
TABLE OF CONTENTS

- 2 Executive summary
- 4 Introduction
- 7 Full-service community schools definition
- 9 Developing a shared framework for change
- 14 Mapping district assets & needs: Richmond & Kennedy Families
- 18 Lessons learned & opportunities to strengthen cross-sector collaboration
- 26 Looking back & looking forward: Reflections & considerations for PLUS Fellows & partners
- 28

Summary of Findings

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WCCUSD school board passed a FSCS resolution on October 10, 2012.¹ Since then, the district has collected local and national FSCS resources and tools to help lay the groundwork, and adopted a roadmap for the district-wide FSCS planning process comprised of three phases: Pre-Plan, Plan, and Implementation² (Fig. 1).

Fig 1: WCCUSD FSCS District Planning Process

The district is currently in the Pre-Plan phase having recently formed a district team and designing a planning process over the past 3 months, however there are some elements within the Plan phase already underway. From October 2012 to April 2013, I served as a PLUS (Planning and Learning United for Systems-change) Fellow with WCCUSD Office of Comprehensive School Health and Richmond Building Blocks for Kids Collaborative (BBK) to help facilitate components of the pre-plan and inform next steps to advance the collaborative process.

This report lays the groundwork for planning a district-wide FSCS approach with particular emphasis on building 5

to deepen school-

FULL-SERVICE COMMUNITY SCHOOLS DEFINITION

As defined by the National Coalition for Community Schools, a full-service community school is “both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, services, supports and opportunities, leads to improved student learning, stronger families and healthier communities. Schools become centers of the community and are open to everyone—all day, every day, evenings and weekends.”⁴ An example that further emphasizes the role of partnerships is Florida legislation Fig. 2: stating that a full-service community school “provides the type of prevention, treatment,

partnerships, bringing new expertise to the school and reducing the existing burden on school staff and the heavy demands of the district. Some community schools have evolved out of previous school reform strategies, such as school-based health centers, whereas others set out directly to become community schools. In any case, community schools are based on a common set of principles (Fig. 2) and builds on existing assets that are unique to each school site. Generally, it is a slow transition as developing a strong set of partnerships that make up a community school takes time. The main goal is to create a comprehensive and supportive school environment, or ⁷, necessary to help students develop the academic and social competencies to succeed in life (Fig. 3). Ultimately, school sites become a hub of opportunity for community partners, parents, students and school staff, and a community center for learning 21st century, real-world skills. Most importantly, it brings partners together from across sectors to create co-benefits and win-win strategies with a focus on policy and systems change to improve overall health and well-being of the whole community.

The FSCS concept is not new as the idea of integrating education, health and social services has its roots in the settlement house movement and school-based reforms in the late 19th century⁸. Over the past century, community schools have grown and evolved out of the crumbling urban infrastructure and widening achievement gap in inner city public schools. In the early 1990's, various leaders emerged around the country to bring community agencies and support services into schools including social workers from the Children's Aid Society in New York; city and county officials in Portland, Oregon; and health providers and private foundations in California.⁹ Given the challenges of the heterogeneity of FSCS implementation and disintegrated data sources, there is a limited body of rigorous research appearing in peer-reviewed journals; however, the benefits of FSCS draws upon research and current knowledge about child health and development, school improvement, and parent engagement—the basic

and practitioners across sectors are beginning to acknowledge its importance and to incorporate collaboration into their way of doing business. There are federal programs that currently support significant elements of a community schools approach¹⁴, including the Department of Housing and Urban Development's Choice Neighborhoods; the Department of Education's Promise Neighborhoods, modeled after the Harlem Children's Zone, the Full Service Community Schools Program; the 21st Century Community Learning Centers, as well as foundation grants at the state-level including the James Irvine Foundation's California Linked Learning Initiative and the California Endowment's Building Healthy Communities Initiative.

