

The Case for School-Based Integration of Services

Changing the Ways
Students, Families and
Communities Engage
With Their Schools

Jean Baldwin Grossman and Zoua M. Vang

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A good education is key to helping young people grow into healthy, productive adults. But for disadvantaged, low-income youth and their families, the path toward educational attainment is wrought with obstacles.

Poor health, for example, often interferes with low-income students' educations. Untreated hearing and vision problems as well as frequent sickness and absences can greatly reduce a young person's ability to get the most from school or life. Economically stressed parents have less time, energy and resources to provide an educationally rich home environment, to participate in school events or to help their child with homework. And tutoring and after-school enrichment programs, available to middle-class children, are often too expensive or nonexistent in poor neighborhoods. Indeed, research has found that many vulnerable youth and their families face these kinds of barriers (Jessor and Jessor 1977; Jessor 1991; Ketterlinus and Lamb 1994; Quane et al. 2004).

It goes without question that helping these youth and their families access needed resources and services in their communities will help improve the quality of their lives. Children who receive improved health care miss fewer days of school and are healthier and more attentive while they are there. Adolescents who participate in high-quality out-of-school-time (OST) activities experience complementary and reinforcing learning opportunities (detailed discussion provided below). And parents who have access to needed resources and social services can improve a student's home environment by making it more stable and less stressful—and thus more conducive to learning.

But what benefit is there to providing all of these supports in an integrated manner, via a central access point in the school building? The answer goes beyond simply increasing the supply of services.

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Below, we first briefly summarize what is meant by complementary learning and explain how this theory provides a foundation for integrating school-based services. We then review what is known about the impacts of school-based health services, OST opportunities and family supports, highlighting how each affects learning, school connectedness (i.e., positive feelings about school) and access to needed services. We end with a brief summary of the potential benefits of offering these resources through a highly integrated model.

Complementary Learning Opportunities.

There is increasing recognition among educators, researchers and youth practitioners that children's learning is maximized when it takes place in multiple contexts both within and outside of the formal school setting

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(Weiss 2005). This has led to greater efforts to apply a “complementary learning” framework toward educating the nation’s disadvantaged children. Complementary learning involves coordinating nonschool community and family resources with existing school services. For example, a classroom teacher, recognizing a student’s love of music, might refer that child to an after-school program where students learn to compose songs based on books they’ve read in school. Participation in the program may encourage a love of reading and lead to improved school performance. Or a teacher, upon recognizing that a student is having trouble seeing the board in class, may refer the child to a community health clinic that offers low-cost vision services. Having the problem addressed may enable the child to perform better in school.

Ideally, nonschool and school learning opportunities could be based in one of the principal environments in which young people find themselves: their school.

The partnering of school and nonschool learning opportunities provides a multifaceted approach to boosting youth’s educational attainment—one that brings together key stakeholders (i.e., parents, educators and service providers), strengthening the connections among home, school and community. The goal is to provide seamless learning opportunities and support for youth as they traverse the school, community and home environments.

The complementary learning framework can be taken one step further by not just coordinating services but adding an infrastructure—

co-locating, or designating a single, central location, for distributing services. Ideally, nonschool and school learning opportunities could be based in one of the principal environments in which young people find themselves: their school.

Co-locating services in schools has obvious advantages—most notably convenience for youth and families. But research on school-based services has convincingly shown other, perhaps more powerful, benefits as well. Co-location and at least partial integration of services in schools produces powerful synergies affecting both what happens during school hours and outside of them (Blank et. al 2003), including:

- Improving access to and participation in services for both youth and families;
- Improving the youth’s connection to school;
- Improving attendance, academic achievement and behavior; and
- Increasing family involvement in children’s schooling.

A fully integrated school model entails more than just the co-location of multiple resources at a central access point in the school building. Providers offer a complementary array of family- and youth-oriented services and aim to form personal relationships with the children and parents. The model can also change how providers and the host school coordinate and deliver services to students and their families. These changes may include:

- Shared governance between providers and the school;
- Collaborative funding and planning;
- Redefined school administration and faculty roles;

- Establishment of staff positions to support integration;
- Gradual expansion of offerings according to capacity; and
- Collaborative training and staff development.

