Collaboration between Elementary Schools and Community Agencies to Reduce Violence: Can It Work?

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School personnel at seven urban elementary schools in a high poverty area were surveyed to determine if a multi-faceted approach to school violence prevention (including a major emphasis on collaboration between community human service agencies and schools) was successful in reducing indicators of violence (bullying, fighting, gang involvement, and so forth). Using the *Assessment of Risk Factors* survey, during the year prior to implementation 2001 to gather pre-test data, and again during the summative year 2004, comparisons were made to determine if these programs had been successful in reducing violence in the schools from the perspective of school personnel. Implications for school-community collaborations will be discussed.

As school budgets grow tighter and funding for children's mental health needs declines, community mental health agencies and schools will need to collaborate to meet the mental health needs of children and their families so that children can be successful in school. Can these collaborations work to reduce indicators of violence, improve school safety, and improve mental health of students and their families? What are some of the potential successes? Demonstrated successes? What are some of the challenges? This type of collaboration is growing in popularity, and this study attempts to shed some light on some of the aforementioned questions.

In 2001 a poor urban school district in New York State received funding from a federal *Safe Schools, Healthy students* grant. This grant was funded through an unprecedented collaboration among three federal agencies: Health and Human Services, Office of Juvenile Justice and Delinquency Prevention, and Department of Education. The focus of the grant was on mental health and school safety. The grant stipulated that a rather high percentage (10%) should be set aside for evaluation of the program. There was also an emphasis on sustainability of successful programs beyond the lifecycle of the grant. The school district chose 12 schools (7 elementary, 3 middle, and 2 alternative schools) in the poorest neighborhoods of the city – ones with consistently failing test scores and high poverty rates to participate in the project. The focus of this particular study was on the seven elementary schools.

Community-based human service agencies were selected and assembled based on identified needs of the schools and the objectives of the grant. There were programs designed to address student needs at the universal level—that is all students in a given school. Among these were social skills programs such as *Peaceful People* and staff development for faculty in the chosen schools. There were also programs for the most at-risk such as intensive case management, *functional family therapy*, mentoring, case management and nurses for pregnant and parenting teens, primary mental health program (PMHP for early elementary children involving play therapy), and transitional planning for

students at alternative schools. There were also programs for students in the middle – adventure training for students with members of the police department, truancy programs for truant students, tutoring, anger management, and conflict resolution training.

I contracted to examine the impact of the individual programs on each of the schools. I also looked at aggregated data such as all elementary schools, all middle schools, and both alternative schools. The focus on this particular paper is on the impact of the collaboration between schools and community human service agencies on the climate of and violence indicators within the elementary schools.

There are three main goals of this paper. The first goal is to explain the nature of this particular collaboration between human service providers and schools serving urban elementary students and families in a high need area— the challenges to its implementation as well as successes. The second is to provide statistical results of the comparison from pre- and post-tests that describe the nature of the impact of this collaboration in reducing violence factors. The third is to discuss the widespread implications for educators working to provide services in collaboration with community agencies to reduce violence in schools and communities.

Literature Review

The research literature within the past decade has focused on providing evidence of successful violence prevention and intervention programs including classroom-based programs and mental health programs. Fewer studies have examined the impact of collaborative relationships between community-based human service agencies and schools.

Evidence of Successful Programs

Agencies such as the Hamilton Fish National Institute on School and Community Violence as well as the Safe and Drug-Free Schools expert panels have sought to identify programs as having "demonstrated" success or to be "promising" based on a rigorous examination of the research. For example, the latter identified elementary school-based intervention and prevention programs such as *Second Step: A Violence Prevention Curriculum* as "exemplary." Programs such as *Peacemakers* and *Peers Making Peace* and *Aggression Replacement training* and others were labeled as "promising." The former identified such programs for elementary programs as *Teaching Students to be Peacemakers*, *Kid Power* and *I Can Problem Solve* as having demonstrated success. There are research articles available from the websites and program directors of these programs. (More information is available from the Safe and Drug-Free Schools and Hamilton Fish National Institute websites).

