

THE CASE FOR EXPANDED SCHOOL IMPROVEMENT: THE OHIO COMMUNITY COLLABORATION MODEL

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What Exactly are Expanded School Improvement Models?

Traditional school improvement models historically involve “walled-in” approaches. Educators and their site-based teams are the improvement leaders. Each team focuses within the “walls” of its own school, and each strives to improve the essential components of the school’s internal structures and operations. These traditional school improvement efforts focus primarily on academic learning strategies in response to standards-based accountabilities. Common improvements include the alignment of the curriculum to state academic content standards, the use of rigorous accountability mechanisms and data-driven decision making processes, and the use of evidence-based teaching and learning strategies. While these models have their strengths, expanded school improvement models build from these approaches by enabling educators to gain influence over factors outside of the school walls. Within expanded school improvement approaches, educators gain access to students’ out-of-school time by addressing non-academic barriers to learning that often impede student success. In other words, schools and districts complement their “walled in” approaches by also collaborating with families and communities to ensure that students are provided with the conditions necessary to achieve academic success and overall healthy development. They prioritize “getting the conditions right for learning.”

Why are Expanded School Improvement Models Important?

Since the implementation of No Child Left Behind, schools have been held accountable for the academic success or failure of their students. Many schools, despite numerous attempts to increase test scores, have fallen short of providing a quality education to *all* students who enter their doors. It is becoming more apparent each year that this shortcoming is related to both non-academic and academic barriers to learning, as factors outside of the school day greatly influence academic achievement, healthy development, and overall school success.

On average, students spend about 30 hours a week in school during the academic year. This accounts for only 13% of young people’s time in any given year. Not only do educators have limited influence over students’ out-of-school time, they also have limited control over other individual, peer, family, and community factors known to constrain and prevent academic learning. These factors are also referred to as “non-academic barriers to learning” (e.g., Adelman & Taylor, 2005) or developmental risk factors (Lawson & Anderson-

Butcher, 2001). See Figure 1 for a list of common non-academic barriers to learning.

These non-academic barriers have been proven to constrain optimal student success. Together they serve as reminders of the interdependence among academic learning and achievement, social development, and positive health and mental health.

Given the interdependence of all these factors to school success, it is clear that schools cannot possibly address all of their students’ needs alone (e.g., Adelman & Taylor, 2005; Flaspohler, Anderson-Butcher, Paternite, Weist, & Wandersman, 2006). School- and community-based resources must be mobilized in support of all students, particularly those experiencing more extensive non-academic barriers to learning.

In response, expanded school improvement frameworks have been developed to enhance the ability educators and other professionals at the school to gain access to learning-related resources during the non-school hours. These frameworks emphasize relationships between

schools and both family and community resources for learning. School-linked and based-services are prioritized that foster strategic connections across systems and people. Partnerships involving health and social service agencies, in particular, are critical to successful expanded school improvement approaches (e.g., Adelman & Taylor, 2005; Anderson-Butcher, Stetler, & Midle, 2006).

Figure 1.

Common Non-Academic Barriers to Learning

- Emotional and behavioral problems
- Poverty and unmet basic needs
- Unstable housing
- Involvement with antisocial peers
- Alcohol and substance abuse
- Child abuse and neglect
- Inadequate family supports
- Family conflict and related instabilities

From: Doll & Lyon, 1998; Early & Vonk, 2002; Lawson & Anderson-Butcher, 2001.

An Example from Ohio

An example from Ohio is useful in showcasing these ideas. The Ohio Department of Education, in conjunction with the College of Social work at Ohio State University and the Center for School-Based Mental Health Programs at Miami University, developed and implemented the Ohio Community Collaboration Model for School Improvement (OCCMSI).

OCCMSI’s design and development was structured around four main criteria. First, OCCMSI was designed to reinforce and strengthen Ohio’s standards-based reform model. Second, OCCMSI was designed to be adaptable (i.e., it can be tailored to fit local school and district needs). Third, this model was designed to incorporate relevant theory and research, encouraging the adoption of research-supported interventions. And fourth, OCCMSI was designed to enhance 21st Century Community Learning Centers (CCLCs), whether located in schools or community organizations (Continued on other side).

