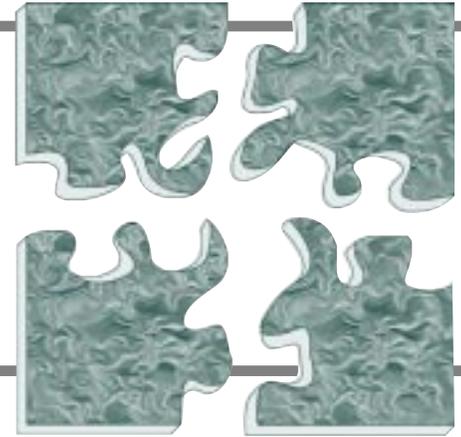


BEST PRACTICE BRIEFS



PUTTING THE PIECES TOGETHER

RECOGNIZE
FULL SERVICE SCHOOLS
are a concept meaning
Learning Support Services

ORGANIZE LEARNING
SUPPORT SERVICES as
part of educational reform

UNDERSTAND
COMMONALITIES
across Full Service Schools

SELECT SERVICES based
on local needs



OUTREACH
PARTNERSHIPS

MICHIGAN STATE
UNIVERSITY

FULL SERVICE SCHOOLS - 1

Placing services where children and families are located—in the school or neighborhood—and involving parents, community agencies, and schools in a partnership are significant paradigm shifts. Promoting the well-being of “our children” is a general community goal and a specific responsibility assigned to health, mental health, social service, and youth development agencies. In those communities where school officials have developed or are developing a Full Service School, executives in human service agencies have a unique opportunity through collaboration with the schools to accomplish their common goals for children’s well-being. BEST PRACTICE BRIEFS Nos. 6 and 7 explore the definition and organization of Full Service Schools.



WHAT IS A FULL SERVICE SCHOOL?

The Full Service School is a conceptualization of the school of the present and future—a school that makes available the comprehensive supports and services that children and families need to succeed.

The Full Service School is not a specific service model. Rather, it is a concept defined by responsiveness to the needs of children and their parents, by comprehensiveness in services, and by flexibility in approach. A distinguishing characteristic is the involvement of the school with community agencies and with parents.

THE OBJECTIVES

- To improve educational performance for children by attending to issues that impact children’s well-being and constitute barriers to learning.
- To improve outcomes for children and families.

THE PREMISES

Although services vary, Full Service Schools share the following premises:

- Reform in the instructional and management aspects of schools alone cannot make up for the life stressors and risk factors experienced by some children. Interventions that address barriers to teaching and learning are an essential component of successful school reform.



- As a consequence, structured attention must be paid to promoting children's health, healthy development, emotional stability, and social competence.
- Children's vulnerabilities and risks cannot be addressed in isolation from their parents and their environment.
- Parental involvement can have a significant impact on academic performance.
- In the absence of attention to these issues, schools and communities will continue to experience poor school performance and risky behaviors.
- Schools should not take on responsibilities assigned to other service systems and, therefore, the development and implementation of Full Service Schools should be a partnership of the schools and public and private community agencies, collaborating to improve outcomes for children.

THE DIMENSIONS

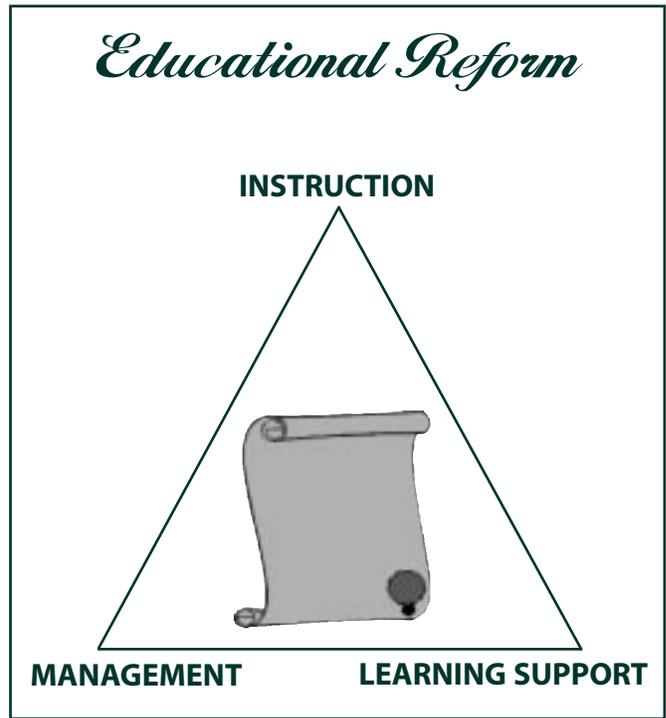
The Full Service School may be an **elementary** school, a **middle** school, or a **high** school. Services may be **on-site** in the school building (school-based services) or **off-site** in the vicinity of the school, with a well articulated referral process (school-linked services).¹