There is a trend toward requiring schools receiving funding to use programs that have had demonstrated success or are at least promising. With this trend has come an increased urgency for programs to "prove themselves worthy" and an increase in the number of research and evaluation studies on programs and their effectiveness.

Classroom-Based Social Skills Programs

There has been a great deal of research on the effectiveness of different classroom-based social skill building programs. Aforementioned is a short list of such programs, but there are certainly many more. Some early programs to establish themselves as effective were the *Resolving Conflict Creatively* and the *Second Step* programs. Aber, Brown, and Henrich (1999) conducted a research on the effectiveness of the *Resolving Conflict Creatively Program* (RCCP) that had powerful results of its effectiveness in reducing violence in inner New York City schools. Researchers studying the *Second Step* program identified factors (e.g., aggression) that were reduced significantly as a result of participation in the program versus those in a control group (Grossman et. al., 1997). Recently Williams (2005) demonstrated the effectiveness of the *Peaceful People* program on building social skills and reducing violence indicators among elementary children when compared to a control group. These are just a few of the myriad of research studies demonstrating success of classroom-based programs (more exhaustive lists with information about where to go for further information can be found at the websites listed above).

Effectiveness of Mental Health Programs in Schools

While many classroom programs have had demonstrated success in reducing violence in schools, the impact of mental health programs has had less research completed to determine their effectiveness on children in school. Not all mental health programs in schools are the same. Adelman and Taylor (2000) described the different types of relationships between mental health providers in community agencies and within schools. They described recent school-community collaborations in mental health this way:

> Concern about the fragmented way in which community health, including mental health, and human services are planned and implemented has renewed the 1960s human service integration movement. The hope is to better meet the needs of those served and use existing resources to serve greater numbers and to do so in a more comprehensive, accessible, and cost-effective manner. To these ends,

considerable interest exists in developing strong relationships between school sites and public and private community agencies. As a result, a variety of forms of school-community collaborations are being tested around the country, including many statewide initiatives. In most cases, the focus is on serving families, which is seen as ensuring benefits to all youngsters in a community (p. 6).

Adelman and Taylor differentiated between different types of relationships between schools and community human service agencies—specifically *school-based* versus *school- linked* services. They make the points that these two strategies differ on two main aspects—where a program is located and who owns it. Many schools are beginning to change their relationships with community agencies in these ways—through the creation of school-based or school-linked services. They stated that school-based health centers in this country in the past decade have grown to over 1000. Clearly the relationship between schools and human service agencies is changing. But the debate still rages—should schools be responsible for the mental health of their children? Some education policy experts like Diane Ravitch (2004, p. 466) would argue that when schools are "expected to solve all of society's problems…[they are diverted] from their most basic mission…teaching and learning." Those who are not in favor of schools providing mental health services for children are the first to lobby for cutting services that provide physical or emotional health services to children from school budgets when constraints arise.

The most compelling argument to maintain school's role in mental health is that improving mental health of children improves their academic performance. Teleen et al., (2002) found in their study examining the impact of intensive wrap around case management provided by a community service agency to elementary school children that there were significant improvements in the children's academic performance and school behavior, as well as their social and emotional functioning in general (Telleen, Kim, Steward-Nova, Maher (2002). They conclude:

> The model of coordination among the five community mental health agencies, as well as the coordination of the mental health agencies with school social workers and school psychologists positively affects the retention of families in the service delivery system. In addition, this model of coordination positively affects the child's academic and school functioning as well as social and emotional functioning.

The model of collaboration between community mental health agencies and schools to do intensive case management and wrap around services for the most at-risk children described by Teleen et al. is quite similar to one of the strategies used in this study. Mental health agency personnel collaborated closely with school personnel—particularly those in the mental and physical health fields.

Functional Family Therapy was one of the other mental health models that the school district in my study selected for working with this school-aged population and their families. FFT was selected because of its demonstrated success in working with children with conduct disorders. In this study, FFT was implemented by a community mental health agency. The therapists were trained in the model and they also served as mental health advocates on the schools' internal teams. Henggeler and Sheidow (2003) summarized the research on FFT and found that in its 30-year history it had demonstrated success in significantly decreasing the recidivism rates of serious, violent juvenile offenders in every study (including longitudinal, randomized, and control group studies).

