

**HEALTHY START WORKS AND HERE'S HOW:**

**HEALTHY START PROGRAMS AT  
ACADEMICALLY IMPROVING SCHOOLS**

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## Table of Contents

<b>Chapter 1: Background and Methodology.....</b>	<b>1</b>
Introduction.....	1
Methodology.....	2
Population.....	2
Ethnicity.....	2
ELL/LEP Students and Free/Reduced Fee Lunch Participants.....	3
The Sample.....	3
Ethnicity.....	4
ELL/LEP Students and Free/Reduced Fee Lunch Participants.....	5
Subjects.....	5
<b>Chapter 2: Successful Programs.....</b>	<b>7</b>
Healthy Start Outcomes.....	7
<b>Chapter 3: Overarching Focus on Academic and Social Success.....</b>	<b>10</b>
Healthy Start’s Role in Academic and Social Success.....	11
Contributions to School Sites.....	11
Contributions to Academic Success.....	13
Referrals.....	14
Academic and Social Success: Direct Interventions.....	15
Guidelines on Direct Interventions.....	17
Academic and Social Success: Linking and Interfacing With Existing Child-oriented Services.....	18
Academic and Social Success: Initiating Programs.....	19
Addressing Needs.....	20
Youth Development Programs.....	20
<b>Chapter 4: Focus on Family Functioning.....</b>	<b>22</b>
Focus on Family Functioning: Case Management and Basic Needs.....	22
Case Management Lessons.....	24
Focus on Family Functioning: Emotional Support and Skill-building.....	25
Focus on Family Functioning: Parent-School Partnership and Parent Involvement.....	26
Outcomes of Family Functioning Focus.....	28
<b>Chapter 5: Focus on School Climate.....</b>	<b>30</b>
Caring, Trust and the School Climate.....	30
Focus on School Climate and Feeling Safe.....	32
A Chance to Connect with the School for Parents, Teachers and Children	33
Creating Hope and an Environment of Respect.....	33
School Climate and Limits of Parent Involvement.....	34
Practices to Enhance School Climate.....	34

<b>Chapter 6: Focus on Mobilizing Community Resources.....</b>	<b>36</b>
Bringing In More Than Referring Out.....	36
Collaboratives.....	37
<b>Chapter 7: Focus on School/Healthy Start Integration.....</b>	<b>41</b>
Healthy Start/School Integration Outcomes.....	43
Complementary/Integrated Culture.....	43
Marginalized/Counter Culture.....	44
School Bound Culture.....	45
Best Practices for Healthy Start/School Integration.....	45
<b>Chapter 8: Necessary, Very Important and Contributing Conditions to Healthy Start Success.....</b>	<b>48</b>
Necessary Condition: Strong Coordinator.....	48
Necessary Condition: Adequate Staff.....	49
Necessary Condition: Adequate Space.....	49
Very Important Condition: Principal Support.....	50
Recommendations from Principals to Other Principals.....	52
Contributing Conditions.....	52
Contributing Condition: Single-site Program.....	52
Contributing Condition: District as Non-Barrier/Facilitator.....	54
<b>Chapter 9: Implications, Recommendations and Summary.....</b>	<b>56</b>
Implications.....	56
Recommendations.....	56
Summary.....	57
<b>References.....</b>	<b>58</b>

# CHAPTER 1

## BACKGROUND AND METHODOLOGY

### Introduction

Healthy Start has been part of the educational fabric of California since 1991. Statewide research suggests that Healthy Start's presence has positive affects on academic success, test scores, attendance rates, and family functioning indicators (California Department of Education, 1999), and there is nationwide consensus among researchers, policy makers, educators and community members that programs like Healthy Start are vital to the health of schools and their communities (Dryfoos, 1994; Brabeck et al., 1997; Smith et al., 1997; Hooper-Briar & Lawson, 1996).

Despite Healthy Start's documented successes and statewide popularity, there have been some challenges and difficulties that this study attempts to address. First, there has not been a consistently clear impact model that can be articulated to legislators, school officials, principals, and coordinators. To its credit, the Healthy Start legislation has encouraged localized decision making regarding the definition of community problems, areas of program focus, and methods of program development, and this practice has preserved the grantee's autonomy to craft its own version of the program. However, because of highly individualized program development and orientation, coordinators, principals, teachers, school officials and policy makers sometimes are groping for ways to explain the program to others and, thus, face challenges to Healthy Start credibility.

Second, although principals, community members, and sometimes coordinators learn about community issues and aspirations during the planning grant process, practice principles for addressing these issues and aspirations are not readily apparent. The learning curve for coordinators, principals, district administrators and teachers is exceedingly steep. How does the Healthy Start program and its collaborative function? What kinds of programs match up well with different child, family, and community needs? What is Healthy Start's role with parents and grandparents, and, in particular, how is case management going to be conducted?

Finally, practice principles need to be accessible that indicate how Healthy Start – a social service/community development entity – effectively interfaces with and actually *enhances* the educational environment. When programs effectively implement these principles, they become a viable and meaningful force working within the mainstream of the goals and efforts of the local school site. Furthermore, they build bridges and develop trust between themselves and the school's teachers, principal, parents<sup>1</sup> and children (Hooper-Briar & Lawson, 1996). When Healthy Start programs build bridges successfully, principals and administrators perceive them as integral to the school's efforts and successes; the school community trusts them and embraces them; parents and children cannot imagine their school without their presence; and teachers rely on them as vital team members toward developing their students' academic and social success.

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<sup>1</sup> The word "parent" will often be used to substitute for parent/guardian or caretaker. Some schools indicated that they had particularly high numbers of grandparents or foster parents who were the primary caretakers of their children.

## **Methodology**

With California's emphasis on accountability through the SAT-9 testing program, it made sense that test score successes represented the starting point for examining Healthy Start sites. In particular, this study focused on sites that demonstrated success in moving students *out of the lowest quartile* in reading and/or math. The study examined operational programs in their third year (1997-1998 Academic Year) as a baseline and compared the baseline to the *average* lowest quartile percentage of the Academic Years 1998-1999 and 1999-2000. The average provided a more stable measure, and in some cases actually understated steady school improvements over the three years. The twenty sites chosen for their academic improvements had lowest quartile improvements (8.7% overall) that were 260% higher than overall quartile improvements for the entire population of 152 third-year sites. (See Sample of Sites – Table 1 - on the next page.)

## **Population**

Healthy Start sites that participated in the evaluation were selected from the general population of Healthy Start sites throughout the state of California. In order to include sites that would have sufficient experience with the program and sufficient time for development, the population was narrowed to those in the third year of their contracts (152 sites).

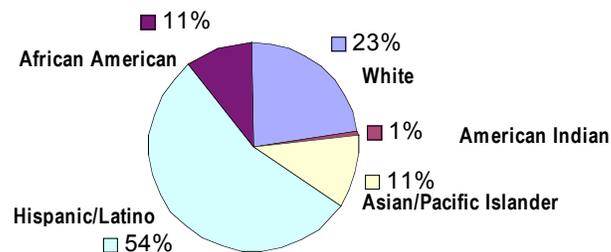
The overall population of schools with Healthy Start sites in California was relatively representative of the overall public school population in the state. The population was broken out by ethnicity, proportion of ELL/LEP students, proportion of Free/Reduced Fee Lunch Program participants, amount of change in mean scaled reading and math SAT/9 scores over a three-year period, and amount and direction of change in the number of students scoring below the 25<sup>th</sup> percentile in math and reading (SAT/9).

## **Ethnicity**

The population of students at the three-year Healthy Start sites in California (n=152) at the time of the evaluation was 145,270. The largest ethnic group represented among Healthy Start students was Hispanic/Latino (54%); the smallest was American Indian (1%).

**Figure 1**

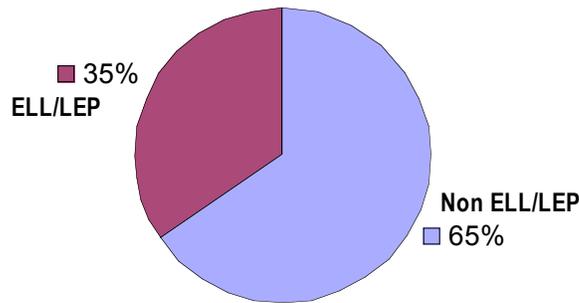
**Population by Ethnic Groups**



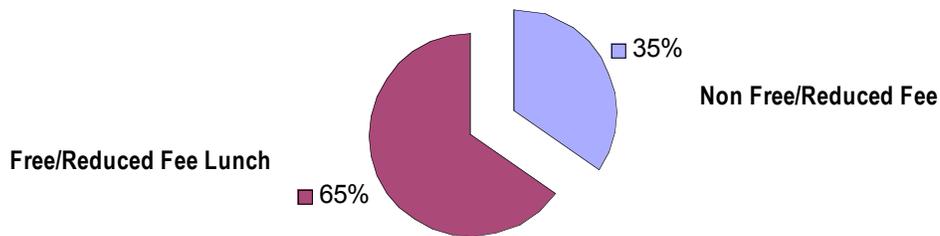
**ELL/LEP Students & Free/Reduced Fee Lunch Program Participants**

Consistent with the overrepresentation of ethnic minority students was the proportion of English Language Learners/Limited English Proficient (ELL/LEP) students in the population. Only 65% of the population was made up of native English speakers, while 35% was considered ELL/LEP. Similarly, though no conclusions can be drawn, the proportion of students participating in the Free/Reduced Lunch Program was 65%.

**Figure 2  
Population by ELL/LEP**



**Figure 3  
Population by Free/Reduced Lunch**



**The Sample**

Twenty-three (23) sites were selected to participate. The evaluation study used a purposive sampling method, limiting the eligible sites to those meeting the following criteria:

- Significant positive or negative change in SAT-9 reading and math scores over the period of the contract – 20 were chosen that had shown lowest quartile SAT-9 gains 260% higher than the population (8.7 percentage points). To diversify the sample, three were chosen that had increased numbers of children in the lowest quartile (an academic decline).

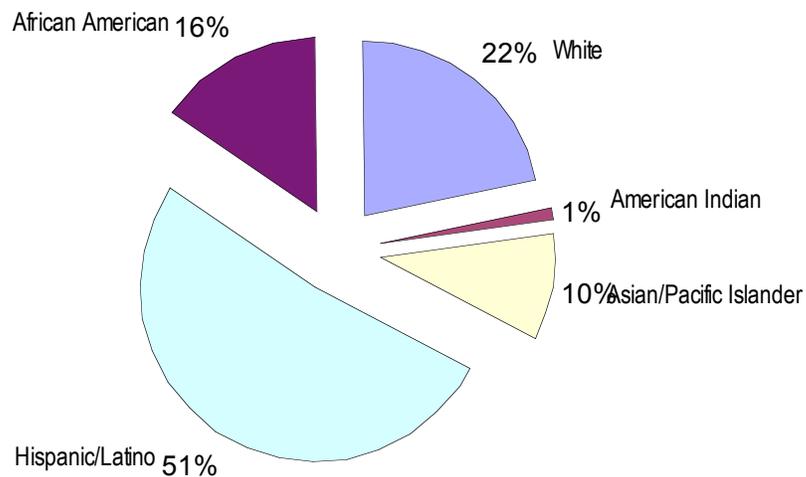
- Mixed racial/ethnic schools as well schools that were over-represented (Latino, Anglo, Asian, African-American, American Indian)
- Regional and urban-rural diversity
- Diversity regarding single and multiple site programs
- Elementary, middle, and high school representation

Ten of the State’s eleven Regions were represented and mixed racial schools as well as predominantly White, predominantly Latino, predominantly African American, high Asian (49.1%), and disproportionately American Indian (16.1%) were also selected. Although 16 of the 23 sites (69.5%) were elementary schools, middle (4) and high schools (3) were also represented. Schools were from rural and urban settings. The proportion of the student population at each school participating in the Free or Reduced Lunch program was taken into consideration, but did not play a significant role in the selection process. Sixteen of the 23 sites (69.5%) were single site programs.

**Ethnicity**

The sample represented all ethnic minority groups included in the population.

**Figure 4  
Sample by Ethnic Groups**



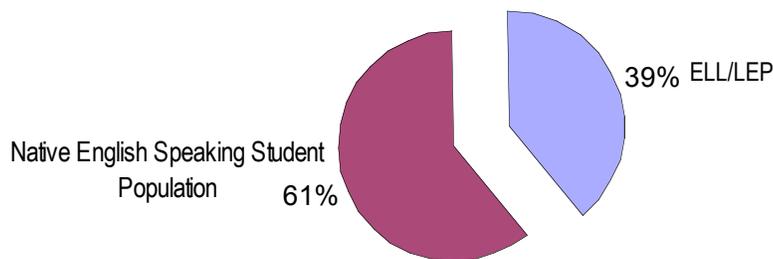
**Table 2**  
Comparison Between the Sample and the Population Across Ethnic Groups

<u>Ethnic Group</u>	<u>% of Population</u>	<u>% of Sample</u>
White	23	22
American Indian	1	1
Asian/Pacific Islander	11	10
Hispanic/Latino	54	51
African American	11	16

**ELL/LEP Students & Free/Reduced Fee Lunch Program Participants**

The sample was composed of English Language Learners/Limited English Proficient students at a similar proportion to that of the population.

**Figure 5**  
**Sample by Proportion Non English-speaking**



Though proportions of students participating in the Free/Reduced Fee Lunch Program were not strongly considered in the selection of the sample, the proportions were exaggerated when compared to the proportions in the population. While the population was 65% Free/Reduced Lunch, the sample was composed of 73% Free/Reduced Lunch participants.

**Subjects**

The sample included multiple subject groups. Site visits were conducted for each of the 23 identified school sites and the following interviews were conducted at each site (the number of interviews for each interviewee type is indicated in parentheses): healthy start coordinator (1), principal (1), healthy start staff member (1), teachers (2), parents (2), children (2), collaborative members (2). The interviews were audiotaped. In all, over 240 in-depth interviews were conducted. Additionally, teacher short forms (one page) with Likert scale and short answer items were distributed, and 392 were collected and analyzed.

Each site averaged 778 students, though the numbers of students at elementary school sites was significantly lower than at middle and high schools.

Coordinators and staff had various professional orientations. Among the professions represented were teachers, school nurses, counselors, and social workers. A portion of the sites featured

bilingual staff and fairly reflected the diversity of the students and families served. English was the most common language spoken among Healthy Start staff, school site staff, collaborative members, and school administrators.

Coordinators generally had long experience with Healthy Start, some having been involved for the entire length of the contract period. Approximately 10 – 15% of the school site principals were relatively new to their positions and/or to Healthy Start. Some sites reported fairly high levels of turnover among school staff, and, to a lesser degree, among Healthy Start staff.

In order to facilitate the construction of relevant and useful questionnaire items, literature reviews were conducted on the following themes: (1) poverty and the impact of other risk factors on education; (2) case management, counseling models and education; (3) education reform, community involvement and schools (e.g., the Comer model); (4) school based services and collaboratives; (5) parent involvement, resilience and protective factors; (6) school related demographics; and (7) Healthy Start history and assessment. In addition observations were made at three Healthy Start sites and the study's principal investigator drew upon six years of Healthy Start experience as a mental health practitioner, intern supervisor, and Healthy Start consultant. Literature review authors and Healthy Start interviewers all contributed questionnaire items for each subject group.

