating with children, and other statutory regulations. Statutory change, however, can be a monumental task, especially if it is at the state level. This may be too onerous for most individual initiatives to accomplish. This predicament suggests a third option in dealing with bureaucratic barriers. A solution that many communities have found is simply to "do what you can get away with." The restrictiveness of a statute is dependent on its interpretation. For example, communities have found ways to get around the requirement that counties provide only intervention services. While the county cannot administer and support a particular preventative program, its employees can be part of an interagency service team that plans and oversees preventative services. This freedom is the result of the way county administrators read the mandate.

## Confidentiality requirements can limit the ability of partners to share information.

Each organization is governed by different statutes, regulations, and traditional practices regarding information exchange. Some statewide statutes prohibit particular organizations from exchanging information on the clients they serve. Despite these restrictions, most respondents found confidentiality requirements to be only a minor obstacle.

Ways to overcome this obstacle: While this is an imposing barrier, getting around confidentiality requirements is a relatively simple process. Information can still be exchanged and confidentiality requirements can be legally maintained through informed consent procedures. Parents are simply asked to sign a release form when necessary, which allows agencies to share certain information about themselves or their children. Some respondents expressed support for a statewide blanket interagency release form. This would allow county and state agencies such as the mental health and social services departments to more openly communicate and readily exchange information that may be useful to both. These agencies are currently restricted in their ability to do so.

## Collaboration is a fragile endeavor and requires support at all levels.

One of the most powerful messages I received from respondents is how strongly these collaboration initiatives are supported throughout the community. Most sites reported that their initiative seems to be supported by parents, children, teachers, line staff, administrators, and the entire community. They report that everyone involved seems to want the same thing. The community shares a unifying vision of service systems working together and with the families to promote healthier and more successful children. Support from the administrators of partner organizations in each location also appears to be strong all around. One explanation for this is that they have seldom been required to provide additional funding for collaboration.

Ways to overcome this obstacle: The most important way to ensure support is to get all parties to realize that service providers cannot operate in isolation. There must be a unifying vision of working together to provide educational, health, and social services. Most communities have found that few people disagree with their vision of a better system. This unifying vision can be formally adopted in a goal statement developed by the partners and the community. Another way that was recommended for building support is making the collaboration process inclusive. When meeting to plan what a collaboration initiative will look like, representatives from all relevant service organizations, as well as line staff, school personnel, and parents must be included in the planning process. A community should strive to make decisions reached by consensus as opposed to majority rule or the dictates of the most powerful members. Improving communication also helps build support. Open and frequent communication among service providers, school, and parents is likely to foster support all around. Some respondents suggested the importance of public relations to build support for collaboration itself. Many parents support individual service components, but some are not aware of the initiative as a whole. Public relations can gain some exposure for the initiative and build support for collaboration.

**Collaboration requires a great deal of agreement, cooperation, and trust among partners. If these elements are not present, efforts to collaborate can be expected to fall apart.**

I was struck by the level of agreement, cooperation, and trust within partnerships as expressed by the respondents. They did not attempt to hide however, the fact that partners are required to deal with many contentious issues that certainly pose as obstacles. These include things such as sacrificed autonomy, joint hiring decisions, turf disputes, individual responsibilities, past relations among providers, expectations of other organizations, the question of who funds what, getting behaviors to change, and components of programs that are joint efforts. Respondents indicated that there are many ways to resolve these issues.

**Ways to overcome this obstacle:** The method of forging a cohesive partnership that seems to make the most sense is to limit the partnership to those organizations that support collaboration. Those who are not completely supportive simply have to step aside. As one respondent stated, "You have to go with your strong horses. You can't get started with naysayers. They do too much destruction." Ideal partners appear to be ones that have collaborated to some degree in the past.

Another way to create a strong partnership is to develop personal relations among service providers. Many respondents remarked that you must develop relations among people before they can be developed among organizations. They suggested informal affairs such as no-agenda lunches or social gatherings to foster personal relations among partners early on in an initiative. One strength of these personal relations is that partners will have created an environment for open communication and honest dialogue. Many respondents expressed that contentious issues are confronted and resolved when partners agree to talk through their differences.

A third way that was suggested to strengthen the partnership is to provide some form of interagency training. This training will allow the partners to learn about other organizations and the procedures they follow. One respondent told the story of how a relationship based on mutual misunderstanding created dissent within the partnership. Hostilities were brewing between the schools and the county social services department. Social services expected teachers to teach students, not suspend them. Teachers on the other hand, expected social services to keep expelled children out of school. The solution the initiative found was to provide interagency training which sought to educate the partners on the roles, services, and objectives of each other. After that, each partner had a better idea of what to expect from each other, consensus objectives were found, and the partnership functioned more smoothly.

A fourth way is to construct collaboration as a non-threatening venture. Partners must become convinced that other partners do not intend to take power, resources, or decision making authority away from them. The director of one initiative stated, "We tried to make it clear that nobody tries to take anybody's stuff." Collaboration can be presented to partners as a potential win-win situation. Collaboration can allow their organizational objectives to be furthered and children to be better served, with no one attempting to usurp their authority. Organizations are willing to become partners if they see how they will benefit from collaboration. Efforts to recruit partners should begin with the attitude of, "my agency can serve your agency's purpose."