Impact of Collaborative Relationships with Schools and Community Agencies

Some studies have examined the impact of collaborative relationships between schools and community agencies in reducing school violence. One study looked at the academic impact of such a school-community collaboration. Neace, Munoz, Olson-Allen, Weber, and Johnson, (2003) examined the cognitive (through GPA) and non-cognitive (suspensions, absenteeism, and tardiness) impact of particular community programs on school children. The collaboration included the following programs: SMART moves, Second Step, mentoring, Big Brothers/Big Sisters, Functional Family Therapy, Multi-systemic therapy, and Primary Mental Health program. Their analysis examined the impact of each of these programs on particular cohorts of students in terms of their GPAs, suspensions, absenteeism, and tardiness. The authors summarized the following results:

> Data from the selected programs revealed that effects of [the] project… were generally small, but favorable on attendance, tardiness, and disciplinary measures; however, none of the interventions had an impact on academic performance as measured using GPA. Higher dosages of interventions were generally associated with more positive effects on non-cognitive measures. (p. 1).

This quote lends support to the notion that collaboration between schools and community

service agencies can have some positive impact on student behavior in schools. Additional support also comes from Buroughs, Massey, and Armstrong (2002) who found in their longitudinal analysis of reports of students referred to the office for a range of infractions, that violent infractions were reduced over time for students involved in an in-school alternative to suspension program as well as those students involved in an anger management program.

Armstrong (2002, p. 1) summarized the findings from a collaborative evaluation of the *Safe Schools, Healthy Students* arguing that "it will be necessary to create an array of interventions in schools that are multifaceted and start early in a child's development, this will promote social and academic competencies in all students. No program by itself is likely to be successful in these efforts, rather the combined efforts of schools, families, and communities will be necessary." Clearly more work needs to be done to determine which efforts and which combination of strategies are most successful in improving the climate, safety, and mental health of students in schools.

In conclusion, the current trend in education particularly in high poverty areas, is calling for an increased collaboration between human service agencies and schools to better meet the needs of students and their families. There is a need for more evidence to further examine the challenges and successes of such collaborative programs, and this paper explored such a program.

Method

The Collaboration

The collaboration examined for this study was funded through a *Safe Schools, Healthy Students* grant that was a three-year project designed to provide services to students, families, and school staff. Services included violence prevention programs at the universal, selected, and indicated levels—addressing issues in the family as well as school through the following community-based programs: Functional Family Therapy, Hope project (intensive case management), Adventures in the Classroom (program to build relationships with police), Peaceful People (social skill development in the classroom), Anger Management, Truancy program, STOP truancy van, Community Liaisons (to assist with the implementation of the Internal teams as a single point of referral for students to agencies), staff development, Youth Embracing Success (YES social skills program), Alternatives to Violence Program (AVP), Transitional Planner (for students placed in alternative education sites returning to their home schools), School-based Intervention Teams (SBIT), Primary Mental Health Program (PMHP), Family Life (including social worker and nurses for pregnant and parenting teens and pre-teens), Safe School coaches (to facilitate Safe School teams), and a youth mentoring program in the schools. As part of the program, the community liaison and project director, introduced the concept of the "Internal team" in schools as a single-point referral mechanism for students receiving services from community agencies.

Participants and Survey

A large urban school district in New York State served as the sample for this study. In this particular school district, 70% of students qualify for free or reduced lunch. The racial breakdown of the school district was that 47% were African American, 2.5% Native American, 7.1% Hispanic, 45% were White. Seven elementary schools were chosen based on need. The elementary schools that had consistently failing test scores and highest poverty rates were selected for the program.

In the beginning of the academic year 2001-2002, staff members (teachers, administrators and other school personnel) were surveyed using the *Assessment of Risk Factors* survey (adapted from the *Oregon School Safety Survey*, Sprague, Colvin, and Irvin, 1995). This instrument was distributed to all school personnel during 2001 as a pre-test to collect baseline data prior to the start of the programs. There were 277 elementary school staff including administrators (n=6), teachers (n=188), counselors (n=8), and other school staff (n=75) who completed the survey. It was distributed in Spring 2004 to determine any significant changes since the start of the collaboration between community agencies and schools. At that time there were 8 administrators, 157 teachers, 1 counselor, and 48 other school staff for a total of n=215.