How Do These Services Affect Youth and Their Families?

No examples of truly broad-based integrated school-based services have emerged in the literature. Most research has focused on initiatives that have encompassed the co-location of one or two types of services (e.g., school-based clinics, school-based OST programs or school-based family centers). We review this literature below.

School-Based Health Care. Research has found that school-based health services improve youth's access to health care and, in turn, their connectedness to the school and ability to learn by wrapping health care resources in a context that welcomes youth and boosts school outcomes and parental participation.

Improved access is most obviously a matter of simple proximity: once parents give permission, children can obtain services in the school building—where they already spend their time. This can make a huge difference for working families with limited options for daytime transportation and for families living in communities with few adequate, nearby health care options.

School-based health services particularly benefit children coming from communities underserved by the traditional health care system. Numerous evaluations have shown that school-based clinics enable students to receive more needed health services, especially for uninsured and harder-to-reach populations (older male adolescents and minorities) (Blum et al. 2002; Blum and Rinehart 1997; McNeely

and Falci 2004; Kisker and Brown 1996; Juszczak et al. 2003). Particularly in the elementary grades, there is strong evidence that school-based health centers significantly decrease the difficulties that underserved minority families face in obtaining health services, such as immunizations, physical exams and treatment of illnesses and injuries for their children.

Access to health services is improved not only because there are more services close by but also because they are provided in a way that invites and facilitates use. Any adult in an integrated services school—a teacher, a nurse, an after-school provider, etc.—can identify a health need and suggest a referral. Students thus gain

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a support network with multiple connection points to their healthcare providers.

However, the benefits of placing health services in schools extend beyond simply making services more easily accessible. Students at schools with these services not only use health care more often—they use it differently, shifting toward regular preventive care and away from palliative and emergency services. Access to health care at school significantly increases the likelihood that these children will have medical and dental checkups during the school year. Unsurprisingly, these results accompany a significant decrease in emergency department use for these families (Kaplan et al. 1999; Kaplan et al. 1998). The cumulative effect is to normalize these children's

healthcare, moving it out of the emergency-care system and back into the preventive-care system, where it belongs.

Locating health services in the school building can provide substantial benefits to adolescents dealing with or at risk for serious health problems. A 1998 study found that adolescents with access to school-based health care were 10 times more likely to make a mental health or substance abuse visit than those who were enrolled in a managed care system (HMO) but lacked a school-based facility. The study subjects were more likely to make standard medical visits (one additional visit per year) and much less likely to need after-hours urgent care (38 percent to 55 percent fewer visits) than adolescents without access to healthcare in school (Kaplan et al. 1998). These findings are mirrored by those of a number of other studies, showing that adolescents with access to health services in school show greater health knowledge and take significantly greater advantage of mental and physical health services while depending far less on emergency care. Effects are especially significant for minority youth (Juszczak et al. 2003).

The provision of services in the school not only improves children's health, there is evidence that it also can enhance youth's sense of attachment to school. A study comparing school-based health clinic usage among high-risk students found that users were less likely to drop out of school and more likely to graduate than nonusers (McCord et al. 1993). Not only are there more adults a youth can turn to if they need help, but youth are more likely to adopt or maintain pro-social, pro-school attitudes when they believe the adults in the school building care for them.

There is evidence that locating health services in a school can also help foster important linkages with parents to the school. When the school helps their children in such a concrete

way, parents come to trust the school more and to actively support its goals for their children. Parents feel more comfortable accepting referrals for their children and accessing social services for themselves when they are located in the trusted community institution of their children's school (a subject revisited below) (Small 2006; Dryfoos 2000; Nevarez 2000).

Locating OST programming on a school campus improves students' connections with their schools, both by improving the relationships they have with adults in the school and by fostering a sense of belonging.