Various types of services may be present in a Full Service School.² In this **BRIEF**, they are identified as:

- comprehensive centers
- enrichment services
- health services
(including mental health services)
- assistance and support services
- life stressor services
- school readiness services
- adult and community services

Many of the service components listed in this BRIEF can be found in schools as individual projects. In some schools, service components are part of a broad constellation of multiple services, subsumed under the title of school health center, family resource center, or youth service center. Full Service Schools also may be known as wrap-around schools, community schools, or beacon schools.

Some services may be provided independently by the school; most are provided by, or jointly with, a community partner. There is no one service component or group of components that can be found in all Full Service Schools. In any given community,



the service components depend on the needs, desires, and capacity of that community and school, and on the availability of partners and appropriate funding.

Sometimes the provision of on-site or linked services is accomplished by establishing a parallel service staff. Sometimes staff members from community agencies are assigned to operate on-site. Sometimes the heart of the Full Service School is a brokering or mobilizing function that facilitates effective collaboration with community agencies to bring their services on-site or to establish smoothly functioning referral linkages.

COMMONALITIES

If there is so much variation among Full Service Schools, what are the commonalities? However accomplished, the primary characteristics of a Full Service School must be to meet the needs of children and families, engage parents, and engage the community. A Full Service School will have a majority, but not necessarily all, of the characteristics outlined on page 3.

¹ School-based services and School-linked services are terms that are used interchangeably with Full Service School. School-linked services may also be defined as community-owned services.

² Howard S. Adelman, Center for Mental Health in Schools, University of California identifies six programmatic areas directed at removing the barriers to teaching and learning:

- enhancement of classroom-based efforts to enable learning through technical assistance to teachers
- provision of student and family assistance
- response to and prevention of crises
- support for transitions
- home involvement in schooling
- outreach to develop greater community involvement and support

Michigan Example: Bendle/Carmen-Ainsworth School District, near Flint, has extensive early childhood and family support services, including Even Start, a Head Start classroom, and welfare-to-work job training. An advisory structure involves 60 businesses and community organizations. Funding is used flexibly for staff who serve in multiple capacities. Integrated schedules across programs enable parents in training to stay involved with their children.

The School

- takes a holistic approach to children's educational, social, emotional, and physical needs
- is a point of access to services—for its students, sometimes for young children who will be students in future years, sometimes for parents, sometimes for neighborhood residents who have no children
- generally stays open longer—for activities before and after school, evenings, weekends, and vacation
- opens its doors to outside partners—public and private agencies, businesses and organizations—that bring in human and material resources and services
- opens its doors to parents and invites their participation

Services are

- comprehensive and flexible, accommodating the needs of children and families, and sometimes neighborhood residents
- available to all students without regard to income (although the school may be selected for service development because of a high proportion of low-income population)
- reflected in school policy and practice

Teachers

- exchange information with, and receive consultation and technical assistance from, services staff to promote functioning of children in the classroom
- become more proactive and inclusive in interactions with students

Health and Mental Health Curriculum

- components complement services, with special emphasis on the development of life competence skills

RELATIONSHIP TO EDUCATIONAL REFORM

To accomplish the improvement of school performance, Adelman maintains that educational reform must have three components:

- **Management:** The school administration shares power in planning and decision-making with its teachers and parents and makes organizational changes.
- **Instruction:** Changes in teaching methodology make classrooms more responsive to the developmental capacities and needs of children; *for example, team teaching, cooperative learning, assignment of children in middle schools to smaller, stable cohorts, and service learning.*
- **Learning Support:** Services are instituted, with the assistance of community partners, to remove real life barriers that impede children's learning.