School personnel were selected to complete the survey rather than students because students within the 3-4 years of the grant would be changing and the personnel were thought to be more consistent throughout the lifespan of the grant. Thus, this group would have a better perspective over time.

Qualitative Data Collection

Observations, interviews, and focus groups with school staff and service providers were also used to provide useful information and feedback about services in the schools, issues with the collaboration, and perceptions of continuing needs. Observations were made in the school, during meetings and workshops related to the collaboration, and at agencies serving school. Field notes were taken and transcribed with careful attention paid to issues related to the collaboration. In addition, interviews and focus groups were conducted with school and agency personnel, parents, and students involved with the collaboration and/or services.

Interviews and focus groups were recorded and transcribed verbatim. These findings were analyzed for consistent themes and used to identify challenges and successes not provided in the survey data.

While statistical significance was important in establishing critical changes between pre-test and post-test, also important were qualitative data from school personnel and agency workers about their challenges and successes with collaboration. Qualitative data were gathered from participants in the collaboration process. These data were critical to gaining a better understanding of the perceptions of success and failure of programs and issues around sustainability of services.

Another important part of the qualitative data collection, was a series of open-ended questions that were asked as a part of the survey. These questions, along with focus groups with internal teams, safe school coaches, student participants in selected programs, interviews with principals, and observations of services comprised the bulk of the qualitative data collection.

Perhaps the most important part of the qualitative data collection was observations of Internal Teams. These teams were comprised of all the mental health providers in the school (social worker, school psychologist, and school counselors), the school nurse, an administrator, a teacher and a community liaison and mental health consultant. These team meetings represented the critical juncture where much of the collaboration between schools and community agencies happened.

Results

Using information from the *Assessment of Risk Factors Survey* (including open-ended and rating scale data) as well as initial interviews, observations, and discussions with teachers, administrators, and other key personnel, the following strengths and areas of concern were found for the aggregated data for the seven elementary schools:

Quantitative Results

Table 1 shows the pre-test and post-test mean scores for variables from the *Assessment of Risk Factors* survey. The largest improvement areas were declines in illegal drug and alcohol use, weapons, vandalism, and crimes at school. There were increases/improvements in collaboration with agencies, mental health services for students, and communication with agencies.

Variables were aggregated to produce a "total violence" variable. When comparing this from pre-test to post-test using the t-test statistic, there were statistically significant reductions in overall violence. Another variable was created that encompassed the variables addressing school climate.

There was not a significant difference when comparing this variable from post-test to pre-test.

Table 1
Comparison of Means Pre-test and Post-test

	Mean (pre-test)	Mean (post-test)	T-value
Weapons	2.1	1.7	5.6
Vandalism	2.6	2.3	5.0
Graffiti	2.4	2.1	2.7
Suspensions	2.9	2.7	2.0
Court adjudications	2.0	1.8	2.0
Abuse in the home	2.8	2.6	3.2
Trespassing on school	2.4	2.2	3.5
Crimes at school	2.6	2.2	4.8
Illegal drugs and alcohol use	2.3	1.5	8.9
Fights, conflict, assault	3.1	2.9	3.1
Bullying/intimid/harassment	3.1	2.9	2.2
Professional development	3.0	3.2	2.2
Student part. in academics	2.8	3.0	1.9
Collaboration with agencies	2.4	2.7	3.7
Mental health for students	2.4	2.6	2.8
Communication w/agencies	2.4	2.7	3.5
Overall Violence* Total	19.95	18.06	3.97

All are significant at p<.05 level

Ratings of Individual Programs

School personnel were asked to rate all of the programs in the collaboration on a 4 point scale from "not at all successful" to "very successful." Programs viewed as moderately successful in the Spring of 2004 were (had means of 2.5 or higher on a 4 point scale):

- Internal teams (teams served as a single point of referral to community agencies—had a community liaison on the teams with school mental health workers and administrators)
- Safe School teams (teams served to design school safety measures with police, students, school personnel, and community agencies and parents with a paid safe school "coach" to facilitate)
- Student Based Intervention Team (teams of teachers and mental health workers strategizing over in-house ways to address problem behavior and academic problems of students)
- Primary Mental Health Program (preventative strategy using "play therapy" for identified early elementary children)
- Staff development (violence prevention, conflict resolution, classroom management, and so forth for staff delivered by community agency personnel)

The Internal team process of referring students was viewed the most favorably with an expressed need to have a community agency member present on these teams to facilitate collaboration. The Safe School teams viewed the coaches in similar ways—that is that they needed them to maintain the integrity of the team.