Thus, research shows that integrating health services into a school can improve students' health, their connectedness to school and the school's linkage with parents. All three of these factors work together to give the child a better chance to learn and succeed.

In-School OST Programs. Much research has suggested that participation in OST programs increases youth's skills. There is also evidence that locating OST programs in schools may increase youth's participation in these services or at least support the involvement of a broader (perhaps more at-risk) population of youth. In addition, when OST programs are located in schools, it appears that youth's connectedness to the school increases.

School-based OST programs, including after-school, extended-day and summer-learning programs, can promote participation in several ways. First, because youth do not have to travel to get to the activities, the hassle of "getting there" is reduced. Second, much research has

pointed to the fact that being with peers is a very important motivating reason to participate in OST activities (Walker and Arbreton 2004). Since youth's social groups are primarily based in school, groups of peers can easily join school-based OST programs together. Third, related research on school-based mentoring found that because teachers and other school adults encourage youth to participate, many who would not have become involved (including youth whose parents would not have arranged for them to join) actually participate at a higher rate than expected (Herrera 1999, 2004).

Other recent research shows that locating OST programming on a school campus improves students' connections with their schools, both by improving the relationships they have with adults in the school and by fostering a sense of belonging (Grossman et al. 2002; Walker and Arbreton 2004; Grossman 2003; Little and Lauver 2005)—two features that the seminal National Research Council study on community

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youth programs found to be characteristic of youth settings that promote positive growth and development (NRC 2002).

Evaluations of a range of extended-day programs, 21st Century Community Learning Centers and other in-building after-school programs have found that participation in those programs, especially at the elementary level, was associated with positive effects on school attitudes and behaviors and improved attendance

(Kane 2004; Blank 2003). Participation in school-sited OST programs has been shown to significantly lessen school-related disobedience, with students who attended evaluated programs reporting fewer instances of truancy—an association not found with participation in other types of after-school activities (Grossman 2003). Participants in programs sponsored by The After-School Corporation (TASC) showed significantly higher school attendance rates than nonparticipants, a difference that increased the longer the students stayed in the program (Reisner 2003).

Parents whose children participated in New York City Beacon Centers credited the programs with fostering increased engagement with school and reported that the centers kept youth away from high-risk behaviors and away from “hanging out in the streets,” “getting in trouble,” “gangs” and “negative peer pressure” (Warren et. al 1999). An evaluation of another Beacon program found significantly greater opportunities to assume leadership roles for participating youth than for nonparticipant youth, which the most recent research on OST has found to be a critical prerequisite for positive outcomes for older youth in OST settings (Walker and Arbreton 2004). Beacon participants also reported spending approximately two and a half hours more per week in productive leisure activities—art, music, dance, drama and tutoring—than youth who attended the schools but not the centers (Walker and Arbreton 2001).

Direct connections to academic performance are difficult to establish for any intervention, yet some evaluations of school-based OST organizations have found evidence that participants in the programs “did their homework more consistently and, in some cases, achieved higher grades in school” (Kane 2004). TASC participants showed significant gains in math scores relative to their nonparticipant peers (Reisner

2004). Durlak's recent meta-analysis of the effects of nonacademically oriented OST programs found that if programs provided intentional, structured approaches to activities (no matter where they were located), they had an impact on participants' academic achievement (Durlak and Weissberg 2007).

Research also has shown that when youth participate in school-based OST programs, parents are more likely to communicate with teachers and attend school meetings, which enhances a family's involvement with the school community (Dynarski et al. 2003, Grossman et al. 2002; Warren et al. 1999; Dryfoos 2000). Parents' feelings of trust in the school seem to increase when the school demonstrates support to youth and families beyond the traditional school day.

Thus, integrating OST programming into a school appears to improve participants' connectedness to school, improve attendance, decrease risk behaviors and increase parent involvement. These positive changes should in turn lead to better school and life outcomes for the students.