The depth interviews were conducted to ascertain the actual working processes of Healthy Start as well as to understand the impacts of the program at schools that were, for the most part, experiencing significant academic success as measured through standardized tests. Qualitative evaluation is particularly suited for complex initiatives like Healthy Start (Lawson, 1998), and their findings have particularly powerful policy and practice implications. The best features of qualitative studies are their ability to reflect, describe, and explain complex realities and to provide information that resonates with and explains dynamics in comparable settings (Strauss & Corbin, 1990). Qualitative and process evaluation is especially powerful for revealing trends and documenting the voice of those most affected by social service or educational programs (Patton, 1990).

Short and predominantly quantitative teacher surveys were administered that, in effect, served as an outcome measure of the integration, usefulness, and perceived value of the program and the Healthy Start concept.

## CHAPTER 2 SUCCESSFUL PROGRAMS

### **Successful Programs**

Nearly all of the Healthy Start programs (95.6%) had at least some successful elements, and many sites had numerous program components and practices that received abundant praise. These elements and practices were nearly always corroborated by more than one source at the site (e.g., principal, coordinator, parent, teacher, child, staff member, collaborative member) and were reflected in the quantitatively oriented teacher short form. Interestingly, the one site that reported low Likert scale scores was also one of three sites in the sample that experienced test score declines (overall student increases in the lowest quartile group). This school's academic (SAT-9) showing was particularly weak relative to the two other "declining" schools, because the two declining schools had very strong baseline SAT-9 scores and regressed to the mean the following two years.

### **Healthy Start Outcomes**

The following outcomes are derived from the study's sample. The 20 successful programs were able to meet 80% of these outcomes. Applying these criteria, 17 of 23 Programs (73.8%) were considered successful.

1. Parent involvement in their children's education increased;
2. Family transience decreased;
3. Teachers and principals reported that they were able to focus on teaching;
4. Teachers and principals reported that children who would have only been sent to the principal's office for a quick lecture and possible suspension in the past were now receiving meaningful and skillful service and attention that was leading to their successful integration in the class;
5. Healthy Start was reported as making a meaningful impact in the students' social success which included: increased attendance, respecting adults and other children, behaving in a non-destructive manner, functioning well in the school environment and being optimistic rather than depressed, angry, or anxious;
6. The teacher-parent-student climate was characterized as more productive, positive, and trusting;
7. More adults: parents, volunteers, and service providers were present on campus;
8. There was greater safety or at least a sense of safety in the school area;
9. Children had greater access to basic needs e.g., medical care, food, clothing;
10. Family crises that did not meet the threshold for a CPS referral could be constructively addressed e.g., domestic violence, death in the family;
11. Teachers experienced that they *and* their children were receiving support regarding issues that fundamentally affected their mutual interests and children's academic success;
12. Services were brought into the school setting (e.g., mentoring) that were perceived to have significant impacts on student academic and social success;
13. Service providers and other community officials and residents were investing in the school and had changed their way of doing business vis-à-vis the school.
14. Parents/family members were involved in skill-building efforts: parenting skills, ESL, "parents as teachers," that they reported contributed to their effectiveness in raising socially and academically successful children.

15. Teachers developed a greater understanding of the community's families.

Programs demonstrated different degrees of success and it became clear that very strong programs had a successful overarching focus on academic and social success and maintained a successful focus on the following inter-related areas: (1) family functioning, (2) mobilizing community resources, (3) school/healthy start integration, and (4) school climate. These four focus areas overlap and are interdependent, and they support the overarching focus on academic and social success (see Figure 6). It appeared that there were two *necessary conditions* for very strong programs – the presence of a strong Healthy Start coordinator and adequate and developed staff/physical resources, one *very important condition* – school principal support; and two *contributing conditions* – the district as facilitator/non-barrier; and single site programs.

***Necessary conditions*** absolutely need to be in place for the Healthy Start program to have a modicum of success. Forthcoming discussions will illustrate the characteristics of strong coordinators and adequate staff. At this point, we will declare only that at the center of each highly regarded program was a highly regarded coordinator. This coordinator needed to have a minimum of staff members who were capable of relating to the school community and needed an adequate space in which to work.

***Very important conditions*** are conditions that are nearly always in place in successful Healthy Start programs. In all but two researcher summaries of successful programs, the principal's overall support of the specific Healthy Start, the principal's ideological synchronicity with Healthy Start principles and approaches, the principal's positive relationship and trust of the Healthy Start coordinator, and the principal's willingness to share space, staff agenda time, and credit for success. This study indicated that the principal's support immensely enhanced the likelihood of Healthy Start success. The only reason this element was not listed as a necessary condition was because there was one fairly successful program that endured principal turnover (four principals in three years) and another site that had a fairly successful program yet a principal had given low Likert scale responses to questions about the program. Still, both of these sites experienced limitations regarding the degree to which they were understood, utilized and accepted by the school's teachers.

***Contributing conditions*** are conditions that increase the probability that Healthy Start programs will be successful. Sites can overcome the absence of contributing conditions, but this absence represents a significant challenge for the program. The district as facilitator/non-barrier was found to be a contributing condition. For the most part, if the district fairly distributed funds in a timely fashion, and acted with appropriate speed to hire staff and execute contracts, they were considered as a district playing a facilitator/non-barrier role. Districts that delayed hiring coordinators and staff for excessively long periods of times, such as two months for the coordinator and/or four months for staff, experienced some of the following problems: delayed implementation memorandum of understanding (MOU) opportunities with outside resources; inadequate communication with site level personnel (principal and Healthy Start coordinator); micromanagement and/or budget processes where coordinators could barely access funds. Some of the Healthy Start grantees were able to overcome district barriers; however, the battles required excess energy. In some instances, however, significant district barriers were part of a pattern that resulted in site ineffectiveness.

Finally single-site programs was also viewed to be a *contributing condition* for success. The strongest programs were, in nearly all instances, single site programs; and the multiple site programs consistently demonstrated problems related to site integration. Findings related to the successful program components will be presented in the following chapters.

## **CHAPTER 3**

### **OVERARCHING FOCUS ON ACADEMIC AND SOCIAL SUCCESS**

Healthy Start is a Department of Education funded program. It works with public school children and their families and, depending on the community's and school's population and identification of needs, it addresses issues and promotes health in order to facilitate the academic and social success of the grantee's students. Academic success is reflected by student grades, standardized test scores, excitement about learning, and willingness to make the most of learning various environments. Academic success can also relate to completion of homework. Reliance on SAT-9 scores as the measure of academic success, however, we lose sight that the standardized test is only *one measure*. SAT-9 scores may be an example of goal displacement.

A result of goal displacement is that Healthy Start sites sometimes struggle in articulating how their programs, services, and approaches relate to academic success. Site coordinators, principals, and Healthy Start proponents, may articulate the relationship between Healthy Start and academic success by stating that "Healthy Start removes barriers to learning." Although this statement has some validity it does not fully capture the ways that Healthy Start sites can and do contribute to academic success.

Academic success discussions may also artificially separated from discussions regarding student social success. Components of student social success relate to students': (1) attendance of school, (2) respecting adults and other children, (3) behaving in a manner that is non-destructive to self or others, (4) functioning well in the social environment, and (5) being optimistic and positive rather than depressed, angry, or anxious. When focusing on academic success, these social success elements are critically and integrally involved. Clearly if a student is not attending school, then academic growth is going to be inhibited. If a student is acting out, then his or her ability to learn and progress will suffer. If a student is disrespectful to the teaching environment, other students or the teacher, that student is at higher risk of failure and he or she jeopardizes the learning experience for the entire class. As one teacher stated:

You take a family of three or four children across grade levels with severe issues and if you affect one or two solutions, then that will help four teachers in the classroom with the other kids.

On the elementary school level, more positive behavior can affect 80 to 130 children in these four classrooms.

When children are non-destructive, positively connected to the school, and optimistic rather than angry and depressed, the academic future of the individual and the school is promoted. Beginning a school career as a bully or abuser, not only leads one down the path of limited academic success, it may also lead one to increasingly violent crime and involvement with the correctional system. There are instances, such as Columbine, where the actual victims of school bullying or abuse become traumatized, increasingly alienated, and so disturbed that they became willing to perpetrate catastrophic, violent acts in the very school environments where they experienced being lost and wounded. An appropriate focus on social success implies a focus on academic success; they are inseparable.

### **Healthy Start's Role in Academic and Social Success**

Healthy Start programs directly address academic and social success in the following manner: (1) they work with children who have been referred; (2) they interface with or coordinate existing school or community based programs that support academic and social success; and (3) they develop new programs to enhance academic and social success. Healthy Start's contributions in creating a positive school climate and in enhancing family functioning also relate to its work in improving academic and social success. School climate elements will be covered in a subsequent section of this report.

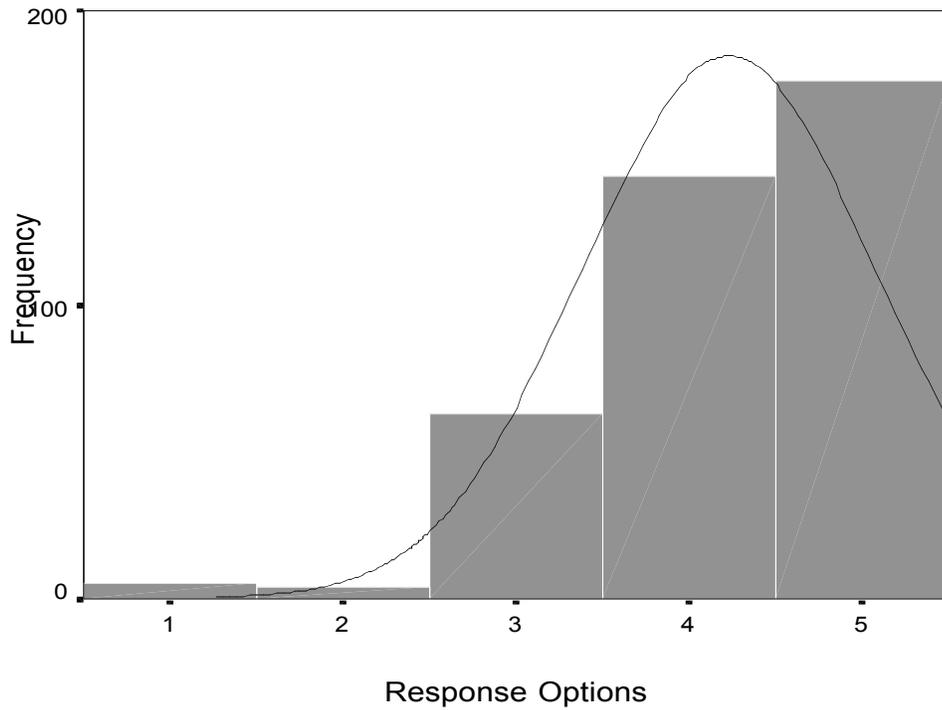
Teachers at Healthy Start sites indicated that the programs were not only making important contributions to their school site, but that these contributions related to the enhancement of academic success. The general response from teachers across all selected sites was extremely positive as to their assessment of Healthy Start's effectiveness at their schools. Approximately 390 responses were received to distributed questionnaires. With an average of 32 teachers per school, the response rate of 55.9% suggested a fairly strong level of participation by teachers. The first two items on the questionnaire assessed teachers' beliefs about the general and academic contributions of the Healthy Start programs at their sites:

- “The Healthy Start Program has made an important contribution to this school” (Figure 7)
- “I can see the value of Healthy Start in enhancing the academic success of school children” (Figure 8)

### **Contributions to School Sites**

On a five-point scale, the mean response to item 1 was 4.23, demonstrating that teachers believed, in general, that Healthy Start made significant contributions to schools throughout the state. Of note is the narrow dispersion of responses ( $s = .85$ ). The sample distribution was negatively skewed (-1.07), indicating a stronger than expected positive response. See Figure 7.

**Figure 7**  
 “Healthy Start Has Made An Important Contribution to this School”



For each response option, the chart above indicates the frequency of response among the teachers. The table that follows provides percentages of response for each option:

**Table 3**  
 Teacher Responses to Healthy Start’s “Significant Contribution” to Their School

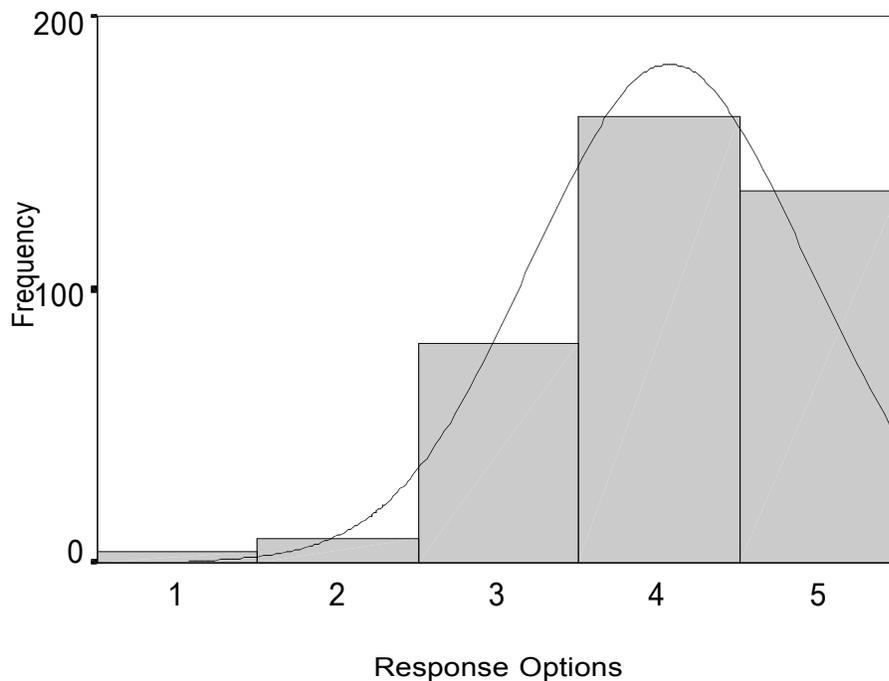
<i>Response Options</i>	<i>% of Response</i>
1 Strongly Disagree	1.3%
2 Disagree	1%
3 Unsure	16.1%
4 Agree	36.7%
5 Strongly Agree	44.9%

Clearly, the largest proportion of the responses was in the “Strongly Agree” category. In combination with the “Agree” category, it is clear that teachers overwhelmingly agreed that Healthy Start had made a significant contribution to their school sites.

**Contributions to Academic Success**

Item 2, speaking to the teachers’ perceptions of academic growth as a result of Healthy Start’s efforts, yielded a mean score of 4.07. Teachers apparently feel that Healthy Start is positively affecting the potential for academic success among their students. Teachers are likely in the best position to assess their students’ academic progress and the influencing factors. The paucity of scores at the extreme low end of the distribution (“disagree” or “strongly disagree”) supports the notion that faculty believe that Healthy Start is an important enhancement to their academic programs. The distribution was skewed negatively (-.74), though slightly less so than that for Item 1, against suggesting a stronger than expected positive response.