### Partners may be unclear of their roles and responsibilities within the initiative.

Most respondents did not feel that this was a particularly threatening obstacle. Many people stated that some degree of uncertainty regarding specific work assignments or procedures is inevitable at first. This is especially true when a new position such as case manager, school social worker, or interagency liaison is created. Most initiatives, however, found ways to assure that roles are clear.

Ways to overcome this obstacle: One effective way to establish clear roles is to have line staff participate in interagency meetings that create service programs or design individual service plans. Those who will actually be providing the service, a nurse or school counselor for example, should be a part of the meetings where service components and their responsibilities are instituted. Another way to ensure clarity is not frequently employed. Interagency agreements can be established which clearly outline what services will be provided, who will provide them, supervision and evaluation procedures, funding provisions, and liability concerns. Respondents indicated that interagency agreements are a part of some initiative components, but do not outline roles for the initiative as a whole. The strongest weapons against uncertainty seem to be communication and time. Many respondents indicated that with the benefit of open communication and collaboration experience, roles within the partnership are delineated. Sometimes roles evolve as service teams are formed and duties are split.

**Organizations within the current service system compete for funding. Potential partners may be unwilling to collaborate as they may regard each other as competitors rather than partners.**

Ways to overcome this obstacle: Another eye-opening conclusion reached during the telephone interviews is that this obstacle no longer seems to exist. Many respondents expressed the idea that there are now financial incentives to collaborate. "It's more difficult for single agencies to get funding. Grant proposals based on collaborative agreements are generally more successful. If you go alone, I doubt you'll get the funding." It appears that communities, not agencies, now compete against each other for outside funding. Partners in collaboration have access to more funds than do isolated service organizations. Outside funding then, becomes a benefit of collaboration, rather than an obstacle.

**The fact that different service providers use different terminology, define terms in different ways, and have distinct forms of communication makes it difficult for partners to communicate.**

Ways to overcome this obstacle: This does not appear to be much of an obstacle in collaboration initiatives across the state. It seems that the important thing for partners to remember is not to be intimidated by unfamiliar language. They should not to be afraid to stop the discussion and ask what a particular term or statement means. Having partners both treat the same child or family also was cited as a way to develop a common language.

**The planning process can be impeded by having representatives at interagency meetings with no decision making authority or those with little expertise on how to serve individual families and children.**

This obstacle rarely seemed to be a problem with most initiatives. One respondent spoke of a situation where the vice-principal agreed at an interagency meeting that a particular student was to receive an in-school suspension. The principal, however, decided that the student should be suspended out of school. Because it was not the vice-principal's decision to make, the interagency board received an erroneous message.

Ways to overcome this obstacle: The most obvious method is to include both line staff and administrators at interagency collaboration meetings. Many respondents spoke of two levels of interagency boards in their community. One is made up of administrators from different service organizations. They negotiate the policies that govern the organizations. Another board made up of line staff from the partner organizations, devise service strategies for individual children and families.

**Agreeing to collaborate is not the same as change. Simply getting service providers to meet with each other does not assure that anything will be different.**

Successful collaboration requires partner organizations to change their perspectives, behaviors, and the way they provide services. If this does not happen, services will not be affected and the effort to collaborate will have little impact on children and families. Very few respondents found this to be a nagging problem. Most people indicated that partners are quite willing to change.

Ways to overcome this obstacle: There were three primary strategies recommended by respondents. The first of which was already mentioned. The partnership should include only those organizations that are clearly supportive of collaboration. In other words, only those organizations that are receptive to change should be made partners.

The second strategy to promote change is more difficult to administer on command. In particular, strong leadership provides a vision that promotes change. Many respondents stressed the importance of leadership but did not say how strong leadership is procured. Nevertheless, a strong leader was defined as somebody who helps establish collaboration as something to be presumed. One respondent stated, "Collaboration, which is a new way of doing things, must come to be expected as the norm." A leader within an initiative creates a vision that is anything but, "business as usual." Instead, leadership encourages different organizations to work together and to draw on each other's strengths. A leader helps to establish new professional objectives, where meeting needs and improving outcomes replaces professional traditions and legal requirements as the most important goals.

A third stimulus for change is trust among organizations that is developed over time. As partners gain in experience and trust, most respondents found that their willingness to change is reinforced.

**Changing the way educational, health, and social services are provided is a process that requires a great deal of time.**

Time was the most popular response to the question of, "What is the biggest obstacle to collaboration?" This was true for the telephone interviews as well as the conference. The many demands of collaboration are heaped on the hundreds of other things there are to do. Many respondents spoke emphatically about how arduous it is getting large systems to change. Collaboration also takes time because it is a new experience for most people. Their roles become defined and solutions to questions are found only through the benefit of experience.

Ways to overcome this obstacle: This obstacle is not overcome as much as it is merely confronted. Most respondents suggested that everyone involved simply has to acknowledge and accept that the process will take a lot of time. Service providers that create an initiative, meet with each other periodically, make collaborative decisions, plan services, and provide these services must be given the time to do so. Their employer organizations must allow time for collaboration.

The importance of leadership is present within this obstacle as well. Leadership and the vision that is created, can help those working for collaboration to look at a bigger picture and keep sight of long-term goals. Some respondents lamented the fact that grant funding is conditional from year-to-year. This, they argued, made it difficult to engage in long-term planning.