Family Supports. As alluded to in the sections above, school-based services strengthen students' networks of supportive adults by pulling parents more tightly into the school community. They do so not only by helping their children and thereby winning the parent's trust but by providing family support services that are directly valuable to the parents themselves.

Family support programs commonly provide parents with educational and employment opportunities and help them access and maximize public assistance benefits. Such services can help to increase the income level of the family and thereby improve the children's well-being. Offerings such as GED-preparatory and ESL classes, parent counseling and parent

support groups, as well as immigrant services, draw parents into the school building by providing services that contribute to the overall well-being of students' families (Nevarez 2000; Warren et al. 1999). By transforming the school into a place that welcomes and serves parents as well as their children, studies have found that parents are more likely to access needed social services, such as food stamps and Medicaid benefits (Blank et al. 2003; Nevarez 2000; Warren et al. 1999).

By making the school a place that helps parents—with their income, employment and other needs—integrated service models ameliorate the alienation that many parents in underserved communities feel toward schools in general.

Research has consistently shown that poverty adversely affects children and youth's cognitive development and academic achievement (Duncan and Brooks-Gunn 2000; Mullis et al. 2003). Increasing a family's household income can positively impact its children's academic performance. For example, results from the New Hope Project in Milwaukee, Wisconsin—an antipoverty experimental study in which poor working families were randomly assigned to receive earnings supplements and other economic supports (i.e., child care and health insurance subsidies)—showed that school-age children in participating families exhibited more positive school and behavioral outcomes than those in control families (Brock et al. 1997). By elevating families' incomes to above-poverty threshold levels (from an initial level of at or below 150 percent of the

poverty line), the New Hope Project was able to improve boys' academic achievement, classroom behavior skills, positive social behavior and problem behaviors (Huston et al. 2001). Another study found that in Hispanic families with higher incomes, parents spent more time with preschool-age children on home literacy activities, which in turn improved both Spanish and English proficiency in kindergarten and mathematics achievement in later elementary and middle school years than parents in similar families with lower incomes (Lopez et al. 2007). Access to employment and benefit services can potentially improve family incomes and alleviate family economic stressors, greatly enhancing the potential for parental involvement in children's learning and improve overall academic achievement (Waanders et al. 2007).

By making the school a place that helps parents—with their income, employment and other needs—integrated service models ameliorate the alienation that many parents in underserved communities feel toward schools in general (Buttery and Anderson 1997). Studies have shown these parents participate more actively in school and demonstrate increased responsibility for their child's education, attending parent-teacher conferences and school meetings more often (Blank et al. 2003; Grossman et al. 2002; Kane 2004; Warren et al. 1999).

Thus, in-school family support services can improve families' incomes and parents' involvement in their children's education. These positive changes, in turn, should again lead to better school and life outcomes for the students.

Looking Ahead. Independently, health care services, OST and family support programs can produce meaningful improvements in children's schooling outcomes. There is also evidence that co-locating any of these services within a school provides even more powerful

benefits and supports positive outcomes for youth and their families. Thus, one expects that seamless integration of all three services will result in even stronger outcomes.

P/PV believes the effects of integrated services in schools can be multiplicative, rather than merely additive. By surrounding youth and their families with a constellation of activities and supports dedicated to improving students' well-being, integrated services in schools can improve not only the frequency and ease with which students use services but the nature of that use. Ultimately, many of the obstacles that hinder disadvantaged youth will be diminished, setting young people on a positive trajectory toward the future. For this reason, P/PV will devote considerable attention in coming years to exploring and documenting the promise of the integrated services approach.

