

# **Promoting Change through a School-Based Model of Comprehensive Student and Family Support: Kentucky's Family Resource and Youth Services Centers**

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## **Statement of the Research Problem**

The publication of *A Nation at Risk: The Imperative for Educational Reform* (National Commission on Excellence in Education, 1983) called attention to the fact that America's children were falling behind their international counterparts. The need to integrate student and family support services and the school reform efforts to address academic performance was evident in emerging policy. Education reform is defined as "planned efforts to change schools in order to correct perceived social and educational problems" (Tyack & Cuban, 1995, p.4). During the 1980s school reform was focused on raising academic standards. Simultaneously, human services reform was seeking to address the fact that while education, health and social services were all designed to meet the many needs of children and adolescents, these services were often fragmented, inaccessible, and culturally irrelevant (Dupper & Poertner, 1997; Morrill, 1992; Pennekamp, 1992).

Early school-reform efforts neglected to address family and community issues impacting educational success. Historically, school-based health, mental health, social services, and family support programs have developed out of an ecological model, recognizing the interrelatedness of school, home, and community systems. As noted by Allen-Mears (2004), "If social supports are not present for children and their families to buffer the consequences of poverty and other problems, even with the implementation of school reform proposals, educational success is highly unlikely" (p. 39).

Traditionally, school-reform efforts have sought to address these barriers to learning by creating student support programs. The challenge for this type of programming is to move away from a model that continues to provide a fragmented approach to service delivery. From a human services perspective, in an effort to address the fragmentation of services, the family support movement coincided with school reforms and resulted in the development of a number of programs that were either community based but linked to schools or school-based programs (Franklin & Streeter, 1995). Without a commitment at the policy level, school-based services often have continued to function as specialized services in the long list of programs available at the school. They have often failed to receive sufficient funding, not truly reflected the

integration of student support services into overall school programming, and increased the marginalization of services (UCLA SMHP, 1999; Wehlage & Stone, 1996).

In Kentucky, school-reform efforts were the major avenue for addressing the financial inequalities experienced by smaller, rural districts as well as the poor academic achievement of students across the Commonwealth. The Kentucky Education Reform Act of 1990 (KERA) was prompted by a legal battle led by poor school districts “to challenge the disparity in Kentucky’s educational funding” (Lindle & Russo, 1995, p. 153). One unique component of this reform effort was the creation of the Family Resource and Youth Services Centers (FRYSC) Program. The FRYSC model was a method of linking home, school and community in one of the first statewide efforts to create a more comprehensive, integrated system of school-based student and family support services.

FRYSC is an innovative model of service provision designed to facilitate interagency collaboration between schools and social service programs in an effort to address non-cognitive barriers to education and a fragmented social service delivery system (Interagency Task Force on Family Resource and Youth Services Centers, 1991). Mandated core components of the Family Resource Centers (FRC) that serve elementary schools include: (a) preschool child care (ages 2-3); (b) after school child care (ages 4-12); (c) families in training (birth to 3); (d) family literacy; (e) support and training for day care providers; and, (f) health services or referrals to health services or both. Core components for Youth Services Centers (YSC) that serve middle and high schools are: (a) referrals to health and social services; (b) drug and alcohol abuse counseling; (c) summer and part-time job development; (d) employment counseling, training, and placement; and (e) family crisis and mental health counseling. Combined centers, FRYSC, must address both sets of core components. Local autonomy and program flexibility allow centers to adopt optional components based on identified needs. Examples of optional components include: (a) academic enrichment, (b) recreation, and (c) basic needs.

According to the Division of FRYSC (Kentucky Cabinet for Health and Family Services, 2009), the mission of the program is: “To enhance students’ ability to succeed in school by developing and sustaining partnerships that promote early learning and successful transitions to school, academic achievement and well-being, and graduation and transition to adult life.” Currently there are more than 800 centers located in 1,166 schools serving over 600,000 students across the Commonwealth (KCHFS).

Evidence regarding the degree to which FRYSC is fulfilling its mission is limited. Statistics from service records indicate that large numbers of children and families are being served; yet, there is insufficient evidence to determine whether these programs have become an integrated component within the school and community or if they have become just another program in the bureaucratic system that often overwhelms families in need (Chaskin & Richman, 1992).