Having the school partner with the community and with parents to meet the health, mental health, developmental, and basic service needs of children and families should be an integral part of the educational reform movement. Unfortunately, this is not always the case. Over the past decade, some schools have organized comprehensive health and other services on site or nearby; other schools have initiated a host of single purpose efforts. These various Learning Support initiatives generally operate in isolation from each other and from the educational reform activities of the school related to management and instruction. However, good practice would assure that all efforts to overcome real life barriers for children are organized and recognized in the governance and funding structure of the school system. Learning support services are a significant element in the school's capacity to accomplish its educational reform goals.

Michigan Example: Wexford Elementary School, Lansing, is piloting educational reform and full day/full service components for the school district, in partnership with Michigan State University, using redirected educational dollars rather than grant funds. Planning and oversight is provided by a school-community agency-parent-university committee. A youth development agency takes over on Friday afternoons when teachers are scheduled for weekly planning and training sessions.

SERVICES THAT MAY BE INCLUDED IN A FULL SERVICE SCHOOL

COMPREHENSIVE CENTERS generally provide a range of services that are not traditionally found in a single location.

- | **Family resource center** or **family support center**, in elementary schools, may be limited to services for young children and caregivers or may also include services directed at children of all ages and family members.
- | **Youth service center**, in middle and high schools, may include health and mental health, recreational, and employment-related services.
- | **Neighborhood network** consists of professionals co-located in or near the school and assigned by their agencies to deliver health, mental health, social services, and community policing to the neighborhood.
- | **School health center** provides health services in elementary, middle, or high schools.

ENRICHMENT SERVICES are contributed by individuals or businesses or provided by community agencies to expand learning opportunities:

Supplementing School Curriculum and Resources

- | Parents and grandparents assist the teacher or contribute their knowledge and experience to classroom sessions.
- | Artists, musicians, and other persons with specific skills and knowledge come into the classroom to supplement instruction or to fill gaps resulting from budget cuts.
- | Businesses contribute resources not included in the school budget.

Example: Communities in Schools, a national organization concerned with reducing the drop-out rate, establishes a partnership between schools, community agencies, and businesses to promote involvement and contributions of time and resources.

Expanding the School Day/Year

- | After school, weekend, and summer programming may include tutoring, exploration beyond the usual curriculum, social competency skills, and recreational activities provided by school staff, community residents, or youth organizations.

HEALTH SERVICES traditionally provided by school nurses, are becoming broadly targeted at health, mental health, and social service concerns. Designed to reduce the disruptive effect of health problems on school performance, school-based health centers are also a response to the lack of access to health care for many children. School-based health centers were first installed in high schools to respond to concerns about substance abuse, pregnancy, and sexually transmitted diseases. Although not anticipated, non-medical, mental health and relationship issues are a primary reason for up to 50 percent of the visits.⁴ The value of on-site health services in high schools has resulted in diffusion to middle and elementary schools.

- | Information and education
- | Referral to needed health and social services
- | Immunizations
- | Vision and hearing screening
- | Individual and group counseling about health or mental health problems
- | Testing for pregnancy and for sexually transmitted infections
- | Family planning services
- | Medication oversight and routine treatment
- | Emergency treatment
- | Dental services
- | Classroom health education
- | Physical examinations for participation in athletics
- | Health services for school staff

To make the school health center acceptable and non-stigmatizing, the center may operate as a youth service center, providing access to other than health resources.

ASSISTANCE AND SUPPORT SERVICES, primarily for low-income populations, respond to children's needs not otherwise being met.