**Figure 8**  
 “I Can See the Value of Healthy Start in Enhancing the Academic Success of School Children”



For each response option, the chart above indicates the frequency of response among the teachers. The table that follows provides percentages of response for each option:

**Table 4**  
 “I Can See the Value of Healthy Start in Enhancing the Academic Success of School Children”

<i>Response Options</i>	<i>% of Response</i>
1 Strongly Disagree	1%
2 Disagree	2.3%
3 Unsure	20.4%
4 Agree	41.6%
5 Strongly Agree	34.7%

## **Referrals**

Healthy Start programs use a variety of mechanisms for generating referrals. First, the Healthy Start Program needs to be sufficiently visible to receive referrals. The most effective visibility is to participate in staff meetings, attend teacher and school-wide functions, and provide regular and specific feedback to teachers about Healthy Start services provided to teachers' students and their families. The Healthy Start team should strive for service responsiveness. This means that Healthy Start should seek to provide timely, even if limited, service to individuals requesting the service. There are some Healthy Start programs that serve children and families in a mental health model. Under the mental health model limited numbers are systematically served while other children/families in need are denied service or are placed on waiting lists until more slots are available. Teachers, however, reported frustration with the lack of access for their children under that model. The programs that served a greater range of students and their families provided meaningful and potentially powerful work.

When working from a service responsiveness perspective, the program becomes alive and the teachers and the principal, whose support is critical, experience Healthy Start as worthwhile. Some districts already have psychologists, nurses, and counselors or social workers who have regimented and highly defined job responsibilities that hinder their capacity to reach out and help; Healthy Start should not be a duplication of this method of service delivery. Instead, effective Healthy Start programs should develop a variety of methods for intervening in the lives of children who are referred.

Referrals from teachers work best if referral forms are extremely short. Even a casual meeting in the hall or out in the yard should be followed up by the completion of a referral form (perhaps in the presence of Healthy Start staff). Some cases are referred through the Student Study or Success Team (SST) process or through the principal (or other designated school official).

It's support for me because I used to have to go out and try to get glasses for kids. Now I don't have to do that. They will go with me on home visits or will go themselves.

For teachers that try referrals and then see that child's behavior improve in the classroom, they are sold on it and then make more referrals. We usually get very positive feedback about kids who have gone through Healthy Start. Most show improvement in the classroom. (Principal)

Being responsive to many referrals with limited Healthy Start staff sometimes means that the coordinator/staff member provides a brief early interaction with a given case. In a situation where the child needs glasses, Healthy Start contacts the parent and utilizes community connections to help procure this concrete service. If the child is acting out in class, Healthy Start may visit with the teacher(s) and the child, develop a contract with the child and periodically check-in to assess progress and to provide an adult caring presence for the child. If the child's attendance is poor, Healthy Start may conduct a home visit in order to: (1) learn about the issues facing the parent, (2) raise the motivation level of the parent to send her child to school, and (3) improve the teacher/school-parent partnership. Responsive Healthy Start programs did not utilize long assessment forms; they were more interested in jointly pursuing potential solutions for children, families, and teachers than they were interested in taking histories and methodically

assessing family dynamics and issues. One teacher from a responsive high school Healthy Start program commented:

I knew the program was effective from the beginning as I made referrals and got results. I can't say enough about the program.

As mentioned above, sometimes the service involves a direct intervention with the child and perhaps family or teacher (e.g., outreach home visit regarding attendance); sometimes Healthy Start is attempting to link with or interface with an existing service provider – one that perhaps is currently or should eventually be in the collaborative (e.g., eyeglasses provider) or one that is school-based (e.g., after school program); and sometimes Healthy Start pools its referrals and introduces a program that is capable of sustained service for a group of children (e.g., counseling group, mentoring program).

### **Academic and Social Success: Direct Interventions**

Direct interventions regarding attendance is a successful Healthy Start endeavor. In one elementary school where 95% of the children were receiving free or reduced lunch, the Healthy Start program took over the functions of the school's attendance office and brought attendance up to a 97% rate. Americorps workers played a large role in this effort at the school.

In one elementary school where 16 of 18 teachers agreed or strongly agreed that Healthy Start contributes to Academic Success, one teacher said:

Healthy Start will work with children who might not fit the mold of needing services.

A middle school principal stated:

Our API scores did go up and went higher than our demand, so that's good. But I think what Healthy Start does is, become the encourager, the assister, making sure kids are here...It really helps the kids concentrate knowing that we're here to support you.

A principal of a predominantly Caucasian school noted:

The Healthy Start is adding to our student success. We have a high percentage of students from a low socioeconomic group. We have a high percentage of students who have, unfortunately...had to deal with drugs and alcohol issues. We have a high percentage who have not had the opportunity to, either for their families or for themselves, be very successful in school.

One high school student said:

They make me want to come to school. I know someone is interested in me and what I'm doing, so I look forward to coming.

Direct intervention may be brief facilitated encounters with children, parents, and teachers, and it also may involve longer-term counseling with selected students. At times counseling is in conjunction with case management:

The case manager is really helpful in giving me the message of being successful in life and having it really mean something to me. (middle school student whose grades went from Fs to Cs)

(Case management will be discussed in more detail in Chapter 4.)

An elementary school teacher marveled at the results of counseling that occurred with on-site Healthy Start staff:

Just to see the growth in this boy...he used to hide his hand and rock like this and curl up into a ball. Just him working with the counselor and everyone here (the Healthy Start) – it's just amazing to see how far he has come. If he didn't get the help he would have ended up on the streets.

Some Healthy Start coordinators or staff will individually tutor students, others will enter classrooms and encourage students with academic work (particularly during points in the day which may be difficult), sometimes they will encourage parents or children to check in with them and report on their progress. Other direct interventions may help a parent access services or problem-solve in the midst of a crisis. Teachers may need encouragement or concrete suggestions regarding the seating of a child or ideas on how to set limits or how to improve the teacher-child relationship. At times there may be a conflict between the parent and the school in which case a brief intervention by Healthy Start can hasten a solution.

Healthy Start may also be effective at changing the common response cycle of an acting-out child. In most schools, according to the study's principals, when the child's behavior exceeds the teacher's tolerance threshold, the teacher sends the child to the principal. The principal dedicates about 5-10 minutes to the child and if the principal is away, the student waits in the office. In those 5-10 minutes, the principal decides whether to send the child back to the classroom with the threat of suspension or decides whether the child has crossed the suspension threshold. When the scenario is repeated frequently, the child may be suspended and possibly referred for special education. Principals reported students may also be retained and become involved in more acute acting-out behavior on school grounds. Drop-out or expulsion and criminal behavior may follow. Many teachers and principals reported that the presence of Healthy Start allowed options outside of the generally unproductive cycle. A parent at one Healthy Start program illustrated the issue of Healthy Start responsiveness:

I don't see anybody being turned away. Teachers will bring in a child who is having problems and we have time to sit with her and talk to them until they calm down. Before the child would just get sent home.

More adult hands are available whereby students can process their experiences, parents can be contacted in a non-adversarial manner, and solutions can be achieved. The presence of Healthy Start staff means that there is more total time available to assist children and families:

“There is no problem that I couldn't share with Healthy Start. They take *time* to find solutions.” (Parent – high school)

In one elementary school, a Healthy Start staff member initiated the Peace Leader Institute. Over 110 children were directly affected daily by this simple yet effective program. Children who had some behavioral struggles in school reported to Healthy Start in the morning to retrieve a form

that was used to monitor behavior. The morning ritual of entering the Healthy Start building provided them a short opportunity to check-in with people whom they liked and in a place where they felt good about themselves. By lunch time they were to bring back the form, initialed by the teacher that rated the following behaviors as “Good”, “Fair” or “Help”: (1) following classroom rules, (2) following teacher directions without a reminder, (3) raising a hand when asking a question or before making comments, (4) completing assignments, (5) treating others with respect – no touching/name calling, etc., and (6) completing homework assignments. If they received the rating “fair” or “help” they would receive instruction as to how to improve in these areas. Instruction was oriented around these main principles as explained by the school’s psychologist:

The most effective work occurs in the moment of difficulty to turn them around and not exacerbate the problem. Children need to learn that if I pick this behavior, I can choose this outcome.

Positive reports from the teachers resulted in positive feedback for the children. In addition to the many ways this particular Healthy Start touched the lives of parents, teachers, and children, this practice assured direct and meaningful intervention with a large number of children each day.

Five years ago, before the Healthy Start Program at the school, there were 181 days of suspension. This year (2000-2001) there will be 10-13 days of suspension. - Healthy Start staff

Direct interventions from staff can also be used to address campus violence. At a different elementary school, a Healthy Start case manager states that her major emphasis for the children at the school is to not copy “the violence that they live at home and then the violence that they come and [witness with] each other.” In all the interactions with children and parents and through all the involvement in events, the Healthy Start staff interject hopefulness and high expectations. They speak with children about supporting each other, even though “it (this discussion) is new to them.”

In further support of Healthy Start direct intervention, one young child at a rural elementary school stated:

When I get help here, it helps with my grades because it helps with my brain. I can concentrate better.

### **Guidelines on Direct Interventions**

- The Healthy Start coordinator and staff need to find the balance between being responsive and being able to devote adequate time to develop the collaborative, introduce programs that can serve larger numbers (groups, mentoring), and engage in relationship building with teachers, site staff, and administration.
- Too much emphasis in off-site, collaborative building or fund-raising work leads to questions and skepticism about the program’s usefulness and the site(s’) teachers and administrators can lose their enthusiasm. On the other hand, a complete emphasis on meeting immediate needs can mean that Healthy Start staff are running ragged and not developing the connections with community programs and on site personnel that can assist the helping effort. This dynamic can easily occur if there have been delays in hiring personnel beyond the coordinator.

- The coordinator needs to keep the teachers and the principal abreast of the dynamics involved in delivering responsive, yet responsible service. Through regular and vital 5-minute updates at school staff meetings, lunch room informal discussions, and perhaps newsletters, teachers and the principal can learn about Healthy Start operations and can provide input.
- The principal should be seen as a pivotal force in the service delivery success of the program and he or she should be approached from this perspective.
- The coordinator or Healthy Start staff member needs to follow up with the teachers who make referrals. A common complaint throughout Healthy Start sites is from teachers who stated that Healthy Start did not follow up and inform them of the status of referred children. Some sites have an actual form that they tear off from the bottom of the referral sheet to communicate with teachers. The form takes one minute to fill out. Other sites commit to some verbal feedback for teachers, however brief.
- As more children are being served, the Healthy Start coordinator should begin to examine resources that can be mobilized inside or outside the collaborative that can serve numbers of similarly situated students/families, or consider developing site-based services discussed.

### **Academic and Social Success: Linking and Interfacing With Existing Child-oriented Services**

Programs that can promote academic and social success may already be available in the community or on the school site itself. Sometimes children most in need do not access these programs because their parents are either not aware of their existence, do not understand or trust the services, or do not possess the negotiation skills, confidence and assertiveness to access them. In a later section, the mobilization of resources and the collaborative's role in transforming the service environment will be discussed. This section will focus on Healthy Start's role in making child-oriented linkages. (The section of "Enhancing Family Functioning" will cover family-oriented service linkage.) Existing tutoring programs, boys and/or girls' club, boy or girl scouts, or enrichment activities may provide academic or social success opportunities for children, and, sometimes, only minor facilitation was required to access other programs. For families who had little money, Healthy Start and the Boy Scouts Organization itself had uniforms donated and raised money in order to pay dues and participate in activities. Various teachers and Healthy Start personnel across many sites expressed their satisfaction that Healthy Start was not "just another free hand-out system" but instead functioned in a way to promote the child's and family's self-sufficiency and their appreciation for what was being received.

Healthy Start helped some children to receive eye glasses and helped some families to become eligible for MediCal so that they could access medical care. In addition, the very process of reaching out to some children had a powerful impact on how children felt about being at school. One parent stated:

My children viewed the outreach worker as their angel, the one who gave them presents during the Christmas season.

In addition to linking students to already existing services and resources, Healthy Start played a role in integrating programs that had operated as separate entities. In one instance a new after school program and the regular classroom teachers lacked effective communication. As a result there was little awareness of the child's academic and social progress, or the interventions that

had been tried. Because Healthy Start has contact with the child, Healthy Start brought both parties together to compare notes and begin a pattern of positive communication. This kind of facilitation is also useful for helping tutoring or mentoring programs interface with the teachers. One teacher commented on the teamwork that Healthy Start contributed to:

In addition to the traditional services that are offered by Healthy Start, the staff is so much a part of the campus that sometimes various needs that we (teachers) have are met in indirect ways.

Sometimes family members are not yet involved in community or school based services; however, Healthy Start's involvement with the family's child provides a morale boost, a sense that someone cares about a family member and reduces the family's isolation. In these cases, Healthy Start provides family-like support until the family members are mobilized to seek assistance. One mother of a medically fragile high school student revealed:

Before I got clean from drugs, my head wasn't clear enough to deal with my son's problems. Healthy Start was there to help when I couldn't. Without Healthy Start, my son and I would not be where we are. [While the mother was still in recovery, her son's diabetes issues were addressed and his attendance improved]. We are doing better.

Healthy Start served multiple purposes in this family's life through utilizing existing resources and maintaining a child-oriented focus. More specifically, the Healthy Start program: (1) supported the son through periodic check-ins and brief counseling; (2) addressed the attendance issues by helping the son get medical attention and attend to his diabetes; (3) mediated with the school around the attendance issues and helped the mother express the seriousness of the medical issues; (4) created a culture of support that developed around the son, which, perhaps, facilitated the mother's seeking drug treatment; and (5) continued to give a morale boost to this recovering, single parent by regularly checking-in with her.

One teacher commended the services from Healthy Start that immediately affect her students' well-being. The efforts pay off in terms of academic and social success:

Healthy Start has been a place to receive support for my students. The program has been able to fix problems by providing shoes, dental work and clothes so I can teach my kids.

### **Academic and Social Success: Initiating Programs**

In many instances Healthy Start initiated programs with an academic/social success focus. Some of these programs were proposed during the planning grant process; in other instances site members reached the realization that particular needs would be more effectively addressed - the total impact at the site would be greater – if a program was developed. Working one at a time with students can be quite powerful for those served and quite rewarding for the Healthy Start coordinator and staff; however, maximum impact is sometimes achieved when similarly situated students can be served with group or program initiatives. Not only are more students served when these initiatives are undertaken, camaraderie among participating students can occur, and teachers are encouraged by the additional numbers of their students who are in some way being touched by Healthy Start. Sometimes, as we will see in the section on “mobilizing community

resources,” program initiatives create opportunities for community residents and community based organizations to be involved in the school.

Some initiated services are designed to address needs that appear to be directly interfering with academic and social success. Other services or programs are focused on youth development, based on available empirical evidence that children and youth will be more academically and socially successful when they are meaningfully and constructively interacting in their environment (Gil, 2000; Bernard, 1991; Williams, 1996; McMillan & Reed, 1994; Malloy & Malloy, 1998; Comer et al., 1996 Goldman & Newman, 1998). Although these two kinds of programs are not, in fact, mutually exclusive, there may be some noteworthy differences reflected in program delivery.

### **Addressing Needs**

Tutoring programs were developed by Healthy Start sites in a few instances. In many other settings, Healthy Start contracted with tutors or interfaced with teacher-based extended day programs. Clearly these programs address the academic needs of school children, and if done well, can also affect the student’s overall commitment to completing work. One parent commented on her daughter’s involvement in a tutoring program initiated by Healthy Start:

I’ve really seen an adjustment in her attitude about doing homework. Before she would never do it, it was a struggle. Now she enjoys doing it.

Tutoring can take various forms: a) after school, b) during school, c) with volunteers or college students, or d) with peers (slightly older students). Tutoring can also be paired with mentoring programs. In this study, mentoring programs are being classified as youth development programs, thus are discussed below.