## Research Background and Research Questions

School-based social work services have long been recognized as an integral part of the social welfare system and its efforts to address poverty and the complex issues surrounding it (Dryfoos, 1993). The evolution of reform efforts for schools and social services has led to an increasing number of school-based services designed to address physical and emotional health needs of students, provide support to parents, and facilitate positive youth development. A review of relevant professional literature, however, reveals only a small number of evaluation articles related to comprehensive school-based programs or the changes that have occurred as a result of the implementation of these new models of service provision. The research questions presented in this paper were addressed as part of a more comprehensive dissertation study designed to explore the institutionalization process of the FRYSC Program. The three questions addressed in this paper include:

1. What changes have occurred over time?
2. What do key informants believe are benefits of the FRYSC?
3. What outcomes are attributed to FRYSC?

The organizational change model views institutionalization as a process that occurs in phases over time as a result of a number of factors interacting to create an environment that supports institutionalization (Curry, 1991; Berman & McLaughlin, 1978; Fullan, 2001; Huberman & Miles, 1984; Yin, 1979). Three primary phases have been identified through research: (1) initiation, (2) implementation, and (3) institutionalization.

*Initiation* is defined as the “process leading up to and including the decision to proceed with implementation” (Fullan, 2001, p. 53). Pressure to initiate may be caused by either internal or external environmental factors. *Implementation* is defined as “the process of putting into practice an idea, program, or set of activities and structures” (Fullan, p. 5). In this phase, an organization’s staff decides to use or adopt the proposed innovation. The implementation phase may occur in as little as six months or it may take much as five years (Fullan; Huberman & Miles, 1984).

The final phase in this process, institutionalization, is identified as the point when the innovation becomes routine. Organizational structures, procedures and attitudes toward the innovation indicate that it has become routine or is built into the organization’s overall programming, continuing for more than two years and operating in a viable way (Curry, 1991; Glaser, 1981; Huberman & Miles, 1984; Yin, 1979). Curry (1991) contends that institutionalization requires that three conditions be met: (a) organizational support, (b) standardization of procedures, and (c) the incorporation of values and norms associated with the innovation facilitated by the organizational culture. An underlying assumption of the organizational change model is that institutionalization is a “desired outcome” (Anderson & Stiegelbauer, 1994, p. 281). It is viewed as the completion of a process at which time there are identifiable, concrete practices indicative of structural, procedural, and cultural change within the organization (Curry, 1991).

Few peer-reviewed studies have evaluated school-based programs based on outcomes related to organizational change. A search of the Education Resources Information Center (ERIC) Database resulted in the location of two reports about school-

based programs and organizational change. Whelage and Stone (1996) conducted a field study of 12 school-based student support programs and found that school bureaucratic issues most influenced the degree to which these programs became integrated or remained distinct, specialized programs. Results of that study suggest that bureaucratic schools were more likely to maintain the specialization and fragmentation of school-based student support services.

Although linking social services to schools is not a new concept, the model established by the FRYSC Program presented a new method of service delivery. The fact that this program was an integral part of KERA identified it as a new way of thinking about and addressing the needs of students. Although defined by its mandatory components in legislation, this innovation allowed for unique implementation to emerge at the various sites. Fulfilling the mandated components established for this program requires its inclusion into several systems—the education system at the state, district, and school levels; the social services system at the community level; and the family system, at the child and family levels. Variations in the FRYSC Program at the local level were supported by policymakers to address locally identified gaps in services and individual barriers to academic success.

Results of early implementation evaluation of FRYSC indicated that teachers perceived improvements in student behaviors in the classroom and in terms of completing class work but did not perceive improvements in attendance (Denton, 1991). These reports also indicate that health and mental health services were the most frequently provided core components and clothing assistance was the most frequent optional component. With regard to service delivery, initial FRYSC evaluation efforts reveal that after the initial five-year implementation phase, programs appeared to be reaching a high percentage of families in need and most clients were satisfied with services (Kalafat, Illback, & Jeffries, 1995). Other researchers also found that the FRYSC programs were serving households who lived in poverty and who had multiple health and social services needs (Sar, Barber, and Lewis-Klein, 1999). This research indicated that although many families received services, there appeared to be a high proportion of those who were eligible for services that did not have access to FRYSC services. Fifteen years after initiation, it is essential to assess how these programs are making a difference in their respective schools and communities in regard to addressing the problem of fragmented student and family support services. This study makes a unique contribution in its examination of a state-level school reform effort to institutionalize, in policy, a comprehensive strategy to address non-cognitive barriers to learning.