**In order to have significant impact on the services received by children and families, a collaboration initiative must have adequate funding.**

Most communities found the collaboration grants to be adequate and funding not to be a problem in the short run. When the grants expire, however, most initiatives expect to appeal to the school board to provide the funding necessary to continue collaboration. Some respondents indicated that they were uncertain whether or not collaboration will continue after the grant expires, despite being very enthusiastic about its effectiveness.

The problem that occurs when funding is tight, is that partner organizations are forced to narrow their focus. Collaboration, to many organizations, is a luxury. In most cases, their budgets do not include money for collaboration. When budgets are tight, they are forced to limit themselves to the services they are mandated to provide. Consequently, collaborative services that are not a part of an agency's mandate are the first to go when resources are scarce.

Ways to overcome this obstacle: Michael Kirst at the Stanford School of Education has written a great deal about financing collaboration. He has outlined three primary ways to finance a collaboration initiative. The first is to use existing agency funds. Existing funds can be used to finance an initiative by having service organizations outpost their employees to take part in collaborative services. For example, service organizations can pay their employees for the time they spend as part of an interagency board devising service strategies for individual children and families. Another example is having nurses employed by the county health department provide medical services at the school site.

A second way of funding collaboration is to redirect existing state and federal dollars. If an initiative provides services that are related to existing funding sources, the initiative is eligible to receive that funding. For example, if an initiative provides job training services, it may be eligible to receive funding from the federal JOBS program.

At this point, however, many initiatives require additional funding. Hiring an interagency coordinator or creating a new service requires new investment. In this case, the school board, one of the partner organizations, private foundations, or local businesses must devote additional resources to the initiative. Most respondents seemed to believe that the local school board is the most likely source to fund future collaborative efforts. Many also felt that if the school board was going to devote resources to an initiative, they must be convinced of the effectiveness of collaboration. Partners must be able to prove that collaboration is worth the investment it requires. Some respondents lamented that outcomes had not been emphasized up to this point. They expressed a desire to establish more disciplined measuring tools so that they could convince the school board to continue funding the initiative when the grant expires.

**An effective collaboration initiative requires competent staff that are capable of taking on new responsibilities and understanding the nature of other organizations.**

Collaboration requires partners to see through the eyes of others. Partners must be familiar with how other organizations work and the objectives they pursue. Service providers may also have work assignments to which they are not accustomed. They may be asked to make referrals to other agencies, be part of an interagency planning team, or work as a case manager. If staff are not able to fulfill these functions, efforts at collaboration will be undermined.

**Ways to overcome this obstacle:** Most respondents did not find staff competency to be a problem. One of the ways they found to ensure a competent staff was to provide training. Respondents felt that if anyone was required to take on a new responsibility, they should be given proper training. If an initiative relies on teachers to provide referrals or parents to be part of an interagency planning team, they should learn about the health and social services in the community in order to do this effectively.

Another strategy suggested for developing a competent staff is to only hire those who are capable of adopting the new perspective required by collaboration. Some people are used to doing things a particular way and resent being forced to change. Many respondents stated that the collaboration process requires creativity, perseverance, and empathy. Only those with these characteristics should be a part of an initiative.

**Disputes between school personnel and service providers housed at the school site may present an obstacle to effective implementation.**

Service providers outposted at the school may resist adhering to school regulations and culture. Teachers and other school personnel may resent having outsiders on school grounds. While this was not a major obstacle in most initiatives, a number of respondents indicated that some teachers oppose broadening the role of the school. They resist giving referrals to outside agencies or dispute students receiving health checks in the school given by health professionals. They argue that these kinds of services are, "not the school's business."

**Ways to overcome this obstacle:** The best way to overcome this obstacle is to get teachers and other school personnel to see the benefit of supportive services and their impact on a child's readiness to learn. Teachers, for example, may come to value the expertise school social workers provide. Teachers should be enlisted as partners in the collaborative effort to improve the social and educational outcomes of children. A few respondents suggested in-service training for teachers on "the needs of the at-risk student today."

# Appendix - D

## Community Assessments

# A Guide To Community Assessments Centered On Collaboration

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## WHAT IS A COMMUNITY ASSESSMENT?

A community assessment is different from a needs assessment in that it looks at a community's strength and capacity in addition to needs. Rather than pointing only to deficiencies, a community assessment can also say something about services in the community and the way they are provided.

## WHY CONDUCT A COMMUNITY ASSESSMENT?

All communities must make decisions regarding the educational, health, and social services they provide. The process of planning these services is based to a large degree on the perceived needs, preferences and service capacities of the community. The purpose of a community assessment is to provide an accurate picture of these needs, preference, and capacities so that better decisions can be made in the process of planning services for children and families in the community. The planning process entails addressing a number of questions. What needs in the community are unmet? What conditions can be improved? What needs take priority? Where should services and scarce resources be targeted? What kind of services are necessary to meet community needs? What services and resources are available? How well do current services respond to children and family needs? If done well, a community assessment can reveal the type of information that allows the answers to these questions to be informed ones.

Community assessments traditionally have been informal and unscientific. The most common form is to have community leaders, service providers, or the heads of service organizations merely meet and discuss how the needs of the community could be better served. This method relies primarily on anecdotal evidence and does not usually include the perspectives of more than a few people. Communities however, are not restricted to this method. Community assessments can be quite sophisticated, incorporate many different perspectives, and reveal a great deal of information on conditions, behaviors, and attitudes within a community.