Skill oriented or support groups are other child oriented Healthy Start efforts that are directed to academic and social success. Successful participants of these groups function better in the academic environment, and more particularly, in their classrooms. Groups at various sites are either professionally or non-professionally run and are focused on creating a problem-solving and supportive environment. Professionally run groups, may, though not necessarily, offer more opportunities to process emotions and provide insight into behavioral patterns. Among the studied sites, Healthy Start programs developed and ran anger management groups, groups for children of divorced parents, and one group for children of incarcerated parents. Anger management groups and groups for children/youth who are, in general, struggling with academic and social issues, were reported to be effective when children have the opportunity to rehearse various scenarios and report their particular successes (and failures) in implementing their new lessons in the classroom back to the group.

### **Youth Development Programs**

Youth development programs are oriented to building resiliency and are not explicitly focused on eradicating behaviors or addressing identified deficiencies. Youth development programs contributed to heightened self-esteem among youth and a sense of connectedness and optimism. Mentoring programs (in over half the schools) were the most common form of youth development programs. Although youth development programs sometimes included a strong tutoring component, the relationship with a consistent adult (or at times older youth) was

stressed. Mentors extended the hearts, arms and eyes of the teachers who spread themselves out among 20-150 students (for high school). Where the teacher's main agenda is to teach curriculum and facilitate learning of the curriculum, the mentor's main agenda is to develop a positive and caring relationship with the mentee. Positive relationships with an adult served as a transforming experience in the lives of various children/youth. One teacher reflected:

Just watching the individual kids I know that I reluctantly gave up on and they're coming back with a different attitude and I realized OK they are doing something. They (the children) could come in and they actually could talk to you.

Although the initial recruitment, training, and finger print screening of mentors is time consuming, the service capacity of the Healthy Start can increase exponentially. Some sites had over 100 mentors and their contributions to the overall school environment (discussed below) was often times significant.

Other resilience or youth development efforts initiated by Healthy Start programs included: (1) a few garden projects (one of which was particularly designed to attract previously isolated Laotian students), (2) explicitly anti-violence activities (puppet shows, police and highway patrol presentations, films, and/or mentoring), (3) art and music opportunities, (4) chat rooms at lunch (middle and high school), (5) career center, and (6) sex education presentations (high school). At both primary and secondary settings there were either health vans or full-blown clinics (four) that improved access of care for families, contributed to an environment of caring on the school site, addressed health problems such as asthma that significantly interfered with attendance, and provided an entrée to meeting with and serving children and their families. In many cases, clothes closets were designed for children and adult access. When children procured adequate attire they could feel more comfortable in the school. At one of the participating schools, children were observed entering the Healthy Start and enjoying selecting coats to cope with steadily dropping temperatures.

Programs that address both student needs and youth development appear to be non-stigmatizing. Only in one instance (high school) did a youth respond that he felt a little awkward about going to Healthy Start, because someone had teased, "that is where the special ed kids go." Healthy Start programs were very strong in presenting a respectful, strengths oriented environment. Children felt appreciated and comfortable in their interactions with Healthy Start programs. These words from a school principal summarize teacher/principal sentiments regarding Healthy Start's relationship with academic and social success:

Our children are the poorest in the District, but test scores are the highest. The API expected gain was 12 but instead it was 130. Healthy Start ensures that students are ready to learn. I attribute some of our success to Healthy Start; it allows our teachers to focus on teaching.

## CHAPTER 4

### FOCUS ON FAMILY FUNCTIONING

There is substantial literature documenting the positive correlation between family functioning and parent or family involvement on the one hand and academic/social success on the other (Epstein, 1996; Epstein & Lee, 1995; Henderson, 1987; Marcon, 1993; Swap, 1990; Williams, 1992). Healthy Start has a variety of intervention modalities that relates to enhancing family functioning. The notion behind these efforts is that if the family is more stable, structured and emotionally and physically healthier, then the family's adults will be more likely to contribute to the academic and social success of their children. Healthy Start family interventions fall into the following categories; particular programs or family intervention efforts often included more than one intervention category:

1. Interventions that address basic needs such as food, clothing, health care, income, or housing.
2. Interventions that provide emotional and skill-building support (i.e., educating parents) that are designed to assist family adults in creating structures and stability that can support their child's (children's) academic and social success.
3. Interventions that enhance the parent-teacher or parent-school partnership and facilitate parent involvement in the school setting. Some of these interventions relate to elements covered in the upcoming section on school climate.
4. Interventions that facilitate parent leadership in the school or community environment.

#### **Focus on Family Functioning: Case Management and Basic Needs**

During the course of this study, narratives consistently emerged from principals, teachers, parents, children, and community members related to Healthy Start's effective work with families. Before the arrival of Healthy Start, these sources said, basic needs issues would often go unmet.

My three (grandchildren) came from abuse, drugs, sexual abuse and medical problems. All three boys were molested. I've had these kids six years...they have bloomed, through the help of everyone (at Healthy Start). If it wasn't for this center, my children would not have had a Christmas, food on the table, Thanksgiving, clothes. (Grandparent)

A Healthy Start coordinator at another setting described the program's overall approach to meeting family needs:

I see Healthy Start as a resource and referral agency, and we do case management. We are there for families if they have a need, and we try to help them meet that need.

Case management is the official modality that provides a framework for Healthy Start's focus on enhancing family functioning. Most Healthy Start sites stated that they work with significantly more than the 25 cases the state requires. Some sites are meticulous about which family help situations they call case management cases; other sites operate from a much more generalized case management definition. Regardless of case management approaches, one Healthy Start

coordinator's words depicted the general theme of case management philosophy found throughout the sites:

We want the children to be healthy. We want them to learn. We want the parents to be able to help their children.

Case management is defined as on-going service delivery to families that require some form of ongoing Healthy Start monitoring. Although it is expected that case managed cases last for approximately six months, the realities of family transience and the continual emergence of new families in crisis, means that sites actually worked with families for shorter periods of time.

Coordinators and staff sometimes complained about not receiving enough training in case management; for those who did receive training, the training recipients were not always sure about its application for the school setting (given that case management models are largely borrowed from work with the chronically mental ill or from child protective services settings). Although sometimes working in a climate of ambiguity, parents, teachers, children, and Healthy Start staff themselves reported on numerous successful case management experiences.

Case management usually commenced after a referral from a teacher. Sometimes this referral was centered on the child's academic and/or social struggles in the classroom; other times the teacher was aware of problems related to the child's hygiene, homelessness, family violence, family disruption, loss of family income, or need for medical, vision or dental care. A few sites generated a referral only after a family service team or student success team had met. Other sites commented that this process would be too cumbersome for them. Some sites had attempted a formal process and abandoned it, because it took too long to pull people together and valuable time was lost. In general sites did best when they at least generated a written face sheet at the time they received a referral. This face sheet had minimal information, including the child's name, address, contact number (if available), reason for referral, date of referral, as well as a running list of relevant agencies and individuals who had been or could be mobilized on behalf of the family. To minimize legal risk, consent forms for receiving service as well as consent forms to give and receive information from particular agencies or individuals were important to include. One site's coordinator described how, at first, parents signed blanket release of information forms which included the names of all the collaborative partners. The Healthy Start began to realize that this practice alienated parents and made them suspicious of the Healthy Start services. This Healthy Start dropped the practice of signing a blanket release and then only asked for release of information forms to be signed when they were needed for the relevant agencies.

There were frequent teacher complaints that they did not know what happened to some of the cases that were referred to Healthy Start. In the instances where teachers were satisfied with Healthy Start feedback, the coordinator spent a lot of energy informing teachers. One particular site had staff who were always on hand and available with information for teachers who came to the family center. In other instances, some formal mechanism was instituted where Healthy Start staff would fill out a tear-away form on the bottom of the referral sheet and drop it in the teacher's box.

Depending on the setting, follow-up case discussions occurred with the school based team which included such members as: coordinator, staff member, principal, teacher(s), and relevant service provider, or follow-up case discussions occurred with a community oriented team which included collaborative members or particular providers. With community oriented follow-up, attention was paid to confidentiality and names would only be used with the family's consent (especially when a specific referral to a community based agency occurred).

Addressing and meeting basic needs is the starting point of case management; however, case management extends into the other family functioning areas listed above: emotional support and skill-building, enhancing the parent-teacher/parent-school partnership, and leadership. Clearly when parents or caretakers are not able to provide for a child's basic needs – food, clothing, shelter, sense of safety – the child's academic performance will suffer.

If we haven't met the needs of the child, we are never going to get to the educational part. I have watched children progress because they have their needs met and don't need to worry...I don't know how we could meet the needs of kids without it [Healthy Start]. (Principal)

All sites had anecdotes of families who were helped in one form or another regarding their basic needs. Examples include: advocating with landlords so that families could have more time to pay rent; facilitating public assistance payments; helping the family locate food or clothing; procuring health or dental care; dealing with family violence issues; etc. Programs, with a few exceptions, were clear about how far to go in helping families. Their orientation was to provide immediate support so that the children would be able to be successful in the school environment and to help adult family members begin to assume responsibility for their own family's well-being. As communicated earlier through a teacher's comment, Healthy Start was not intended to be a "hand-out program" but instead functioned to get families over the hump and to facilitate their own continued progress.

First is their (Healthy Start's) commitment and willingness, but the greatest thing is that they treat them (the families) as equals. They treat them as competent, not dependent – to help them help themselves. (Principal)

### **Case Management Lessons**

The degree to which Healthy Start's case management efforts were rated as systematic was "low-medium" (1.6 on a 3-point scale). As mentioned in the section on academic and social success, families and teachers highly valued Healthy Start responsiveness; however, responsiveness needs to be balanced with responsible service. Some case management services were unstructured to the point where there was little accountability, follow up with teachers, or sense of direction. Mechanisms need to be in place where more than one person examines each case management plan and the progress of the site's cases, and determines the status of a case. (e.g., close, try new approaches, maintain for a period of time, refer, sustain and maintain involvement with various players). The ideal of service responsiveness is attainable when there are a manageable number of service cases that do not require long-term monitoring.

Case management in the school setting is particularly challenging because of the lack of school-based models, and because the focal point of the effort involves parents who have varying

degrees of investment in school success. New case managers particularly need support in navigating the complex school-community environment and discriminating when it is constructive to “do for” versus times when “doing for” is disempowering.

Case management efforts were particularly useful in instances of domestic violence. Children who are caught in the middle of spousal violence, live in an environment of uncertainty and fear that can be traumatizing, and at the very least they can be distracted from succeeding academically. Children in the throes of abusive home situations enter classrooms disturbed, distracted and, sometimes, acting out the violence that they witness. Healthy Start served a role in various instances to help women protect themselves and their children. One parent stated:

They helped me and my kids get into a shelter when I first left my husband, because he was abusive. I needed their help to find out where to go.

Healthy Start played a role in connecting the family to a resource that related to their quest for a safe, secure place to live – a basic need.

A teacher at another school commented on family crises and the availability of Healthy Start to intervene:

When there is a crisis with parents, you just have another avenue to meet their needs.

At another school, after discussing Healthy Start’s effective work with: (1) a family that was displaced because of a fire, (2) a father who died of cancer who had two children at the elementary school, and (3) children who witnessed a knifing in their home, a principal concluded:

I now know we can meet these kinds of needs, and these needs affect learning.

Case management usually began with addressing the family’s most basic needs first: (e.g., medical/dental care, food, housing, glasses and safety) and proceeded with the family’s growth needs (e.g., problem-solving around school issues and skill-building for parenting). In some of the study’s communities with fewer challenges, many interventions began at the problem-solving/skill-building level.

Case management efforts almost always began with direct services to the identified children and then extended to the family. In the upper grades, the emphasis on children was stronger. One case managed middle school parent stated:

Both of my children are beginning to open up more and I have seen an improvement with their grades. I was worried about my oldest boy because he was failing out of school and was constantly arguing. I didn’t know how to deal with this. Since he began attending ...(Healthy Start) activities, his grades are much better and the arguing is slowly decreasing.

### **Focus on Family Functioning: Emotional Support and Skill-building**

One grandparent was emphatic about the central role that Healthy Start program can have in the betterment of family life.

I just do what the Lord tells me to do. I've had a hard struggle and I've had no one to help me but these (Healthy Start) people. If it wasn't for these people, I wouldn't have made it.

Case management's reach extended into emotional support and skill-building for parents. The very act of assisting families in meeting their basic needs often was the beginning of their experience and sense that someone cared. Parents, family members, and observers of Healthy Start interactions with families consistently praised Healthy Start's respectfulness of parents. Healthy Start programs conducted home visits in all instances. Home visits helped parents overcome their own transportation limitations and permitted them to reveal intimate family life with the school. The visits served to enhance the degree of connectedness and support the parent experienced with the Healthy Start worker.

Regarding Healthy Start's impact on emotional support for families, one parent commented:

Healthy Start has helped me and my family improve our spirits...I hope this program continues so that other families can benefit like we have.

Statements like these are particularly noteworthy in light of literature that documents the destructive impact that parental depression and hopelessness have on children and youth (Weissbourd, 1997).

"Support the families' abilities to support its children" was reinforced with skill-building for parents and families. Skill building occurred a) during the case management process, b) during brief family or parent interactions (sometimes referred to as "limited service" and do not include ongoing work, multiple referrals, or systematic monitoring regarding homework completion or other matters, and c) during Healthy Start sponsored classes. Specific training/education included: parenting skills, "parents as teachers", nutrition, budgeting, English as Second Language, literacy, GED, etc.

### **Focus on Family Functioning: Parent-School Partnership and Parent Involvement**

What, in general, distinguishes a middle class or upper class community from a lower income community are the differing degrees to which community parents feel comfortable coming onto their children's school campus and the degrees to which they believe that they can make a difference in the academic success of their children (Flaxman & Passow, 1995). Strong, confident parent involvement in the academic success of their children can transcend class differences in academic achievement, and this strong involvement can be cultivated through enhancing the parent-school partnership. Healthy Start has made a strong contribution to enhancing the parent-school partnership. Coordinators, teachers, principals, and parents consistently mentioned that since Healthy Start's inception at the site, many more parents were involved on campus, even at the higher grade levels. As one coordinator said:

People are more receptive when they sense the school really cares...Anytime you have more interaction overall, there is less resistance when you have one of those negative (regarding academic or behavior issues) calls.

Because of Healthy Start's helpfulness and respectfulness and their efforts directed toward constructive parent involvement, there were consistent reports of increased and more effective

parent interface with the school and teachers. One parent at an elementary school discussed how her children were feeling better, were doing better, and were happy to see her on the school's campus:

Healthy Start has given me the confidence to reach out and seek services for my children if others cannot help.

A teacher at the same school stated:

Parents are not just coming to school when there is trouble, but they are also seeing their children's work.

At another elementary school a principal, a teacher, and a parent concurred on themes related to school-parent partnership:

I can say that what I have observed is that parents feel supported and know that their feedback is considered and respected. (Principal)

Healthy Start has been the bridge between the community and the school. Parents feel heard and understood. They feel part of the child's progress and academic success. (Teacher)

I have a close relationship with the teachers. Healthy Start services have been helpful in developing this relationship (Parent)

In general, parents talked about how much more prepared they felt to help their children and to talk with their teachers.

I can help them (my children) feel better about themselves. The parenting class has helped me become more involved with my kids.