## **Methodology**

Using a multiple case study method, eight sample sites were purposively selected (Yin, 2003). The sample sites included local centers that had been in continuous operation since the first funding cycle. In an effort to provide a source of institutional memory unavailable in any other form and eliminate the impact of changing program leadership on program development, I selected sites that shared the key characteristic of having had the same Coordinator since the first year of implementation. Sites differed geographically (i.e., rural, suburban, and urban) and structurally (i.e., FRC, YSC, and

FRYSC). Both independent and county school districts were included. Key characteristics of study sites are presented in Table 1.

Key informants (center staff, school and district personnel, parents, and community partners) provided insights through personal interviews, advisory council focus groups, and open-ended questions on mail-in surveys. Reviews were conducted of center-related documents including grant action plans, service statistics, annual budgets, service documents, evaluation results from monitoring visits and year-end reports, and center publications. School-related documents included the Comprehensive School Improvement Plan (CSIP) and the School Report Card. Table 2 provides a description of data sources and methods by site. The research protocol was approved under exempt review by the University of Kentucky Non-Medical Institutional Review Board.

## **Results**

Cross-case analysis was used to answer each of the three research questions. Findings are presented in the following section in relation to the process of innovation diffusion and organizational change.

### **Research Question 1: What changes have occurred over time?**

Data analysis resulted in the identification of changes that had occurred over time in three areas: (a) changes in the innovation (FRYSC), (b) changes in the school, and (c) changes in the community. Identified changes that occurred over time in each of these will be discussed.

#### **1. Changes in the innovation**

Findings indicated that a primary change in FRYSC services over time represented a shift that included more emphasis on educational support. The expansion of educational support programs increased service relevance as centers became more aligned with enabling teachers' instructional efforts, supporting academic transitions, and providing educational support. All of the eight sites are enabling the education process through their programming.

A second noted change in the FRYSC Program was the method of service delivery. At six of the eight sites there was a change from direct service provision to increased brokering and collaboration. For example, at two sites, an increase in the number of community-based, licensed child care facilities allowed the FRYSCs to become referral sources versus direct providers of after-school and summer child care services.

#### **2. Changes in the schools**

Organizational changes in the schools that occurred in response to the introduction of the FRYSC were identified around three levels: (a) structural, (b) procedural, and (c) cultural. Structurally, FRYSC staff has been integrated into the larger organizational system of the schools and districts. Procedurally, at every site the FRYSC was integrated into the school improvement plan, thus, linking them as an enabling component to address areas for improvement to promote student success.

Culturally, at all eight sites, changes regarding the values and attitudes about the FRYSC were evident. Inclusion in the CSIP and changes to the FRYSC mission statement supported the increase in the organizational status of the FRYSC and clarified the focus on improving academic outcomes for students. Administrators and teachers now consider the FRYSC to be an integral part of the school.

Culturally and procedurally, schools have changed to accommodate the inclusion of community partners and service providers. Prior to FRYSC implementation, services were provided in the community and required parents to come to them. As a result of FRYSC staff activities such as networking, partnership building and collaboration, health and mental health services are now provided on-site and address the barrier of access to services. Business partners and other community groups are also more engaged with the school through mentoring programs and assisting with basic needs.

### **3. Changes in the community**

A key change identified in the community was the new model of service provision. The provision of on-site school-based services was rarely, if ever, a practice at any of the schools prior to FRYSC implementation. With greater access to students and families, community services providers reported that they are better able to serve their clients and respond to changing needs. Collaborative efforts have also resulted in the development of community assets, such as quality licensed child care through training of child-care providers and school-based health and mental health services.

#### **Research Question 2: What do key informants believe are benefits of the FRYSC?**

Key informants identified access to physical and mental health services for students and families as a primary benefit of the FRYSC program. Other benefits identified by key informants included an improvement in parent education and parenting skills, the provision of age appropriate after school and summer programs at the elementary and middle school level, and additional resources for teachers and administrators for addressing student needs. For example, one high school principal reported that “in 10 years as principal I’ve always had another resource to help with the complexity of problems” faced by students.

