

# A Community School in Action

Joy G. Dryfoos

*The designation "full-service community school" encompasses concepts drawn from the diverse fields of youth development, risk-prevention, family welfare, community improvement, and, of course, educational enhancement. The phrase describes a school that is open most of the time; houses an array of supportive child and family health and social services provided through partnerships with community agencies; integrates quality classroom teaching with activities in extended hours; involves parents in significant ways; has a full-time coordinator; and serves as the hub of the community.*

*Why would a school need to be open long hours and offer ameliorative services? Haven't schools enough on their plates without asking them to do more? What will the transformation of traditional schools to full-service community schools do to improve outcomes for children? How can this transformation take place? This article describes a model community school.*

## Barriers to Learning

Of the 24 million 12- to 17-year-old youth in the United States, many are doing quite well. Yet a significant proportion of them are engaging in high-risk behaviors that can greatly jeopardize their probabilities of successfully achieving responsible adulthood. My own estimate is that about one fourth of all teenagers need special attention to help them overcome their problem behaviors (if not perceived as problems by them, perceived as problems by us). A recent survey of adolescents in grades 8-12 showed that more than one fourth engaged in heavy drinking; about one third were cigarette smokers; 20% were marijuana users; more than 6% carry a weapon; half have engaged in sex—familiar statistics to youth development advocates (U.S. Department of Health and Human Services, 2001). Most young people who are engaged in one form of these behaviors are engaged in others, so that youth at highest risk have multiple risk factors. They are also much more likely than other youth to be poor, live in disadvantaged neighborhoods, have extensive health problems, spend little constructive time with their parents, and are quite deprived of the social and cultural enrichments found in advantaged homes.

High-risk children do poorly in school, and many will drop out along the way. The school is neither equipped to deal with their problems, nor with the difficulties being encountered by their families. These children come to their first day of school not ready to learn and often severely handicapped, never having been read to and not knowing

how to behave. If they ever reach high school, they are several years behind their age group and turned off by school. A large proportion of today's youth are suffering from mental health problems that result from stress and violence. Families today come in many variations, both in terms of composition and race/ethnicity. All schools do not have the capacity to welcome children from diverse cultures or different family configurations. Many schools cannot provide the amount of individual attention that youth workers know young people need.

## Fragmentation of Services

True, our country has a plethora of youth and family service agencies out there. Every category of problem has its own categorical agency, so that a troubled family may look to the welfare department for economic support, the health department for immunizations, and youth organizations for after-school programs. Each of these agencies has its own regulations and policies and is located in a separate building. Thus, families have to visit many different places to get the services they need and fill out many different forms to find out if they are eligible. Some needs are not ever met, particularly in the area of mental health. Although community mental health clinics exist, disadvantaged families do not know how to access them or are ashamed to be seen entering such facilities.

The push to integrate services for families has been around for a long time. Many community planning agencies have

tried to deal with the problem of fragmentation by recommending centralized services. More recently, a diverse group of practitioners, educators, and youth advocates around the country, deeply concerned about the situation in disadvantaged schools, began to call for bringing services closer to the needy population.

## Enter Full-Service Community Schools

The idea that schools should become the locus for health and social service interventions has been interwoven with the thrust to improve the quality of classroom experiences. Advocates for full-service community schools believe that achievement scores for many young people will not improve if the children and families are not helped to overcome health, mental health, social, and economic barriers to learning. We also believe that schools cannot assume the responsibility for all that needs to be done, but many community agencies are ready to take on that challenge by providing services in schools.

Community school models are proliferating under many diverse auspices: Children's Aid Society, Beacons (lighted schoolhouses), Bridges-to-Success (United Way), University-Assisted, Communities in School, Community-Based Organization (CBO), Community Schools (Academy for Educational Development), Caring Communities (Missouri), Healthy Start (California), Full-Service Schools (Florida), Schools of the 21<sup>st</sup> Century, "principal-initiated," and others (Dryfoos & Maguire, 2002). No one knows how many such schools now exist, but the number is growing rapidly.

## The Quitman Street Community School

The Children's Aid Society (CAS) model, developed first in Washington Heights, New York City, and adapted in over 100 sites nationally, encompasses all the concepts. One example is presented here. Despite a myriad of problems in the local school system and the neighborhood, the Quitman Street Community School in the inner city of Newark, New Jersey, has been able to turn itself around from a troubled place to a well-functioning, full-service community school through the collaborative efforts of many people and organizations (Dryfoos, 2002).

The local Prudential Foundation initiated the process in 1997, introducing the Children's Aid Society model to the principal and school authorities and awarding funds to support a lead agency, the Community Agencies Corporation of New Jersey (CACNJ), a strong community-based organization with ties to the neighborhood. Prudential

also helps support a school-based clinic, operated by the Children's Hospital of New Jersey at Newark Beth Israel Medical Center and an early child development program, offered by the Bank Street College of Education. Many other arts, literacy, and mentoring programs, provided by community agencies, have been integrated into the community school. The Quitman and CACNJ staff worked together to select the Comer School Development Model as a mandatory reform effort.

### *Components of Quitman Community School*

The doors of this school are open every weekday from 7:30 a.m. to 9:00 p.m., often on weekends for special events and over the summer holidays.