The Healthy Start programs demonstrated a consistent theme related to building school-family partnerships. Healthy Start programs were perceived as welcoming and helpful and respectful of parents. Healthy Start programs intervened when there were impasses between families and teachers or families and the principal. Healthy Start demystified the Student Study Team (SST) process and reached out to parents and visited them in their homes with culturally competent workers. Healthy Start also organized classes or workshops that enhanced parent self-reliance and confidence, like parenting skills, ESL, and "parents as teachers." (ESL classes were consistently had the highest attendance.) Although parenting skills classes had low attendance, leaders sometimes emerged from these classes who could assist other parents. Some one-shot workshops were successful and established connections with parents that were long-lasting (e.g., attention deficit disorder, and asthma).

Healthy Start was active on some campuses during parent-teacher conference days, and in some instances participated actively in the Nell-Soto home visitation grant. Healthy Start encouraged two sites to apply for the teacher home visitation grant because the staff believed that teacher home visiting would facilitate the site's parent-school partnership. In one instance, Healthy Start assisted in training teachers for home visitation and in others accompanied teachers on these visits.

Some Healthy Start programs were called “family centers.” Medical care was available at four sites, clothes were available, and sites generally made strong efforts to reach out to parents. A variety of additional regular services included coffee for parents, a van to help parents get to emergency appointments (three sites), use of Healthy Start computers to publish resumes or school-related flyers, and a free phone dedicated for parents (two sites). Informational brochures in different languages were available at some sites and parents expressed appreciation.

Some sites experienced district-based barriers to hiring parents but found creative ways to pay stipends or hourly wages to parents who participated in Healthy Start activities. One site gave a sack of groceries for each ten hours of volunteer service. Sites spoke about the need for available discretionary funds to meet unforeseen needs or to pay minimal stipends for parent work such as childcare during parent activities.

A major endeavor at various sites involved providing health fairs and dental screenings. The events were designed to inform about health and dental options and to assist parents in making the link with actual providers. Some of these activities were highly successful, creating access to service that parents had assumed were unavailable.

Dental screenings sometimes resulted in a positive affect on the entire school. Comprehensive early dental intervention means that some children will not become “cases” – in other words, children who have toothaches and school disruptions then demand intensive intervention, service linkage and advocacy.

### **Outcomes of Family Functioning Focus**

Many Healthy Start programs were effective in meeting individual basic needs of families as well as comprehensive school wide needs through broad based efforts such as dental screenings. Parent (guardian) involvement in their children’s academic and social success was enhanced, and teachers consistently reported that they believed that Healthy Start was addressing family issues that they could not address due to time demands and their own inexperience. Similar to efforts directed toward academic and social success, teachers experienced a “helping hand” in the form of Healthy Start. Furthermore, teachers learned to appreciate the struggles of parents and learned how to constructively and respectfully set expectations for parent involvement in their children’s academic success.

Healthy Start provides a point of access for the many parents/grandparents, who themselves have not found a way into the school. As noted in the school climate section, Healthy Start often created a trusting, caring, accessible environment that motivated parents to reach out and become involved. One elementary school parent summarized her sentiments:

Healthy Start makes me feel comfortable at the school. I trust Healthy Start and the coordinator.

Increased parent leadership also emerged as a result of Healthy Start’s presence. Parents played major roles in planning events and creating an increased adult presence on campus. A few school sites claimed that Healthy Start could be credited with enhancing school safety, partly because of the successes the programs had in mobilizing parents.

Skills that parents learned in Healthy Start-sponsored classes sometimes led to their making efforts to help parents in similar situations. An example involved a grandparents' support group that actually prevented a fellow group member from becoming homeless by helping her financially, providing her with furniture, and fixing up her (and her three grandchildren's) 'new' apartment. In another setting, a parent who had been locked out of her house knocked on the door of a parent who was a stranger to the woman who had been locked out. The nearby resident/school parent let this woman stay inside until she could resolve her situation. The principal saw this incident as a simple, yet powerful example of how the community was becoming more trusting and interdependent and asserted that three years ago (before Healthy Start's inception), reaching out for help in this manner would have been highly unlikely. Given the community's history with crime and fear, Healthy Start's contribution to creating a sense of community was important.

In the community mentioned above, as well as other Healthy Start sites, transience rates decreased (one site officially reported a decrease of 7%). The potential for Healthy Start to make an impact on transience merits further investigation, given the devastating effects that transience has on many lower income schools (Weissbourd, 1996).

One principal discussed how Healthy Start and support services were essential in today's schools.

Seven or eight years ago we came to the realization that you can't just do it all in the classroom.

## **CHAPTER 5**

### **FOCUS ON SCHOOL CLIMATE**

“I hate school” is a familiar refrain among children in the experience of this primary investigator, and, although parents and guardians are usually careful not to echo these words to their children, their [the child’s] behavior often suggests that the school environment is experienced as unwelcoming and unpleasant (Hooper-Briar & Lawson, 1996). Healthy Start programs in this study had a major positive impact on the overall school climate. The impact was more intense for programs that were school, rather than community, based and for programs that were single site, rather than multiple site, programs. Healthy Start’s impact in the arena of school climate influenced children, parents, teachers, principals, and community members. The consistency and the depth of comments related to school climate issues were the most surprising finding of this study.

Healthy Start programs impacted school climate through their steady, caring and effective presence, as well as through the special events that they helped organize. One community service provider commented on the effect that a Healthy Start had in an economically depressed, community:

The teachers feel like they have someone they can go to and the community has someone they can go to. Healthy Start can change a school that is just dead and dreary.

The provider’s comment, also, has major implications for recruiting and retaining new school teachers for low income communities. The California Department of Education (2001a) reports that 30,173 new teachers are expected to be hired throughout California for the 2001-2002 year alone. Given the disproportionate numbers of teachers working from emergency credentials in low income areas (California Department of Education, 2001b), manpower shortages are particularly acute in schools that serve low income students. The primary investigator notes that dead and dreary schools do exist, and Healthy Start can represent an infusion of life and hope that begins to turn the school around. Without this infusion, some schools become brief stops on the road; motivated and skillful teachers (and principals) often leave these schools at the first opportunity, and these schools become a revolving door of teachers, principals and children (Weissbourd, 1996).

#### **Caring, Trust and the School Climate**

During the investigations it was consistently mentioned that Healthy Start created a sense of caring that was unique to the general school environment. Parents and children may experience that individual teachers care, but because of the heavy academic focus of schools and the degree to which schools must educate, discipline and regulate large numbers of children with minimal supports, schools may not always been perceived as caring institutions. In this study, Healthy Start’s caring motivated children to do well and to face and overcome challenges. Caring also motivated parents and family members to form partnerships with the school and to become involved in their child’s education.

Caring and trust were often mentioned together. Children, youth and families trusted the school when they sensed that people cared about their success and well-being. In a numbers driven environment (e.g., test scores), objectifying children becomes particularly easy; creating a caring school climate becomes an even greater challenge today. One teacher commented on her sense of Healthy Start's role in caring for children:

I think because the program exists and because they [the children] realize that their needs will be met, they feel that both the school and Healthy Start care what happens to them. Prior to them being involved with Healthy Start, these children didn't feel like anybody cared.

A parent at a different Healthy Start site, 600 miles away, commented on the issue of trust:

You can trust the [Healthy Start] staff. If they promise something, they do it. At first, I was hesitant, but I have personally experienced their commitment.

At another school, considered a model for enhancing school climate, Healthy Start was at the center of a caring and trustworthy environment. Although the school experienced large test score gains (nearly the highest of our sample), the principal and the Healthy Start coordinator set a "Kids First" (more than curriculum first) tone. One teacher commented:

Our principal doesn't put that heavy thing (test scores) on our backs. He's saying let's meet the needs of these kids; let's make a difference. Everyday you walk into the classroom, let's make a difference. Because of that all our hearts are here. We see tremendous growth with our kids. He's good about saying don't teach to the test...teach to the child's needs.

The Healthy Start coordinator at this school mentioned the role that caring had on her school's parents, particularly the poorer parents:

People are more receptive when they sense the school really cares. Parent-teacher trust is a lot higher than it was before we had this program. (The coordinator was a school parent; thus she had a basis of comparison.) Parents feel more part of things so obviously they will feel more trusting. Healthy Start has made people feel more welcome.

The parents corroborated the coordinator's account. One stated that:

The doors are never closed. People are here with their hands open. They never get short with the children. They never shove them away; they never say I don't have time for you.

The open-door policy was a reflection of elements discussed earlier regarding service responsiveness. First, this Healthy Start had three professional staff and a clerical person. These numbers assured that someone was always on hand to meet children and families. Second, the coordinator was particularly dedicated to being present at the school rather than at district meetings or community functions. Her presence helped the program develop a great degree of community credibility and allowed her, as well as her staff, to meet the needs of children and families who freely entered the building. Third, the program was predicated on responsiveness rather than systematic work. The satisfaction of the children, parents, teachers and principal demonstrated that programs are probably better to err on the side of over-responsiveness rather

than on the side of a tightly controlled referral process that allows for greater systemization. Fourth, the space was ample and particularly child and parent friendly. Children and adults were warmly greeted, coats and extra clothing were available, parents had a phone they could use, and children could work on five different computers that were available at 7:00 a.m.. everyday. This school also had an innovative behavioral program that touched nearly 110 children daily, and there were probably 200 different children that passed through the Healthy Start family center on the two days this researcher was present. The following comments reflect the school climate issues relevant to this model setting:

A bunch of kids come over here in the morning because it's a nice place to be; they feel cared about and nurtured and they have people here that they have a relationship with that they would not otherwise have...Last year a photographer doing school pictures said your kids look happy and I think that comes from that deep level of caring and a school wide idea that you can address issues, other than (the attitude) well they just come from poor homes and you can't do anything about it. Well you *can* do something. (Principal)

Healthy Start has the freedom to get out of the box; there is the opportunity to adjust the setting. (Healthy Start Staff)

When I was in school we didn't have anything. Healthy Start cuts down on kids running the street. (Parent)

You can see the difference between here and other schools. The people are supportive and the kids are enthusiastic. It's a real good feeling coming here...It's a totally different environment. – Sheriffs Department / Collaboration Member

### **Focus on School Climate and Feeling Safe**

Sometimes feeling safe refers to the sense that one is minimally vulnerable to being attacked or threatened. In other instances feeling safe means that someone can present themselves as they are – problems and all – and encounter a non-judgmental and helpful environment. In previous sections, we discussed the ways that Healthy Start contributed to school community safety, the first definition of safety. Healthy Start also became a place to go and receive non-judgmental and helpful attention. One middle school teacher commented on the “much healthier relationships that had been taking place” since Healthy Start's inception.

(Students are) feeling safe with having a place to go if they need help. I think this program has saved children's lives.

Another teacher at the same middle school used comparable language:

They know they have a place to go. It's a safe haven. We have some kids that have some real needs and those needs are being met, where (years ago) they could have been unmet.

A high school principal spoke of the need for Healthy Start to pursue and realize the goal of creating a safe environment:

The biggest thing is trying to get the students to feel very safe, that it's (Healthy Start) a good place to go if they have a need.

In at least three instances, Healthy Start was noted for the contributions it made to enhancing physical safety. In especially high crime areas, Healthy Start played a role in organizing the community and in increasing the adult presence on campus. In selected sites, coffee and doughnuts were consistently available to community adults and Spanish speaking workers enhanced the overall cultural competence and accessibility. When parents experienced greater access to the school through Healthy Start, racial polarization at schools declined. Racial conflicts may be greater when parents are on the outside looking in rather than when they are invited in and offered vehicles and culturally competent workers with whom to engage. At one highly diverse elementary school, the Healthy Start coordinator commented that Healthy Start has provided the school with a better sense of community, tying together families with diverse backgrounds.

### **A Chance to Connect with the School for Parents, Teachers and Children**

Healthy Start's presence served as a positive force for parents, teachers and children. One teacher at a high school stated that because of Healthy Start:

Working at this school has been the best experience in my twenty years of teaching.

A parent at this same high school stated that:

Healthy Start especially provides an opportunity for connection with the school. The high school administration is intimidating.

At a different high school a child emphasized:

It feels like family when you come into the Healthy Start office.

This family feeling is particularly important in large high schools where student: counselor ratios are nearly 1,000:1 (the highest in the country), and counselor's job roles are organized the same way that they were forty years ago (Traub, 2001).

This child stated that Healthy Start contributed to her grades' improving

because they make me want to come to school. I know someone is interested in me and what I'm doing, so I look forward to coming.

The school's principal elaborated upon the family feeling created through Healthy Start's presence:

As Healthy Start has come on board, it has added to the whole student support aspect of the school. It intervenes and interrelates and strengthens other areas as well.

### **Creating Hope and an Environment of Respect**

Some parents, who are already reluctant to enter the school environment still feel uncomfortable, based on reactions from school staff. Although educators can cite a multitude of studies verifying the association between parent involvement and academic success, schools are sometimes not effective at reaching out to parents. One Healthy Start coordinator stated that she knew that her school's Healthy Start program was valuable:

when it became a place for parents to come instead of waiting for a half an hour in the office before getting help.

At another elementary school, a teacher commented:

There has been more rapport with the community. There has been more flexibility to do certain projects because they are on site.

A ten year old student commented about his interactions with Healthy Start at yet another elementary school

I feel like coming here. I feel good...They treat me with respect.

At this particular school, a parent stated that “our children feel loved here” and a school teacher offered her assessment:

The teachers, students and parents have been blessed with the program. The staff is accessible and willing to help...I don't know what we would do if this program disappears.

### **School Climate and Limits of Parent Involvement**

Healthy Start sites created environments, programs and opportunities that facilitated parent involvement and in some cases dramatically improved the connection that parents had with their children's education and their children's teachers. The overall picture, however, was still one with limited parent involvement, and often times there were disappointing turnouts for events or programs. What appeared different at meaningfully integrated Healthy Start schools against traditional low-income schools without Healthy Start Programs was that at least increasing numbers of parents were coming in, teachers and parents described their interactions more favorably, services were provided, and family-centered events were held. A variety of services and events meant that everyone from monolingual Spanish speaking farm workers to well educated, savvy professionals had a variety of vehicles that served as access points. Cynical words regarding parent involvement were not found among Healthy Start staff. Although the investigator had expected to find a relatively high degree of burnout among Healthy Start coordinators and staff, instead, optimism, dedication, and low burnout were found.

### **Practices to Enhance School Climate**

Here are some of the practices attributed to enhancing school climate that the investigator could recommend.

- Facilitate teacher appreciation of parents. – Provide training and assist with home visits.
- Have the Healthy Start building/room be as welcoming as possible. – Consider the size of the building, the appearance, and the access (placement within the school campus). Is it child-centered, family centered or staff-centered?
- Focus programs on building resilience. – Art programs, gardening projects, community volunteering, parent classes and programs that parents request.
- Provide brochures and written materials for parents and children (especially teens) in appropriate languages.
- Maintain optimism; be as responsive as possible to teachers, parents and children. People are accustomed to non-responsiveness; you will become credible when you can break that mold.
- Insist on attaining and maintaining enough staff that you can have a consistent presence at your site.
- Offer coffee, open houses, child care for parents

- Invite the police to play a positive role at the school in terms of teaching safety and enhancing relationships with the community. School based involvement also gives the police a more positive opportunity to learn about and invest in the community.
- Allow parents access to computers and, if possible, phones.
- Be present before school opens and after it closes. Maintain an open door to the greatest extent possible.
- Socialize with children/youth at recess or lunch. One site had lunchroom chat groups for high school students.
- Conduct all interactions with the highest level of respect. See the strengths in everyone: teachers, parents, children, principal, co-workers, and community providers.
- Organize Saturday clean-ups en lieu of detentions.
- Provide character education to deal with violence.
- Involve youth groups in conducting surveys and improving the school environment.
- Hire parents whenever possible.
- Plan how to address behavior issues while serving large numbers of children. Consider parent involvement.
- Organize or be part of organizing parent patrols for safety.
- Provide diversity training to staff. Educate teachers regarding the dynamics in the community. Discuss how to maintain high expectations within a low income community.
- Bring services into classrooms.
- Organize teacher appreciation days and/or teacher breakfasts.
- Organize health fairs and fun events.
- Provide thank you notes for positive efforts made throughout the campus.