Quantitative Results

There were a great many important themes that emerged from the qualitative data. However, the following were viewed as the most critical implications for the collaboration. The following is a snapshot of the key areas of concern and challenges to the collaboration:

Areas of concern. *Bullying and Fighting.* Despite improvement in these areas, there was still a clearly expressed need to continue to work to reduce bullying and fighting behaviors among students (still had an average response of 2.9 which is nearly "moderately" problematic in the school).

Classroom management. There was an appreciation for the professional development that occurred as a result of the SSHS grant, but there was still an expressed need for more professional development in classroom management.

Agency workers need for classroom management. Some agency workers, having never been trained in classroom management, struggled with managing classrooms of students—particularly since most of the students referred for these classes (e.g., anger management and social skills training) were those children with classroom behavior problems.

Dangers surrounding the school. Outside area surrounding the school was still viewed as dangerous and problematic for students. Many students walked to and from school and school personnel were still concerned for their safety. One school proposed the idea of implementing a "walking school bus" program where groups of students would walk together, wear matching shirts/coats, with a "driver" who was an adult in charge of keeping the group safe and making designated "pick ups." Time and funding issues prevented this program from getting off the ground.

Challenges to collaboration.

Involvement of school and agency personnel during planning. Perhaps one of the most important underlying themes was that many of the key school and agency personnel were not involved in the initial development of the grant. As a large urban district, grant writers were responsible for soliciting input (which they did), but they did not get input from all key stakeholders—likely because of time constraints and deadlines. Had the key personnel been brought in to the discussion and planning stages sooner, the would have been more invested in the process and understood the complexities of the grant better. There was a huge learning curve for schools and agencies to even understand the grant. One school administrator remarked at the end of the second year, "I still don't really understand how the grant works." Despite many workshops and meetings, there was a great deal of confusion about the different services, the referral mechanisms, the reporting paperwork and structures, and funding streams. Granted, the this grant was complex, but much of the confusion and frustration cold have been eliminated if essential personnel were involved in the development.

Turf and resentment. Some school personnel working in the mental health fields felt as though they were being told that they could not do their job well enough and that community agencies had to step in to fill the void. This led to some resentment on the part of some mental health workers in the schools. In two elementary schools, mental health providers were downright hostile to the outside mental health workers and did not participate, and in some cases were obstructionist to the process. At one school for example, one school counselor refused to go to meetings. At another school, a counselor would become angry and refuse to make referrals. One school social worker would leave meetings saying things like, "I'm too busy for this!" Another counselor confided in me, "I know best how to serve my students…they [agency workers] don't know what they're doing." This was said before any services had even been implemented.

Agency workers adapt. Some community agency workers were unaware of some of the idiosyncratic ways schools work. As a result, many had to adapt curriculum and strategies to meet the needs of schools which led to frustration on the part of the school personnel because this took time. Time-tables for community agencies (e.g., the work day, vacations, and so forth.) did not coincide with the school calendar and schedule and part of the collaboration involved adapting to these differences. Usually since community agencies were seen as having more flexibility than schools, they did much of the adapting—in some cases this meant working during the regular work day and doing home visits in the evening—thus working very long days at very low pay. Turnover, burnout, and frustration was high in these positions. For example, in one program (intensive case management), where case managers were on call 24/2

Communication breakdown. There were some initial communication problems between school personnel and agency workers that needed some work. Despite trying to implement strategies to streamline this communication, each school had to work out the communication strategy that worked best for them. The Internal Team was designed to be a central point for the communication, and in the schools that embraced this strategy (met regularly, prioritized meetings, followed the protocol, and kept careful track of referrals), this strategy worked

magically. In schools that resisted this model, the communication was challenging, disjointed, and these schools did not make full use of the services available to them because they could not make appropriate referrals to community agencies or follow up and get feedback in any kind of systematic way. These schools became frustrated and often gave up.