References

- Blank, M., A. Melaville and B. Shah
2003 *Making the Difference: Research and Practice in Community Schools*. Washington, DC: Coalition of Community Schools.
- Blum R.W., C.A. McNeely and P.M. Rinehart
2002 *Improving the Odds: The Untapped Power of Schools to Improve the Health of Teens*. Minneapolis, MN: Center for Adolescent Development, University of Minnesota.
- Blum R.W. and P.M. Rinehart
1997 *Reducing the Risk: Connections that Make a Difference in the Lives of Youth*. Minneapolis, MN: Division of Adolescent Health and Development, Division of General Pediatrics and Adolescent Health.
- Brock, T., F. Doolittle, V. Fellerath and M. Wiseman
1997 *Creating New Hope: Implementation of a Program to Reduce Poverty and Reform Welfare*. New York: Manpower Demonstration Research Corporation.
- Buttery, T. J. and P. J. Anderson
1997 "Community, School and Parent Dynamics: A Synthesis of Literature and Activities." Paper presented at the Annual Meeting of Teacher Educators, Washington, DC.
- Dryfoos, J.
2000 *Evaluation of Community Schools: An Early Look*. Washington, DC: Coalition for Community Schools, <http://www.communityschools.org/evaluation/evalbrieffinal.html>.
- Duncan, G.J. and J. Brooks-Gunn
2000 "Family Poverty, Welfare Reform, and Child Development." *Child Development*. 71: 188-196.
- Durlak, J. A. and R.P. Weissberg
2007 *The Impact of After-School Programs that Promote Personal and Social Skills*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning. Retrieved December 7, 2007, from <http://www.casei.org/downloads/ASP-Full.pdf>.
- Dynarski, M., M. Moore, J. Mullens, P. Gleason, S. James-Burdumy, L. Rosenberg et al.
2003 *When schools stay open late: The national evaluation of the 21st-Century Community Learning Centers program. First year findings*. Washington, DC: Mathematica Policy Research.
- Grossman, J.B., Marilyn Price, Veronica Fellerath, Linda Jucovy, Laurie Kotloff, Rebecca Raley and Karen Walker
2002 *Multiple Choices After School: Findings from the Extended-Service Schools Initiative*, Philadelphia PA: Public/Private Ventures Report.
- Grossman, J.B.
2003 *Student Outcomes and After-School Program Participation*. Paper presented at the 2003 Society for Research in Child Development Biennial Meeting, Tampa, FL.
- Herrera, Carla
2004 *School-Based Mentoring: A Closer Look*. Philadelphia, PA: Public/Private Ventures.
- Herrera, Carla
1999 *School-Based Mentoring: A First Look into Its Potential*. Philadelphia, PA: Public/Private Ventures.
- Huston, A.C., G.J. Duncan, R. Granger, J. Bos, V. McLoyd, R. Mistry, D. Crosby, C. Gibson, K. Magnuson, J. Romich and A. Ventura
2001 "Work-Based Antipoverty Programs for Parents Can Enhance the School Performance and Social Behavior of Children." *Child Development*. 72: 318-336.
- Jessor, R. and S.L. Jessor
1977 *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth*. New York: Academic Press.
- Jessor, R.
1991 "Risk Behavior in Adolescence: A Psychosocial Framework for Understanding and Action." *Journal of Adolescent Health*. 12: 579-605.
- Juszczak L., P. Melinkovich and D. Kaplan
2003 "Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites." *Journal of Adolescent Health*. 32S: 108-118.
- Kane, T. J.
2004 *The impact of after-school programs: Interpreting the results of four recent evaluations* (Working paper). New York: William T. Grant Foundation.
- Kaplan, D.W., C. D. Brindis, S. L. Phibbs, P. Melinkovich, K. Naylor and K. Ahlstrand
1999 "A Comparison Study of an Elementary School-Based Health Center: Effects on Health Care Access and Use." *Archives of Pediatric Adolescent Medicine*. 153: 235-243.
- Kaplan, D.W., B. N. Calonge, B.P. Guernsey and M. B. Hanrahan
1998 "Managed Care and School-Based Health Centers: Use of Health Services." *Archives of Pediatric Adolescent Medicine*. 152: 25-33.
- Ketterlinus, R.D. and M.E. Lamb
1994 *Adolescent Problem Behaviors: Issues and Research*. Hillsdale, NJ: Lawrence Erlbaum.