## ABOUT THIS GUIDE

The purpose of this guide is to provide communities with the means to conduct a state-of-the-art community assessment designed especially around the collaboration of educational, health, and social service providers. This guide outlines the different methods that communities can employ and the different respondents that can take part in this assessment. Each method is discussed in terms of its strengths and weakness and the kinds of questions that can be asked to extract information.

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One of the most important features of a community assessment is its conceptual framework. The conceptual framework determines the areas in which a community will be assessed. The conceptual framework I propose is one that examines the three areas in which collaboration is expected to produce change.

| **Social Outcomes** | **Accessibility and Quality of Services** | **Collaborative Behavior of Service Providers** |
|---|---|---|

The first area, social outcomes, includes measures such as the graduation rate and the number of teen pregnancies. Examining social outcomes can shed light on the results of a communities effort thus far to care for its children and families. The second area within the conceptual framework is the quality and accessibility of services. This section of the assessment will look at things such as the difficulties of obtaining necessary services and areas where it is felt that services are lacking. The third section looks at the collaborative behavior of service providers. Questions addressing communication and bureaucratic barriers between service organizations are posed. By using this conceptual framework, a community can produce not only a description of current conditions, but also an explanation for some of these conditions. A causal link between each component in the framework can be seen. Social outcomes are dependent to a large degree on the accessibility and quality of services. The number of low birth weight babies is clearly related to the level of prenatal care provided within a community. The entire collaboration movement is based on the premise that the quality and accessibility of services is dependent on the collaborative behavior of service providers. Proponents of collaboration argue that services are more accessible if provided in one location, or that they are more comprehensive when providers work together to devise service strategies for children and families. The strength of this framework therefore, is that it does not merely strive to identify needs that are not being met. It also seeks to help in finding reasons for these needs and examines collaboration as a means to improve on them.

This guide does not intend to provide an answer as to whether communities should establish collaborative initiatives. Instead, this guide seeks only to provide insight on how to best go about answering this question. Furthermore, the answer to the question of whether or not to collaborate is not a simple yes or no response. There is no single model for collaboration. Initiatives should be designed specifically for the needs of each community. A community assessment should uncover the areas of greatest need which will differ with each location and will determine the shape of the initiative.

Following the discussion of the methods of assessment, recommendations to communities are made, additional benefits of community assessments are discussed, and sample assessment forms are provided.

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## ASSESSING NEEDS WITH SOCIAL OUTCOMES

Examining some of the social outcomes within a community is the first piece to a comprehensive community assessment. The primary method to assess outcomes is to **examine existing outcome data**. Sources for outcome data include census data, agency records, and city or county data books. With these sources a community can assess how well needs are being met by looking at a wide range social outcomes. Following are examples of social outcomes that can be included in a community assessment.

- the percentage of low birth weight babies in the community
- the number of births to single teens
- the high school graduation rate
- the percentage of children in the community living in poverty
- the percentage of children and families without health insurance
- the number of reports of child abuse and neglect.

A more complete list appears in the appendix on the social outcomes checklist. These outcomes can also be disaggregated according to age, income, race, or geographic area in order to identify groups in greatest need. A community might decide to target resources toward middle school students or poor families, for example, if outcomes for these groups are found to be especially poor.

### Strengths of examining existing outcome data

Good indicator of need: Social outcomes can be a good indicator of where needs are unmet. If an alarmingly large percentage of students fail to graduate, there are clearly problems associated with keeping students in school. If the number of single teens giving birth has been found to be steadily increasing, existing pregnancy prevention efforts should be rethought. The outcomes to be examined can be selected according to what is believed to put children at-risk of educational failure. Accordingly, the number of at-risk students can be readily identified.

Opportunity for statistical analysis: Statistical analysis can be applied to social outcomes which can provide additional information. For example, the correlation between living in a single parent home and dropping out of school can be discovered through statistical analysis. Outcome trends over time and regression analysis can also be employed to extract additional meaning from the raw data.

Availability: Existing outcome data is often readily available and at minimal cost. If the outcome data desired is found in published reports or agency records, little more than a moderate amount of research is required to obtain this data.

## Weaknesses of this method

Reliability: The reliability of the data might be questionable. Outcome data is not immune from error. The analysis upon which the data is based may have been flawed by statistical problems such as insufficient sample size, selection bias, or arithmetical errors. For example, when attempting to uncover the percentage of families without health insurance, the researchers may have polled a sample of families that are not as poor, more educated, or somehow nonrepresentative of the service community. When examining existing data, these problems are usually not known.

Usefulness: Available data may not contain the information needed. Existing data may be outdated, not focused on the community at hand, or not related to the information sought by the community assessment. For example, when seeking to determine the number of births to single teens, information on births to all women younger than 24 is basically useless.

Limits of data analysis: Examining outcome data does not reveal information about the causes for the outcomes or the attitudes of those affected. Knowing the percentage of families in poverty says nothing about the causes of their state. Monitoring the dropout rate provides little insight regarding the attitudes of young people toward school.

A community conducting an assessment should be aware of these strengths and weaknesses associated with examining existing outcome data. A community cannot rely on this method alone. Different methods which complement this one and make up for some of its weaknesses can also be used. These methods are included in the next two sections.

## ASSESSING THE ACCESSIBILITY AND QUALITY OF SERVICES

Key determinants of social outcomes are the accessibility and quality of services. When assessing this piece of the framework, it is important to get a comprehensive view. This means capturing the perspective of both service recipients and service providers.