Access Services

- | Information and referral services
- | Case management services
- | Assistance in determining eligibility for services

- | Breakfast, lunch, and other nutritional supplements
- | Clothing closets
- | Laundry facilities

Meeting Basic Needs

- | Before and after school sessions to accommodate a family's need for full day child care
- | Full day child care during vacations

Supporting School Attendance and Performance

- | Child care for children of adolescents
- | Tutoring

LIFE STRESSOR SERVICES³ enhance life competencies, particularly for children whose behavior is of concern or who are in high-risk situations, or ameliorate the impact of transitions or of accidents and deaths involving the school community.

- | Teaching of resistance, assertiveness, conflict resolution, and other life skills
- | Mentoring programs using school personnel or community volunteers
- | Intervention services directed at behavioral problems, absenteeism, tardiness
- | Student assistance programs

- | Peer assistance programs in the middle and high school
- | Mental health services on site or by referral
- | Crisis response services
- | Services to assist children to manage transitions into a new environment

SCHOOL READINESS SERVICES, provided to the 0–5 population and their families, promote cognitive development and social competence so that five and six year olds come to school ready to learn. These services may be part of a family resource center.

- | Welcoming families of newborns as future school customers and providing information about available services
- | Home visiting to support cognitive development
- | Home visiting to support infants/toddlers and their parents

- | Drop-in activity center for infants/toddlers and their parents
- | Pre-school child care center
- | Head Start classroom
- | Parent support groups
- | Parent education

ADULT AND COMMUNITY SERVICES, except for use of school facilities, tend to be part of a family resource center or adult education program.

- | Use of school facilities for neighborhood activities and meetings
- | Health or recreational programming for neighborhood residents, children, and families
- | Health or recreational programming for senior citizens

- | Adult literacy services
- | Job training services
- | Job search services
- | Legal services
- | GED classes

³ Many of these service models were developed as single initiatives offered to the schools by university professionals (Emory Cowan's *Primary Mental Health Project*; life coping skills training curricula developed by Roger Weissberg, Maurice Elias, Gilbert Botvin, or Myrna Shure), by community college staff (Anna Mae Paladina's *Absentee Prevention*), by a philanthropist (Eugene Lang's *I Have a Dream*), by the federal and state substance abuse agencies (e.g., peer assistance programs), or by community mental health agencies or associations.

⁴ Robert Wood Johnson Foundation. (1989). *Annual Report*. Princeton, NJ.

THE CONTINUUM FOR MOVING TO THE FULL SERVICE SCHOOL

SCHOOL-COMMUNITY INVOLVEMENT

1. **Principal establishes specific site-based services to benefit children and families.** *Nutrition, clothing closet, home visits, Head Start classroom.*
2. **Principal arranges for, or agencies offer intermittent services to benefit children and families.** *Health screening.*
3. **Outside agency assigns staff to school to provide a specific self-contained service.** *Substance abuse education.*
4. **Service involves joint planning and ongoing involvement with teachers and principal.** *Intervention services, peer assistance.*
5. **School, outside agencies, and parents plan and implement installation of a comprehensive service.** *Health center, youth service center, or family resource center.*
6. **School, outside agencies, and parents plan and implement the development of Full Service School components as part of educational reform.**

Michigan Example: Mancelona Public Schools, in northern Michigan, initiated Project S.H.A.R.E. (School/Home Alliance to Restructure Education), organizing a collaborative governance body to link community-based health and human services and local schools. A state grant leveraged low interest loans for construction of a Family Resource Center on the middle school grounds. Representatives from a dozen human service agencies assigned to the Center function as a team. Open 15 to 16 hours daily, the Center provides child care and drop-in services for pre-school children; mental health, maternal and child health services; dental care; counseling for substance, domestic, and child abuse; job training and placement; and a teen parent program. A coordinator is the link for families between the schools and services. A common intake process and the team's development of family services plans promote collaboration. Project S.H.A.R.E. is also involved with before and after school care, an asset building program for teens, revitalization projects, and an economic development plan.