## **CHAPTER 6**

### **FOCUS ON MOBILIZING COMMUNITY RESOURCES**

A central mission of Healthy Start is to mobilize resources on behalf of school children and their families. The Healthy Start staff and the coordinator can reach only a limited number of children. Furthermore, Healthy Start's charge is to build the investment of community members and providers so that significant elements of service and activity will remain after Healthy Start's funding from California Department of Education period is over. Schorr (1989) spoke of the need of school based efforts like Healthy Start because, partially, of the potential to reduce unnecessary service duplication. In today's service climate, the issue for children and families is less about duplication of services and more about whether any appropriate service can be mobilized to address children or family needs. If some duplication or overlap exists, it can be positive, because overlap makes it less likely that people fall through cracks.

#### **Bringing In More Than Referring Out**

Healthy Start programs that mobilized practitioners, para-professionals and volunteers to make an impact on the school site were generally the most effective programs. When successful, Healthy Start resource mobilization efforts made the school a hub of activity and enhanced the school climate, and in particular, the level of caring that could be found at the site. Families and children gained access to services and activities that had not been available to them when these services were located within the confines of off-campus agencies.

High schools and middle schools had more youth centered programming and services while elementary schools had a greater balance between child and family centered services. However, middle and high schools did offer some parent programs (e.g., classes, counseling, short-term support).

When agency or community staff (Americorps, college interns, paid parents, volunteers) were consistently out-stationed at a site, particular family or child needs were met, and the office had a greater adult presence that lead to greater overall responsiveness. These out-stationed staff were sometimes mental health workers from the county, public aid workers, or Child Protective Services (CPS) workers. Some sites made special efforts to assure that information learned regarding a family's living situation could not lead to public aid sanctioning because building family trust of Healthy Start was so important.

More often than out-stationing staff, service providers delivered targeted services for a few hours each week, or in one or two episodes at the school site. Agencies delivering mentoring programs, parks and recreation, community medical or dental services (screenings and referral to MediCal accepting dentists), English as a Second Language (ESL) through adult education, block clubs, boy or girl scouts, art clubs/activities, police, and community food pantries were serving children and families in an episodic manner.

In one observed case (not in study sample) a program with a significant staff was out-stationed at a school based Healthy Start site; however, there had been no prior discussion or planning regarding how this program would interface with the Healthy Start. In the end, this program's

presence provided more bodies in the Healthy Start trailer; however, the bodies did not contribute to Healthy Start or the school. Instead the bodies took up needed office space. This kind of pseudo-collaboration is not desirable.

Other provider relationships were very important even though the provider remained off-site while it served the school's parents and children. This arrangement was more common in multiple site programs. Eye glasses providers do their work off-site as do public libraries, and other providers. A boys and girls club, for example, may provide a mentoring program on-site; however, involve children in additional programming at their center, off-site.

Healthy Start's presence, at the very least, forced community programs and agencies to examine the way they conducted business. Strong collaboratives discussed issues related to service access, and an increasing number of provider decisions were made on the basis of community access and service integrity rather than provider expedience and tradition.

### **Collaboratives**

There were a wide variety of practices regarding the organization and maintenance of collaboratives. Sites that built strong camaraderie and working relationships within their collaboratives had frequent early meetings (from once per week to once per month) for the first four to six months of the operational grant. Participation had been cultivated from the time of the planning grant; however, some members joined later when it became apparent that their participation was important for the well-being of the site. There was a purported ideology, as expressed by this coordinator, regarding collaborative decision-making:

The collaborative shares the power of decision-making but also the responsibility...a lot of growing happens when you share power.

In practice, however, most collaborative members seemed to be comfortable with deferring to the Healthy Start coordinator regarding the direction of Healthy Start and decision-making involving service delivery at the school. Collaborative members did not appear to wish to become involved in the daily business operations of the district or site-based politics, but preferred to contribute their regular and/or specialized services. It was possible to cultivate visionary collaborative member thinking; although it did not appear to be the norm.

At a site where the collaborative was the best functioning Healthy Start component, the principal, the teachers, the parents, and the collaborative members themselves believed that there were more eyes and ears involved with the school, and they attributed part of this transformation to the collaborative. The principal, citing an actual case stated:

Now people can say, I got locked out of my home, can you help. Before you didn't have that.

When a collaborative member at this site was asked what her agency would do if the budget for her program were reduced or eliminated, she indicated her agency's buy-in:

I'm hoping we can still come in and help. We have a commitment to the kids. I don't feel that any of the agencies involved in this Healthy Start would totally separate themselves from the school. Because of the connection we've made with each other and with the kids, we would not abandon this program.

Best practices regarding sustainability needs specific attention and study. Sustainability issues relate to program success in: (1) in procuring funds; and (2) in maintaining involvement and service levels in the face of reduced funding.

Some collaborative efforts focused explicitly on safety and crime. The police at one site emphasized that the community take ownership of the local crime problem and, thus, trained a school parent patrol. The school also received a face-lift and early returns indicated fewer acts of violence around the school campus. One police officer who was a collaborative member stated:

We're like the pesticide. The bad guys go away...(Our involvement in Healthy Start) has changed the police. The Lieutenant is more responsive to the community. People know who the people are here (the community is less objectified).

Collaborative members engaged in problem-solving together regarding service delivery and general Healthy Start issues and discussed and developed mutual strategies regarding particular families and children. It was rare that the collaborative functioned as a regular staffing entity to assess the status and intervention plan of the client. This arrangement did occur when the collaborative was organized to meet community basic needs and the Healthy Start's primary purpose was to bring disparate forces to bear on behalf of the needs of families. (Healthy Start was considered the "hub" or coordinating force of the community programs.) A multiple site program worked with this philosophy regarding the collaborative:

When Healthy Start cannot directly help, we can find someone that can.

The composition of the collaborative was important. Some individuals represented agencies that made a major service contribution to the families and/or children either in the school or in the community. Teacher activity in collaboratives ranged from non-existent to very active. In instances where teacher involvement was present, the collaborative gained valuable insight and Healthy Start became more integrated and credible within the school. Principal involvement in the collaborative was positive and sometimes negative. When the principal was supportive of Healthy Start, its mission, and the collaborative partners, principal involvement became a blessing. When the principal was involved in the collaborative to control the direction of Healthy Start, then he or she was an inhibiting force. Sometimes the collaborative needed the opportunity to strategize in meetings where the principal was not present. One coordinator needed to consider these dynamics and, at times, organize small work groups. Beyond service providers, politicians (e.g., state senator, assemblyman/woman, county supervisor), people with connections to foundations, parents, and volunteers were also effective members.

Some sites identified core collaborative members and met more often with those members and met only occasionally (from one to four times per year) with more peripheral members. Healthy Start coordinators should focus on building a collaborative of people who are willing to contribute tangibly to the site more than with people who simply attend meetings. Some people only want to be part of the effort at the school but do not wish to attend meetings. These people's contributions should be appreciated; they can be informed about the work of the collaborative through a newsletter or a quick call from the coordinator. These kinds of interactions met the

needs of some service contributors who were at sites with little formal collaborative structure and who wanted to feel more informed about what was taking place at the school.

Collaboratives attracted members who cared about the school community and also those who believed that their involvement was beneficial for themselves as well as for the school. Outside agency providers were able to gain access to their clientele through Healthy Start. For example, a local community college traditionally taught ESL classes with fairly poor turnouts. Some monolingual Spanish speaking parents did not feel comfortable going to the community college, while others, perhaps, found the location inconvenient. Healthy Start publicized these classes, offered space for these classes, framed the purpose of these classes as being a boost for the Latino children's academic success, and it provided child care. These classes brought in three times more enrollment than the college-based classes. The community college could document greater numbers of students served, and the Healthy Start site had more parents taking ESL classes with trained community college teachers. One collaborative member expressed the healthy start-community agency mutuality that was relevant for him:

The Healthy Start has been invaluable because there needs to be a strong link between schools and (County) Health and Human Services. A lot of time school teachers are the one to identify the child's health or human service needs...I expect this program to continue; it is one of the best the schools have come up with.

A collaborative member at another site reported:

Healthy Start has helped in the past and present by giving an inside look into the school and keeping communication open with administrators and teachers.

Collaboratives also played an active role in writing for and procuring community development money that was immediately relevant to family and school functioning. At one site, the collaborative successfully gained or was in the process of gaining funds for: Americorps workers to be based at the school; a community center; and a parking lot for the school, which was designed to enhance parent access to the school. Some sites reached out to clergy in the area. Others involved medical providers to the extent where they were either able to establish a school-based health clinic or get a commitment from local doctors to see patients for free.

Consistently, coordinators, principals, Healthy Start staff and collaborative members discussed the need to be flexible about the organization and implementation of programs.

You establish a collaborative problem-solving framework and whenever problems come up, you go and seek the missing partners that you need to solve that problem. (Coordinator).

In addition, Healthy Start needed collaborative problem-solving to occur between meetings, and the collaborative needed to fine tune services to meet outcomes. In assessing the work of the community collaborative, one high school teacher stated:

Healthy Start provides services that students may not get any other way.

A Healthy Start staff member at an elementary school concurred with this assessment:

Community agencies in the collaborative make a strong contribution to the school to kids and to families.

Collaboratives played these roles because they increased the service capacity and the institutional and adult commitment to serve school children and families. The collaborative structure moved agencies and providers out from the four walls of their sites to examine the ways in which they could make a difference for the community's school children and families. One collaborative member reported how she felt so proud of the local school's increased SAT-9 scores, and how before Healthy Start, she would have had no idea about the success or lack of success of the neighborhood school.

Collaborative member investment meant that their agencies would more rapidly cut through red tape inhibiting service.

In one case a child who had slurred speech and whose gait appeared to have changed was referred to a medical provider who had a connection to Healthy Start's collaborative. This child ended up having a brain tumor and he was successfully treated. The child's teacher reported that this case would have likely not received the necessary attention had Healthy Start not been involved.

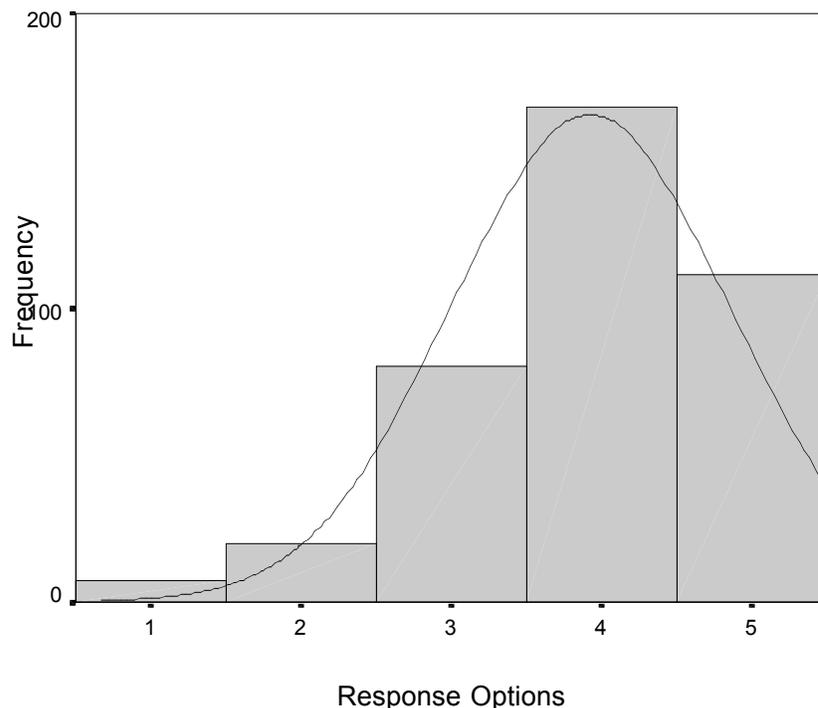
The main leader of the collaborative was the Healthy Start coordinator in all but one instance. The coordinator called for meetings or gatherings, established the agenda, facilitated meetings, and framed discussions relevant to the Healthy Start's mission, program implementation, and sustainability. Collaborative meetings were also an opportunity for agency and community information sharing. There were two instances where the coordinator was relatively inexperienced and lacked strong facilitation skills. It is recommended that the coordinator seek honest feedback regarding the productiveness of meetings and consider implementing rotating co-facilitators and/or receive training in group facilitation skills. Periodically, the coordinator should evaluate the healthiness of the collaborative against such benchmarks as: (1) the number attending collaboration meetings; (2) the number making meaningful contributions for the school site's children and families; (3) the degree to which there is clarity of direction and purpose when the collaborative members do come together; (4) the degree to which satisfaction is expressed among collaborative members regarding the collaborative's process; and (5) the degree to which sustainability can be articulated and is likely.

## CHAPTER 7 FOCUS ON SCHOOL/HEALTHY START INTEGRATION

Healthy Start Programs varied in the degree to which they were integrated with their school sites. Effective integration involved the following concepts: (1) teachers knew about Healthy Start and its programs; (2) teachers and the principal viewed Healthy Start as part of the overall school effort; (3) Healthy Start was believed to be a valuable asset; (4) an adequate level of communication flowed back and forth between the teachers/principal and Healthy Start; (5) Healthy Start was visible at school functions and staff meetings; and (6) Healthy Start played a role in mobilizing the school's staff to participate in various activities or Healthy Start sponsored functions.

Teachers' responses to a questionnaire item, (Item 3) regarding how well Healthy Start was integrated with the school were positive, though they generally fell toward the upper end of the category, "Unsure." The qualitative data supported the conclusion that it was common to find teachers whose awareness of Healthy Start at their school sites was minimal, or who viewed Healthy Start's work with children or families to be disconnected from the day to day life of the school. These factors may have contributed to a less positive response (mean score = 3.92). than responses regarding whether or not Healthy Start had made an important contribution to the school (mean score=4.23). Teachers were not widely diverse in their opinions ( $s = .93$ ), and tended toward a stronger than expected positive response (skewness =  $-.785$ ). The chart below displays the frequencies of the responses on each option distributed against the normal curve, with the percentages of the sample responding on each option.

**Figure 9**  
**Healthy Start is Well-Integrated at this School Site (Part of the School)**



For each response option, the chart above indicates the frequency of response among the teachers. The table that follows provides percentages of responses for each option:

**Table 5**  
**Healthy Start is Well Integrated at this School Site (Part of the School).**

<i>Response Options</i>	<i>% of Response</i>
1 Strongly Disagree	1.8%
2 Disagree	5.1%
3 Unsure	20.4%
4 Agree	42.9%
5 Strongly Agree	28.3%

Level of integration was a strong predictor of perceived success of the Healthy Start program. Data analysis indicated that teachers' perceptions of how well integrated Healthy Start programs were with school programs highly correlated with their perceptions regarding whether Healthy Start made important contributions to the school site (Item 1) and whether Healthy Start enhanced academic success (Item 2). Correlation coefficients (.675, .656) suggest the potential to predict future responses, based on the strong demonstrated relationship (confidence level is .01 on both items).