### Assessing recipient perspectives

### CODED SURVEY

There are three primary methods of assessing service recipient perspectives on accessibility and quality. The first of these methods is the **coded survey,** which is distributed to parents whose child or family is receiving health or social services. These surveys contain a set of questions and ask recipients to select from a fixed set of standardized responses. These questions can take a number of forms. They can be multiple choice questions or simple yes/no questions. Parents can be asked to respond to a statement using a Lickert scale, which consists of responses ranging from strongly agree to strongly disagree. Respondents can be asked to rank a set of items according to some criteria or to check items on a list. A sample service recipient coded survey appears in the appendix. Following are some examples of the types of questions that can appear on a coded survey.

1. Obtaining necessary services for my family is (choose one)

    a. relatively easy
    b. a small problem
    c. a large burden
    d. close to impossible

2. Are some services difficult to obtain because of the distance they require you to travel?

    a. yes
    b. no

3. The services my family receives offer the level personal support necessary to respond to our needs.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| strongly agree | agree | | disagree | strongly disagree |

4. Rank the following barriers in terms of how difficult they make it for your family to obtain necessary services.

   a. distance required to travel
   b. lack of information
   c. eligibility restrictions
   d. fee required for service
   e. child care required when leaving home

5. What services do you feel should be expanded? (Check all that apply)

   ____ child care
   ____ after school recreation programs
   ____ child counseling
   ____ tutoring
   ____ adult education

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Analysis of the responses to questions like this give coded surveys the power to provide insight on the accessibility and quality of services from the recipient perspective. Like all methods, coded surveys for service recipients have a number of strengths and weaknesses.

## Strengths of recipient coded surveys

Comparability: The fact that the surveys are coded makes it possible to quantify, aggregate, and report the results. Coding allows decision makers to identify the most frequent response to a multiple choice question or to find an average degree of agreement as indicated by respondents on a Lickert scale. For example, analysis of coded surveys can reveal what percentage of respondents find obtaining services to be "a large burden" or how many respondents feel that child care services should be expanded.

Flexibility: Researchers can get at the attitudes and beliefs of service recipients by asking the right questions. If they want to know about the accessibility of day care, they can ask parents their feelings about it. Such insights are not always available from examining social outcomes.

Inclusiveness: Inviting the response of parents throughout the community provides an opportunity for people of diverse backgrounds to share ideas and experiences.

Low cost: With proper random sampling techniques, information on a large population can be gained from a small sample. If respondents do not require help in filling out surveys, the cost of distributing and analyzing the surveys is minimal.

## Weakness of this method

Statistical problems: Choosing a sample, codifying surveys, and calculating results create the potential for statistical problems. The wording of a question could bias a response and create an inaccurate reflection of recipient perspective. The sample of respondents chosen for the survey could be nonrepresentative of a larger population. For example, surveying only the parents that are literate and able to fill out the survey fails to capture the attitudes of other parents receiving health and social services.

Limited responses: One of the problems with coded surveys is that they do not allow more than a simple response. While a parent may express that she "strongly disagrees" with the idea that services provide a sufficient level of personal support, coded surveys do not reveal what the mother feels is lacking or how she believes services can be improved.

False sense of exactness: Coding and quantification create a false sense of exactness. An average response of 1.944 on the Lickert scale gives the impression that we know exactly how much recipients agree or disagree with a particular idea.

Uninformed opinions: In some cases, asking recipients questions about such things as eligibility restrictions on services relies on uninformed opinions of the operations and background of the health and social service system.

## INTERVIEW OR OPEN-ENDED SURVEY

A second method to uncover recipient perspective on accessibility and quality is the **interview or open-ended survey**. These are similar to the coded surveys in that they ask a particular set of questions. Responses, however, are not confined to a limited set of alternatives. Interviews entail an interviewer asking individual service recipients or a focus group a number of questions and recording their responses. An open-ended survey is a written piece asking the same questions and providing a space for the respondent to write in their answer. Responses are not coded and results are not quantified. Instead, the responses are treated to more of a subjective analysis. Those conducting the assessment simply examine the range of responses and come to conclusions based on reflection of the views expressed by respondents. These conclusions would be summarized in a report given to decision makers. Examples of the questions that can be used in interviews or open-ended surveys include the following.

1. Provide a description of the health and social services your family uses.
2. What has been the biggest barrier to receiving the kinds of services your family needs?
3. What service do you feel is most strongly needed by your family?
4. Do you feel that you are aware of all the relevant services that are provided in the community?

### Strengths of recipient interviews or open-ended surveys

Flexibility

Elaboration: Interviews and open-ended surveys allow respondents to elaborate on a question that may require more than a simple response. They can explain the reasons they feel a certain way, point to specific experiences which illustrate their feelings, and express the intensity of their feelings.

Clarification: Interviews allow questions and responses to be clarified to avoid confusion and misperceptions on both sides.

### Weaknesses to this method

Reporting results: Because the questions are open-ended and responses are not coded, it is difficult to order and compare the range of responses. No "bottom line" results are available to decision makers. Results are reported in terms of summaries prepared by assessment researchers.

Researcher bias: The analysis of responses is significantly a matter of subjective interpretation. Such a situation creates the possibility that results will be biased.