Kentucky's Family Resource and Youth Service Center Program (FRYSC) was initiated in 1991-92 as part of educational reform legislation. Some 600 centers serve schools with 20 percent or more of the student body eligible for free school lunch. Centers are staffed by a coordinator, an assistant, and volunteers who broker and deliver core and a wide range of other services to families.

- Family resource centers in elementary schools are expected to develop preschool child care, after school care, full day care when school is not in session, parent education, training and support for day care providers, and health services coordination and referral.
- Youth service centers in middle and high schools are expected to develop health and social service referral, employment counseling, training and placement, summer and part-time job development, and substance abuse and mental health counseling. *Kentucky Office of Family Resources and Youth Service Centers, Cabinet for Families and Children, 275 East Main Street, G26-HSB, Frankfort, KY 40621-0001, (502) 564-4986*

California's Healthy Start Initiative, authorized by the Healthy Start Support Services for Children Act in 1991, provides 3-year grants to school authorities. The Act requires collaborative partnerships with governmental and human service agencies primarily to target schools serving a large proportion of poor or limited-English-proficient students. Services provided are a local decision. Between 1992 and 1995, 149 operational grants were awarded. Although goals and services for individual communities vary widely, the Initiative is intended to produce measurable results for students and families in school attendance and performance, physical and social indicators, and family functioning. *California Department of Education, Healthy Start Office, 721 Capitol Mall, Room 556, Sacramento, CA 94244-2720. Web site: <http://www.cde.ca.gov/cyfs/branch/lsp/lshhome.html>. Also ... [lsp/evalrslt.html](http://www.cde.ca.gov/cyfs/branch/lsp/evalrslt.html)*

Florida's Full Service School Initiative provides \$30 million annually to create a mix of family resource centers, case management, recreation, and health clinics in all schools with the expectation that mental health services, child care, and vocational education will be added. *Florida Department of Education, Office of Early Intervention and School Readiness, Florida Education Center, 325 West Gaines Street, Tallahassee, FL 32399-0400.*

HOW FULL SERVICE SCHOOLS ARE FUNDED AND WHERE THEY ARE LOCATED

Full service schools in various permutations can be found in every state⁵. Funding is varied and includes:

- **Foundations:** Hogg Foundation (Schools for the Future in Texas); Carnegie Foundation (Turning Points Initiative in middle schools); George Soros (New York City); Amherst Wilder Foundation (St. Paul, Minnesota); Danforth Foundation (St. Louis, Missouri); DeWitt Wallace Reader's Digest Fund; Charles Stewart Mott Foundation (after school programs); Robert Wood Johnson Foundation (school health centers, and state level offices in 10 states); Annie E. Casey Foundation (evaluation and training for Kentucky); and others.
- **Federal Government:** Even Start (comprehensive parent-young child literacy services are in more than 500 locations, underwritten by grants from the federal Department of Education); Schools of the 21st Century (after school programs).
- **State Government:** Departments of Education in Kentucky (Family Resource and Youth Service Centers), California (Healthy Start Support Services for Children Act), Florida (Full Service Schools), Connecticut (Family Resource Centers); Minnesota (Early Childhood Family Education Program), Tennessee (Family Resource Centers), Department of Human Services in New Jersey (Youth Service Centers); Departments of Education and Human Resources in New York; and others.
- **School District and Community Organizations:** Los Angeles, California (Focus on Youth funded by Educational Partnership); New York City (Community Schools funded by the school district and Children's Aid Society); Phoenix, Arizona (Project Learn funded by United Way, school district, and community); and others.

New Jersey's School-based Youth Service Program was initiated in 1988 as the first statewide effort with at least one site per county in urban, rural, and suburban high schools. In addition to health and social services, centers are the access point for tickets to athletic and recreational events.