DEVELOPING A SHARED FRAMEWORK FOR CHANGE

An important basis

enhances individual quality of life, but also improves workforce productivity, increases the capacity for learning, strengthens families and communities, and supports environmental sustainability and helps reduce overall economic and social insecurity. Achieving these co-benefits require integrated solutions that reach across institutional silos to promote equitable conditions for health, also known as “health in all policies” (HiAP). The central premise of HiAP is that excellent medical care alone is not sufficient to create and maintain healthy communities; health and prevention are impacted by policies that are managed by non-health government and non-government entities, including public schools. Therefore, in order to address the root causes of health and bring about demonstrable improvements at the population level, we must work with others across sectors to promote the physical and social conditions under which all residents can live in healthy communities and achieve optimum health, and for young people to be ready to learn. This approach has been elevated as priority at the federal, state and local levels through the Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities; the California Health in All Policies Task Force under the

and support these populations effectively.²⁴

Strategies to facilitate these pathways must therefore explicitly aim to change how institutions across these levels think and act about conditions and decisions that can promote greater equity for students and families. In view of that, RHEP has defined a model of change in which FSCS is a key strategy (Fig. 5). I propose the following shared framework to help show how FSCS is situated in and drives health equity, incorporating key change elements put forward by The Children’s Aid Society, National Center for Community Schools’

The frameworks presented above are intended to be a working model to engage key institutional partners around a common understanding of the fundamental, structural (upstream) changes that need to be made and how partners can bring their resources to bear on creating early and intermediate changes toward the ultimate shared goal of student success and health equity. It also serves as a high-level guide that can be expanded and adapted for the district-level work as well as for different contextual situations, needs and priorities across school sites. The key is not only to create a common understanding for how the FSCS work will advance in the short- and long-term, but also to document who is responsible for what activities and by when to ensure accountability throughout the process.

Overall, defining and articulating a health equity framework early in FSCS planning will help to create a common foundation from which to build upon and leverage the work already underway. Having a clear understanding of a shared change framework may help generate support and awareness, reduce conflicting agendas and opposition, help identify allies and champions, and minimize time costs and distractions from appropriate action.²⁸ Importantly, a shared change framework can be expanded to promote shared accountability by explicitly defining the actors and corresponding activities necessary to achieve success for schools, community partners, parents and students.

MAPPING DISTRICT ASSETS & NEEDS: RICHMOND & KENNEDY FAMILIES

Another critical part of the FSCS planning process is mapping needs and assets. This includes identifying the

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Principal perspectives:

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Existing partnerships & services

In addition to the surveys, existing data were gathered from the district and community partners including a master contact list of after school providers and principals; a list of Kaiser Permanente grantees that provide programs and services in WCCUSD schools; and a list of out-of-school time and college access providers from The Ed Fund. The data was then populated into a programs and services inventory spreadsheet created for each school site to review and complete during a follow-up interview with key staff responsible for coordinating student and family services and supports (Appendix E). In most cases, the principal was the key contact and in some cases, there was

Fig. 7: Programs & Services – Richmond and Kennedy Families

Across all school levels, there are a higher proportion of health and wellness programs and services (32%-57%)

Overall, awareness of existing school and community partnerships can lead to a more coordinated strategy. The data and corresponding program matrix can be used as a tool and template to inform priorities and action planning in the pilot families aligned with a shared framework for change.

Needs & Challenges

Creating awareness of needs and challenges among partners are also critical to the FSCS planning process in order to match with current assets and determine where to fill gaps in support. The needs identified by principals and community partners focused primarily on systems and organizational change. The following responses were selected from the survey corresponding to the question “What do you see as the biggest areas for improvement?”

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LESSONS LEARNED &

Fig. 8:

To further clarify roles and how leadership is shared across key functions, I use the Coalition for Community Schools' collaborative structure as an example that can be adapted to the WCCUSD context (Fig. 9).²⁹

Fig 9: FSCS Collaborative Leadership Structure

According to this framework, the community-wide leadership group

1 Developing a central inventory and process to systemically track assets and needs across the

Proposed implementing actions:

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- “ Determine technical assistance needs with regard to FSCS evaluation to study the impacts of FSCS process in the short-term and on student success and health equity over the long-term.

planning process and maintained over time. In addition, successfully sharing ownership among multiple partners requires collective trust and the ability to discuss issues openly in order to find solutions. This involves building in time during and outside of collaborative meetings to openly discuss challenges, engage in group problem-solving, and periodic review and renewal of goals, process to help partnership adapt to emerging community concerns and create opportunities to address them. Most importantly, focusing on-going attention to relationship building must also concurrently facilitate collective learning and action and regularly acknowledging short-term wins to maintain momentum during a gradual institutional change process. An effective collaborative relationship must be recognized as both a process and outcome that is equally as important as getting to results. RHEP can be a central table during this mid-point to re-assess and articulate the skills and expertise that each

APPENDIX LIST

(attached separately)

A: Literature Review Linking Coordinated School Health & Academic Achievement

B: Timeline of WCCUSD FSCS Foundational Elements & Progress to Date

C: Asset Mapping Survey Tool

D: Asset Mapping

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