Time: Conducting interviews and analyzing survey responses can take a lot of time and require a fair amount of resources.

## TOWN MEETING

A third method of getting at service recipient perspectives is the **town meeting.** Under this method, service recipients and all members of the community are invited to a meeting at a place such as a school auditorium or city hall to discuss the accessibility and quality of services. Questions are posed and topics are introduced for discussion. Everyone has the opportunity to speak and give their perspective. Minutes of the meeting are kept or an assessment researcher provides a summary of the discussion. Examples of questions that can be posed at a town meeting include the following.

1. What are the greatest needs experienced by children and their families in the community?
2. What services should be available to address these needs?
3. Given limited resources, what services should take priority?

### Strengths to holding a town meeting

Inclusiveness

Instant feedback: A town meeting provides feedback on community perspectives of needs and services very quickly.

Idea generation: Discussion allows participants to share ideas which can lead to the creation of new ideas and perspectives. A healthy town meeting can be a form of brainstorming.

Community building: Holding a town meeting can foster a greater sense of community which is vital to the success of collaboration.

### Weaknesses to this method

Reporting results

Requires organization: An effective meeting requires mindful organization and strong leadership. Discussion questions, attendance, and ways to moderate the meeting must be thoroughly thought out before the meeting takes place.

Poor discussion: Discussion can be bogged down in mundane or irrelevant matters or can be dominated by the most assertive participants. The number of people in attendance who wish to speak may be so large as to discourage meaningful discussion.

### Assessing provider perspectives

There are three similar methods that can be used to assess the perspective of service providers regarding the accessibility and quality of services. These are all self-assessments which include coded surveys, interviews or open-ended surveys, and group meetings. A community should attempt to be inclusive in terms of the providers that take part in the assessment. The perspective of line staff as well as the heads of service organization should be included. Furthermore, efforts should be made to include representatives from all relevant public agencies and community organizations.

The **coded surveys** are very similar to the ones given to service recipients. Again, responses can be in the form of multiple choice, yes/no, Lickert scale, ranking items, or a checklist. The content of the questions, however, will be somewhat different. Following are examples of questions which can be used in a service provider coded survey.

1. Services could most be improved by (choose one)

    a. providing case management services.

    b. creating an individualized service plan for at-risk children.

    c. focussing more effort on prevention.

    d. making services more accessible to families.

2. The existing health and social service system is crippled by fragmentation.

    a. yes

    b. no

3. Services tend to be too narrow and do not address a child's full range of needs.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| strongly agree | agree | | disagree | strongly disagree |

4. Rank the following barriers to service accessibility in order of severity.

   a. bureaucratic regulations
   b. distance barriers
   c. enrollment restrictions
   d. families unaware that services are available

**Strengths of provider coded surveys**

- Comparability
- Flexibility
- Low cost
- Inclusiveness
- Provider expertise: Surveys of provider draws on the professional judgment of those with considerable experience in the field.

**Weaknesses of this method**

- Statistical problems
- Limited responses
- False sense of exactness
- Self-protecting responses: Providers may give biased responses to protect the well being of themselves and the organization they represent. They may be unwilling to provide responses critical of their particular agency.

The second method to gain an understanding of provider perspectives are **interviews or open-ended surveys**. Again, these are similar to the method used for service recipients, but the questions asked will be a little different. A sample list of questions for provider interviews and open-ended surveys is available in the appendix. Here a few sample questions that can be asked.

1. What does your organization do to make services accessible to families?
2. How adequately does the existing health and social service system respond to the needs felt by children and families?
3. How could services be redesigned to better serve families?
4. What services are most sorely lacking in the community?

Assessment researchers take notes of the interviews or examine the responses provided in the open-ended surveys. Results are reported by the assessment researchers in terms of their general impressions of the responses.

Strengths of provider interviews or open-ended surveys

- Flexibility
- Elaboration
- Clarification
- Provider expertise

Weaknesses of this method

- Reporting results
- Researcher bias
- Time
- Self-protecting responses

## GROUP MEETING

The final method of assessing provider perspectives is a **group meeting**. This method is a cross between the town meeting and provider interviews. With group meetings, service providers are invited to a single location for a discussion of community needs and services. The questions asked can be identical to the ones asked in provider interviews or open-ended surveys. In this case however, the group discusses the question rather than each provider supplying a response in isolation. An additional topic which may be most appropriate for group meetings is an inventory of services. Providers can be asked to brainstorm about the range of services provided in the community and gaps left by services that are not available.

### Strengths of the group meeting method

- Instant feedback
- Idea generation
- Provider expertise
- Inclusiveness
- Bring providers together: Getting different service providers together creates the opportunity for dialogue and relationship building which lay the groundwork for a collaborative partnership.

### Weaknesses of this method

- Poor discussion
- Reporting results
- Self-protecting responses
- Requires organization
- The danger of exclusion: Hostilities among service organizations may ensue if certain providers or agency representatives are not invited to these group meetings.

## ASSESSING THE COLLABORATIVE BEHAVIOR OF SERVICE PROVIDERS

Rather than focusing on accessibility and quality of services, this section addresses the degree to which individual service providers and entire organizations work together. Coded surveys, interviews, or open-ended surveys can be used, but the **group meeting** method seems to be the most appropriate given the type of information sought. Efforts by different organizations to work together can probably best be explained when each of the organizations involved is present.