- Kisker, E.E. and R. S. Brown
1996 "Do School-Based Health Centers Improve Adolescents' Access to Health Care, Health Status, and Risk-Taking Behavior?" *Journal of Adolescent Health*. 18: 335-343.
- Little, P. and S. Lauver
2005 "Engaging Students in Out-of-School-Time Programs: Learning What Works." *The Prevention Researcher*. 12(2): 7-10.
- Lopez, E.M., R. Gallimore, H. Garnier and L. Reese
2007 "Preschool Antecedents of Mathematics Achievement of Latinos: The Influence of Family Resources, Early Literacy Experiences, and Preschool Attendance." *Hispanic Journal of Behavioral Sciences*. 29: 456-471.
- McCord, M.T., J.D. Klein, J.M. Foy and K. Fothergill
1993 "School-Based Clinic Use and School Performance." *Journal of Adolescent Health*. 14: 91-98.
- McNeely, C. A. and J. M. Nonnemaker
2002 "Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health." *Journal of School Health*. 72(4): 138.
- McNeely, C. and C. Falci
2004 "School Connectedness and the Transition Into and Out of Health-Risk Behavior Among Adolescents: A Comparison of Social Belonging and Teacher Support." *Journal of School Health*. 74(7): 284-292.
- Mullis, R.L., R. Rathge and A.K. Mullis
2003 "Predictors of Academic Performance During Early Adolescence: A Contextual View." *International Journal of Behavioral Development*. 27: 541-548.
- National Research Council and Institute of Medicine:
Committee on Community-Level Programs for Youth (NRC)
2002 Eccles, J. and J. Gootman. (eds.). *Community Programs to Promote Youth Development*. Washington, DC: National Academy Press.
- Nevarez, Nancy
2000 *An Oasis in This Desert: Talking to Parents about New York City Beacons*. New York, NY: Academy for Educational Development, Inc.
- Quane, J., P. Joshi, B. Rankin and P. Sharkey
2004 "Welfare Status, Multiple Risk Factors, and the Well-Being of Adolescents in Low-Income Families." Paper presented at the annual meeting of the American Sociological Association. San Francisco, CA.
http://www.allacademic.com/meta/p110057_index.html.
- Reisner, E.
2004 *Building Quality, Scale, and Effectiveness in After-School Programs: Summary Report of the TASC Evaluation*. Washington, DC: Policy Studies Associates, Inc.
- Small, Mario
2006 "Neighborhood Institutions as Resource Brokers: Childcare Centers, Inter-Organizational Ties, and Resource Access Among the Poor." *Social Problems*. 53(2): 274-92.
- Walker, K.E. and A.J.A. Arbreton
2004 *After-School Pursuits: An Examination of Outcomes in the San Francisco Beacon Initiative*. Philadelphia, PA: Public/Private Ventures.
- Walker, K.E. and A.J.A. Arbreton
2001 *Working Together to Build Beacon Centers in San Francisco: Evaluation Findings from 1998-2000*. Philadelphia, PA: Public/Private Ventures.
- Waanders, C., J.L. Mendez and J.T. Downer
2007 "Parent Characteristics, Economic Stress and Neighborhood Context as Predictors of Parent Involvement in Preschool Children's Education." *Journal of School Psychology*. 45: 619-636.
- Warren, C., P. Brown and N. Freudenburg
1999 *Evaluation of the New York City Beacons Summary of Phase I Findings*. New York, NY: Fund for the City of New York.
- Weiss, H.
2005 "Beyond the Classroom: Complementary Learning to Improve Achievement Outcomes." *Exchange: A Periodical on Emerging Strategies in Evaluating Child and Family Services*. 11(1): 1-25.



Public/Private Ventures

Philadelphia Office

2000 Market Street, Suite 600
Philadelphia, PA 19103

Tel: (215) 557-4400

Fax: (215) 557-4469

New York Office

The Chanin Building
122 East 42nd Street, 42nd Floor
New York, NY 10168

Tel: (212) 822-2400

Fax: (212) 949-0439

California Office

Lake Merritt Plaza, Suite 1550
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