Web site: <http://www.state.nj.us/humanservices/SBYS.html>

THE CONTINUUM FOR MOVING TO THE FULL SERVICE SCHOOL

INTEGRATION WITH CLASSROOM AND SCHOOL

1. **Service has no relation to what takes place in the classroom.**
2. **Staff communicate and consult with teachers.**
3. **Staff and teachers coordinate activities; service is integrated with curriculum and classroom functioning.**
4. **Staff are involved in planning and policy development; service is reflected in school policy and practice.**

SERVICE MODELS CITED IN FOOTNOTE, PAGE 5

BOTVIN, GILBERT AND TORTU, STEPHANIE. (1988). Preventing Adolescent Substance Abuse Through Life Skills Training. In Richard H. Price, Emory L. Cowan, Raymond P. Lorion and Julia Ramos-McKay (Eds.). *14 Ounces of Prevention*. Washington, D.C.: American Psychological Association.

COWAN, EMORY L.; HIGHTOWER, A. DIRK; PEDRO-CARROLL, JOANNE L.; WORK, WILLIAM C.; WYMAN, PETER A. (1996). *School-Based Prevention For Children At Risk: The Primary Mental Health Project* (1st ed.). Washington, D.C.: American Psychological Association.

ELIAS, MAURICE J. (Ed.). (1992). *Building Social Problem-Solving Skills: Guidelines from a School-based Program*. San Francisco: Jossey-Bass.

I HAVE A DREAM FOUNDATION. <http://www.ihad.org>
Los Angeles site: <http://ihadla.org/html/intro.html>

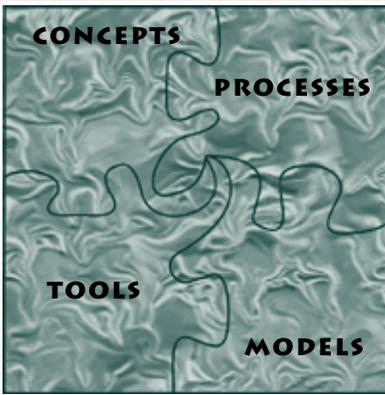
NATIONAL INSTITUTE ON DRUG ABUSE.
<http://165.112.78.61/MeetSum/CODA/Schools.html>

PALADINA, ANNA MAE. (1984). *Absenteeism Prevention*. Beaver Falls, PA: Beaver County Community College.

SHURE, MYRNA B. (1992). *I Can Problem Solve: An Interpersonal Cognitive Problem Solving Program*. Champaign, IL: Research Press. Three volumes: Preschool, Kindergarten and Primary Grades, Intermediate Elementary Grades.

WEISSBERG, ROGER P; CAPLAN, M; BENNETTO, L; AND JACKSON, A. S. (1990). *The Social Competence Promotion Program for Young Adolescents: Social Problem-Solving Module*. Chicago, IL: University of Illinois at Chicago.

⁵The Full Day/Full Service Schools Assembly, chaired by Kathleen N. Straus, State Board of Education, is promoting the development of Full Service Schools in Michigan. For information, call 517-373-3900.



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REFERENCES

ADELMAN, HOWARD S. AND TAYLOR, LINDA. (1997). Systems Reform to Address Barriers to Learning Beyond School-Linked Services and Full Service Schools. *American Journal of Orthopsychiatry*, 67(3), 409-421.

DRYFOOS, JOY. (1994). *Full Service Schools: A Revolution in Health and Social Services for Youth and Families*. San Francisco: Jossey-Bass.

DRYFOOS, JOY. (1997). New Approaches to the Organization of Health and Social Services in Schools. Appendix D. In Diane Allensworth, Elaine Lawton, Lois Nicholson (Eds.). *Schools and Health: Our Nation's Investment*. National Academy Press.

UCLA SCHOOL MENTAL HEALTH PROJECT. Center for Mental Health in Schools. <http://smhp.psych.ucla.edu>.

FAMILY RESOURCE COALITION. *Report: Family Support and School-Linked Services*. Fall/Winter 1993. Volume 12, Numbers 3 and 4. 200 S. Michigan Avenue, Suite 1520, Chicago, IL 60604. Tel: 312-341-0900.

RESOURCES for Technical Assistance in Michigan

Michigan Department of Education: SHARON PANCHUK, 517-373-3536.

Michigan Department of Community Health: NELL PIZZO, (school health clinics), 517-345-8906.

Michigan Communities in Schools: DEANNA DEPREE, 616-396-7566, ext.116.

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