During this phase of the assessment, a group of service providers will be required to provide a self-assessment of how they work with other service organizations. A sample form containing questions for this group meeting is provided in the appendix. Following are examples of some of the questions that can be posed.

### GROUP MEETING

1. How much do I communicate with providers or administrators from other service organizations?
2. What structures promote dialogue and consultation among service organizations?
3. What bureaucratic barriers stand in the way of service collaboration?
4. How could collaboration make services more accessible?
5. How often are the strategies developed for children and families the result of joint planning?
6. To what degree does my organization coordinate services with others to better serve children and families?

This method has the same strengths and weaknesses as the group meeting method in the last section.

This method's primary strengths are:

- Instant feedback
- Idea generation
- Provider expertise
- Inclusiveness
- Brings providers together

The key weaknesses are:

- Reporting results.
- Self-protecting responses
- Danger of exclusion

In addition to these numerous assessment techniques, one that is extremely valuable is anecdotal evidence. Individual stories and cases will supplement these more sophisticated methods by bringing numbers and responses to life. Anecdotes will reflect impacts on social outcomes, illustrate the accessibility and quality of services, and provide a characterization of service provider behavior. Anecdotal evidence alone, however, is not enough. Individual stories provide a great deal of insight on the needs, perspective, and performance of that individual. When it comes to programmatic and systems change on the other hand, a broader understanding is required.

## RECOMMENDATIONS

Given this assortment of alternative community assessment methods, a couple of recommendations are offered.

1. Comprehensive A community should seek to extract as much information as possible with the community assessment. This will aid in planning and will promote more informed policies. A comprehensive assessment means three things. Each piece of the conceptual framework should be assessed, multiple and complementary assessment methods should be used, and the assessment process should be inclusive, inviting the participation of many perspectives.

   Assessing each piece of the conceptual framework is important as this is the only way to get at the causes of social outcomes. Looking at social outcomes tells a community only whether something more should be done. Looking at service accessibility and quality, as well as the behavior of service providers can shed a great deal of light on the question of what should be done. Without looking at each piece of the framework, a community is not getting the whole story.

   Multiple and complementary assessment methods are another part of a comprehensive community assessment. As outlined in the preceding sections, each method has its strengths and weaknesses. When looking at service accessibility and quality, an assessment based entirely on coded surveys is accompanied by the danger of statistical problems, limited responses, and a false sense of exactness. If however, service recipient interviews, town meetings, and provider group meetings are also employed, the weaknesses of each method would be minimized. Interviews and meetings would create the opportunity to offer more elaborate responses and would decrease reliance on the survey scores. Coded surveys would continue to provide a means to compare responses across groups. The strengths of each method can be relied upon and the weaknesses can be made less serious from overlap.

Comprehensive also refers to the inclusiveness of the assessment process. As many different perspectives as useful should be included in the assessment. This includes parents, teachers, principals, the heads of service organizations, line staff, community leaders, and children. Including more perspectives makes the assessment more comprehensive and informative.

2. User-based design Since the purpose of the assessment to aid in decision making, the form of the assessment should be serviceable by decision makers. The results of the assessment should be reported in a way that is understandable and useful. When looking at social outcomes, trends over time and comparisons with adjacent or similar communities can be considered. Coded surveys should be scored and aggregated, with results that provide clear pictures of respondent attitudes. Summaries of interviews, open-ended surveys, and meetings should be supplied to decision makers. These summaries should contain the key points and the attitudes most frequently expressed. They should also contain relevant information that will be useful in setting priorities and planning services. With a user-based design, a community assessment can prove to be a powerful tool in decision making.

## OTHER BENEFITS OF COMMUNITY ASSESSMENTS

In addition to its role in decision making and planning, community assessments have a number of additional benefits.

1. Can be used for evaluation of collaboration too If a community decides to create a collaborative initiative, the measures used in the original assessment, can be used to evaluate the initiative. A community can ask itself the same questions once the initiative is up and running. Outcomes and responses before and after collaboration can be compared. Once again, each piece of the conceptual framework should be considered. Social outcomes should be examined to assess how well needs are being met. A community should also examine if collaboration has had an impact on the accessibility and quality of services. Finally, the behavior of service providers should be monitored to see if they are indeed collaborating.

2. Can be used to sell the idea of collaboration A community assessment can be used to influence decision makers on the need and benefit of collaboration. An assessment revealing poor social outcomes and a fragmented service system can be used to convince local decision makers and potential benefactors on the need to fund an initiative. Once a community has implemented collaboration, evaluation of the initiative using the same measures can be used to convince decision makers of the benefit of collaboration.

3. Can promote a greater sense of community If a community assessment is a team effort, relations within the community can be strengthened. Wide participation across the community fosters a sense of importance and support for the effort to make things better. The assessment process can also help to locate many of the stakeholders within the educational, health, and social service systems. Potential partners in collaboration can be identified and the first steps to having different organizations working together can be made.

# SOCIAL OUTCOMES CHECKLIST

Communities can choose from the following demographics/social outcomes to monitor how well the needs of children and families in the community are being met.

Outcomes in these area can be analyzed to look at trends over time or how well your community compares with others.