- **Extended day.** From 3:00 to 6:00 p.m., Quitman offers an after-school program, including homework help, academic enrichment, and extensive youth development activities, all carefully integrated with classroom activities. This effort, coordinated by CACNJ, is staffed by teachers and by group leaders who are either parents or community people hired to assist with recreation, sports, and the arts. The group leaders are trained in youth development by the Bank Street staff. The school is also open in the summer for a program, which is staffed by teachers, that focuses on academic enrichment in the mornings. The CACNJ staff supervises recreation in the afternoon. From 6:00 to 9:00 p.m., sports and adult education programs are supported and staffed by the Newark school system.
- **School-based primary health clinic.** A suite of rooms has been made available to the clinic staff, which includes a full-time nurse practitioner, aide, social worker, and a part-time dentist, pediatrician, and psychiatric consultant. Children flock into the clinic where they and their siblings can get physical examinations, treatments for such prevalent problems as asthma and intestinal diseases, medications, follow-up care, and referral for more complicated problems. The largest demand is for mental health counseling, provided individually and in groups by the social worker who grew up in this community.
- **Parent involvement.** The most significant observable change in this school has been the enormous increase in the number of parents in the school and the quality of their involvement. Many parents come to the school daily as classroom and cafeteria aides; some as volunteers, others for pay. The attractive community schoolroom is always full of parents, enjoying a morning coffee klatch, using the computers, or getting direct assistance from the CACNJ staff. An array of courses is available during the day and early evenings in GED preparation, computers, aerobics, and other areas.

When asked what was so special about Quitman, one very involved parent responded with a list of eight components: (1) the extended day ensures that homework gets done; (2) "all these little entities" (the collaborating partners) help bring out hidden talents by exposing children to the arts, dance, music productions, and cultural enrichment; (3) health services are provided, along with access to knowledge of human growth and development; (4) all the programs work together; (5) access to computers and GED; (6) Community School Room as a place (for parents) to hang out; (7) free trips; and (8) the whole school is involved. Several parents have initiated efforts to organize an effective parent/teacher association after a long period without one (Crawford, 2001).

- **Community work.** One of the significant needs in this school was to fix up the decaying playground. With support from Prudential, a project was initiated by the Trust for Public Land that involved the students in the design and construction of an innovative and attractive new play area. Parents began to organize cleaning up the bordering streets of trash and drug apparatuses, and are advocating for better housing and public transportation in the neighborhood.
- **Exposure to the larger world.** The community school staff arrange many field trips for Quitman students. They go to museums, baseball games, nature preserves, amusement parks—places previously unavailable to these children because of their disadvantaged status. Parents accompany them and are able to gain new experiences along with their children. Special events are frequently held at the school to celebrate holidays, put on musical productions, or provide meals for families.
- **Improved outcomes.** The Quitman program has used indicators and benchmarks to guide its development. Based on data from surveys of parents and teachers, it appears that these activities and changes in the school have had a large effect on the children, families, school staff, and community. Achievement has improved; teachers and parents both observed improvements in behavior; students got along better with each other and were more independent. CACNJ staff have had many opportunities for training, development, and participation in school governance.

## Observations

The key elements in building a successful full-service community school are quite consistent with observations about successful schools made elsewhere and descriptions found in the literature (Jordan, Orozco, & Averett, 2002). These factors include committed people; strong support from the principal; open communication; careful planning;

access to technical assistance; on-site, full-time coordinator; integration of educational and support components; and strong initial financial support. It should be acknowledged at the outset that collaboration is hard work: it takes endless time, meetings, patience, and understanding. Schools and community agencies have to learn each other's language, mores, concepts, and prejudices.

Money is, of course, an issue. A full-service community school open all year obviously costs more to operate—approximately \$1,000 per student per year—in addition to the cost of traditional schooling. However, these funds are not part of the regular education budget. Almost all of the ancillary activities can be funded from existing categorical resources. Accessing the resources often requires outside technical assistance from experienced people, such as the Children's Aid Society or Communities in School.

A national organization, the Coalition for Community Schools, assists those who are interested in pursuing these ideas (Coalition for Community Schools, undated). Various publications and resources are available and an annual forum brings together practitioners from this emerging field of work. We must encourage youth workers to perceive school personnel as partners in the critical struggle to help our youth succeed in school and in life.

*Joy G. Dryfoos, MA, is an independent researcher who can be reached at: 20 Circle Drive, Hastings-on-Hudson, NY 10706; phone: 914/478-3489; fax: 914/478-5201; e-mail: jdryf65322@aol.com*

## REFERENCES

- Building strong full service and community schools: Leadership and collaboration.* A report on the Conference on Full Service Schools held March 29-31, 2001. Cambridge, MA: Collaborative for Integrated School Services. Harvard Graduate School of Education.
- Coalition for Community Schools. [www.communityschools.org](http://www.communityschools.org).
- Crawford, D. (2001, October). Personal communication.
- Dryfoos, J. (2002). *Quitman Community School: Rallying around the whole village, saving the whole child.* Report to Prudential Foundation in Newark, New Jersey.
- Dryfoos, J., & Maguire, S. (2002). *Inside full-service community schools.* Thousand Oaks, CA: Corwin Press.
- Jordan, C., Orozco, E., & Averett, A. (2002). *Emerging issues in school, family & community connections.* National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory, Austin, TX.
- U.S. Department of Health and Human Services. (2001). *Trends in the well-being of America's children and youth.* Washington, DC: Office of Assistant Secretary for Health and Human Services, U.S. Government Printing Office.