#### **Research Question 3: What outcomes are attributed to FRYSC?**

Outcomes attributed to FRYSC included (a) increased resources provided through collaborations between school staff and community partners, (b) new home-school-community partnerships to promote student learning, (c) increased access to services, (d) increased resource coordination, and (e) increased parent engagement. Also, while improved resource coordination was noted at each site, the development of new community resources occurred more frequently in rural communities.

### **Utility for Social Work Practice**

This study makes a unique contribution in its examination of a state-level school reform effort to institutionalize in policy a comprehensive strategy to address non-cognitive barriers to learning. Although this model has been proposed as an effective strategy for addressing these barriers, limited empirical research examines how this type

of policy reform is implemented at the local level. It is critical that policymakers be equipped to provide critical support for effective school reform in an effort to reduce the fragmentation and marginalization of services.

Study findings contribute to the practice knowledge for social workers who implement school-based student and family support services. Findings emphasize the importance of the boundary spanning role of school social workers that is necessary to facilitate asset development in the school and in the community, particularly in rural areas. As seen in the eight study sites, addressing barriers to learning through the establishment of a comprehensive service delivery system can address community and family risk factors through prevention and early intervention, resource development, and community capacity building. This finding was evident across the geographic locales: rural, suburban, and urban.

Findings provide evidence for the necessity of collaboration between social work practitioners and educators. Study findings also provide a framework for more analytical assessment of organizational change and for strategic planning. The organizational changes evident in the short-term outcomes at these eight study sites indicate that issues of fragmentation and marginalization are being addressed. Findings support a model for change that integrates school-based services into the instructional component of school reform policy at the state level to promote a more comprehensive approach to addressing non-cognitive barriers to learning at the local level (Adelman & Taylor, 2000). Findings suggest to policymakers that long term commitment of resources provides support for innovation diffusion and allows for mutual change, which facilitates a more efficacious service delivery system.

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*Table 1 Key Characteristics of Project Sites (FY06)*

<i>Participating Site</i>	<i>Program Structure</i>	<i>Location Community type)</i>	<i>Number of Schools/ Grades served</i>	<i>Student Enrollment</i>	<i>Percent of student eligible for federal free and reduced meals</i>	<i>Funding for FY06</i>
Hill Top (HT)	FRYSC Located adjacent to school	Eastern KY (rural)	3 schools/ P-12	667	49%	\$53,658
Twin Sites (TS)	FRC Located in school	Central KY (suburban)	2 schools/ P-5	687	82%	\$89,100
Transitions (TR)	YSC Located in school	Northern KY (urban)	1 School/ 7-12	455	69%	\$50,886
Down Town (DT)	FRC Located in community center facility with other programs	Western KY (rural)	2 Schools/ P-5	1018	56%	\$89,100
City View (CV)	YSC Located in school near administrative offices	(urban)	1 School / 9-12	1163	73%	\$89,100
Lake Side (LS)	FRYSC Located adjacent to school	South Central KY (rural)	3 Schools/ P-12	829	73%	\$89,100
West Middle (WM)	YSC Located in school	Western KY (rural)	1 School / 7-8	635	53%	\$53,856
Mountain Top (MT)	FRC Located in separate facility adjacent to school	Eastern KY (rural)	3 schools / P-12	279	78%	\$37,026

\*Note: Data presented in Table 3.1 was collected from the FY06 grant application face sheet.

*Table 2 Data Sources and Methods by Site (March–August 2006)*

<i>Site</i>	<i># Site Visits</i>	<i># Key Informant Interviews</i>	<i># Focus Group Participants</i>	<i>Teacher Surveys/Return Rate</i>	<i># Documents Collected</i>
Hill Top FRC	3	3	10	14/37%	9
Twin Sites FRC	3	4	5	11/23%	9
Transitions YSC	2	4	6	6/19%	6
Down Town FRC	2	5	15	10/34%	10
City View YSC	3	5	6	60/70%	8
Lake Side FRYSC	3	10	6	19/26%	9
West Middle YSC	2	3	7	16/44%	9
Mountain Top FRC	3	4	6	14/93%	8
TOTAL	21	38	61	150/43%	68

*Note:* Table adapted from Huberman & Miles (1984, p. 11)