**Table 6**  
**Correlation between Item 1 (Q1) and Item 3 (Q3) = .68**

		Q1	Q3
Q1	<i>r</i>	1.000	.675
	Sig. (2-tailed) **	.	.000
	N	392	386
Q3	<i>r</i>	.675	1.000
	Sig. (2-tailed) **	.000	.
	N	386	386

\*\*  $p = 0.01$

**Table 7**  
**Correlation between Item 2 (Q2) and Item 3 (Q3) = .67**

		Q3	Q2
Q3	<i>r</i>	1.000	.656
	Sig. (2-tailed) **	.	.000
	N	386	386
Q2	<i>r</i>	.656	1.000
	Sig. (2-tailed) **	.000	.
	N	386	392

\*\*  $p = 0.01$

Such high levels of agreement and positive regard may, initially, be suspect. However, follow-up interviews with randomly selected subjects supported, for the most part, the statistical analysis. Interpretation of the data indicated that Healthy Start programs that were well integrated were perceived, both, to make positive contributions to schools and to enhance academic success.

### **Healthy Start/School Integration Outcomes**

When Healthy Start programs were well integrated into the school site, teachers, parents, and administrators knew about Healthy Start and its programs, then teachers referred their students to Healthy Start. Furthermore, Healthy Start staff were invited to Student Study Team meetings, Individual Education Plan meetings and staff meetings and school functions; and principals and teachers viewed Healthy Start as a viable problem-solving force concerning individual children or groups of children. Frequently, newer teachers sought support from Healthy Start to assist them with behavioral problems and Student Study Team referrals included Healthy Start interventions.

When the school sponsored large events (e.g., back to school night) or teacher activities (e.g., home-visiting or extended day programs), Healthy Start had some role in these endeavors. On the other hand, when Healthy Start organized various activities (e.g., dental screenings), teacher and school support (e.g., actual attendance or publicity with class parents) was evident. Healthy Start programs at integrated schools received a wide base of teacher referrals. Feedback regarding the progress of referred students occurred, and if it did not, at least teachers knew where they could find relevant Healthy Start workers with whom to speak.

The integrated Healthy Start Programs were the programs that were able to make an impact on school climate. They inspired trust among parents, children, teachers and principals. Programs that were responsive were regarded as more integrated.

Programs that were not integrated suffered from low visibility. Multiple site programs and off-site programs struggled disproportionately more with visibility issues. When programs were not as visible, a lower percentage of teachers referred students. Healthy Start-organized events received less teacher or principal support, and Healthy Start efforts were perceived as being outside the purposes and main endeavors of the school. In some cases, teachers (as well as parents and children) were not aware of Healthy Start supports and services.

The Healthy Start integration dynamics seemed to fit into various patterns that could be described as cultures. These cultural patterns are induced from the data as: Complementary/Integrated Culture, Marginalized/Counter Culture, and School Bound Culture.

### **Complementary / Integrated Culture**

This program is integrated into the school's central purpose – the academic success of the school's children – and pursues avenues that address this purpose as well as avenues that the regular school staff (principal, teachers, and limited support staff) barely can address because of role, time pressure, or limited expertise. This program enhances the parents/family members' access to the school; it contributes to a spirit of trust among and between community members, families, and staff; and it concretely addresses needs of the school's children and families. Teachers experience that they receive help with children's situations that previously received less attention. This program is involved with school efforts and activities in such a manner that the

school's work is enhanced (e.g., mentoring to support academic success and, student study team involvement to support the effective resolution of student/family difficulties). This program receives support from the principal and the school's teachers. The principal views the program as an asset and he or she projects this view to staff; communication between the program, the principal and the school's teachers is a regular occurrence. Though the program is well integrated, it has its own identity marked by space, special areas of focus, and a strong coordinator.

Though the Healthy Start program supports the school's mission, its approach to goals such as rising test scores is more eclectic; it also may organize activities that support family health or parental connection with the school. This program seeks to bring personal, service, and financial resources to the school so that these resources are available *on-site* or are easily accessible in their community locations.

***Advantages:*** These Healthy Start programs can touch the lives of children and families and enjoy the support of the school. Teachers experience that various needs of their children are being addressed, and children and families experience that the Healthy Start location serves as a supportive environment that can deliver services and enhance the desirability of the school. The principal and the school staff report that they understand their families more than they did in the past. Innovation is possible and different school players are not threatened; thus, conflicts and rivalries with Healthy Start programs are not pervasive. The coordinator and others are able to mobilize a force of individuals/organizations that work toward the success of the school's children and families; the community of adults working on behalf of the school widens.

***Disadvantages:*** If a program of this kind is overly present oriented it may have difficulty sustaining itself. This program has to conceptualize that "building relationships" includes relationships with district administrators, potential funding partners and consultants.

### **Marginalized / Counter Culture**

This program toils in relative isolation from the school. It may rely on some loyal referring teachers; however, neither the teachers nor the principal consider Healthy Start as central to the endeavors of the school. Healthy Start staff is not present at school staff meetings, school-wide celebrations, academic oriented activities, or parent-teacher conferences. On the other hand, teachers may not be aware of Healthy Start events or programs and, therefore not attend them or publicize them. Unfortunately, five of the seven multiple site programs were somewhat marginalized.

Sometimes in frustration, the non-integrated program can depict itself as a humanizing and/or more responsive element than the rest of the school(s). Healthy Start staff can view themselves as forming alliances with parents and perhaps students and pushing against the school's teachers and/or principal; Healthy Start staff and supporters may assess other school personnel or administrators as adversaries. Para-professional and other Healthy Start staff may have cultural competence or language skills that are not readily found school wide, thus serving as a magnet for people of color or others who may experience that they are disenfranchised in the community.

**Advantages:** These Healthy Starts can serve as an oasis for intimidated and perhaps alienated parents and families. Certain reforms can be realized through organizing, and underserved children may receive concrete service. Small groups can achieve power in the school. The program is capable of innovation.

**Disadvantages:** Teachers and/or the principal may be wary of the program and not be supportive of it. Resources such as space and access to staff meetings and Student Study Teams may be denied to Healthy Start. Parents can be caught between Healthy Start staff and the school, and issues may be framed in an unnecessarily adversarial manner. Issues may be spoken about from the vantage point of ‘problems’ rather than ‘solutions.’ Sustainability and staff burnout can be problematic.

### **School Bound Culture**

These programs may be constricted by the procedures, time demands or limited vision of administrators to whom the program staff is accountable. Healthy Start coordinators and staff may find that they are too often in district wide meetings and thus less responsive to needs that exist on the site. The site may also be encumbered by district policies or decision-making that effectively suffocates innovation and flexibility – hallmarks of Healthy Start programs. Coordinators in these instances find that the school’s teachers, principal, and parents are looking for responsiveness and service provision, yet the district’s demands or methods of operation hinder Healthy Start integration at the site level. This dynamic was present somewhat at two sites.

On the other hand, the site itself in some instances can place various restrictions on Healthy Start activity. Compliance with these restrictions (e.g., that Healthy Start be a holding ground and repository for behavior management problems) means that, superficially, Healthy Start becomes integrated into the fabric of the school. In this manner, the program can achieve more than what a skilled vice-principal can achieve and in the short term, the school’s teachers and the principal feel satisfied.

**Advantages:** This Healthy Start enjoys the support of the school entity with which it is cooperating. Administrative support for the program and the Healthy Start coordinator, may partially derive from the program’s limited scope and its predictability.

**Disadvantages:** This program can have difficulty responsively meeting the needs and the evolving aspirations of the teachers, the children, the parents and the community. Although the partnerships between the Healthy Start coordinator and site and district administrators may be strong, this kind of program drifts from the Healthy Start mission and struggles to become successful.

### **Best Practices for Healthy Start/School Integration**

Healthy Start coordinators at some programs were assertive about receiving airtime at teacher’s meetings (even if it was five minutes) and participated in the activities of the school. Coordinators and staff were present at recess, the teacher’s lounge, and the children’s lunchroom. The program should strive to attain respect as reflected in the following principal’s comment:

People pay attention when the Healthy Start speaks...it is a major force on campus.

Coordinators at effectively integrated schools were respectful of teacher and principal goals and viewed the school's teachers from the perspective of strengths rather than through the lens of deficiencies.

Healthy Start responsiveness was a key for integration. The program was credible at sites where children were being seen, where parents' needs were being addressed, and where teachers were informed of the results of the interactions. As mentioned earlier, a frequent teacher complaint was that Healthy Start staff did not follow up with them regarding action taken with individual children and families.

Integrated programs also worked hard to mobilize the teachers and the principal to participate in Healthy Start initiated events. One program held a coat drive among the teaching staff; many programs consistently had strong school staff turnouts for health fairs and other community events.

Healthy Start's involvement in academically oriented activities or programs also enhanced integration. Mentoring programs were popular with referring teachers, and teachers reported consistent academic gains as a result of these programs. Healthy Start programs participated in Math/Science/Reading Nights as well as staff and parent-teacher conferences. One teacher talked about the positive effect of Healthy Start's role at staff meetings:

We all put in our input and we go around the circle and are able to give them all the services they need to make them (the children and families) successful.

Visibility for children and families enhanced the integration of Healthy Start programs. One site had a monthly mental health newsletter that was distributed to parents and teachers. Offering coffee and conducting open houses helped Healthy Start become a center of parent and children activity. Healthy Start programs that were a center of campus life also attracted drop-in teachers. When the Healthy Start room or space was known and identified by the children as a place that they enjoyed being, the program experienced higher levels of integration with the school. One coordinator commented:

We've become so visible and the families know that the school really cares about them. Most of the teachers go out of their way to support our efforts.

The overall determinant of Healthy Start integration was based on how well the Healthy Start coordinator and staff were able to form relationships with teachers, principals, children and parents and to create working partnerships that were oriented to the children's success. One teacher commented:

I like the feeling that people have a stake. I like the feeling that you are not just here to help me. You are here to help this kid and I am too, so we should work together.

The do what it takes attitude emanating from Healthy Start builds teacher trust in the program. In referring to a Healthy Start program that had this approach, a teacher commented:

They are part of our staff – we all have the attitude whatever it takes to make a child successful.

The principal sets the tone regarding Healthy Start integration with the school; however, this does not imply that the coordinator should play a passive role and wait and hope for the principal's intervention. One principal stated:

It is vital to treat Healthy Start staff as an integral part of the staff and not as the stepchildren.

Another principal suggested to his colleagues (other principals with Healthy Start programs) that to enhance integration they should make the Healthy Start coordinator a part of your administrative team. One teacher suggested that Healthy Start-teacher integration was enhanced through the presence of teachers in the planning process.

Finally, neither teachers nor Healthy Start coordinators/Healthy Start staff should allow themselves to feel like victims of the other. If Healthy Start staff would like teachers to be more responsive and understanding regarding their services, then Healthy Start needs to do the necessary outreach to make this happen. On the other hand, if teachers are not satisfied with Healthy Start efforts regarding particular children in their class, they should provide this feedback to Healthy Start. The Healthy Start coordinator should discuss the need for this climate of mutual feedback.

## CHAPTER 8 NECESSARY, VERY IMPORTANT AND CONTRIBUTING CONDITIONS TO HEALTHY START SUCCESS

### **Necessary Condition: Strong Coordinator**

Strong Healthy Start programs started with the coordinators. Strong coordinators had the respect of children, parents, principals and teachers. They deeply cared and were highly committed, and sometimes their commitment stemmed from their history with the school as either an employee or a school parent. Some coordinators described the position as a calling, not a job. They were willing to go the extra mile, they were organized and they were pleasant to work with. Strong coordinators were compassionate regarding the situations of all the parties with whom they were involved (children, parents, teachers, administrators, and collaborative members). They saw difficulties as *challenges* rather than barriers and maintained a focus on the vision of Healthy Start. They had strong interpersonal skills and were flexible.

Strong coordinators stayed positive and they dedicated time to building relationships with the principal and teachers as well as with children, parents and community members. They maintained the vision that their work was ultimately about the school children, and they did not fear setbacks. They adjusted when something was not working or needed to be changed. One coordinator discussed his mind-set on the job:

We are here to help all people – including teachers, the principal, and families – how can we help you.

Coordinators offered advice to newer coordinators concerning the patience needed for the slowly developing first year of the operational grant, and to not embark on their efforts with the expectation of being thanked. Their commitment to persevere and be successful was reflected in one coordinator's words:

We are not an eight to three staff...We will stay her until it is done, until we feel the family, the child, the teacher, the staff are safe and they feel they can move on.

Principal, teachers, parents and community members consistently remarked on the high commitment levels of Healthy Start coordinators at various sites. One principal commented:

Her commitment to the program has been extraordinary. We would be lost without her.

While a high school principal stated:

Mary's vision, enthusiasm, drive, organization, and skill working with both the Healthy Start and school staffs, as well as service providers has been key.

A teacher at another school discussed how the coordinator set the tone for the entire Healthy Start staff at the site:

They genuinely like people, employ people centered workers, and are community oriented.

At a high school that has a "do what it takes coordinator," one of her staff members said:

I'll do anything, anywhere, at any time to help improve the student's school experience.

This kind of mentality was akin to the "out of the box" culture that was part of Healthy Start. Instead of concerning themselves with what was or was not in the job descriptions for Healthy Start coordinators and staff, Healthy Start employees tended to focus on the outcomes – children and family success. Because the program operated "out of the box," it enjoyed enthusiastic support from people across the ideological spectrum.

Strong Healthy Start coordinators were culturally competent. The sample and population statistics for school children at Healthy Start programs ranged from 22%-23% Caucasian. Clearly coordinators needed to understand the needs of diverse students and families, many of whom were poor. In some cases, coordinators were bilingual and/or ethnically matched with the dominant ethnic group at the school.

Programs that severely underpaid their coordinators had difficulties attracting and retaining quality leaders. Two of these programs were barely functioning.

#### **Necessary Condition: Adequate Staff**

In addition to the coordinator, there needed to be at least two other staff associated with the Healthy Start grant for the site to be successful. For multiple sites, this number should be increased by, at least, one staff member for each additional site. If an agency worker was out-posted at a site full-time that was counted as one worker; a clerical person – especially one who was skilled with parents/children can be considered as one worker. Without this support, coordinators had too much to do to effectively launch the programs, develop the collaborative, provide service, build school linkages, and work on enhancing the school climate. Effective staff had strong people skills, were dedicated, could tolerate ambiguity, and frequently had important insight regarding the community. Various staff lived in the community and had language skills needed at the site.

Some sites were effective at hiring parents as classified workers within the district scheme; others hired parents through the memorandum of understanding (MOU) process with agencies. Still other programs benefited from the participation of interns; however, teachers at one site complained about the over-reliance on interns, because their interns involvement seldom lasted more than nine months.