Power of administrators. The school administrator (principal) had the power to create or destroy a successful collaboration. This school district had a very high principal turnover rate. In schools where the principal was consistent throughout the life of the grant, the collaboration was the most successful. In schools where there was a changing of the guard however, this typically had detrimental effects. In one case, one of the elementary schools that was having great success with the internal team model and the collaboration, had a change of principal. When the new principal came in, he struggled to adapt to his new role and admitted that he had "too much on his plate." Even though he delegated responsibility to his assistant principal, it was made clear that the collaboration was not a priority, and the internal teams and subsequent collaboration deteriorated.

Adult bullying. Bullying behavior is not limited to students, adults used bullying-like behavior too. The project director was an employee of the school district. She was in charge of the budget and reporting from schools and agencies. As a frustrated middle manager, she was given little authority, but was expected to accomplish a great deal. Many agency workers and administrators as well as some school administrators and other staff saw her as a notorious bully. She was known to threaten budgets, write threatening letters to withdraw funding to schools, and demand the services that agencies promised. These tactics were frustrating for the collaborators, but viewed as necessary to force compliance with the grant. It was a difficult position for the project director who needed to be a "bulldog" as she was sometimes called to enforce the contracts.

Money. One of the major objectives of the SSHS program was on sustaining programs and the collaboration between schools and agencies beyond the lifecycle of the grant. The expectation was that structures like the internal and safe school teams could continue to function without additional funding, and that agencies and schools could co-develop grants to sustain programs with demonstrated success. Unfortunately, a clear and resounding refrain from schools and community agencies was that without funding, the collaboration would not continue. The services would not be able to continue without funding for staff and funding was already challenging to obtain. Even structural changes like the Internal Teams and Safe School Teams, administrators all agreed in interviews could not continue without oversight from the community mental health agents and liaisons or safe school coaches respectively (which would require funding). Most did concede that the structures of the teams could continue, but without the regular participation of community agents, they would cease to be as collaborative or useful. Community agents said that without funding, the role of the community liaison and mental health consultant on the internal teams as well as the safe school coaches would no longer exist. Funding was viewed as essential to the survival of the collaboration. Without it, even structural changes would fail to continue.

Discussion

Educational institutions and community agencies providing services to student-aged populations and their families will need to collaborate to reduce violence in schools and in the surrounding communities—particularly in high need, high poverty areas. This study provides evidence that these collaborations can have a positive impact on schools in reducing violence indicators (bullying, fighting, school crime, vandalism, and so forth). Programs viewed as particularly successful (e.g., internal and safe school teams) were those that had participation from both community service providers and school personnel. This finding suggests that for a collaboration to be successful, it must be a true investment and participation from both groups. However, some of the challenges to successful implementation such as communication challenges, culture differences between schools and agencies, defining roles and expectations for each, and others need to be addressed before any such collaborative endeavor is undertaken.

This study has limitations that are being addressed in future write ups of the data. First, student voices are not addressed here. Student perspectives were captured as a part of this larger study and will be discussed in later work. Also, there was no randomization or control groups to determine the impact as compared to a non-treatment comparison. This was successfully attempted in a follow up study with the universal program Peaceful People that had very positive outcomes (see Williams 2005). This paper represents a fraction of the larger study that will be addressed in later papers.

Despite these shortcomings, and the aforementioned challenges to collaboration, these elementary data are compelling enough to suggest that collaboration between schools and community agencies can be successful in reducing violence in schools—particularly some of the most troubling

aspects of violence plaguing schools today (illegal alcohol and other drug use, bullying, fighting, weapon carrying, and crimes at school). There are many challenges and possible pitfalls to creating effective collaborative relationships between community service agencies and schools, but this study provides evidence that in then end, it is worth it.

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Note from the 2015 Executive Editor, Constantin Schreiber
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