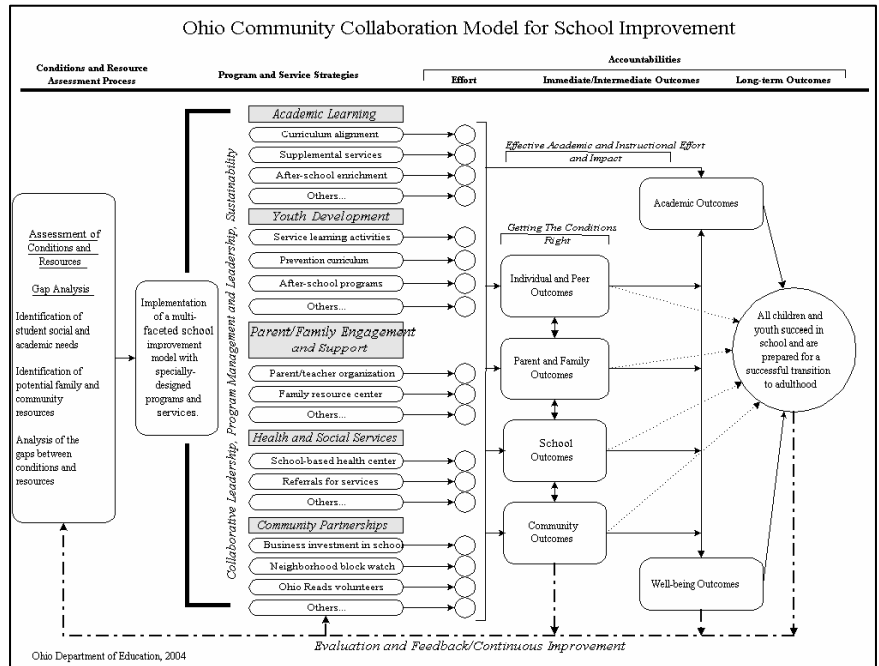
The OSU College of Social Work partners with the Ohio Department of Education to provide technical assistance and support to 21st CCLC Grantees in Ohio. For more information, please contact Dawn Anderson-Butcher; anderson-butcher.1@osu.edu and/or Diane Schneider Farmer; diane.schneider-farmer@ode.state.oh.us).

An Example from Ohio (Continued)

Based on these criteria, the OCCMSI was intended to facilitate partnerships among schools, families, community agencies, neighborhood organizations, businesses, higher education institutions, and other relevant stakeholders. This model emphasizes five core components: Academic learning, youth development, parent/family engagement and support, health and social services, and community partnerships. See Figure 2 for the OCCMSI theory of change and logic model.

The OCCMSI team then developed milestones to guide schools and districts as they move through the OCCMSI logic model. Milestones include: engaging the school; 'building the table' (engaging the community); clarifying language; assessing conditions, resources, and gaps ('filling in the boxes'); developing and/or enhancing of resources, key partnerships, infrastructure, programs, and/or strategies to address key barriers, logic modeling to elaborate school improvement pathways, evaluating and tracking effort and outcomes; and expanding continuous improvement planning processes.

Figure 2.



Over the course of two years, the OCCMSI was piloted in six schools and six districts across the state. School and district implementation was facilitated by a trained liaison that aided each pilot site with their OCCMSI planning and implementation efforts. The OCCMSI pilots examined what partnerships, programs, and initiatives they already had in place in their school community, measured the success of these current efforts, and developed strategies to address gaps and needs through efficient, practical collaboration with community partners. In the end, their work ensured the "right conditions" were in place to facilitate academic achievement, healthy development, and overall school success. While only implemented for two years, pilot schools and districts made considerable progress with their expanded school improvement efforts (Please also note that many sites have continued to make significant progress in these efforts even after the pilot project was completed).

Impacts and Successes of the OCCMSI

The OCCMSI resulted in a number of new capacities for schools and districts. Qualitative data indicate that the OCCMSI process significantly contributed to a variety of improvements within the targeted schools and districts. Key improvements included:

- Expanded Professional Development and Learning
- Enhanced and Expanded Funding Streams
- Changes in Policies and Procedures
- Enhanced Systems and Structures
- Changes in Roles and Responsibilities
- Enhanced Integration with Comprehensive Continuous Improvement Plans and School Improvement Plans
- Expanded Use of Multiple Data Sources
- New and Expanded School-Family-Community Partnerships
- Enhanced Programs and Service Delivery

Select pilots also documented significant outcomes as a result of new programs and service delivery strategies. For example, OCCMSI sites noted increased parent/guardian involvement, enhanced referral systems, increased awareness of community and school resources, increased life skills, and in some cases, improved academic test achieve-

ment. Each school or district was able to customize the OCCMSI to fit their community, thereby impacting those barriers that were most salient within their school communities.

Select Implications

A number of policy implications stem from OCCMSI pilot work. The main implication involves the importance of key policies and practices that prioritize continuous improvement planning processes that emphasize both academic and non-academic strategies toward academic success. Expanded school improvement values the integration of school-and community-based resources in support of learning, as strategic school-family-community partnerships allow for the maximization of resources and the reduction of needless duplication. Schools and districts are able to gain further influence over the multiple factors that influence academic achievement, healthy development and overall school success. It is also clear that "one-size fits all" models or "cookie-cutter" approaches do not allow for customization based on local community needs and strengths. Schools and districts must have the flexibility to contextualize the model, and simultaneously create buy-in and locally responsive solutions to school improvement. Last, expanded school improvement models call for system-wide improvements and new leadership structures, especially ones that promote shared ownership and accountabilities for student outcomes, as well family and community outcomes that also impede overall school success.