#### **Necessary Conditions: Adequate Space**

One particularly successful Healthy Start program had use of the school's former library facility, which was adjacent to the school; thus, the space was convenient for children and families, and was large enough to accommodate staff members. There were private spaces and general welcoming spaces, and it was separate enough from the school to provide autonomy. Children came in at 7:00 a.m. to work on one of the six computers that was available to them or to chat with one of the four staff. Parents came in to use the phone line that was dedicated to them. Throughout the day, children happily entered to get coats as the temperature dropped. Literature was available on stands for parents to peruse or to take home. Over one hundred children each day checked in to present their behavior forms that had been filled out by teachers. The Healthy

Start program was an integral part of this highly successful school and a magnet for additional grants such as the California Mentoring Initiative, Nell-Soto, and others.

Although few programs had a space comparable to this one, coordinators identified that an adequate building or space was a key for success. One coordinator stated that a building (trailer) presented a message of seriousness to the entire school community, and it provided some autonomy. Parents commented on the comfort of various settings and how important this element was to creating an accessible and welcoming environment. Adequate space also involved an area for quiet, confidential discussions. Sometimes this space was included within the Healthy Start area; other times it was in the form of a room that the program could consistently access.

Unfortunately some settings appeared to be designed by people who were accustomed to working in bureaucratic environments; thus, they were staff rather than child or parent centered. Spaces were sometimes filled with stiff, uniform dividers and chairs and were dominated by a meeting room table. One coordinator, not in this study sample, told this investigator how parents approached him regarding the coldness of the environment. Once the coordinator procured wicker chairs and age-appropriate toys/supplies, he noticed a big difference.

Healthy Start staff were flexible regarding the maximization of existing resources; however, some locations were not adequate (e.g., a single, small office for the entire program). Where strong principal support existed for Healthy Start, space was always adequate. Where principal support was less enthusiastic, Healthy Start sometimes found itself struggling to attain adequate space.

### **Very Important Condition: Principal Support**

The very strongest Healthy Start programs had significant principal support. This factor was nearly considered a necessary condition of Healthy Start success; it was not in the necessary condition category only because there was one program that was very strong despite massive principal turnover and another that did fairly well with lukewarm principal support. It was noteworthy that during a debriefing session with the research assistants, all the people who were animated and enthusiastic about their Healthy Start sites mentioned “Principal Support” within the first minute of their comments. Because of the complexity of the Healthy Start task – to function effectively in various domains within a school context that is narrowly focused and sometimes suspicious of outsiders – principal support often made the difference between a thriving, legitimate, and integrated program and a program that was fighting for legitimacy, for space, and struggling against being marginalized. One coordinator expressed the sentiment of many:

Having the principal’s support is key.

Principal support usually began with their ideological belief that Healthy Start had potential to enhance the school’s ability to be child-centered. It seemed that principals who had these beliefs could still see that their schools had real live children attending them rather than a series of test score numbers. These supportive principals were no less rigorous about the bottom line – academic success of their school’s children; however they viewed Healthy Start as one piece of the puzzle toward attaining this success, rather than as an add-on program. This study found, in fact, that some of the highest achieving schools had some of the most supportive principals,

while the absolutely poorest achieving school had the weakest Healthy Start program and the weakest principal support. At one school where there was enormous principal support and strong academic gains (well above the mean gain for the 20 improving schools) a teacher stated:

Our principal doesn't put that heavy thing (test scores) on our backs. He's saying let's meet the needs of these kids; let's make a difference...Because of that all our hearts are here. We see tremendous growth with the kids." He's good about saying don't teach to the test...teach to the kid's needs.

In addition to the ideological compatibility, principal support was manifested in terms of the coordinator-principal relationship. The supportive principal was a person with whom the coordinator consulted and planned. This supportive principal advocated for the coordinator and the program in terms of space issues and district constraints. The coordinator had a place on the staff meeting agenda. There was mutual respect between the coordinator and the principal. At one site with a particularly active and supportive principal, the coordinator stated:

He (the principal) comes to our weekly meetings and together we look for ways to support the efforts made by Healthy Start. We make an excellent team.

Regarding the relationship from the principal's perspective:

We may not always see eye to eye but we work it out." (Middle School Principal)

The principal encouraged teachers to refer to Healthy Start, either during Student Study Teams or in the midst of behavioral or family crises that made their way to the principal's office. The tone was set to teachers that Healthy Start was valuable to the school, to them (the teachers), the children and the families. These principals were committed that Healthy Start not exist on the sidelines. One elementary school principal stated:

As long as I'm here, I will do anything to make sure that this program continues to grow.

The supportive principal was enough invested in Healthy Start that he or she had a good working knowledge of the Healthy Start programs and services that were available. The principal played an active role in learning about these services and in shaping them to meet the particular needs of the school's children, families, and teachers. This elementary school principal understood that his involvement with Healthy Start was worth the time invested:

The families in need can be very time consuming; I would not be able to do a good job without Healthy Start services. Of course, there is more expected of me – meetings and so on – but the payback is ten to one.

One principal made a recommendation to other principals and in doing so expressed a theme that was the foundation of this particular study:

I think many principals don't understand Healthy Start...Healthy Start needs clarity.

The supportive principal was able to maintain appropriate communications between the district office, the school and Healthy Start. The Healthy Start involved principal often had to adapt to a district administrator who attempted to maintain some control over expenditures related to Healthy Start. Additionally, the community collaborative sometimes made requests or demands. One principal who treated the Healthy Start program as if it were a categorical program, like

Title I, had a non-functioning program that, in fact, needed greater district or State oversight. Supportive principals, accept and effectively deal with the nature of Healthy Start funding and power and communication dynamics.

Finally, supportive principals gave credit to Healthy Start for the successes experienced within the school. One particularly supportive principal stated:

I think it's (Healthy Start's) been a blessing to our school site...The funding has allowed us to take risks and move in directions that I think the initiators had in mind. (In terms of the school's rising test scores) our philosophy is that every program can take full credit for all of it.

### **Recommendations from Principals to Other Principals**

Twenty-one of twenty-three or 91.3% of the principals rated Healthy Start as "Highly Valuable" to their school (the highest rating). Supportive principals were particularly encouraging to other principals that they incorporate Healthy Start within their schools. A middle school principal had a message for other principals around California:

I would strongly encourage any principals to become involved because of the benefit to the individual students and families and the overall benefit to the student body.

Another principal had some straightforward advice concerning particular principal behavior that would enhance the probability of Healthy Start success:

If you are going to have a program at your school, you have to support it 110%. You have to get involved, (and) commit time and resources...People need to feel your support...Actions speak louder than words.

### **Contributing Conditions**

There were two conditions that correlated with Healthy Start success. Single-site programs were more effective than multiple site programs at addressing school climate issues and could more intensively focus on the difficult enough dynamics of their one school. Single-site programs were clearly more integrated into their schools than were multiple-site programs.

Programs that had facilitative or at the very least, non-obstructive districts were able to function effectively. Programs were able to overcome difficult district-site relations or their status as a multiple site program; however, both of these situations were found to be disadvantages for Healthy Start programs.

### **Contributing Condition: Single-site Program**

Becoming a legitimate, trustworthy force on a school campus, delivering effective service, being visible, affecting school climate, enhancing family accessibility, addressing behavioral and academic issues, and mobilizing the community is a burdensome agenda for a program. This agenda is all the more imposing when we factor in that the program must also seek sustainability from the onset and that it is operating with limited staff and a fairly tight budget. These factors conspire to make it difficult to launch and operate a successful Healthy Start program. In the opinions of the investigators when multiple sites were added to the mix, overall effectiveness usually suffered.

Multiple-site programs were effective when they relied on building and involving the collaborative to deliver services. One program built a collaborative of 65 members. Coordinators and actual Healthy Start staff were stretched too thin to deliver a meaningful proportion of services themselves; thus they functioned as service coordinators or referral agents for the school. Unfortunately, these coordinators reported that few teachers knew about their services and referral rates were low, from 10-25% of the teachers. They were left out of the mix regarding school events and were more invisible to teachers, students, and parents. One multiple site coordinator said:

It (multiple site Healthy Start) prevents you from delivering a quality program.

A single-site coordinator who was asked about multiple sites stated that he would never work at a multiple site Healthy Start:

Absolutely not!! Because the dynamics at every site are so different and you are splitting your time, no...And I'm not the only coordinator who thinks that way...Both schools need their own coordinators, because they need to be focused on their schools.

An actual multiple site coordinator remarked:

I am Coordinator at two sites. This can get really overwhelming. If I were full-time at one site, I think I'd be a lot more effective with the children and families that we serve.

While another multiple site coordinator commented:

I think that each school should have their own Healthy Start. I don't recommend having multiple sites because you can't be 100% for either school.

Finally, from a coordinator that had been at a multiple-site Healthy Start but was now at a single-site program:

We served the kids the best we could, but it's like robbing Peter to pay Paul. You're a Jack of all trades and the master of none...Your dabbling at things and giving people hope that is not realistic.

Some Healthy Start administrators have adopted the multiple-site strategy because they believe that multiple school site principals can pool their money and more easily sustain Healthy Start. This strategy appears flawed because:

- Some of the multiple site programs seemed so fragmented it was not clear what was actually being sustained;
- The lack of integrity, and measurable outcomes, could make programs less attractive to *outside* funding entities;
- Some programs seemed to adopt the strategy of focusing on their favorite sites and virtually abandoning other school(s);
- The watered down service and visibility of these programs hurt the overall credibility of Healthy Start.

Off-site programs suffer comparable struggles. Although there were only two in this study, these programs manifested themes similar to those known to the primary researcher prior to this study. One program did seem to affect neighborhood safety, which was an important issue for one particular community. Off-site programs did not deal with the following issues that Healthy Start programs are designed to address:

1. They did not enhance parent accessibility to the school nor enhance the parent-school partnership.
2. They did not help make the school more culturally competent.
3. Teachers were uninvolved. One site reported that only two out of 33 teachers had been to the Healthy Start site that was located off-campus.
4. The Board of Directors that ran the Healthy Start was uninformed and less connected to the school setting.
5. The programs were not involved in school climate issues.
6. The programs reported that “the district kept them in the dark.”
7. The political focus and agendas of the collaborative moved to the fore because they were less focused on the outcomes of the school.
8. Off-site location allowed for a split to be maintained between academic and social success.

Characterizing Healthy Start as a school-based program oriented to the areas of focus outlined in this report - (1) academic and social success; (2) enhanced family functioning; (3) improved school climate; (4) mobilizing community resources; (5) school integration – provides direction for Healthy Start and clear parameters for coordinators and all involved. Multiple-site and off-site program designs do not appear to be well suited for delivering Healthy Start programs and, in the long run, undermine the integrity of Healthy Start. Multiple and off-site programs should probably be discontinued.

#### **Contributing Condition: District as Non-Barrier/Facilitator**

The challenges of establishing a successful Healthy Start program have been mentioned. The school district can play a facilitative role in: (a) establishing favorable relationships with principals, (b) hiring staff in a timely manner, (c) pursuing Memoranda of Understanding with agencies that have a track record for being responsive and effective, (d) negotiating the purchase, rental or use of space, (e) having an above-board budget process and (f) allowing the site some discretion in negotiating for the purchase of items or salaried personnel.

There were some sites that appreciated their district’s allowing them autonomy and facilitating their acquisition of space. Coordinators and Healthy Start staff appreciated districts for providing trainings and other growth opportunities. In another instance, however, the coordinator mentioned feeling triangulated between the district administrator and the principal. Because these two people could not effectively communicate with one another, this coordinator struggled.

One coordinator said that some discretionary money was important for Healthy Start to take children on field trips or provide rewards/incentives. He stated that there were too many district hurdles to provide these small expenditures. At another school the coordinator stated:

The district is very tight with funds and doesn’t understand our needs.

The principal at this same school had stronger words:

It has been hard to get district support. We can't even get basic needs met like hooking up our phone lines. We have no way to put leverage on the district to attend to our needs.

A coordinator at another site offered advice to Healthy Start coordinators who faced district barriers:

Do not allow the bureaucracy to frustrate you. It's there at every turn smacking you in the face.

Districts involved with Healthy Start programs need to evaluate how much they facilitate their programs' success. Issues regarding budgeting, decision-making, site-district communication, and fairness need to be considered. In two instances severe banking or re-direction of Healthy Start funds appeared to occur. Districts need to be informed about budget compliance and local audit implications.

## CHAPTER 9

### IMPLICATIONS, RECOMMENDATIONS AND SUMMARY

#### **Implications**

Healthy Start enjoys support of policy makers, principals, teachers, parents, children, and community providers across the ideological and political spectrum for the following reasons:

- Large numbers of students are reached and supported in ways that result in academic and social success.
- Healthy Start is outcome oriented; individual sites report on their impacts regarding attendance, academic indicators, behavioral indicators, and family indicators.
- The educational environment is a logical target for bringing community providers and residents together in order to address the needs of children and youth.
- Healthy Start humanizes the school climate, enhances access to families as well as school cultural competence, and stimulates parent involvement in their children's education.
- Healthy Start, as a few study respondents noted, operates "out of the box." Providers offer services on site and are linked to the school; the school develops an entrepreneurial-like approach; parents receive stipends; and volunteers provide mentoring. These activities sometimes exist outside the rigid confines of school district employee classification schemes or protocols. Despite this dynamic, out of 45 in-depth interviews with teachers and 392 written questionnaires, teachers never raised union-related concerns.
- Healthy Start acts as a supportive force for teachers. There were 45,829 teachers in their first or second year of teaching throughout California. The 30,173 teachers projected to join them means that 76,002 teachers (about 25%) will enter the 2001-2002 Academic Year with two or fewer years of teaching experience, and this inexperience is clearly concentrated in low-income schools (California Department of Education, 2001a, 2001b). Healthy Start's continued presence is vital to support the efforts and the morale of California's new teachers.

#### **Recommendations:**

- Healthy Start Programs should have some form of renewable funding. Successful programs take nearly a full year to be fully launched; thus, they sometimes have a limited track record while they are looking for outside funding. Renewable funding should not occur to bail out failing programs but should reward strong programs.
- Principals should be systematically educated regarding Healthy Start. Principal support is critical.
- Healthy Start should partner with Proposition 10 and form meaningful linkages with efforts directed at the 0-5 age group.
- Healthy Start has enormous potential to support the work of new teachers. Healthy Start can play a role in Nell-Soto Home Visitation grants, can orient teachers to the needs of their students, and can assist teachers in creating an overall school and service climate that enhances academic and social success. Teachers' ( $n=392$ ) responses to this question is indicative of Healthy Start's importance to them: "if a teacher at a comparable school asked me whether or not Healthy Start would be worthwhile for his/her site, I would say": Yes=95.1%
- New grant applicants attempting to become multiple site programs should develop a sound rationale for this endeavor as well as a thorough plan outlining steps the program will take

toward integration with the school sites. The California Department of Education should consider eliminating multiple site programs.

- Healthy Start should continue to play an important role in public school education in California. On-going training and development of key school officials, school personnel, community residents and providers needs to occur.

### **Summary**

This study made *best practice* recommendations based on empirical data and observations taken from 23 diverse Healthy Start sites representing ten of the eleven Regions in California. It is hoped that this study provides clarity regarding Healthy Start impacts and practices for principals, administrators, and policy makers. The Healthy Start program has touched the lives and given hope to thousands of children, families, and teachers. Healthy Start has been particularly effective when there has been a strong site coordinator with adequate resources at his/her disposal, site principal support, a district that serves as a facilitator or at least a non-barrier and a single site program, or at least a multiple site program that is well integrated with the Healthy Start program. The effective conditions can serve as the foundation to promote a focus on academic improvement, school climate, family functioning and mobilizing community resources, children and youth.

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