____ number of low birth weight babies
____ infant mortality rate
____ immunization rate
____ percentage of children with no health care
____ number of children who have never been to a dentist
____ number of child and adolescent drug abuse reports
____ number of births to single teens
____ percentage of children in single parent homes
____ number of reports of child abuse and neglect
____ number of out-of-home child residential placements
____ percentage of people in the community living in poverty
____ juvenile crime rate
____ youth unemployment rate
____ high school graduation rate
____ school attendance figures
____ student academic achievement
____ number of student behavior interventions
____ grade retentions
____ parent involvement in schools

# CODED SURVEY FOR SERVICE RECIPIENTS

The following are examples Yes/No and checklist questions that can be asked in a coded survey to assess the accessibility and quality of services.

1. Do you feel that you are aware of the services in the community that may be needed by your family?

   a. yes

   b. no

2. Is it easy to find information on the service organizations and services that are available?

   a. yes

   b. no

3. Do you feel that there are barriers that make it difficult for your family to receive necessary services?

   a. yes

   b. no

4. What barriers do you feel prevent your family from receiving the services it needs? (Check all that apply)

   ____ lack of information

   ____ distance required to travel

   ____ fee required for service

   ____ eligibility restrictions

   ____ social stigma attached to using particular services

   ____ child care required when leaving home

   ____ other ______________________________

5. Do you feel there are services needed by your family that are not offered in the community?

a. yes

b. no

6. What services would you like to see offered or expanded? (Check all that apply)

____ child care
____ after school recreation activities
____ medical services available at school
____ tutoring
____ adult education
____ student mental health counseling
____ family counseling
____ in-home visits by a social worker
____ pregnancy prevention and counseling
____ parenting and family strengthening classes
____ drug abuse prevention activities
____ other ________________________________

7. Do the services your family receives respond to its full range of needs?

a. yes

b. no

8. Do you wish these services provided more personal support?

a. yes

b. no

9. What about these services do you feel should be improved? (Check all that apply)

____ amount of contact between parent and service provider
____ quality of contact between parent and service provider
____ information on the nature of the service
____ how often the service is provided
____ information about child progress
____ the competence of service providers
____ the level of resources available
____ ability to make an impact on child or family needs
____ environment in which the service is provided
____ difficulty of obtaining the service
____ level of coordination between services
____ other ________________________________________

10. Do school or service organization personnel refer your children and family to other services?

a. yes
b. no

11. Do you feel that the educational, health and social service systems are fragmented?

a. yes
b. no

# INTERVIEW QUESTIONS OR OPEN-ENDED SURVEY FOR SERVICE PROVIDERS

These are questions that can be asked to service providers to gain their perspective on the accessibility and quality of services.

1. What does your organization do to make services accessible to families?

2. What are the mechanisms your organization has to seek out children and families who are at-risk and in need of services?

3. Are parents consulted regularly concerning the services provided for their children?

4. What kind of barriers make it difficult for families to receive needed services?

5. What gaps exist in the network of services provided by the educational, health and social service systems?

6. What service do you believe is most critically needed in the community?

7. How adequately do the educational, health and social service systems respond to the needs of children and families?

8. How could services be redesigned to better serve families?

9. How is fragmentation a problem?

# DISCUSSION QUESTIONS FOR GROUP MEETING OF SERVICE PROVIDERS

To assess collaborative behavior, service providers from the community can meet and discuss the following questions.

1. How well are you aware of the services provided and the organizational features of other service organizations in the community?

2. How often do you consult with service providers from other organizations?

3. What structures promote dialogue and consultation among service organizations?

4. How easy is it to refer a family to another service organization?

5. How often are the strategies developed for children and families the result of joint planning among providers?

6. Do any organizations pool funding in the effort to provide better services?

7. How does working with other organizations improve the services provided to children and families?

8. To what degree does my organization coordinate services with others?

9. How does service fragmentation serve as a problem?

10. What bureaucratic barriers stand in the way of collaboration?

# BIBLIOGRAPHY

Butler, L.M., & Howell, R.E. (1980). Community Needs Assessment Techniques. Corvalis, OR: Oregon State University, Western Rural Development Center.

Center for Social Research and Development. (1974). Analysis and Synthesis of Needs Assessment Research. Denver, CO: University of Denver.

Education Commission of the States. (1976). The Children's Needs Assessment Handbook. Denver, CO: Office of Child Development.

French, D., & Nellhaus, J. (1989). Changing Schools and Communities: A Systemic Approach to Dropout Prevention. Boston, MA: Massachusetts State Dept. of Education.

Gibson, D. (1980). A Citizens Guide to Community Development. Washington D.C.: National University Extension Association.

Health and Welfare Council of Central Maryland. (1978). Needs Assessment-A State of the Art Report. Baltimore, MD.

Jesien G., & Tuchman, L. (1992). Early Intervention Self-Assessment and Planning Guide. Madison, WI: Wisconsin Department of Health and Social Services.

Lehman, C. (1986). Head Start Connections: A Mainstream Guide to Assessing Community Needs. Chicago, IL: Administration for Children, Youth and Families.

McKillip, J., (1987). Needs Analysis: Tools for Human Services and Education. Beverly Hills, CA: Sage Publications.

Neuber, K., (1980). Needs Assessment: A Model for Community Planning. Beverly Hills, CA: Sage Publications.

Shedlin, A., Jr. (1988). The School as Locus of Advocacy for All Children. New York, NY: Elementary School Center.

Ward, P., (1991). The Partnership Guide: Strategies for Supporting Family Day Care in Your Community. New York, NY: National Council of Jewish Women.